

# 07

## UPDATE

### New Zealand Pharmaceutical Schedule

**Effective 1 March 2007**

Cumulative for January, February and March 2007  
Section H cumulative for October, November, December 2006  
and January, February, March 2007

*Investing in Health*

**PHARMAC**  
Pharmaceutical Management Agency

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## Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2007

### **New listings (page 17)**

- Lansoprazole (Solox) cap 15 mg
- Hydroxocobalamin (Goldshield) inj 1 mg per ml, 1 ml – listed under Section 29
- Roxithromycin (Arrow-Roxithromycin) tab 150 mg and 300 mg
- Ropinirole hydrochloride tab 0.25 mg x 42, 0.5 mg x 42 and 1 mg x 21, 105 tab OP (Requip Starter Pack) and tab 0.5 mg x 42, 1 mg x 42 and 2 mg x 63, 147 tab OP (Requip Follow-on Pack) – Retail pharmacy – specialist
- Olanzapine (Zyprexa) tab 2.5 mg, 5 mg and 10 mg, 28 tab packs – Special Authority – Retail pharmacy
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg
- Gluten free bread mix (Bakels Gluten Free Health Bread Mix) powder 1,000 g OP – Hospital pharmacy [HP3] – Special Authority

### **New listings effective 16 February 2007 (page 17)**

- Diclofenac sodium (Voltaren SR) tab long-acting 75 mg, 100 tab pack
- Diclofenac sodium (Diclax SR) tab long-acting 75 mg, 30 & 500 tab pack

### **Changes to restriction (pages 21-24)**

- Hydrocortisone with wool fat and mineral oil (DP Lotn HC) lotn 1% with wool fat hydrous 3% and mineral oil – amended restriction
- Glycerol with paraffin and cetyl alcohol (QV) lotn 5% with paraffin liq 5% and cetyl alcohol 2% - amended restriction
- Wool fat with mineral oil (Alpha-Keri Lotion, BK Lotion, DP Lotion and Hydroderm Lotion) lotn hydrous 3% with mineral oil – amended restriction
- Tar with triethanolamine lauryl sulphate and fluorescein (Pinetarsol) soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium – amended restriction
- Valaciclovir hydrochloride (Valtrex) tab 500 mg – removal of Section 29
- Cyclizine hydrochloride (Marzine) tab 50 mg – alternate subsidy is for manufacturers price
- Selegiline hydrochloride (Apo-Selegiline) tab 5 mg – removal of note
- Trifluoperazine hydrochloride (Stelazine) tab 2 mg and 5 mg – addition of Section 29
- Cyclophosphamide (Endoxan) inj 1 g – amended restriction to Retail pharmacy-specialist – PCT
- Multiple sclerosis treatment (Copaxone, Avonex and Betaferon) – amended access by application criteria

## Summary of PHARMAC decisions – effective 1 March 2007 (continued)

- Spacer devices and masks – increased order quantity to a maximum of 20 for all orders

### **Increased subsidy (page 26)**

- Oxytocin (Syntometrine) inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml

### **Decreased subsidy (page 26)**

- Water (Pharmacia) purified for inj 20 ml
- Oxytocin (Syntocinon) inj 5 iu per ml, 1 ml and inj 10 iu per ml, 1 ml
- Cisplatin (Cisplatin Ebewe) inj 1 mg per ml, 50 ml and 100 ml
- Sodium cromoglycate (Rynacrom Forte) nasal spray 4%

## Availability of Scopoderm patches

Hyoscine/scopolamine patches (Scopoderm) are currently out-of-stock due to worldwide supply issues. PHARMAC has so far been unable to source a secure supply of an alternative product. We have been advised by Novartis that it has a small amount of Scopoderm patches available for high-need patients (to be determined by Novartis on a case-by-case basis). Pharmacists may contact Novartis on (09) 913-7046 to discuss the possibility of supply for individual patients. Novartis and PHARMAC are optimistic that the supply issues will be resolved within the next three to six months.

## Pharmaceutical Cancer Treatments – a reminder

A reminder to pharmacies that items with a 'PCT only' restriction in the Pharmaceutical Schedule will not be subsidised when dispensed by any retail pharmacies. Products with a 'PCT only' restriction may only be dispensed by DHB hospital pharmacies that have an agreement to do so.

## Hydroxocobalamin

A manufacturing issue has caused the listing of the Neo-B12 (Mayne) brand of hydroxocobalamin injection to be delayed. Neo-B12 was to have been listed from 1 February 2007.

PHARMAC has listed the Goldshield brand of hydroxocobalamin from 1 March, which is to be supplied by Mayne Pharma under Section 29 of the Medicines Act. PHARMAC has been advised that the Neo-Cytamen brand will continue to be available until the end of April on a sale or return basis, but that there are limited stocks remaining of this brand.

## News in brief

- Adrenaline inj – the 1:1000 strength in 5 and 50 injection pack sizes is being supplied by AstraZeneca and is fully subsidised as of 1 February 2007 . Supplies of these products may be obtained through wholesalers or via AstraZeneca (phone 0800 363 200).
- Valtrex registered - (valaciclovir hydrochloride) tablets 500 mg have been approved by Medsafe for sale in New Zealand. This means that the Section 29 criteria no longer apply to this product.
- Selegiline hydrochloride – the note regarding the long-term effects of selegiline has been removed from the Pharmaceutical Schedule.

- Spacers on WSO – the number of asthma spacer devices and masks available on a Wholesale Supply Order has been increased from 5 to 20 as of 1 March 2007.
- Hospital Pharmacy – Dermatologist – this definition has been removed from Section A of the Pharmaceutical Schedule as this term is no longer used. It was previously used on isotretinoin and acitretin. These products now have the restriction of Hospital Pharmacy – Specialist Prescription. Specialist must be a dermatologist.
- Multiple sclerosis – the access criteria for Multiple Sclerosis treatment have been amended for clarification purposes.
- Olanzapine – please note that the Special Authority criteria for olanzapine wafers and tablets are different and therefore the approval numbers are not interchangeable. Also, a new pack size of olanzapine tablets will be subsidised from 1 March 2007. The 28 tablet pack is replacing the 30 tablet pack which will be delisted in 6 months' time.
- Aciclovir – Douglas Pharmaceuticals now has sufficient stock of aciclovir 200 mg and 400 mg tablets so from 19 February 2007 the authority for pharmacists to endorse close control monthly has been removed.

# Tender News

Sole Subsidised Supply changes – effective 1 April 2007

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Methylphenidate hydrochloride	Tab long-acting 20 mg; 30 tab	Rubifen SR (AFT)

## 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 April 2007

- Glucose blood diagnostic test metre (Accu-Chek Performa) – new listing – subsidy by endorsement
- Glucose dehydrogenase (Accu-Chek Performa) blood/glucose test strips – new listing
- Paroxetine hydrochloride (Loxamine) tab 20 mg – new listing
- Sumatriptan (Arrow-Sumatriptan) tab 50 mg and 100 mg – new listing
- Sumatriptan (Imigran) tab 50 mg and 100 mg – price and subsidy decrease

## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2008
Acipimox	Cap 250 mg	Olbetam	2008
Acitretin	Cap 10 mg & 25 mg	Neotigason	2008
Allopurinol	Tab 100 mg & 300 mg	Progout	2008
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Amitrip	2008
Amlodipine	Tab 5 mg & 10 mg	Calvasc	2008
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amoxicillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2008 2007
Applicator	Device	Ortho	2008
Aqueous cream	Cream	Multichem	2008
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Aspirin	Tab, dispersible 300 mg	Ethics Aspirin	2007
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml Inj 1200 µg, 1 ml Eye drops 1%	AstraZeneca AstraZeneca Atropt	2009 2008
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg Metered aqueous nasal spray 100 µg	Alanase Alanase	2009
Betamethasone valerate	Scalp app 0.1% Crn 0.1% Oint 0.1%	Beta Scalp Beta Cream Beta Ointment	2009 2008
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2007
Bezafibrate	Tab 200 mg	Fibalip	2008
Bisacodyl	Tab 5 mg Suppos 10 mg	AFT, Lax-Tabs Fleet	2007
Bromocriptine mesylate	Tab 2.5 mg & 10 mg	Alpha-Bromocriptine	2008
Bupivacaine hydrochloride	Inj 0.5%, 4 ml Inj 0.5%, 8% glucose, 4 ml	Marcain Isobaric Marcain Heavy	2007
Buspiron hydrochloride	Tab 5 mg & 10 mg	Pacific Buspiron	2007
<b>Calamine</b>	<b>Lotion BP</b> Crn, aqueous, BP	<b>ABM</b> ABM	<b>2009</b>
Calcium carbonate	Tab dispersible 2.5 g Tab 1.25 g Tab 1.5 g	Calci-Tab Effervescent Calci-Tab 500 Calci-Tab 600	2008
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2008
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2007

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



## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor Ranbaxy-Cefaclor	2007
Cefazolin sodium	Inj 500 mg & 1 g	m-Cefazolin	2008
Ceftriaxone sodium	Inj 500 mg & 1 g	AFT	2008
Celiprolol	Tab 200 mg	Celol	2007
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Allerid C Razene	2008
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2% Soln 4%	Orion Orion Orion	2009  2008
Chlorthalidone	Tab 25 mg	Hygroton	2009
Cholecalciferol	Tab 1.25 mg (50,000 iu)	Cal-d-Forte	2007
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2008
Clarithromycin	Tab 250 mg	Clarac	2007
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Dalacin C	2008
Clobetasol propionate	Crm 0.05% Scalp app 0.05% Oint 0.05%	Dermol Dermol Dermol	2009 2008
Clonazepam	Tab 500 µg & 2 mg	Paxam	2008
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2008
Clonidine hydrochloride	Tab 25 µg Tab 150 µg Inj 150 µg per ml, 1 ml	Dixarit Catapres Catapres	2008
Clotrimazole	Vaginal crm 1% with applicators Vaginal crm 2% with applicators Crm 1%	Clomazol Clotrimaderm 2% Clomazol	2007  2008
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2007
Compound electrolytes	Powder for soln for oral use 5 g	Enerlyte	2007
Co-trimoxazole	Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2008
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid (AFT)	2008
Cyproterone acetate	Tab 50 mg	Siterone	2009

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## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Cyproterone acetate with ethinyloestradiol	2 mg with ethinyloestradiol 35 µg tab with 7 inert tablets	Estelle-35 ED	2007
Danthron with poloxamer	Oral liq 25 mg with poloxamer 200 mg per 5 ml Oral liq 75 mg with poloxamer 1 g per 5 ml	Codalax Codalax Forte	2007
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2007
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2008
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Diaphragm	Range of sizes	Ortho All-flex & Ortho Coil	2008
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
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2008
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2007
Diphenoxylate hydrochloride with atropine sulphate	Tab 2.5 mg with atropine sulphate 25 µg	Diastop	2008
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2008
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2008
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2007
Doxazosin mesylate	Tab 2 mg & 4 mg	Dosan	2007
Emulsifying ointment BP	Ointment	AFT	2008
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
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin	2008
Ethambutol hydrochloride	Tab 400 mg	Myambutol	2008
Ethinyloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009
Ethinyloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg and 7 inert tab	Norimin	2008
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Famotidine	Tab 20 mg & 40 mg	Famox	2007

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## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Felodopine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2007
Ferrous fumarate	Tab 200 mg	Ferro-tab	2007
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferro-liquid	2007
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
<b>Fluconazole</b>	<b>Cap 200 mg</b> Cap 50 mg & 150 mg	<b>Pacific</b>	<b>2008</b>
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	2007
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg Tab disp 20 mg, scored	Fluox Fluox	2007
Fluphenazine decanoate	Inj 12.5 mg per 0.5 ml, 0.5 ml Inj 25 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Modecate Modecate Modecate	2008
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Frusemide	Inj 10 mg per ml, 2 ml	Mayne	2007
Fusidic Acid	Crn 2% & Oint 2%	Foban	2007
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2008
Glipizide	Tab 5 mg	Minidiab	2008
Glycerol	Suppos 3.6 g	PSM	2007
Glyceryl trinitrate	TDDS 5 mg and 10 mg Oral pump spray 400 µg per dose	Nitroderm TTS Nitrolingual Pumpspray	2007
Haloperidol	Inj 5 mg per ml, 1 ml	Serenace	2009
Haloperidol decanoate	Inj 50 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Haldol Haldol Concentrate	2008
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg Powder 25 g	Douglas m-Hydrocortisone	2009 2008
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2007
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2008

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## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Hyoscine N-butylbromide	Inj 20 mg	Buscopan	2008
Hypromellose	Eye drops 0.3% Eye drops 0.5%	Poly-Tears Methopt	2008
Ibuprofen	Tab 200 mg Oral liq 100 mg per 5 ml	I-Profen Fenpaed	2008 2007
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Indomethacin	Cap 25 mg & 50 mg	Rheumacin	2008
Ipratropium bromide	Aerosol inhaler, 20 µg per dose CFC-free Nebuliser soln 250 µg per 1 ml, 1 ml Nebuliser soln 500 µg per 2 ml, 2 ml	Atrovent  Steri-Neb Steri-Neb	2008  2007
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Ketoconazole	Shampoo 2% Tab 200 mg	Ketopine Nizoral	2008 2007
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2007
Leuprorelin	Inj 3.75 mg & 11.25 mg	Lucrin Depot	2007
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible  Madopar 125 Madopar HBS  Madopar 250	2009
Lignocaine hydrochloride	Inj 0.5%, 5 ml Inj 1%, 5 ml Inj 1%, 20 ml	Xylocaine 0.5% Xylocaine 1.0% Xylocaine 1.0%	2007
Lignocaine with prilocaine hydrochloride	Crn 2.5% with prilocaine hydrochloride 2.5% 5g Crn 2.5% with prilocaine hydrochloride 2.5% 30g	Emla  Emla	2007
Loperamide hydrochloride	Tab 2 mg	Nodia	2007
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Apo-Loratadine	2007
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium hydroxide	Paste	PSM	2007
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	AFT	2007
Maldison	Shampoo 1%	A-Lices	2007

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## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	2007
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Methadone hydrochloride	Powder 1 g	AFT	2009
	Tab 5 mg	Pallidone	2007
Methotrexate	Tab 2.5 mg & 10 mg	Methoblastin	2009
	Inj 100 mg per ml, 5 ml	Methotrexate Ebewe	2008
	Inj 100 mg per ml, 10 ml	Methotrexate Ebewe	
	Inj 100 mg per ml, 50 ml	Methotrexate Ebewe	
Methyl dopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2008
Methylphenidate hydrochloride	Tab 5 mg & 20 mg	Rubifen	2009
	Tab 10 mg	Rubifen	
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crn 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2008
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2008
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml	Solu-Medrol	2009
	Inj 62.5 mg per ml, 1 ml	Solu-Medrol	
	Inj 500 mg & 1 g	Solu-Medrol	
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2008
	Tab 10 mg	Metamide	2007
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metronidazole	Tab 200 mg & 400 mg	Trichozole	2007
Metyrapone	Cap 250 mg	Metopirone	2009
Mexitine hydrochloride	Cap 50 mg & 200 mg	Mexitil	2008
Miconazole	Oral gel 20 mg per g	Daktarin	2007
Miconazole nitrate	Crn 2%	Multichem	2008
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	RA-Morph	2009
	Oral liq 2 mg per ml	RA-Morph	
	Oral liq 5 mg per ml	RA-Morph	
	Oral liq 10 mg per ml	RA-Morph	
Morphine sulphate	Inj 5 mg per ml, 1 ml	Mayne	2009
	Inj 15 mg per ml, 1 ml	Mayne	
	Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg	m-Eslon	
	Tab immediate release 10 mg & 20 mg	Sevredol	

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## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2007
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2008
<b>Naproxen</b>	<b>Tab 250 mg</b>	<b>Noflam 250</b>	<b>2009</b>
	<b>Tab 500 mg</b>	<b>Noflam 500</b>	
	Tab long-acting 750 mg Tab long-acting 1000 mg	Naprosyn SR 750 Naprosyn SR 1000	2008
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2007
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
<b>Nicotinic acid</b>	<b>Tab 500 mg</b> Tab 50 mg	<b>Apo-Nicotinic Acid</b>	<b>2009</b>
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Nonoxynol-9	Jelly 2%	Gynol II	2008
Norethisterone	Tab 350 µg	Noriday 28	2009
	Tab 5 mg	Primolut-N	2008
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2008
Nortriptyline	Tab 10 mg & 25 mg	Norpress	2008
Nystatin	Vaginal crm 100,000 u per 5 g with applicators	Nilstat	2009
	Oral liq 100,000 u per ml	Nilstat	2008
	Cap 500,000 u	Nilstat	2007
	Tab 500,000 u	Nilstat	
Oxybutynin	Oral liq 5 mg per 5 ml	Apo-Oxybutynin	2007
	Tab 5 mg	Apo-Oxybutynin	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2008
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Paracetamol	Tab 500 mg	Panadol	2008
	Suppos 125 mg & 250 mg	Panadol	
	Oral liq 120 mg per 5 ml	Junior Parapaed	
	Oral liq 250 mg per 5 ml	Six Plus Parapaed	
	Suppos 500 mg	Paracare	
Paracetamol with codeine	Tab 500 mg with 8 mg codeine	Codalgin	2008
Pergolide	Tab 0.25 mg & 1 mg	Permax	2008
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Permethrin	Crm 5%	Lyderm	2007
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2007
Phenoxyethylpenicillin (Penicillin V)	Oral liq benzathine 125 mg per 5 ml	AFT	2007
	Oral liq benzathine 250 mg per 5 ml	AFT	
Pilocarpine	Eye drops 0.5%, 1%, 2%, 3%, 4% & 6%	Pilopt	2008

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## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Pindolol	Tab 5 mg, 10 mg & 15 mg	Pindol	2007
Poloxamer	Oral drops 10%	Coloxyl	2008
Potassium chloride	Tab long-acting 600 mg Inj 75 mg per ml, 10 ml Inj 150 mg per ml, 10 ml	Span-K AstraZeneca	2009 2008
Prazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Hyprosin	2007
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2008
Prednisolone sodium phosphate	Oral liq 5 mg per ml	Redipred	2007
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2008
Prochlorperazine	Tab 5 mg	Antinaus	2007
Propranolol	Tab 10 mg & 40 mg Cap long-acting 160 mg	Cardinol Cardinol LA	2007
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2008
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2008
Quinine sulphate	Tab 200 mg Tab 300 mg	Q 200 Q 300	2009
Ranitidine hydrochloride	Tab 150 mg & 300 mg	Arrow Ranitidine	2008
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2007
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
Silver sulphadiazine	Crn 1% with chlorhexidine digluconate 0.2%	Silvazine	2007
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2007
Sodium cromoglycate	Eye drops 2%	Cromolux	2008
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2009
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2008
Temazepam	Tab 10 mg	Normison	2008
Terbinafine	Tab 250 mg	Apo-Terbinafine	2008
Timolol maleate	Tab 10 mg Eye Drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2009 2007

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

## Sole Subsidised Supply Products – cumulative to March 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Tranexamic acid	Tab 500 mg	Cyklokapron	2007
Triamcinolone acetonide	Crn & Oint 0.02% Dental Paste USP 0.1%	Aristocort Oracort	2008
<b>Triamcinolone acetonide with gramicidin, neomycin and nystatin</b>	<b>Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g</b> Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	<b>Kenacomb</b>	<b>2009</b> 2008
Triazolam	Tab 125 µg Tab 250 µg	Hypam Hypam	2008
Trimethoprim	Tab 300 mg	TMP	2008
Trimipramine maleate	Cap 25 mg & 50 mg	Tripres	2008
Tropisetron	Cap 5 mg	Navoban	2007
Urea	Crn 10%	Nutraplus	2008
Ursodeoxycholic acid	Cap 300 mg	Actigall	2008
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2008
Verapamil hydrochloride	Tab long-acting 120 mg	Verpamil SR	2008
Vincristine sulphate	Inj 1 mg per ml, 1 ml Inj 1 mg per ml, 2 ml	Mayne	2009
Vitamins	Tab (BPC cap strength)	Healtheries	2009
<b>Vitamin B complex</b>	<b>Tab, strong, BPC</b>	<b>Apo-B-Complex</b>	<b>2009</b>
Water	Purified for injection 5 ml & 10 ml	AstraZeneca	2007
Zinc and castor oil	Oint BP	Multichem	2008
Zinc sulphate	Cap 220 mg	Zincaps	2008
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2008

**March changes are in bold type**

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



Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

### Effective 1 March 2007

29	LANSOPRAZOLE * Cap 15 mg .....	4.30	28	✓ Solox
38	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml .....	10.84	5	✓ Goldshield <sup>S29</sup>
92	ROXITHROMYCIN Tab 150 mg .....	9.50	50	✓ Arrow-Roxithromycin
	Tab 300 mg .....	18.00	50	✓ Arrow-Roxithromycin
119	ROPINIROLE HYDROCHLORIDE – Retail pharmacy-specialist ▲ Tab 0.25 mg x 42, 0.5 mg x 42 and 1 mg x 21 .....	35.70	105 OP	✓ Requip Starter Pack
	▲ Tab 0.5 mg x 42, 1 mg x 42 and 2 mg x 63 .....	122.11	147 OP	✓ Requip Follow-on Pack
121	OLANZAPINE - Special Authority - Retail pharmacy Tab 2.5 mg .....	51.07	28	✓ Zyprexa
	Tab 5 mg .....	101.21	28	✓ Zyprexa
	Tab 10 mg .....	204.49	28	✓ Zyprexa
147	PROMETHAZINE HYDROCHLORIDE * Tab 10 mg .....	2.75	50	✓ Allersoothe
	* Tab 25 mg .....	4.50	50	✓ Allersoothe
182	GLUTEN FREE BREAD MIX - Hospital Pharmacy [HP3] - Special Authority Powder .....	4.77 (7.63)	1,000 g OP	Bakels Gluten Free Health Bread Mix

Special Authority for Subsidy – Form: SA0722

### Effective 16 February 2007

104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy * Tab long-acting 75 mg .....	19.60	100	✓ Voltaren SR
		3.10	30	✓ Diclax SR
		32.67	500	✓ Diclax SR

Note – Voltaren SR and Diclax SR 30 pack are to be delisted 1 April 2007, and Diclax SR 500 pack is to be delisted 1 August 2007.

### Effective 1 February 2007

34	GLUCOSE BLOOD DIAGNOSTIC TEST METER - Subsidy by endorsement Meter .....	9.00	1	✓ Optium Xceed
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.				
45	DEXTROSE - Available on a PSO * Inj 50%, 90 ml .....	11.25	1	✓ Biomed

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings - effective 1 February 2007 (continued)

63	ADRENALINE Inj 1 in 1,000, 1 ml - Available on a PSO .....	12.50 90.00	5 50	✓ AstraZeneca ✓ AstraZeneca
81	TESTOSTERONE Transdermal patch 2.5 mg per day .....	80.00	60	✓ Androderm
96	ETHAMBUTOL HYDROCHLORIDE - Retail pharmacy-specialist – No patient co-payment payable * Tab 400 mg .....	10.98	56	✓ Myambutol <b>S29</b>
113	CITALOPRAM HYDROBROMIDE * Tab 20 mg .....	3.50	28	✓ Celapram
115	LAMOTRIGINE ▲ Tab chewable/dispersible 5 mg..... ▲ Tab chewable/dispersible 25 mg..... ▲ Tab chewable/dispersible 50 mg..... ▲ Tab chewable/dispersible 100 mg..... ▲ Tab chewable/dispersible 200 mg.....	15.00 25.50 43.40 74.90 127.30	56 56 56 56 56	✓ Arrow-Lamotrigine ✓ Arrow-Lamotrigine ✓ Mogine ✓ Arrow-Lamotrigine ✓ Mogine ✓ Arrow-Lamotrigine ✓ Mogine ✓ Arrow-Lamotrigine ✓ Mogine
120	CLOZAPINE - Hospital pharmacy [HP4]-specialist prescription Tab 50 mg ..... Tab 200 mg .....	28.50 91.20	50 50	✓ Clopine ✓ Clopine
121	PIMOZIDE - Retail pharmacy-specialist Tab 4 mg .....	11.78	20	✓ Orap Forte <b>S29</b>
121	RISPERIDONE - Retail pharmacy-specialist Tab 0.5 mg ..... Tab 1 mg ..... Tab 2 mg ..... Tab 3 mg ..... Tab 4 mg .....	5.20 30.77 61.53 92.32 123.05	20 60 60 60 60	✓ Ridal ✓ Ridal ✓ Ridal ✓ Ridal ✓ Ridal
186	AMINOACID FORMULA WITHOUT PHENYLALANINE - Hospital Pharmacy [HP3] - Special Authority Liquid (tropical)..... Special Authority for Subsidy – Form: SA0733	22.50	250 ml OP	✓ Easiphen Liquid

## Effective 1 January 2007

40	CALCIUM CARBONATE * Tab 1.25 g ..... * Tab 1.5 g .....	4.50 3.55	100 60	✓ Osteo~500 ✓ Osteo~600
Note: Osteo~500 and Osteo~600 were subsidised from 21 December 2006.				
40	FERROUS FUMARATE WITH FOLIC ACID Tab 310 mg with folic acid 350 µg .....	3.95	60	✓ Ferro-F-Tabs

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
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### New Listings - effective 1 January 2007 (continued)

45	DEXTROSE * Inj 50%, 10 ml - Available on a PSO.....	27.50	5	✓ <b>Biomed</b>
	* Inj 50%, 90 ml.....	135.00	12	✓ <b>Biomed</b>
45	SODIUM BICARBONATE – Not in combination Inj 8.4%, 50 ml - Available on a PSO.....	19.95	1	✓ <b>Biomed</b>
	Inj 8.4%, 100 ml - Available on a PSO.....	20.50	1	✓ <b>Biomed</b>
46	WATER a) 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 b) On a bulk supply order, or c) When used in the extemporaneous compounding of eye drops. Purified for inj 20 ml.....	5.04	20	✓ <b>Multichem</b>
83	OESTRADIOL WITH LEVONORGESTREL * Tab 2 mg with 75 µg levonorgestrel (36) and 2 mg oestradiol tab (48).....	16.20	84	✓ <b>Nuvelle</b>
98	ACICLOVIR * Tab 200 mg.....	7.92	100	✓ <b>Apo-Acyclovir</b>
99	ACICLOVIR * Tab 400 mg.....	11.86	100	✓ <b>Apo-Acyclovir</b>
101	ABACAVIR SULPHATE WITH LAMIVUDINE - Special Authority - Hospital pharmacy [HP1] Tab 600 mg with lamivudine 300 mg..... Special Authority for Subsidy - Form: SA0779 Note: Kivexa counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.	630.00	30	✓ <b>Kivexa</b>
110	FENTANYL - Only on a controlled drug form - Special Authority - Retail pharmacy – No patient co-payment payable Transdermal patch, matrix 25 µg per hour..... Transdermal patch, matrix 50 µg per hour..... Transdermal patch, matrix 75 µg per hour..... Transdermal patch, matrix 100 µg per hour..... Special Authority for Subsidy - Form: SA0743	55.23 100.52 139.18 171.22	5 5 5 5	✓ <b>Durogesic</b> ✓ <b>Durogesic</b> ✓ <b>Durogesic</b> ✓ <b>Durogesic</b>
128	CARBOPLATIN – PCT only - specialist Inj 10 mg per ml, 100 ml.....	135.65	1	✓ <b>Carboplatin Ebewe</b>
128	CISPLATIN – PCT only – specialist Inj 1 mg per ml, 50 ml..... Inj 1 mg per ml, 100 ml.....	50.00 100.00	1 1	✓ <b>Cisplatin Ebewe</b> ✓ <b>Cisplatin Ebewe</b>
130	FLUOROURACIL SODIUM Inj 50 mg per ml, 10 ml – PCT only – specialist..... Inj 50 mg per ml, 20 ml – PCT only – specialist..... Inj 50 mg per ml, 50 ml – PCT only – specialist..... Inj 50 mg per ml, 100 ml – PCT only – specialist.....	5.50 10.15 26.00 50.00	1 1 1 1	✓ <b>Fluorouracil Ebewe</b> ✓ <b>Fluorouracil Ebewe</b> ✓ <b>Fluorouracil Ebewe</b> ✓ <b>Fluorouracil Ebewe</b>

▲ 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)  
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Brand or  
Generic Mnfr  
✓ **fully subsidised**

### New Listings - effective 1 January 2007 (continued)

149	SALMETEROL Aerosol inhaler CFC-free, 25 µg per dose.....	26.46	120 dose OP	✓ <b>Serevent</b>
153	SODIUM CROMOGLYCATE Nasal spray, 4% .....	13.50	22 ml OP	✓ <b>Rex</b>
158	POLYVINYL ALCOHOL * Eye drops 1.4% .....	2.95	15 ml OP	✓ <b>Vistil</b>
	* Eye drops 3% .....	3.80	15 ml OP	✓ <b>Vistil Forte</b>
171	ORAL SUPPLEMENT 1KCAL/ML - Hospital Pharmacy [HP3] - Special Authority Powder (vanilla) .....	11.50	900 g OP	✓ <b>Fortisip Powder</b>
	Special Authority for Subsidy – Form: SA0583			

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to Restrictions

Effective 1 March 2007

66	HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL - Only on a the prescription of a doctor Lotn 1% with wool fat hydrous 3% and mineral oil .....	9.95	250 ml	✓ <b>DP Lotn HC</b>
68	GLYCEROL WITH PARAFFIN AND CETYL ALCOHOL - Only on a the prescription of a doctor * Lotn 5% with paraffin liq 5% and cetyl alcohol 2% .....	1.40 (8.10)	250 ml	QV
69	WOOL FAT WITH MINERAL OIL - Only on a the prescription of a doctor Lotn hydrous 3% with mineral oil .....	1.12 (5.00)	200 ml OP	Alpha-Keri Lotion
	Lotn hydrous 3% with mineral oil .....	1.40 (2.58) (2.92) (7.73)	250 ml OP	DP Lotion Hydroderm Lotion BK Lotion
	Lotn hydrous 3% with mineral oil .....	2.10 (9.38)	375 ml OP	Alpha-Keri Lotion
	Lotn hydrous 3% with mineral oil .....	5.60 (9.48) (9.54) (18.43) (23.91)	1,000 ml	DP Lotion Hydroderm Lotion Alpha-Keri Lotion BK Lotion
71	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN - Only on a the prescription of a doctor * Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium .....	2.30	500 ml	✓ <b>Pinetarsol</b>
98	VALACICLOVIR HYDROCHLORIDE Tab 500 mg .....	54.63 163.80	10 30	✓ <b>Valtrex</b> <del>S29</del> ✓ <b>Valtrex</b> <del>S29</del>
	Note: Valtrex tab 500 mg is now a registered medicine.			
117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy Tab 50 mg .....	1.26 (4.20)	10	Marzine
	Special Authority for Manufacturers Price - Form: SA0178 Note: The alternate subsidy by Special Authority for Marzine tab 50 mg is for the Manufacturers Price.			
119	SELEGILINE HYDROCHLORIDE - Retail pharmacy-specialist * Tab 5 mg .....	16.06	100	✓ <b>Apo-Selegiline</b>
	Note: Due to uncertainty around the long term effects of Selegiline it is not recommended as a first line agent.			
122	TRIFLUOPERAZINE HYDROCHLORIDE Tab 2 mg .....	13.63 (15.61)	100	Stelazine <del>S29</del>
	Tab 5 mg .....	15.79 (17.77)	100	Stelazine <del>S29</del>
	Note: Stelazine tab 2 mg and 5 mg, 100 tab packs are now supplied under Section 29 of the Medicines Act 1981.			

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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## Changes to Restrictions - effective 1 March 2007 (continued)

128	CYCLOPHOSPHAMIDE Inj 1 g – <b>Retail pharmacy-specialist - PCT</b> PCT only – specialist .....	21.51	1	✓ Endoxan
142	<b>MULTIPLE SCLEROSIS TREATMENT</b> GLATIRAMER ACETATE – Access by application Inj 20 mg pre-filled syringe .....	1,089.25	28	✓ Copaxone
	INTERFERON BETA-1-ALPHA - Access by application Inj 6 million iu per vial.....	1,152.30	4	✓ Avonex
	INTERFERON BETA-1-BETA - Access by application Inj 8 million iu per 1 ml .....	1,364.09	15	✓ Betaferon
	Access by application			
	a) Budget managed by appointed clinicians on the Multiple Sclerosis Treatment Assessments Committee (MSTAC).			
	b) Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).			
	c) Applications to be made on the approved forms which are available from the co-ordinator for MSTAC: The Co-ordinator Multiple Sclerosis Treatment Assessments Committee PHARMAC, PO Box 10 254 Wellington Email <a href="mailto:silvia.valenti@pharmac.govt.nz">silvia.valenti@pharmac.govt.nz</a> <a href="mailto:mstaccordinator@pharmac.govt.nz">mstaccordinator@pharmac.govt.nz</a> Phone: (04) 460 4990 Facsimile: (04) 916 7571			
	d) Completed application forms must be sent to the co-ordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.			
	e) Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).			
	f) These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.			
	g) Prescribers must fax <b>send</b> quarterly prescriptions for approved patients to the MSTAC co-ordinator.			
	h) Only prescriptions for 6 million iu of interferon beta-1- alpha per week, or 8 million iu of interferon beta-1-beta every other day, <b>or 20 mg glatiramer acetate daily</b> will be subsidised.			
	i) Appeals against MSTAC's decision and/or the processing of any application may be lodged with the MSTAC co-ordinator. Concerns that cannot be or have not been adequately addressed by MSTAC will be forwarded to a separate Appeal Committee if necessary.			
	j) <b>Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC co-ordinator should be notified of the change and a new prescription provided.</b>			
	k) Entry and Stopping criteria			
	Entry Criteria			
	• Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and			
	• patients must have active relapsing MS (confirmed by MR scan where necessary) with or without underlying progression; and			
	• patients must have either:			
	1. EDSS score 2.5 - 5.5 with 2+ relapses:			
	- experienced at least 2 significant relapses of MS in the previous 12 months, and			
	- an EDSS score of between 2.5 and 5.5 inclusive;			

*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 March 2007 (continued)

continued...

or

2. EDSS score 2.0 with 3+ relapses:
  - experienced at least 3 significant relapses of MS in the previous 12 months, and
  - an EDSS score of 2.0; and
- Each relapse must:
  - be confirmed by a neurologist or general physician (the patient may not necessarily have been seen during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
  - be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
  - last at least one week;
  - follow a period of stability of at least one month;
  - be severe enough to change either the EDSS or at least one of the Kurtzke functional systems scores by at least 1 point;
  - be distinguishable from the effects of general fatigue; and
  - not be associated with a fever ( $T > 37.5^{\circ}\text{C}$ ); and
- applications must be made at least four weeks after the date of the onset of the last known relapse; and
- patients must have no previous history of lack of response to beta-interferon ~~and~~ or glatiramer acetate (see criteria for stopping beta-interferon).
- applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
- patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and
- patients must agree to allow clinical data to be collected and reviewed by MSTAC annually for each year in which they receive funding for beta-interferon or glatiramer acetate.

### Stopping Criteria

- Confirmed progression of disability that is sustained for three months after a minimum of one year of treatment. Progression of disability is defined as either an increase of 1 EDSS point from the starting EDSS or an increase in EDSS score to 6.0 or more; or
- stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment); or
- pregnancy and/or lactation; or
- **within the 12 month approval year**, intolerance to interferon beta-1-alpha, **and/or** interferon beta-1-beta **and/or** glatiramer acetate; or
- non-compliance with treatment, including refusal to undergo annual assessment or refusal to allow the results of the assessment to be submitted to MSTAC; or
- patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon or glatiramer acetate.

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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## Changes to Restrictions - effective 1 March 2007 (continued)

153	SPACER DEVICES AND MASKS - Only on a WSO			
	a) Only on a WSO			
	b) Maximum of <b>20 5</b> per WSO			
	Spacer device.....	12.50	1 OP	✓ <b>Space Chamber</b>
	Mask, size 2.....	4.10	1 OP	✓ <b>Foremount Child's Silicone Mask</b>
	a) Spacer devices and masks also available to paediatricians employed by a DHB on a wholesale supply order signed by the paediatrician. Limited to one pack of 20 per order. Orders via a hospital pharmacy.			
	b) Only available for children aged six years and under.			
	c) For Space Chamber and Foremount Child's Silicone Mask wholesale supply order must indicate clearly if either the spacer device, the mask, or both are required.			
	d) Distributed by Airflow Products. Forward orders to:			
	Airflow Products		Telephone: 04 499 1240 or 0800 AIR FLOW	
	PO Box 1485, Wellington		Facsimile: 04 499 1245 or 0800 323 270	

## Effective 1 February 2007

59	CARVEDILOL –Special Authority–Retail pharmacy			
	Tab 6.25 mg .....	21.00	30	✓ <b>Dilatrend</b>
	Tab 12.5 mg .....	27.00	30	✓ <b>Dilatrend</b>
	Tab 25 mg .....	33.75	30	✓ <b>Dilatrend</b>
	Special Authority for Subsidy – Form: SA0633			
	Initial application only from a general practitioner or relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:			
	Both:			
	1— Patient is already on an ACE inhibitor or Angiotensin II Antagonist; and			
	2— Any of the following:			
	2.1 Both:			
	2.1.1— Symptomatic heart failure NYHA functional class II-III; and			
	2.1.2— Patient has been treated with metoprolol and is intolerant to metoprolol or has demonstrated a sub-optimal response to metoprolol; or			
	2.2 Symptomatic heart failure NYHA functional class II-IV; or			
	2.3 Patient has left ventricular systolic dysfunction with an ejection fraction of less than 35%.			
	Note:			
	Where possible treatment should be initiated by or on the recommendation of a specialist.			
129	CYTARABINE			
	Inj <b>100 mg per ml, 5 ml 500 mg</b>			
	- Retail pharmacy-specialist – PCT .....	95.36	5	✓ <b>Mayne</b>
	Inj <b>100 mg per ml, 10 ml †g</b>			
	- Retail pharmacy-specialist – PCT .....	42.65	1	✓ <b>Mayne</b>
159	CHARCOAL			
	* Oral liq 50 g per 250 ml – Only on a PSO .....	37.75	25 0 ml OP	✓ <b>Carbosorb-X</b> <del>S29</del>
	Note: Because activated charcoal is used in acute poisonings, patient details required under Section 29 of the Medicines Act may be retrospectively provided to the supplier.			
165	GLYCEROL - Only in combination			
	* Liquid.....	24.75	2,000 ml	✓ <b>MidWest</b> ✓ <b>PSM</b>
	(Only in extemporaneously compounded <b>oral liquid preparations</b> methadone mixture, codeine linctus diabetic, codeine linctus paediatric or phenobarbitone oral liquid)			

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

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



Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to Restrictions - effective 1 January 2007

69	POVIDONE IODINE				
	Alcohol skin preparation 10% .....	8.13	500 ml	✓	Betadine Skin Prep
		(17.39)			Orion
	Skin preparation, povidone iodine 10% with 30% alcohol.....	8.13	500 ml	✓	<b>Betadine Skin Prep</b>
	Skin preparation, povidone iodine 10% with 70% alcohol.....	8.13	500 ml		Orion
		(17.39)			
	Note: this is a description change only.				
95	NYSTATIN				
	Tab 500,000 u .....	9.60	50	✓	<b>Nilstat</b> <b>S29</b>
98	ACICLOVIR				
	* Tab dispersible 200 mg .....	48.75	90	✓	<b>Zovirax</b> <del><b>S29</b></del>
	Zovirax tab dispersible 200 mg now has Ministerial consent for distribution, so Section 29 criteria no longer applies.				
122	TRIFLUOPERAZINE HYDROCHLORIDE				
	Tab 1 mg .....	9.83	100		Stelazine <b>S29</b>
		(10.22)			

▲ 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 Subsidy and Manufacturer's Price

### Effective 1 March 2007

37	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE († price) * Adhesive gel 8.7% with cetalkonium chloride 0.01% .....	2.06 (4.62)	15 g OP		Bonjela
46	WATER (↓ subsidy) a) 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 b) On a bulk supply order, or c) When used in the extemporaneous compounding of eye drops. Purified for inj 20 ml .....	7.56 (21.00)	30		Pharmacia
76	OXYTOCIN - Available on a PSO Inj 5 iu per ml, 1 ml (↓ subsidy) .....	5.40	5	✓	Syntocinon
	Inj 10 iu per ml, 1 ml (↓ subsidy) .....	6.80	5	✓	Syntocinon
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml († subsidy) .....	9.20	5	✓	Syntometrine
94	FUSIDIC ACID († price) Inj 500 mg sodium fusidate per 10 ml .....	12.87 (17.80)	1		Fucidin
	a) Hospital pharmacy [HP3] - Specialist b) Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
128	CISPLATIN – PCT only – specialist (↓ subsidy) Inj 1 mg per ml, 50 ml .....	19.00	1	✓	Cisplatin Ebewe
	Inj 1 mg per ml, 100 ml .....	38.00	1	✓	Cisplatin Ebewe
153	SODIUM CROMOGLYCAT (↓ subsidy) Nasal spray, 4% .....	13.50	22 ml OP	✓	Rynacrom Forte

### Effective 1 February 2007

38	HYDROGEN PEROXIDE († subsidy) * Soln 10 vol .....	1.28	100 ml	✓	PSM
	a) maximum 200 ml per prescription				
38	THYMOL GLYCERIN († subsidy) * Compound, BPC .....	9.15	500 ml	✓	PSM
39	CALCITRIOL - Retail pharmacy-specialist (↓ subsidy) * Cap 0.25 µg .....	13.45 (52.63)	100		Rocaltrol
	* Cap 0.5 µg .....	24.95 (87.98)	100		Rocaltrol
40	SODIUM FLUORIDE († subsidy) Tab 1.1 mg .....	4.00	100	✓	PSM

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to Subsidy and Manufacturer's Price - effective 1 February 2007 (continued)

48	SIMVASTATIN - See Prescribing Guideline (↓ subsidy)			
	* Tab 10 mg .....	8.33	30	✓ <b>Lipex</b>
	* Tab 20 mg .....	10.13	30	✓ <b>Lipex</b>
	* Tab 40 mg .....	18.00	30	✓ <b>Lipex</b>
	* Tab 80 mg .....	21.00	30	✓ <b>Lipex</b>
65	MENTHOL - Only in combination (↓ price)			
	Crystals.....	7.40	25 g	✓ <b>PSM</b>
	a) Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion.			
68	CETOMACROGOL (↑ subsidy)			
	* Cream BP.....	4.35	500 g	✓ <b>PSM</b>
69	GAMMA BENZENE HEXACHLORIDE (↑ subsidy)			
	Crn 1% .....	3.50	50 g OP	✓ <b>Benhex</b>
70	COAL TAR - Only in combination (↑ subsidy)			
	Soln BP.....	36.48	500 ml	✓ <b>PSM</b>
	a) Up to 10%;			
	b) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain; (refer page 160)			
	c) With or without other dermatological galenicals.			
70	SALICYLIC ACID - Only in combination (↑ subsidy)			
	Powder .....	18.88	250 g	✓ <b>PSM</b>
	a) Only in combination with a dermatological base or proprietary Topical Corticosteroid - Plain or collodian flexible; (refer page 160)			
	b) With or without other dermatological galenicals.			
	c) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodian flexible.			
92	AMOXYCILLIN (↓ subsidy)			
	Grans for oral liq 125 mg per 5 ml - Available on a PSO .....	1.00	100 ml	
		(1.08)		Ospamox
	Grans for oral liq 250 mg per 5 ml - Available on a PSO .....	1.27	100 ml	
		(1.38)		Ospamox
95	METRONIDAZOLE (↑ subsidy)			
	Oral liq benzoate 200 mg per 5 ml .....	25.00	100 ml	✓ <b>Flagyl - S</b>
96	ISONIAZID - Retail pharmacy-specialist – No patient co-payment payable (↓ subsidy)			
	* Tab 100 mg .....	20.50	100	✓ <b>PSM</b>
106	PENICILLAMINE - Retail pharmacy-specialist (↑ subsidy)			
	Tab 125 mg .....	61.93	100	✓ <b>D-Penamime</b>
	Tab 250 mg .....	98.98	100	✓ <b>D-Penamime</b>
112	DOTHIEPIN HYDROCHLORIDE (↑ subsidy)			
	Cap 25 mg.....	4.75	100	✓ <b>Dopress</b>

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price - effective 1 February 2007 (continued)

117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy (↓ alternate subsidy) Tab 50 mg .....	1.26 (4.20)	10		Marzine
	Special Authority for Manufacturers Price - Form: SA0178 Note: The alternate subsidy by Special Authority for Marzine tab 50 mg will be \$1.99 per 10 tablets.				
126	DEXAMPHETAMINE SULPHATE (↓ subsidy) a) Special Authority - Retail pharmacy b) Controlled Drug Form Tab 5 mg .....	18.00	100	✓	PSM
	Special Authority for Subsidy - Form: SA0696				
128	CISPLATIN – PCT only – specialist (↓ subsidy) Inj 1 mg per ml, 50 ml .....	19.00	1	✓	Mayne
	Inj 1 mg per ml, 100 ml .....	38.00	1	✓	Mayne
129	CYTARABINE (↓ subsidy) Inj 100 mg per ml, 5 ml - Retail pharmacy-specialist – PCT .....	95.36	5	✓	Mayne
	Inj 100 mg per ml, 10 ml - Retail pharmacy-specialist – PCT .....	42.65	1	✓	Mayne
	Inj 100 mg per ml, 20 ml - PCT only – specialist .....	34.47	1	✓	Mayne
132	ETOPOSIDE (↓ subsidy) Inj 20 mg per ml, 5 ml - Hospital pharmacy [HP1] - specialist – PCT .....	25.00	1	✓	Mayne
142	INTERFERON BETA-1-BETA - Access by application (↑ subsidy) Inj 8 million iu per 1 ml .....	1,364.09	15	✓	Betaferon
159	NALOXONE HYDROCHLORIDE - Only on a PSO (↑ subsidy) * Inj 400 µg per ml, 1 ml .....	33.00	5	✓	Mayne
165	CHLOROFORM - Only in combination (↑ subsidy) Chloroform BP .....	25.50	500 ml	✓	PSM
	(Only in aspirin and chloroform application)				
165	COLLODION FLEXIBLE (↑ subsidy) .....	19.30	100 ml	✓	PSM
165	GLYCEROL - Only in combination (↓ price) * Liquid .....	24.75	2,000 ml	✓	PSM
	(Only in extemporaneously compounded oral liquid preparations)				
165	PROPYLENE GLYCOL (↑ subsidy) .....	17.70	500 ml	✓	PSM
	(Only in extemporaneously compounded methylhydroxybenzoate 10% solution)				

## Effective 1 January 2007

31	INSULIN ASPART (↓ subsidy) ▲ Inj 100 u per ml, 3 ml .....	53.57	5	✓	NovoRapid Penfill
	▲ Inj 100 u per ml, 10 ml .....	31.43	1	✓	NovoRapid

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

### Changes to Subsidy and Manufacturer's Price - effective 1 January 2007 (continued)

36	MUCILAGINOUS LAXATIVES WITH STIMULANTS († price) * Dry.....	4.40 (12.00)	250 g OP		Granocol
45	DEXTROSE († subsidy) * Inj 50% 10 ml - Available on a PSO.....	8.25	5	✓	Mayne
66	BETAMETHASONE DIPROPIONATE († price) Crm 0.05% .....	2.96 (6.91)	15 g OP		Diprosone
	Crm 0.05% in propylene glycol base.....	4.33 (13.83)	30 g OP		Diprosone OV
	Oint 0.05% in propylene glycol base .....	4.33 (13.83)	30 g OP		Diprosone OV
71	PODOPHYLOTOXIN († price) Soln 0.5% .....	32.00 (38.00)	3.5 ml OP		Condyline
	a) Only on a prescription; b) Maximum 3.5 ml per prescription.				
76	OXYTOCIN - Available on a PSO († subsidy) Inj 5 iu per ml, 1 ml .....	9.88	5	✓	Syntocinon
	Inj 10 iu per ml, 1 ml .....	12.36	5	✓	Syntocinon
82	OESTRADIOL († price) * TDDS 3.9 mg per day (releases 50 µg of oestradiol per day).....	4.12 (14.50)	4		Climara 50
	a) Only on a prescription; b) No more than 1 patch per week; c) Higher subsidy of \$13.18 per 4 with Special Authority.				
82	OESTRADIOL († price) * TDDS 7.8 mg per day (releases 100 µg of oestradiol per day)....	7.05 (17.75)	4		Climara 100
	a) Only on a prescription; b) No more than 1 patch per week; c) Higher subsidy of \$16.14 per 4 with Special Authority.				
104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy († price) * Tab 50 mg dispersible .....	1.50 (8.00)	20		Voltaren D
117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy († price) Tab 50 mg .....	1.26 (4.20)	10		Marzine
126	METHYLPHENIDATE HYDROCHLORIDE (↓ subsidy) a) Special Authority - Retail pharmacy b) Controlled Drug Form Tab long-acting 20 mg .....	36.50	100	✓	Ritalin SR
	Special Authority for Subsidy - Form: SA0696				

▲ 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 January 2007** (continued)

128	CISPLATIN – PCT only – specialist (↓ subsidy) Inj 1 mg for ECP .....	1.24	1 mg	✓ <b>Baxter</b>
159	CHARCOAL († subsidy) * Oral liq 50 g per 250 ml – Only on a PSO .....	37.75	250 ml OP	✓ <b>Carbosorb-X</b> <b>S29</b>

## Changes to General Rules

### Effective 1 March 2007

- 12 **Hospital Pharmaceutical and Pharmaceutical Cancer Treatment costs**  
The cost of purchasing Hospital Pharmaceuticals and Pharmaceutical Cancer Treatments (for use in DHB hospitals and/or in association with Outpatient services provided in DHB hospitals) is met by the Funder (in particular, the relevant DHB) from its own budget. As required by section 23(7) of the Act, in performing any of their functions in relation to the supply of Pharmaceuticals, **including Pharmaceutical Cancer Treatments**, DHBs must not act inconsistently with the Pharmaceutical Schedule.
- 17 **“Hospital Pharmacy”** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy to an **person** ~~Outpatient~~ on the Prescription of a **Practitioner** ~~Doctor~~.
- 17 **“Hospital Pharmacy Dermatologist”** means that the Community Pharmaceutical is not eligible for Subsidy unless it is supplied by a hospital or pharmacy contracted to the Funder to dispense as a hospital pharmacy:  
a) to an **Outpatient**; and  
b) on a Prescription signed by a **Specialist in dermatology**

## Changes to Brand Name

### Effective 1 March 2007

184	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE - Hospital Pharmacy [HP3] - Special Authority			
	Powder .....	250.45	500 g OP	✓ <b>MSUD Maxamaid</b> Maxamaid-MSUD
		364.35		✓ <b>MSUD Maxamum</b> Maxamum-MSUD
		487.38		✓ <b>MSUD Aid III</b> MSUD-Aid
186	AMINOACID FORMULA WITHOUT PHENYLALANINE - Hospital Pharmacy [HP3] - Special Authority			
	Infant formula .....	145.60	400 g OP	✓ <b>XP Analog LCP</b> Analog-LCP
	Powder (orange) .....	195.00	500 g OP	✓ <b>XP Maxamaid</b> Maxamaid-XP
		305.00		✓ <b>XP Maxamum</b> Maxamum-XP
	Powder (unflavoured) .....	195.00	500 g OP	✓ <b>XP Maxamaid</b> Maxamaid-XP
		305.00		✓ <b>XP Maxamum</b> Maxamum-XP

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to Brand Name - effective 1 February 2007

95	COLISTIN SULPHOMETHATE				
	a) Hospital pharmacy [HP3]-specialist				
	b) Subsidy by endorsement				
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
	Inj 150 mg .....	49.54	1	✓	<b>Colistin-Link</b> Colymycin-M

## Changes to Sole Subsidised Supply

### Effective 1 March 2007

For the list of new Sole Subsidised Supply products effective 1 March 2007 refer to the bold entries in the cumulative Sole Subsidised Supply table pages xx-xx.

## Changes to PSO

### Effective 1 February 2007

191	Blood and Blood Forming Organs Dextrose	Inj 50%, 90 ml	5
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### Effective 1 January 2007

191	Blood and Blood Forming Organs Sodium bicarbonate	Inj 8.4%, 50 ml Inj 8.4%, 100 ml	5 5
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## Delisted Items

Effective 1 March 2007

35	MUCILAGINOUS LAXATIVES - Only on a prescription * Dry.....	5.28	300 g OP	✓ Mucilax
47	NICOTINIC ACID * Tab 500 mg .....	16.15	100	✓ Niacin-Odan <b>S29</b>
65	CALAMINE a) Not in combination; and b) Only on a prescription. Lotn, BP .....	19.44 (26.95) 1.94 (4.55) 0.97 (3.00)	2,000 ml  200 ml  100 ml	PSM  PSM  PSM
90	CEFAMANDOLE NAFATE a) Hospital pharmacy [HP3]-specialist b) Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 500 mg .....	3.60 (4.30)	1	Mandol ✓ Mandol
	Inj 1 g .....	4.30	1	✓ Mandol
91	CEPHALEXIN MONOHYDRATE - Hospital pharmacy [HP3] Cap 250 mg .....	6.00	20	✓ Keflex
95	FLUCONAZOLE - Hospital pharmacy [HP3]-specialist Cap 200 mg .....	627.59	28	✓ Diflucan
105	NAPROXEN - Special Authority available - Retail pharmacy * Tab 250 mg .....	21.00	500	✓ Naxen
	* Tab 500 mg .....	35.90	500	✓ Naxen

Effective 1 February 2007

26	POLYSILOXANE * Tab aluminium hydroxide 250 mg with magnesium trisil 120 mg, magnesium hydroxide 120 mg and polysiloxane 10 mg.....	15.00 (18.70)	500	Gastrogel
30	INSULIN ISOPHANE ▲ Inj human 100 u per ml, 3 ml.....	29.86	5	✓ Humulin N
	▲ Inj human 100 u per ml .....	17.68	10 ml OP	✓ Humulin N
30	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml, 3 ml .....	42.66	5	✓ Humulin 70/30
	▲ Inj human with neutral insulin 100 u per ml .....	25.26	10 ml OP	✓ Humulin 70/30

▲ 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  
✓ fully subsidised

### Delisted Items - effective 1 February 2007 (continued)

36	DANTHRON WITH POLOXAMER - Only on a prescription Note: Danthron with poloxamer is only approved for the prevention or treatment of constipation in the terminally ill. Studies in rats have associated use of danthron with tumours. Oral liq 25 mg with poloxamer 200 mg per 5 ml.....	4.00	300 ml	✓ Codalax
	Oral liq 75 mg with poloxamer 1g per 5 ml.....	8.30	300 ml	✓ Codalax Forte
38	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg .....	13.00 (17.25) 2.60 (3.45)	500  100	Alpha Ascorbic Acid  Apo-Ascorbic Acid
48	SIMVASTATIN - See Prescribing Guideline * Tab 5 mg .....	9.30	30	✓ Zocor
65	CALAMINE a) Not in combination; and b) Only on a prescription. Crm, aqueous, BP .....	15.10 (21.75)	500 g	PSM
95	TINIDAZOLE Tab 500 mg .....	41.67	40	✓ Dyzole
122	FLUPHENAZINE DECANOATE - Retail pharmacy-specialist Inj 25 mg per ml, 2 ml - Available on a PSO .....	97.50	5	✓ Mayne
157	DIPIVEFRIN HYDROCHLORIDE - Retail pharmacy-specialist ▲ Eye drops 0.1% .....	5.50	10 ml OP	✓ Propine

### Effective 1 January 2007

28	DICYCLOMINE HYDROCHLORIDE * Tab 10 mg - Available on a PSO .....	4.95	100	✓ Merbentyl
34	INSULIN SYRINGES, disposable with attached needle Maximum of 100 dev per prescription. * Syringe 0.3 ml with 30 g x 8 mm needle .....	15.92 1.59 (1.99)	100 10	✓ B-D Ultra Fine II  B-D Ultra Fine II
	* Syringe 0.5 ml with 30 g x 8 mm needle .....	15.92 1.59 (1.99)	100 10	✓ B-D Ultra Fine II  B-D Ultra Fine II
	* Syringe 1 ml with 30 g x 8 mm needle .....	15.92 1.59 (1.99)	100 10	✓ B-D Ultra Fine II  B-D Ultra Fine II

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
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### Delisted Items - effective 1 January 2007 (continued)

40	CALCIUM LACTATE-GLUCONATE * Tab 1 g .....	7.47 2.49 (3.51)	30 10	✓ Calcium-Sandoz 1000  Calcium-Sandoz 1000
75	ETHINYLOESTRADIOL WITH NORETHISTERONE * Tab ethinyloestradiol 35 µg with norethisterone 500 µg (7) and tab ethinyloestradiol 35 µg with norethisterone 1 mg (9) and tab ethinyloestradiol 35 µg with norethisterone 500 µg (5) and 7 inert tab .....	6.62 (13.80)	84	Synphasic 28
	a) Available on a PSO b) Higher subsidy of \$13.80 per 84 with Special Authority			
81	CYPROTERONE ACETATE - Hospital pharmacy [HP3]-specialist Tab 50 mg .....	23.50	50	✓ Pacific Cyproterone
91	CEFTRIAXONE SODIUM a) Hospital pharmacy [HP3] b) Subsidy by endorsement c) Available on a PSO Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin and the prescription or PSO is endorsed accordingly.			
	Inj 500 mg .....	3.99 (7.00)	1	Rocephin
	Inj 1 g .....	5.40 (9.00)	1	Rocephin
92	AMOXYCILLIN Drops 125 mg per 1.25 ml .....	4.75	30 ml OP	✓ Ospamox Paediatric Drops
129	CALCIUM FOLINATE Inj 15 mg - Hospital pharmacy [HP1] - specialist – PCT .....	57.20	5	✓ Leucovorin Calcium
132	DOXORUBICIN - PCT only – specialist Inj 50 mg .....	49.95	1	✓ Mayne
132	EPIRUBICIN - PCT only – specialist Inj 2 mg per ml, 5 ml .....	29.00	1	✓ Pharmorubicin
	Inj 2 mg per ml, 25 ml .....	136.50	1	✓ Pharmorubicin
147	PROMETHAZINE HYDROCHLORIDE * Inj 25 mg per ml, 1 ml - Available on a PSO .....	12.68 (20.24)	10	Phenergan
157	CARBACHOL - Retail pharmacy-specialist * Eye drops 1.5% .....	6.82	15 ml OP	✓ Isopto Carbachol
157	HOMATROPINE HYDROBROMIDE * Eye drops 5% .....	8.73	15 ml OP	✓ Isopto Homatropine

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

**Delisted Items - effective 1 January 2007 (continued)**

158	HYPROMELOSE * Eye drops 1% .....	1.91	15 ml OP	✓ Methopt Forte
169	FAT SUPPLEMENT - Hospital Pharmacy [HP3] - Special Authority Emulsion (neutral) .....	61.50	1,000 ml OP	✓ Calogen
	Special Authority for Subsidy – Form: SA0580			

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Items to be Delisted

### Effective 1 April 2007

104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy				
	* Tab long-acting 75 mg .....	19.60	100	✓ <b>Voltaren SR</b>	
		3.10	30	✓ <b>Diclax SR</b>	
126	METHYLPHENIDATE HYDROCHLORIDE				
	a) Special Authority - Retail pharmacy				
	b) Controlled Drug Form				
	Tab long-acting 20 mg .....	36.50	100	✓ <b>Ritalin SR</b>	
	Special Authority for Subsidy - Form: SA0696				

### Effective 1 May 2007

39	CALCITRIOL - Retail pharmacy-specialist				
	* Cap 0.25 µg .....	13.45	100		
		(52.63)			Rocaltrol
	* Cap 0.5 µg .....	24.95	100		
		(87.98)			Rocaltrol
40	CALCIUM CARBONATE				
	* Tab 1.25 g .....	4.50	100	✓ <b>Osteo~500</b>	
	* Tab 1.5 g .....	3.55	60	✓ <b>Osteo~600</b>	
92	AMOXYCILLIN				
	Grans for oral liq 125 mg per 5 ml - Available on a PSO .....	1.00	100 ml		
		(1.08)			Ospamox
	Grans for oral liq 250 mg per 5 ml - Available on a PSO .....	1.27	100 ml		
		(1.38)			Ospamox
117	CYCLIZINE HYDROCHLORIDE - Special Authority available - Retail pharmacy				
	Tab 50 mg .....	1.26	10		
		(4.20)			Marzine
	Special Authority for Manufacturers Price - Form: SA0178				

### Effective 1 June 2007

46	WATER				
	a) 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				
	b) On a bulk supply order, or				
	c) When used in the extemporaneous compounding of eye drops.				
	Purified for inj 20 ml .....	7.56	30		
		(21.00)			Pharmacia
153	SODIUM CROMOGLYCATE				
	Nasal spray, 4% .....	13.50	22 ml OP	✓ <b>Rynacrom Forte</b>	

▲ 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 July 2007

83	OESTRADIOL WITH LEVONORGESTREL – See prescribing guideline * Tab 2 mg with 75 µg levonorgestrel (12) and 2 mg oestradiol tab (16) .....	5.40	28	✓ Nuvelle
110	FENTANYL - Only on a controlled drug form - Special Authority - Retail pharmacy – No patient co-payment payable Transdermal patch 2.5 mg, 25 µg per hour .....	55.23	5	✓ Durogesic
	Transdermal patch 5 mg, 50 µg per hour .....	100.52	5	✓ Durogesic
	Transdermal patch 7.5 mg, 75 µg per hour .....	139.18	5	✓ Durogesic
	Transdermal patch 10 mg, 100 µg per hour .....	171.22	5	✓ Durogesic
	Special Authority for Subsidy - Form: SA0743			
122	TRIFLUOPERAZINE HYDROCHLORIDE Tab 1 mg .....	9.83 (10.22)	112	Stelazine Section 29 <b>S29</b>
157	CARBACHOL - Retail pharmacy-specialist * Eye drops 3% .....	6.99	15 ml OP	✓ Isopto Carbachol
158	PHENYLEPHRINE HYDROCHLORIDE * Eye drops 0.12% .....	3.25	15 ml OP	✓ Isopto Frin
158	POLYVINYL ALCOHOL WITH POVIDONE * Eye drops 1.4% with povidone 0.6% .....	3.62	15 ml OP	✓ Tears Plus
171	ORAL SUPPLEMENT 1KCAL/ML - Hospital Pharmacy [HP3] - Special Authority Powder (vanilla) .....	11.50	900 g OP	✓ Nutridrink
	Special Authority for Subsidy – Form: SA0583			

## Effective 1 August 2007

28	OILY PHENOL * Inj 5%, 5 ml.....	71.71	5	✓ Mayne
45	DEXTROSE * Inj 50%, 90 ml.....	135.00	12	✓ Biomed
45	SODIUM BICARBONATE – Not in combination Inj 8.4%, 10 ml.....	111.20	10	✓ Pharmalab <b>S29</b>
71	SUNSCREENS, PROPRIETARY - Retail pharmacy-specialist Oint.....	5.00 (15.00)	14 g OP	R V Paque
91	CEPHRADINE - Hospital pharmacy [HP3] Cap 250 mg .....	14.50	24	✓ Velosef
	Cap 500 mg .....	19.85	24	✓ Velosef
	Inj 500 mg - Subsidy by endorsement .....	16.78	5	✓ Velosef
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 1 g - Subsidy by endorsement .....	31.59	5	✓ Velosef
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Items to be Delisted - effective 1 August 2007 (continued)

96	ETHAMBUTOL - Retail pharmacy-specialist – No patient co-payment payable * Tab 400 mg ..... 19.60 Note – the 100 tab pack is being replaced by a 56 tab pack	100	✓ <b>Myambutol</b>
104	DICLOFENAC SODIUM - Special Authority available - Retail pharmacy * Tab long-acting 75 mg ..... 32.67	500	✓ <b>Diclax SR</b>
121	PIMOZIDE - Retail pharmacy-specialist Tab 2 mg ..... 14.72	50	✓ <b>Orap</b>
186	AMINOACID FORMULA WITHOUT PHENYLALANINE - Hospital Pharmacy [HP3] - Special Authority Liquid (grapefruit) ..... 22.50 Special Authority for Subsidy – Form: SA0733	250 ml OP	✓ <b>Easiphen Liquid</b>

### Effective 1 September 2007

91	CEFTRIAXONE SODIUM a) Hospital pharmacy [HP3] b) Subsidy by endorsement c) Available on a PSO Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin and the prescription or PSO is endorsed accordingly. Inj 250 mg ..... 4.00	1	✓ <b>Rocephin IV</b>
121	OLANZAPINE - Special Authority - Retail pharmacy Tab 2.5 mg ..... 54.72 Tab 5 mg ..... 108.44 Tab 10 mg ..... 219.10 Special Authority for Subsidy - Form: SA0741 Note – Zyprexa tab 2.5 mg, 5 mg and 10 mg 28 tab pack was listed 1 March 2007.	30 30 30	✓ <b>Zyprexa</b> ✓ <b>Zyprexa</b> ✓ <b>Zyprexa</b>
122	TRIFLUOPERAZINE HYDROCHLORIDE Tab 5 mg ..... 15.79 (17.77)	112	Stelazine Section 29 <b>S29</b>
129	CALCIUM FOLINATE Tab 15 mg - Hospital pharmacy [HP3] - specialist – PCT ..... 38.90 (55.60)	10	Leucovorin
182	GLUTEN FREE BREAD MIX - Hospital Pharmacy [HP3] - Special Authority Powder ..... 4.77 (7.63)	1,000 g OP	Bakels Gluten Free Bread Mix

### Effective 1 October 2007

149	SALMETEROL - See Prescribing Guideline Aerosol inhaler, 25 µg per dose ..... 26.46 Note: this product has been replaced by Serevent aerosol inhaler CFC-free	120 dose OP	✓ <b>Serevent</b>
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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 February 2008

- 34 GLUCOSE BLOOD DIAGNOSTIC TEST METER - Subsidy by endorsement  
Meter ..... 9.00 1 ✓ **Optium**  
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.



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

Effective 1 March 2007

ACICLOVIR (HSS implementation delayed)

Tab dispersible 200 mg .....	<b>Lovir</b>	1.98	25	1%	<del>Jun-07</del> <del>Mar-07</del>	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax
Tab dispersible 400 mg .....	<b>Lovir</b>	6.64	56	1%	<del>Jun-07</del> <del>Mar-07</del>	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax
Tab dispersible 800 mg .....	<b>Lovir</b>	7.38	35	1%	<del>Jun-07</del> <del>Mar-07</del>	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax

Note – Acicvir 200 mg, 400 mg and 800 mg to be delisted 1 ~~June~~ ~~March~~ 2007

CEFTRIAZONE SODIUM

Inj IV 250 mg vial .....	<del>Rocephin</del>	<del>20.00</del>	<del>5</del>			
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Note – Rocephin inj IV 250 mg vial to be delisted from 1 March 2007.

CISPLATIN (↓ price)

Inj 1 mg per ml, 50 ml .....	Cisplatin Ebewe	19.00	1			
Inj 1 mg per ml, 100 ml .....	Cisplatin Ebewe	38.00	1			

LANSOPRAZOLE

Cap 15 mg .....	Solox	4.30	28			
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OLANZAPINE (listing of new pack size)

Tab 2.5 mg .....	Zyprexa	51.07	28			
Tab 5 mg .....	Zyprexa	101.21	28			
Tab 10 mg .....	Zyprexa	204.49	28			

Note – Zyprexa tab 2.5 mg, 5 mg and 10 mg, 30 tab pack size to be delisted 1 September 2007.

OXYTOCIN (↑ price & addition of HSS)

Inj 5 iu per ml, 1 ml .....	<b>Syntocinon</b>	5.40	5	1%	May-07	(B)
Inj 10 iu per ml, 1 ml .....	<b>Syntocinon</b>	6.80	5	1%	May-07	(B)

OXYTOCIN WITH ERGOMETRINE MALEATE (↑ price & addition of HSS)

Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml .....	<b>Syntometrine</b>	9.20	5	1%	May-07	(B)
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PARACETAMOL (additional of DV Pharmaceutical)

Oral liquid 120 mg per 5 ml .....	Junior Parapaed	4.55	500 ml	20%	Nov-05	Amcal Douglas Pamol <b>Panadol</b> <b>Colourfree</b> Paracare Junior Suspension PSM Paracetamol Elixir Paediatric
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Products with Hospital Supply Status (HSS) are in **bold**.

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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**Section H changes to Part II - effective 1 March 2007 (continued)**

**ROPINIROLE HYDROCHLORIDE**

Tab 0.25 mg x 42, 0.5 mg x 42 and 1 mg x 21 .....	Requip Starter Pack	35.70	105			
Tab 0.5 mg x 42, 1 mg x 42 and 2 mg x 63 .....	Requip Follow-on Pack	122.11	147			

**ROXITHROMYCIN**

Tab 150 mg.....	<b>Arrow-Roxithromycin</b>	9.50	50	1%	May-07	Romicin Rulide
Tab 300 mg.....	<b>Arrow-Roxithromycin</b>	18.00	50	1%	May-07	Romicin Rulide

Note – Romicin tab 150 mg and 300 mg to be delisted 1 May 2007.

**Effective 1 February 2007**

**ADRENALINE**

Inj 1 in 1,000, 1 ml .....	AstraZeneca	12.50	5			
	AstraZeneca	90.00	50			

**CEFTAZIDIME SODIUM (amended description)**

Inj 500 mg.....	Fortum	7.11	1			
Inj 1 g.....	Fortum	14.08	1			
Inj 2 g.....	Fortum	28.13	1			

**GEPHRADINE**

Cap 250 mg .....	Velosef	14.50	24			
Cap 500 mg .....	Velosef	19.85	24			
Inj 500 mg.....	Velosef	16.78	5			
Inj 1 g.....	Velosef	31.59	5			

Note – Velosef capsules and injections to be delisted from 1 February 2007.

**CISPLATIN (↓ price)**

Inj 1 mg per ml, 50 ml .....	Mayne	19.00	1			
Inj 1 mg per ml, 100 ml .....	Mayne	38.00	1			

**CITALOPRAM HYDROBROMIDE (↓ price)**

Tab 20 mg .....	Celapram	3.50	28			
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**CLOZAPINE**

Tab 25 mg .....	Clopine	22.00	50			
Tab 50 mg.....	Clopine	28.50	50			
Tab 100 mg.....	Clopine	57.00	50			
Tab 200 mg.....	Clopine	91.20	50			

**CYTARABINE (↓ price)**

Inj 100 mg per ml, 5 ml .....	Mayne	95.36	5			
Inj 100 mg per ml, 10 ml .....	Mayne	42.65	1			
Inj 100 mg per ml, 20 ml .....	Mayne	34.47	1			

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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### Section H changes to Part II - effective 1 February 2007 (continued)

<b>DEXAMPHETAMINE SULPHATE</b>						
Tab 5 mg.....	PSM	18.00	100			
<b>DEXTROSE</b>						
Inj 50%, 90 ml.....	<b>Biomed</b>	135.00	12	1%	Dec-06	(B)
	<b>Biomed</b>	11.25	1	1%	Dec-06	(B)
<b>DOTHIPIIN HYDROCHLORIDE</b>						
Cap 25 mg .....	Dopress	4.75	100			
Tab 75 mg.....	Dopress	8.75	100			
<b>EPTIFIBATIDE</b>						
Inj 2 mg per ml, 10 ml .....	Integrilin	111.00	1			
Inj 0.75 mg per ml, 100 ml .....	Integrilin	324.00	1			
<b>ETOPOSIDE (↓ price)</b>						
Inj 20 mg per ml, 5 ml .....	Mayne	25.00	1			
<b>INFLIXIMAB</b>						
Powder for inj 100 mg.....	Remicade	1,227.00	1			
<b>ISONIAZID</b>						
Tab 100 mg.....	PSM	20.50	100			
<b>LAMOTRIGINE</b>						
Tab chewable/dispersible 5 mg.....	Arrow- Lamotrigine	15.00	56			
Tab chewable/dispersible 25 mg.....	Arrow- Lamotrigine	25.50	56			
	Mogine	25.50	56			
Tab chewable/dispersible 50mg.....	Arrow- Lamotrigine	43.40	56			
	Mogine	43.40	56			
Tab chewable/dispersible 100mg ...	Arrow- Lamotrigine	74.90	56			
	Mogine	74.90	56			
Tab chewable/dispersible 200 mg...	Arrow- Lamotrigine	127.30	56			
	Mogine	127.30	56			
<b>MOMETASONE FUROATE</b>						
Crm 0.1%.....	Elocon	3.96	15 g			
Crm 0.1%.....	Elocon	10.82	45 g			
Oint 0.1% .....	Elocon	3.96	15 g			
Oint 0.1% .....	Elocon	10.82	45 g			
Lotn 0.1%.....	Elocon	4.80	30 ml			
<b>NALOXONE HYDROCHLORIDE (↑ price)</b>						
Inj 400 mcg per ml, 1 ml .....	Mayne	33.00	5			

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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## Section H changes to Part II - effective 1 February 2007 (continued)

### PENICILLAMINE

Tab 125 mg.....	D-Penamaine	61.93	100
Tab 250 mg.....	D-Penamaine	98.98	100

### POLYETHYLENE GLYCOL WITH SODIUM SULPHATE († price)

Powder, sachets.....	Klean-Prep	13.80	4
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### RISPERIDONE

Tab 0.5 mg.....	Ridal	5.20	20
Tab 1 mg.....	Ridal	30.77	60
Tab 2 mg.....	Ridal	61.53	60
Tab 3 mg.....	Ridal	92.32	60
Tab 4 mg.....	Ridal	123.05	60

### SODIUM BICARBONATE

Inj 8.4%, 50 ml.....	Biomed	<del>239.40</del>	12
	Biomed	19.95	1
Inj 8.4%, 100 ml.....	Biomed	<del>246.00</del>	12
	Biomed	20.50	1
	Mayne	11.12	1

### TESTOSTERONE

Transdermal patch, 2.5 mg per day .....	Androderm	80.00	60
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## Effective 1 January 2007

### ABACAVIR SULPHATE WITH LAMIVUDINE

Tab 600 mg with lamivudine 300 mg.....	Kivexa	630.00	30
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### ACTIVATED CHARCOAL

Oral liq 50 g per 250 ml.....	Carbosorb-X	37.75	250 ml
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### CARBOPLATIN

Inj 10 mg per ml, 100 ml.....	Carboplatin Ebewe	135.65	1
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### CISPLATIN

Inj 1 mg per ml, 50 ml.....	Cisplatin Ebewe	50.00	1
Inj 1 mg per ml, 100 ml.....	Cisplatin Ebewe	100.00	1

### DEXTROSE

Inj 50%, 10 ml.....	Biomed	27.50	5
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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## Section H changes to Part II - effective 1 January 2007 (continued)

### FENTANYL

Transdermal patch 2.5 mg; 25 µg per hour.....	Durogesic	55.23	5			
Transdermal patch 5 mg; 50 µg per hour.....	Durogesic	100.52	5			
Transdermal patch 7.5 mg; 75 µg per hour.....	Durogesic	139.18	5			
Transdermal patch 10 mg; 100 µg per hour.....	Durogesic	171.22	5			

Note – Durogesic transdermal patch to be delisted from 1 January 2007. Please note that Durogesic patches, matrix are available, although not listed in Section H of the Pharmaceutical Schedule.

### FERROUS FUMARATE WITH FOLIC ACID

Tab 310 mg with folic acid 350 µg .....	Ferro-F-Tabs	3.95	60			
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### FLUOROURACIL SODIUM

Inj 50 mg per ml, 10 ml .....	Fluorouracil Ebewe	5.50	1			
Inj 50 mg per ml, 20 ml .....	Fluorouracil Ebewe	10.15	1			
Inj 50 mg per ml, 50 ml .....	Fluorouracil Ebewe	26.00	1			
Inj 50 mg per ml, 100 ml .....	Fluorouracil Ebewe	50.00	1			

### GADOBENDATE DIMEGLUMINE

Inj 0.5 g per litre, 10 ml .....	Multihance	324.74	10			
Inj 0.5 g per litre, 20 ml .....	Multihance	636.28	10			

### IODIXANOL

Inj 270 mg per ml (iodine equivalent), 50 ml .....	<b>Visipaque</b>	235.60	10	5%	Mar-07	(B)
Inj 270 mg per ml (iodine equivalent), 100 ml .....	<b>Visipaque</b>	471.30	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 50 ml .....	<b>Visipaque</b>	235.60	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 100 ml .....	<b>Visipaque</b>	471.30	10	5%	Mar-07	(B)
Inj 320 mg per ml (iodine equivalent), 200 ml .....	<b>Visipaque</b>	565.56	6	5%	Mar-07	(B)

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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**Section H changes to Part II - effective 1 January 2007 (continued)**

IOHEXOL

Inj 240 mg per ml (iodine equivalent), 50 ml .....	<b>Omnipaque</b>	88.00	10	5%	Mar-07	Iomeron Isovue 50 ml & 100 ml Optiray Ultravist
Inj 300 mg per ml (iodine equivalent), 20 ml .....	<b>Omnipaque</b>	35.40	6	5%	Mar-07	Iomeron Isovue Optiray 20 ml & 30 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 50 ml .....	<b>Omnipaque</b>	88.00	10	5%	Mar-07	Iomeron Isovue Optiray Ultraject 50 ml & 75 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 100 ml .....	<b>Omnipaque</b>	176.00	10	5%	Mar-07	Iomeron Isovue Optiray 100 ml, 150 ml & 200 ml Ultraject 125 ml Ultravist
Inj 300 mg per ml (iodine equivalent), 500 ml .....	<b>Omnipaque</b>	527.88	6	5%	Mar-07	(B)
Inj 350 mg per ml (iodine equivalent), 20 ml .....	<b>Omnipaque</b>	35.40	6	5%	Mar-07	Iomeron Isovue Optiray 20 ml & 30 ml Ultraject 30 ml Ultravist 30 ml
Inj 350 mg per ml (iodine equivalent), 50 ml .....	<b>Omnipaque</b>	88.00	10	5%	Mar-07	Iomeron Isovue Optiray Ultraject Ultravist
Inj 350 mg per ml (iodine equivalent), 75 ml .....	<b>Omnipaque</b>	132.00	10	5%	Mar-07	Iomeron Optiray Ultraject

*continued...*

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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## Section H changes to Part II - effective 1 January 2007 (continued)

continued...

Inj 350 mg per ml (iodine equivalent), 100 ml .....	<b>Omnipaque</b>	176.00	10	5%	Mar-07	Iomeron Isovue Optiray Ultraject 100 ml & 125 ml Ultravist
Inj 350 mg per ml (iodine equivalent), 200 ml .....	<b>Omnipaque</b>	211.20	6	5%	Mar-07	Iomeron Isovue Optiray Ultravist
Inj 350 mg per ml (iodine equivalent), 500 ml .....	<b>Omnipaque</b>	879.80	10	5%	Mar-07	(B)
<b>MANGAFODIPIR</b>						
Inf 0.01 mmol per ml, 50 ml .....	Teslascan	250.00	1			
<b>MEGLUMINE DIATRIZOATE WITH SODIUM AMIDOTRIZOATE</b>						
Oral soln 660 mg per ml with sodium amidotrizoate 100 mg per ml, 100 ml .....	<b>Gastrografin</b>	190.00	10	5%	Mar-07	Gastroview 120 ml
<b>MEGLUMINE GADOPENTETATE</b>						
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 10 ml pre filled syringe .....	<b>Magnevist</b>	84.64	5	5%	Mar-07	Dotarem Omniscan 5 ml & 10 ml
Inj 469 mg per ml (equivalent to 0.5 mmol per ml), 20 ml .....	<b>Magnevist</b>	33.85	1	5%	Mar-07	Dotarem 15 ml & 20 ml Omniscan 15 ml & 20 ml
<b>POLYVINYL ALCOHOL</b>						
Eye drops 1.4% .....	Vistil	2.95	15 ml			
Eye drops 3% .....	Vistil Forte	3.80	15 ml			
<b>PROPOFOL</b>						
Inj 2%, 50 ml .....	Diprivan	25.50	1			
Note – Diprivan inj 2%, 50 ml delisted 1 January 2007.						
<b>SALMETEROL</b>						
Aerosol inhaler CFC-free 25 µg per dose .....	Serevent	26.46	120 dose			
<b>SODIUM BICARBONATE</b>						
Inj 8.4%, 50 ml .....	Biomed	239.40	12			
Inj 8.4%, 100 ml .....	Biomed	246.00	12			

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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## Section H changes to Part II - effective 1 January 2007 (continued)

### SODIUM DIOTRIZOATE

Powder for oral soln 3.705 g,  
10 ml sachet.....Ioscan 149.50 50

### WATER

Purified for inj 20 ml .....**Multichem** 5.04 20 1% Mar-07 Pharmacia

## Effective 1 December 2006

### ACICLOVIR (HSS implementation delayed)

Tab dispersible 200 mg .....**Lovir** 1.98 25 1%~~Mar-07 Dec-06~~ Acicvir  
Alpha-Aciclovir  
Global Aciclovir  
Zovirax

Tab dispersible 400 mg .....**Lovir** 6.64 56 1%~~Mar-07 Dec-06~~ Acicvir  
Alpha-Aciclovir  
Global Aciclovir  
Zovirax

Tab dispersible 800 mg .....**Lovir** 7.38 35 1%~~Mar-07 Dec-06~~ Acicvir  
Alpha-Aciclovir  
Global Aciclovir  
Zovirax

Note – Acicvir 200 mg, 400 mg and 800 mg to be delisted 1 ~~December 2006~~ **March 2007**

### BETAHISTINE DIHYDROCHLORIDE

Tab 16 mg.....Vergo 16 7.56 84

Note – Vergo 16 tab 16 mg, 100 tablet pack will be delisted 1 June 2007.

### CALCITRIOL

Cap 0.25 µg .....**Calcitriol-AFT** 13.45 100 1% Feb-07 Rocaltrol

Cap 0.5 µg .....**Calcitriol-AFT** 24.95 100 1% Feb-07 Rocaltrol

### CYCLIZINE HYDROCHLORIDE

Tab 50 mg.....**Nausicalm** 1.99 10 1% Feb-07 Marzine

### FLUCONAZOLE

Inj 2 mg per ml, 50 ml .....**m-Fluconazole** 7.10 1 1% Feb-07 Diflucan IV

### GABAPENTIN

Tab 600 mg.....Neurontin 150.00 100

### METOGLOPRAMIDE HYDROCHLORIDE

Inj 10 ml per 2 ml polyamp .....~~AstraZeneca 26.50 50~~

### TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN

Ear drops 1 mg with nystatin  
100,000 u, neomycin sulphate  
2.5 mg and gramicidin 250 µg  
per g.....**Kenacomb** 3.35 7.5 ml 1% Feb-07 (B)



Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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### Section H changes to Part II - effective 1 December 2006 (continued)

#### WATER (↓ price & addition of HSS)

Purified for inj 5 ml .....	<b>Multichem</b>	9.31	50	1%	Feb-07	AstraZeneca Pharmacia
Purified for inj 10 ml .....	<b>Multichem</b>	10.38	50	1%	Feb-07	AstraZeneca Pharmacia

Note: AstraZeneca water purified for injection 5 ml and 10 ml to be delisted 1 February 2007

### Effective 1 November 2006

#### ATAZANAVIR SULPHATE

Cap 150 mg .....	Reyataz	568.34	60			
Cap 200 mg .....	Reyataz	757.79	60			

#### BERACTANT (↓ price & change in description)

Inj <b>25 mg per ml, 200 mg per 8 ml intratracheal suspension</b> ...	Survanta	550.00	1			
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#### CARBOPLATIN

Inj 10 mg per ml, 5 ml .....	<b>Carboplatin Ebewe</b>	12.00	1	1%	Jan-07	(B)
Inj 10 mg per ml, 15 ml .....	<b>Carboplatin Ebewe</b>	18.70	1	1%	Jan-07	Mayne
Inj 10 mg per ml, 45 ml .....	<b>Carboplatin Ebewe</b>	55.50	1	1%	Jan-07	Mayne

Note – Mayne inj 10 mg per ml, 15 ml and 45 ml to be delisted 1 January 2007.

#### CHLORAMPHENICOL (amended DV Pharmaceutical)

Eye drops 0.5% .....	<b>Chlorsig</b>	1.40	10 ml	1%	Dec-06	<b>(B)</b> Ispoto Fenicol
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#### CHLORHEXIDINE (amended brand name for DV Pharmaceutical)

Crn 1% obstetric .....	<b>Orion</b>	1.70	50 g	1%	Sept-06	<b>PSM HMG</b>
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#### CODEINE PHOSPHATE (amended brand name)

Tab 15 mg .....	<b>PSM HMG</b>	7.00	100	1%	Oct-04	Douglas Alpha Codeine
Tab 30 mg .....	<b>PSM HMG</b>	10.00	100	1%	Oct-04	Douglas Alpha Codeine
Tab 60 mg .....	<b>PSM HMG</b>	20.00	100	1%	Oct-04	Douglas Alpha Codeine

#### DICLOFENAC SODIUM (↑ price)

Tab long-acting 75 mg .....	Diclax	3.10	30			
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#### ERTAPENEM SODIUM

Inj 1 g .....	Invanz	70.00	1			
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#### ERYTHROMYCIN ETHYL SUCCINATE

Tab 400 mg .....	E-Mycin	18.95	100			
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#### GEMCITABINE HYDROCHLORIDE (↑ price)

Inj 1 g .....	Gemzar	349.20	1			
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Products with Hospital Supply Status (HSS) are in **bold**.

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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## Section H changes to Part II - effective 1 November 2006 (continued)

### ISOFLURANE (change of brand name & addition of HSS)

Liq 250 ml bottle .....	<b>Abbott Forane</b>	99.00	250 ml	1%	Jan-07	Aerrane Rhodia
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### METFORMIN HYDROCHLORIDE († price)

Tab 500 mg.....	Metomin	12.50	500
Tab 850 mg.....	Metomin	9.00	250

### METHYLPHENIDATE HYDROCHLORIDE

Tab 5 mg.....	<b>Rubifen</b>	3.20	30	1%	Jan-07	(B)
Tab 20 mg.....	<b>Rubifen</b>	7.85	30	1%	Jan-07	(B)
Tab long-acting 20 mg.....	<b>Rubifen SR</b>	10.95	30	1%	Jan-07	Ritalin SR

### METRONIDAZOLE (amended brand name)

Inj 500 mg, 100 ml.....	<b>AFT Metris</b>	14.95	5	1%	Dec-06	Baxter Pfizer
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### SEVOFLURANE († price, change of brand name & addition of HSS)

Liq 250 ml bottle .....	<b>Abbott Sevorane</b>	325.88	250 ml	1%	Jan-07	Baxter
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### VINORELBINE

Inj 10 mg per ml, 1 ml .....	<b>Vinorelbine Ebewe</b>	42.00	1	1%	Jan-07	Mayne Navelbine
Inj 10 mg per ml, 5 ml .....	<b>Vinorelbine Ebewe</b>	210.00	1	1%	Jan-07	Mayne Navelbine

Note – Navelbine inj 10 mg per ml, 1 ml and 5 ml to be delisted 1 January 2007.

### ZINC AND CASTOR OIL (amended brand name for DV Pharmaceutical)

Ointment .....	<b>Orion</b>	1.20	20 g	1%	Sept-06	Douglas PSM HMG M&C Care and Health Midwest Multichem Sigma
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Note - Pack sizes larger than 30 g are not considered DV Pharmaceuticals.

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 October 2006

### ACICLOVIR

Tab dispersible 200 mg .....	<b>Lovir</b>	1.98	25	1%	Dec-06	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax
Tab dispersible 400 mg .....	<b>Lovir</b>	6.64	56	1%	Dec-06	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax
Tab dispersible 800 mg .....	<b>Lovir</b>	7.38	35	1%	Dec-06	Acicvir Alpha-Aciclovir Global Aciclovir Zovirax

Note – Acicvir 200 mg, 400 mg and 800 mg to be delisted 1 December 2006

### ALENDRONATE **SODIUM** (↓ price)

Tab 70 mg.....	Fosamax	35.91	4			
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### ALPROSTADIL

Inj 0.5 mg per ml, 1 ml .....	<b>Prostin VR</b>	1,417.50	5	1%	Dec-06	(B)
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### ATROPINE SULPHATE (↑ price and addition of HSS)

Inj <del>0.6 mg, per 1 ml polyamp</del> <b>600 µg, 1 ml</b> .....	<b>AstraZeneca</b>	26.00	50	1%	Dec-06	Pfizer
Inj <del>1.2 mg, per 1 ml polyamp</del> <b>1200 µg, 1 ml</b> .....	<b>AstraZeneca</b>	32.00	50	1%	Dec-06	(B)

### ATROPINE SULPHATE (change in description)

Inj <del>0.4 mg per 1 ml polyamp</del> <b>400 µg, 1 ml</b> .....	AstraZeneca	29.95	50			
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Note – to be delisted 1 April 2007

### BECLOMETHASONE DIPROPIONATE (↑ price and addition of HSS)

Metered aqueous nasal spray, 50 µg per dose .....	<b>Alanase</b>	2.35	200 doses	1%	Dec-06	Aldecin Atomase Beconase
Metered aqueous nasal spray, 100 µg per dose .....	<b>Alanase</b>	2.46	200 doses	1%	Dec-06	Atomase Beconase

### BETAMETHASONE VALERATE

Scalp app 0.1% .....	<b>Beta Scalp</b>	5.25	100 ml	1%	Dec-06	(B)
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Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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Section H changes to Part II - effective 1 October 2006 (continued)

BUPIVACAINE HYDROCHLORIDE († price)						
Inf 0.125%, per 100 ml polybag-TP						
<b>theatre pack</b> .....	Marcaïn	111.62	5			
Inf 0.125%, per 200 ml polybag-TP						
<b>theatre pack</b> .....	Marcaïn	149.22	5			
Inf 0.25%, per 100 ml polybag-TP						
<b>theatre pack</b> .....	Marcaïn	135.12	5			
Inj 0.375%, per 20 ml polyamp-TP						
<b>theatre pack</b> .....	Marcaïn	57.35	5			
Inj 0.5%, per 4 ml amp-TP						
<b>theatre pack</b> .....	Marcaïn <b>Isobaric</b>	29.95	5			
BUPIVACAINE HYDROCHLORIDE						
Inj 0.5%, 8% glucose, 4 ml.....	Marcaïn Heavy	25.00	5			
BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE († price)						
Inj 0.25% with 1:400,000 of adrenaline, 10 ml vial.....	Marcaïn	45.00	5			
Inj 0.5% with 1:200,000 with of adrenaline, 10 ml vial.....	Marcaïn	48.00	5			
Inj 0.5% with 1:200,000 of adrenaline, 20 ml vial.....	Marcaïn	75.00	5			
CHLORAMPHENICOL († price and addition of HSS)						
Eye drops 0.5%.....	<b>Chlorsig</b>	1.40	10 ml	1%	Dec-06	Ispoto Fenicol
Eye oint 1%.....	<b>Chlorsig</b>	2.48	4 g	1%	Dec-06	(B)
CLOBETASOL PROPIONATE († price and addition of HSS)						
Crm 0.05%.....	<b>Dermol</b>	2.35	30 g	1%	Dec-06	Dermovate
CLOPIDOGREL						
Tab 75 mg.....	Plavix	168.17	28			
DEXTROSE						
Inj 50%, 90 ml.....	<b>Biomed</b>	135.00	12	1%	Dec-06	(B)
DIPIVEFRIN HYDROCHLORIDE						
Eye drops 0.1%.....	Propine	5.50	10 ml			
FENTANYL						
Inj 50 µg per ml, 2 ml.....	AstraZeneca	7.60	10			
Inj 50 µg per ml, 10 ml.....	AstraZeneca	10.60	10			
GELATIN PLASMA REPLACER (new pack size listing)						
Inf 4% per 500 ml bag.....	<b>Gelofusine</b>	108.00	10	1%	Nov-05	(B)
Note – Gelofusine 1 pack delisted 1 October 2006.						
HYDROCORTISONE (addition of HSS)						
Tab 5 mg.....	<b>Douglas</b>	7.95	100	1%	Dec-06	(B)
Tab 20 mg († price).....	<b>Douglas</b>	19.95	100	1%	Dec-06	(B)
HYDROCORTISONE ACETATE						
Rectal foam 10%, CFC-Free.....	<b>Colifoam</b>	21.10	21.1 g	1%	Dec-06	(B)

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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**Section H changes to Part II - effective 1 October 2006 (continued)**

IMIPRAMINE HYDROCHLORIDE

Tab 10 mg.....	<b>Tofranil</b>	5.48	50	1%	Dec-06	(B)
Tab 25 mg.....	<b>Tofranil</b>	8.80	50	1%	Dec-06	(B)

INDAPAMIDE († price and addition of HSS)

Tab 2.5 mg.....	<b>Napamide</b>	4.00	100	1%	Dec-06	Naplin
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LIGNOCAINE († price and addition of HSS)

Gel 2% .....	<b>Orion</b>	6.10	20 g	1%	Dec-06	Xylocaine
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LIGNOCAINE HYDROCHLORIDE († price)

Pump spray 10%, 50 ml CFC-free... Xylocaine		65.80	1			
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LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE (new pack size listing)

Inj 1% with 1:100,000 of adrenaline, 5 ml amp.....	Xylocaine	20.00	10			
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Note: Xylocaine inj 1% with 1:100,000 adrenaline, 5 ml, 50 pack is delisted effective 1 October 2006.

LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE († price)

Inj 1% with 1:200,000 of adrenaline, 20 ml amp.....	Xylocaine	47.00	5			
Inj 2% with 1:200,000 of adrenaline, 20 ml vial.....	Xylocaine	52.87	5			

LIGNOCAINE HYDROCHLORIDE WITH PRILOCAINE HYDROCHLORIDE († price)

Patch 5% 2.5% with 2.5% <b>prilocaine hydrochloride</b> .....	EMLA	10.40	2			
Patch 5% 2.5% with 2.5% <b>prilocaine hydrochloride</b> .....	EMLA	104.00	20			

LIGNOCAINE HYDROCHLORIDE WITH PRILOCAINE HYDROCHLORIDE (change in description only)

Crm 5% 2.5% with 2.5% <b>prilocaine hydrochloride</b> , per 5 g with 10 dressings.....	EMLA	45.00	5			
Crm 5% 2.5% with 2.5% <b>prilocaine hydrochloride</b> , per 30 g .....	EMLA	44.50	1			

LORAZEPAM († price and addition of HSS)

Tab 1 mg.....	<b>Ativan</b>	6.28	250	1%	Dec-06	Lorapam Lorzem
Tab 2.5 mg.....	<b>Ativan</b>	4.12	100	1%	Dec-06	Lorapam Lorzem

METRONIDAZOLE

Inj 500 mg, 100 ml.....	<b>Metris</b>	14.95	5	1%	Dec-06	Baxter Pfizer
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NEOSTIGMINE METHYLSULPATE (change in description only)

Inj 2.5 mg per ml, 1 ml polyamp.....	AstraZeneca	22.50	50			
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PERHEXILINE MALEATE († price and addition of HSS)

Tab 100 mg.....	<b>Pexsig</b>	62.90	100	1%	Dec-06	Pexcid
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Products with Hospital Supply Status (HSS) are in **bold**.

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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**Section H changes to Part II - effective 1 October 2006 (continued)**

POTASSIUM CHLORIDE (change in description only)						
Inj 750 µg <b>75 mg per ml</b> , per 10 ml <del>polyamp</del> .....	AstraZeneca	26.00	50			
Inj 1.5 g per <b>150 mg per ml</b> , 10 ml <del>polyamp</del> .....	AstraZeneca	26.00	50			
POTASSIUM CHLORIDE (↑ price and addition of HSS)						
Tab long-acting 600 mg.....	<b>Span-K</b>	5.20	200	1%	Dec-06	Slow-K K-SR
PRILOCAINE HYDROCHLORIDE (change in description and delist)						
Inj 0.5%, per 50 ml vial.....	Citanest	155.00	10			
Inj 1% per 5 ml <del>polyamp</del> .....	Citanest	<del>27.00</del>	<del>10</del>			
PRILOCAINE HYDROCHLORIDE (new pack size listing)						
Inj 0.5%, 50 ml.....	Citanest	18.20	1			
PRILOCAINE HYDROCHLORIDE (↑ price)						
Inj 2%, per 5 ml <del>polyamp</del> .....	Citanest	34.07	10			
PROPOFOL +/- EDTA (↓ price and addition of HSS)						
Inj 1%, per 20 ml vial.....	<b>Diprivan</b>	25.00	5	1%	Dec-06	InterMed Fresenius Mayne Recofol
Inj 1%, per 100 ml vial.....	<b>Diprivan</b>	19.00	1	1%	Dec-06	InterMed Fresenius Mayne Recofol
Inj 1%, per 50 ml pre-filled syringe.....	<b>Diprivan</b>	25.00	1	1%	Dec-06	(B)
Inj 2%, per 50 ml pre-filled syringe.....	<b>Diprivan</b>	30.00	1	1%	Dec-06	(B)
PROPOFOL +/- EDTA (addition of HSS)						
Inj 1%, per 50 ml vial.....	<b>Diprivan</b>	15.00	1	1%	Dec-06	InterMed Fresenius Mayne Recofol
PROPOFOL +/- EDTA (change in description only)						
Inj 2%, per 50 ml vial.....	Diprivan	25.50	1			
ROPIVACAINE HYDROCHLORIDE (↑ price)						
Inj 2 mg per ml, 10 ml <del>polyamp</del> .....	Naropin	21.75	5			
Inj 2 mg per ml, 20 ml <del>polyamp</del> .....	Naropin	36.42	5			
Inj <b>Inf</b> 2 mg per ml, 100 ml <del>polybag</del> .....	Naropin	112.20	5			
Inj <b>Inf</b> 2 mg per ml 200 ml <del>polybag</del> .....	Naropin	197.40	5			
Inj 7.5 mg per ml, 10 ml <del>polyamp</del> .....	Naropin	38.77	5			
Inj 7.5 mg per ml, 20 ml <del>polyamp</del> .....	Naropin	68.15	5			
Inj 10 mg per ml, 10 ml <del>polyamp</del> .....	Naropin	44.65	5			
Inj 10 mg per ml, 20 ml <del>polyamp</del> .....	Naropin	80.80	5			

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

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

Contracted Pharmaceutical Description	Brand	Price (\$) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical
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**Section H changes to Part II - effective 1 October 2006 (continued)**

ROPIVICAINE HYDROCHLORIDE WITH FENTANYL (t price)

<del>Inj 100 mg per ml</del> <b>Inj 2 mg per ml with 2 µg of fentanyl</b> per ml, 100 ml <del>polybag</del> .....Naropin		155.10	5			
<del>Inj 100 mg per ml</del> <b>Inj 2 mg per ml with 2 µg of fentanyl</b> per ml, 200 ml <del>polybag</del> .....Naropin		292.50	5			

SODIUM CHLORIDE

Inj 23.4%, 20 ml..... <b>Biomed</b>		26.50	5	1%	Dec-06	(B)
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SUXAMETHONIUM CHLORIDE (t price)

<del>Inj 100 mg per ml</del> <b>Inj 50 mg per ml,</b> 2 ml <del>polyamp</del> .....AstraZeneca		100.00	50			
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WATER

Purified for inj 5 ml.....Multichem		12.50	50			
Purified for inj 10 ml.....Multichem		13.95	50			

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 IV

### Effective 1 February 2007

CEFTAZIDIME SODIUM (amended description)

Inj 500 mg

Inj 1 g

Inj 2 g

For any indication approved by the hospital service with review at 6 weeks.

GEPHRADINE

Inj 500 mg

Inj 1 g

For any indication approved by the hospital service, with review at 6 weeks.

Note – Velosef inj to be delisted 1 February 2007

### Effective 1 November 2006

ERTAPENEM SODIUM

Inj 1 g

For any indication approved by the hospital service, with review at 6 weeks.

### Effective 1 October 2006

AMIKACIN SULPHATE

Inj 500 mg per 2 ml **250 mg per ml, 2 ml**

Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital EG) **For any indication approved by the hospital service, with review at 6 weeks.**

AMOXICILLIN WITH CLAVULANIC ACID

Inj 600 mg, 500 mg with 100 mg clavulanic acid

Inj 1.2 g, 1000 mg with 200 mg clavulanic acid

For any indication approved by the hospital service, with review at 6 weeks

AZTREONAM

Inj 1 g

Up to 4 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

BENZYL PENICILLIN SODIUM (PENICILLIN G)

Inj 1 mega u

Up to 8 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 8 weeks.**

CEFAMANDOLE SODIUM NAFATE

Inj 250 mg

Inj 500 mg

Inj 1 g

Up to 8 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 8 weeks.**



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 IV - effective 1 October 2006 (continued)

### CEFAZOLIN SODIUM

Inj 500 mg

Inj 1 g

Up to 8 weeks supply for any appropriate indication including penicillin allergy. **For any indication approved by the hospital service, with review at 8 weeks.**

### CEFEPIME HYDROCHLORIDE

Inj 1 g, 15 ml

Inj 2 g, 77 ml

For any indication approved by the hospital service, with review at 6 weeks.

### CEFOTAXIME SODIUM

Inj 0.5 g **500 mg**

Inj 1 g

Up to 2 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 6 weeks.**

### CEFOXITIN SODIUM

Inj **Powder for injection 1g**

Up to 2 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 6 weeks.**

### CEFTAZIDIME SODIUM

**Inj 500 mg**

Inj 1 g

**Inj 2 g**

Up to 4 weeks for cystic fibrosis only. **For any indication approved by the hospital service, with review at 6 weeks.**

### CEFTRIAXONE SODIUM

Inj 1 g

Up to 2 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 6 weeks.**

### CEFUROXIME SODIUM

Inj 250 mg

Inj 750 mg

Inj 1.5 g

Up to 6 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 6 weeks.**

### CEPHRADINE

Inj 500 mg

Inj 1 g

Up to 6 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 6 weeks.**

### FLUCLOXACILLIN SODIUM

Inj 250 mg

Inj 500 mg

Inj 1 g

Up to 8 weeks supply for any appropriate indication. **For any indication approved by the hospital service, with review at 8 weeks.**

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 IV - effective 1 October 2006 (continued)

### FLUCONAZOLE

Inj 100 mg per 50 ml

Up to 6 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

### GENTAMICIN SULPHATE

Inj **40 mg per ml, 2 ml 80 mg per 2 ml,**

Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital-EG) **Indefinite supply for any indication approved by the hospital service.**

### IMIPENEM WITH CILASTATIN

Inj 500 mg with cilastatin 500 mg

Up to 4 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

### MEROPENEM

Inj 500 mg

Inj 1 g

Up to 4 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

### PIPERACILLIN SODIUM

Inj 2 g

Inj 4 g

Up to 4 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

### PIPERACILLIN WITH TAZOBACTAM

Inj **4 g with tazobactam 500 mg 4.5 g**

Up to 4 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

### TEICOPLANIN

Inj 400 mg

Up to 6 weeks for gram positive infections, MRSA and bone sepsis **For any indication approved by the hospital service, with review at 6 weeks.**

### TICARCILLIN DISODIUM WITH CLAVULANIC ACID (TIMENTIN)

Inj **3 g with clavulanic acid 0.1 g 3.1 g**

Up to 4 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

### TOBRAMYCIN

Inj **40 mg per ml, 2 ml 80 mg per 2 ml,**

Up to 2 weeks supply for any appropriate indication (extension for up to 6 weeks supply for endocarditis should be applied for under Hospital-EG) **Indefinite supply for any indication approved by the hospital service.**

### VANCOMYCIN HYDROCHLORIDE

Inj **50 mg per ml, 10 ml 500 mg**

Up to 6 weeks supply for any appropriate indication **For any indication approved by the hospital service, with review at 6 weeks.**

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