

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2008

Cumulative for May and June 2008



PHARMAC
Pharmaceutical Management Agency

New Zealand Government

Contents

Summary of PHARMAC decisions effective 1 June 2008.....	3
Rizatriptan – New Listing of Migraine Treatment	5
New Access Criteria for Losartan and Losartan with Hydrochlorothiazide....	5
New Brand of Salbutamol Inhaler subsidised	5
Changes to Close Control Rules.....	6
Delisting of Valaciclovir now 1 July 2008	6
Tender News.....	7
Looking Forward	7
Sole Subsidised Supply products cumulative to June 2008	8
New Listings.....	18
Changes to Restrictions.....	20
Changes to Subsidy and Manufacturer’s Price.....	25
Changes to General Rules.....	27
Changes to PSO.....	28
Changes to Sole Subsidised Supply	28
Delisted Items	29
Items to be Delisted	31
Section H changes.....	33
Index	35

Summary of PHARMAC decisions EFFECTIVE 1 JUNE 2008

New listing (page 18)

- Hydroxocobalamin (ABM) inj 1 mg per ml, 1 ml
- Heparinised saline (Hospira) inj 100 iu per ml, 2 ml
- Losartan (Cozaar) tab 25 mg – Special Authority for subsidy
- Condoms (Gold Knight) 49mm (12 and 144 pack) 53mm chocolate (144 pack), 53 mm strawberry (144 pack), 53 mm extra strength (12 and 144 pack), 55 mm (12 and 144 pack) – Available on a PSO
- Levonorgestrel (Postinor-1) tab 1.5 mg – Maximum of 1 tab per prescriptin, available on a PSO
- Oestradiol valerate (Progynova) tab 1 mg, 56 tab pack size
- Lamotrigine (Logem) tab dispersible 25 mg, 50 mg, 100 mg
- Rizatriptan benzoate (Maxalt Melt) wafer 10 mg
- Salbutamol (Respigen) aerosol inhaler 100 µg per dose – Available on a PSO
- Oral supplement (Fortisip) 1 kcal/ml powder vanilla 54 g sachet, 10 pack – Special Authority for subsidy
- Diabetic enteral feed (Glucerna Select RTH) 1kcal/ml Liquid – Special Authority for subsidy
- Oral feed (Glucerna Select) 1kcal/ml Liquid – Special Authority for subsidy

Changes to restriction (pages 20-23)

- Losartan (Cozaar) – amended Special Authority criteria
- Losartan with hydrochlorothiazide (Hyzaar) – amended Special Authority criteria
- Gabapentin, topiramate and vigabatrin – amended Special Authority criteria
- Carbohydrate supplement – amended Special Authority criteria

Decreased subsidy (page 25)

- Losartan (Cozaar) tab 12.5 mg and 50 mg
- Losartan with hydrochlorothiazide tab 50 mg with hydrochlorothiazide 12.5 mg (Hyzaar)
- Cefuroxime sodium (Zinacef) inj 750 mg and 1.5 g
- Aspirin (Ethics Aspirin) tab dispersible 300 mg, 1000 pack size
- Morphine sulphate (Mayne) inj 10 mg per ml and inj 30mg per ml
- Salbutamol (Salamol, Ventolin) aerosol inhaler 100 µg per dose CFC-free

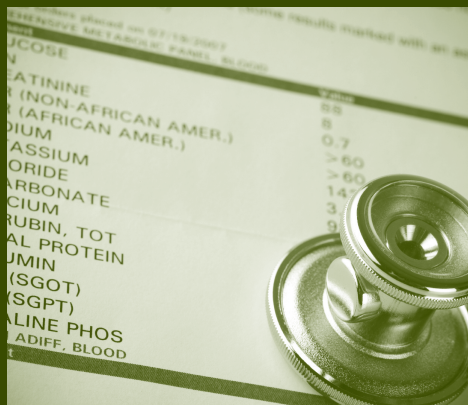
Summary of PHARMAC decisions – effective 1 June 2008 (continued)

Increased subsidy (pages 25-26)

- Paraffin (IPW) white soft
- Acetic acid with 1, 2-propanediol diacetate and benzethonium (Vosol) ear drops
- Carbohydrate and fat supplement (Duocal super soluble powder)
- Fat supplement (Liquigen and MCT Oil Nutricia) oil
- Fat modified feed (Monogen) powder
- Enteral / oral feed (Generaid Plus) 1kcal/ml powder
- Enteral / oral feed (Kindergen) 1kcal/ml liquid
- Oral elemental feed (Elemental 028 extra) liquid - grapefruit, pineapple and orange, summer fruit
- Multivitamins (Paedatric Seravite) powder
- Low calcium infant formula (Locasol) powder

Rizatriptan – New Listing of Migraine Treatment

People who suffer from migraine headaches will have another treatment available fully subsidised from 1 June 2008. Rizatriptan 10 mg wafer (Maxalt Melt) is designed to be placed on the tongue where it will dissolve and be swallowed with the saliva. It will be particularly useful for patients who feel so ill they can't swallow tablets. Rizatriptan will also provide a useful alternative for those people who don't respond to or can't tolerate sumatriptan.



New Access Criteria for Losartan and Losartan with Hydrochlorothiazide

The Special Authority criteria for losartan (Cozaar) and losartan with hydrochlorothiazide (Hyzaar) are being amended to provide wider access. As the access criteria are the same patients can switch between the products where appropriate using the same Special Authority approval. Current Special

Authority approvals for losartan with hydrochlorothiazide will be extended so that renewals will not be required. The price and subsidy of Cozaar and Hyzaar will be reduced from 1 June 2008. The Special Authority criteria for candesartan will remain unchanged. See page 20 of this Update for full details.

New Brand of Salbutamol Inhaler subsidised

The Respigen brand of salbutamol inhaler 100 µg per dose will be fully subsidised from 1 June 2008. The subsidy for Salamol and Ventolin will be reduced to the same level as Respigen. The supplier of Salamol has reduced the price of Salamol so that it will remain fully subsidised. There will be a higher part charge on Ventolin inhalers. The three funded brands of salbutamol inhaler are therapeutically equivalent but differ slightly in appearance, taste and spray

pressure. People can perceive differences in effects of equivalent brands of the same medicine and may need some reassurance that the new brand will have the same effect on their asthma as the old one. We have provided some resources to help explain the new listing and provide answers to some frequently asked questions. If you need any more of these resources please contact PHARMAC by calling 0800 11 22 37 or emailing resources@pharmac.govt.nz

Changes to Close Control Rules

The Close Control rules will be changing from 1 June 2008. These changes are:

- Small quantities of medicines can be dispensed to patients who start a new treatment or have their dose changed.
- People in rest homes or residential care facilities can have their prescriptions dispensed Close Control in monthly lots.
- Pharmacists can endorse prescriptions Close Control when PHARMAC has notified pharmacists they can do so.

The changes are intended to help medicines management overall, and help reduce unused medicines in the community. We expect the first two changes to have the greatest impact on pharmacists. The third simply formalises a process that is used in situations like when we have to manage limited stocks of medicines.

We have produced some resources to help explain what these changes mean. If you require further copies of these resources please contact PHARMAC by calling 0800 11 22 37 or emailing resources@pharmac.govt.nz.

Delisting of Valaciclovir now 1 July 2008



At the end of April, valaciclovir (Valtrex) tab 500 mg was listed in the Pharmaceutical Schedule from 1

May 2008 to 1 June 2008 to cover a potential short term out-of-stock of aciclovir tab 800

mg (Lovir). As there has been a short delay in the dispatch of Lovir 800 mg from the manufacturer, we have extended the listing of Valtrex 500 mg tablets to 30 June 2008. It is now expected that Lovir 800 mg tablets will be available for dispatch to wholesalers in New Zealand during the week of 19 May 2008.



Tender News

Sole Subsidised Supply changes – effective 1 July 2008

There are no pharmaceuticals becoming Sole Subsidised Supply effective 1 July 2008

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 July 2008

- Amitriptyline tab 10m g (Amirol) – new listing
- Betamethasone valerate cream 0.1% (Beta Cream) and ointment 0.1% (Beta Ointment) - price and subsidy increase
- Combivent (salbutamol 100 mcg with ipratropium bromide 20 mcg aerosol inhaler) - price and subsidy increase
- Condoms 52 mm (Marquis Supalite), 52 mm extra strength (Marquis Protecta), 54 mm, shaped (Lifestyle Flared), 56 mm, shaped (Durex Confidence) - subsidy decrease
- Co-trimoxazole oral liquid trimethoprim 40mg and sulphamethoxazole 20mg per 5 ml (Deprim) – new listing

Sole Subsidised Supply Products – cumulative to June 2008

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
Alprazolam	Tab 250 µg Tab 500 µg Tab 1 mg	Arrow-Alprazolam Arrow-Alprazolam Arrow-Alprazolam	2010
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	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	Apo-Amoxi Ranbaxy Amoxicillin Ranbaxy Amoxicillin Ibiamox	2010 2009 2008
Applicator	Device	Ortho	2008
Aqueous cream	Cream	Multichem	2008
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Aspirin	Tab 100 mg	Ethics Aspirin EC	2010
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 µg, 1 ml Inj 1200 µg, 1 ml Eye drops 1%	AstraZeneca AstraZeneca Atropt	2009 2008
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2009
Beclomethasone dipropionate	Metered aqueous nasal spray 50 µg Metered aqueous nasal spray 100 µg	Alanase Alanase	2009
Betamethasone valerate	Scalp app 0.1% Crm 0.1% Oint 0.1%	Beta Scalp Beta Cream Beta Ointment	2009 2008
Bezafibrate	Tab 200 mg	Fibalip	2008
Bisacodyl	Tab 5 mg	Lax-Tab	2010
Brimonidine tartrate	Eye drops 0.2%	AFT	2008
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	2010
Calamine	Lotion BP Crm, aqueous, BP	ABM ABM	2009
Calcitriol	Cap 0.25 µg & 0.5 µg	Calcitriol-AFT	2009
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

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Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2008
Captopril	Tab 12.5 mg, 25 mg & 50 mg	Apo-Captopril	2010
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor Ranbaxy Cefaclor	2010
Cefazolin sodium	Inj 500 mg & 1 g	m-Cefazolin	2008
Ceftriaxone sodium	Inj 500 mg & 1 g	AFT	2008
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Allerid C Razene	2008
Cetomacrogol	Crn BP	PSM	2010
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2% Soln 4%	Orion Orion Orion	2009 2008
Chlorthalidone	Tab 25 mg	Hygroton	2009
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2008
Clarithromycin	Tab 250 mg Grans for oral liq 125 mg per 5 ml	Klamycin Klacid	2010
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Dalacin C	2008
Clobetasol propionate	Crn 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 crn 1% with applicator(s) Crn 1%	Clomazol Clomazol	2010 2008
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2010
Colchicine	Tab 500 µg	Colgout	2010
Colestipol hydrochloride	Sach 5 g	Colestid	2010
Colistin sulphomethate	Inj 150 mg	Colistin-Link	2010
Compound electrolytes	Powder for soln for oral use	Enerlyte	2010

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Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
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 hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid (AFT)	2008
Cyclophosphamide	Tab 50 mg	Cycloblastin	2010
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desferrioxamine mesylate	Inj 500 mg	Mayne	2010
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
Dexamphetamine sulphate	Tab 5 mg	PSM	2010
Dextrose with electrolytes	Oral soln with electrolytes	Pedialyte – Plain Pedialyte – Bubblegum Pedialyte – Fruit	2010
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
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
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2010
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
Ethinylloestradiol	Tab 10 µg	New Zealand Medical and Scientific	2009

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Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol with norethisterone	Tab 35 µg with norethisterone 500 µg	Brevinor 21	2010
	Tab 35 µg with norethisterone 1 mg	Brevinor 1/21	
	Tab 35 µg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	
	Tab 35 µg with norethisterone 500 µg and 7 inert tab	Norimin	2008
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
Ferrous sulphate	Oral liq 150 mg per 5 ml	Ferodan	2010
Flucloxacillin sodium	Cap 250 mg & 500 mg	Staphlex	2009
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2008
Fluocortolone caproate with fluocortolone pivalate and cinchocaine	Oint 950 µg, with fluocortolone pivalate 920 µg, and cinchocaine hydrochloride 5 mg per g	Ultraproct	2010
	Suppos 630 µg, with fluocortolone pivalate 610 µg, and cinchocaine hydrochloride 1 mg	Ultraproct	
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluoxetine hydrochloride	Cap 20 mg	Fluox	2010
	Tab disp 20 mg, scored	Fluox	
Fluphenazine decanoate	Inj 12.5 mg per 0.5 ml, 0.5 ml	Modecate	2008
	Inj 25 mg per ml, 1 ml	Modecate	
	Inj 100 mg per ml, 1 ml	Modecate	
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Fusidic acid	Crn 2% & Oint 2%	Foban	2010
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2008
Glipizide	Tab 5 mg	Minidiab	2008
Haloperidol	Oral liq 2 mg per ml	Serenace	2010
	Tab 500 µg, 1.5 mg & 5 mg	Serenace	
	Inj 5 mg per ml, 1 ml	Serenace	
Haloperidol decanoate	Inj 50 mg per ml, 1 ml	Haldol	2008
	Inj 100 mg per ml, 1 ml	Haldol Concentrate	
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2009
	Powder 25 g	m-Hydrocortisone	2008
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone butyrate	Scalp lotn 0.1%	Locoid	2010
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2008

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Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Hyoscine N-butylbromide	Tab 10 mg Inj 20 mg	Gastrosoothe Buscopan	2008
Hypromellose	Eye drops 0.3% Eye drops 0.5%	Poly-Tears Methopt	2008
Ibuprofen	Oral liq 100 mg per 5 ml, 200 ml Tab 200 mg	Fenpaed I-Profen	2010 2008
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	Aqueous nasal spray, 0.03% Nebuliser soln, 250 µg per ml, 1 ml Nebuliser soln, 250 µg per ml, 2 ml Aerosol inhaler, 20 µg per dose CFC-free	Apo-Ipravent Ipratropium Steri-Neb Ipratropium Steri-Neb Atrovent	2010 2008
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Itraconazole	Cap 100 mg	Sporanox	2010
Ketoconazole	Shampoo 2%	Ketopine	2008
Lactulose	Oral liq 10 g per 15 ml	Duphalac	2010
Levobunolol	Eye drops 0.25% & 0.5%	Betagan	2010
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg 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 Xylocaine Xylocaine	2010
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5%; 30 g OP Crn 2.5% with prilocaine 2.5%; 5 g	EMLA EMLA	2010
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2009
Loperamide hydrochloride	Tab 2 mg	Nodia	2010
Loratadine	Tab 10 mg Oral liq 1 mg per ml	Loraclear Hayfever Relief Lorapaed	2010
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Malathion	Liq 0.5%	Derbac M	2010

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Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Maldison	Shampoo 1%	A-Lices	2010
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg, 100 mg & 200 mg	Provera	2010
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Metformin hydrochloride	Tab 500 mg & 850 mg	Arrow-Metformin	2009
Methadone hydrochloride	Tab 5 mg Powder 1 g	Methatabs AFT	2010 2009
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 5 ml Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe Methotrexate Ebewe	2009 2008
Methyl dopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2008
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crm 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 Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2008
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Mexiletine hydrochloride	Cap 50 mg & 200 mg	Mexitil	2008
Miconazole nitrate	Crm 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 Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2009

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Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
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	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2010
Naltrexone hydrochloride	Tab 50 mg	ReVia	2010
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2008
Naproxen	Tab 250 mg	Noflam 250	2009
	Tab 500 mg	Noflam 500	
	Tab long-acting 750 mg	Naprosyn SR 750	2008
	Tab long-acting 1000 mg	Naprosyn SR 1000	
Naproxen sodium	Tab 275 mg	Sonafam	2010
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2010
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
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	Cap 500,000 u	Nilstat	2010
	Tab 500,000 u	Nilstat	2009
	Vaginal crm 100,000 u per 5 g with applicators	Nilstat	
	Oral liq 100,000 u per ml	Nilstat	2008
Ondansetron	Tab 4 mg & 8 mg	Zofran	2010
	Tab disp 4 mg & 8 mg	Zofran Zydys	
Oxybutynin	Tab 5 mg	Apo-Oxybutynin	2010
	Oral liq 5 mg per 5 ml	Apo-Oxybutynin	
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml	OxyNorm	2010
	Oral liq 5 mg per 5 ml	OxyNorm	
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2009
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntometrine	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2008
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	

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Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Tab 20 mg	Dr Reddy's Pantoprazole	2010
	Tab 40 mg	Dr Reddy's Pantoprazole	
Paracetamol	Tab 500 mg Suppos 125 mg & 250 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Panadol Panadol Junior Parapaed Six Plus Parapaed	2008
Paracetamol with codeine	Tab 500 mg with 8 mg codeine	Codalgin	2008
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Laci-Lube	2010
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2010
Pergolide	Tab 0.25 mg & 1 mg	Permax	2008
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap potassium salt 250 mg Cap potassium salt 500 mg	AFT AFT Cilicaine VK Cilicaine VK	2010
Phenylephrine hydrochloride	Eye drops 0.12%	Prefrin	2010
Pilocarpine	Eye drops 0.5%, 1%, 2%, 4% & 6%	Pilopt	2008
Poloxamer	Oral drops 10%	Coloxyl	2008
Potassium chloride	Tab long-acting 600 mg	Span-K	2009
	Inj 75 mg per ml, 10 ml	AstraZeneca	2008
	Inj 150 mg per ml, 10 ml	AstraZeneca	
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2008
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2008
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2008
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	Accuretic 10	2008
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 200 mg	Q 200	2009
	Tab 300 mg	Q 300	
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe	2010
	Tab 150 mg & 300 mg	Arrow Ranitidine	2008
Rifabutin	Cap 150 mg	Mycobutin	2010
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2009

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

Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Nebuliser soln 1 mg per ml, 2.5 ml	Asthalin	2009
	Nebuliser soln 2 mg per ml, 2.5 ml	Asthalin	
	Oral liq 2 mg per 5 ml	Salapin	2010
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2010
Sodium cromoglycate	Nasal spray 4%	Rex	2009
Sulphasalazine	Tab 500 mg	Salazopyrin	2009
	Tab EC 500 mg	Salazopyrin EN	
Syrup (pharmaceutical grade)	Liq	Midwest	2010
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	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	Crn & Oint 0.02%	Aristocort	2008
	Dental Paste USP 0.1%	Oracort	
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	Kenacomb	2009
	Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g	Kenacomb	2008
Triazolam	Tab 125 µg	Hypam	2008
	Tab 250 µg	Hypam	
Trimethoprim	Tab 300 mg	TMP	2008
Trimipramine maleate	Cap 25 mg & 50 mg	Tripress	2008
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	Mayne	2009
	Inj 1 mg per ml, 2 ml	Mayne	
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009

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

Sole Subsidised Supply Products – cumulative to June 2008

Generic Name	Presentation	Brand Name	Expiry Date*
Zinc and castor oil	Oint BP	Multichem	2008
Zinc sulphate	Cap 220 mg	Zincaps	2008
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2008

June 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
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New Listings

Effective 1 June 2008

35	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml	9.21	3	✓ ABM Hydroxocobalamin
46	HEPARINISED SALINE * Inj 100 iu per ml, 2 ml	8.30	10	✓ Hospira S29
54	LOSARTAN – Special Authority see SA0911 – Retail Pharmacy * Tab 25 mg	20.31	28	✓ Cozaar
70	CONDOMS * 49mm - Up to 144 dev available on a PSO	1.11	12	✓ Gold Knight
	* 49mm - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 53mm (chocolate) - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 53mm (strawberry) - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 55mm - Up to 144 dev available on a PSO	1.11	12	✓ Gold Knight
	* 55mm - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
	* 53mm extra strength - Up to 144 dev available on a PSO	1.11	12	✓ Gold Knight
	* 53mm extra strength - Up to 144 dev available on a PSO	13.36	144	✓ Gold Knight
73	LEVONORGESTREL * Tab 1.5 mg	12.50	1	✓ Postinor-1
	a) Maximum of 1 tab per prescription			
	b) Up to 5 tab available on a PSO			
79	OESTRADIOL VALERATE * Tab 1 mg	8.24	56	✓ Progynova
110	LAMOTRIGINE ▲ Tab dispersible 25 mg	19.38	56	✓ Logem
	▲ Tab dispersible 50 mg	32.97	56	✓ Logem
	▲ Tab dispersible 100 mg	56.91	56	✓ Logem
112	RIZATRIPTAN BENZOATE Wafer 10 mg	25.32	3	✓ Maxalt Melt
147	SALBUTAMOL Aerosol inhaler, 100 µg per dose CFC free – Up to 1000 dose available on a PSO	3.80	200 dose OP	✓ Respigen
167	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3] Powder (vanilla) sachet 54 g	6.91	10	✓ Fortisip Powder
168	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid	7.50	1000 ml OP	✓ Glucerna Select RTH
168	ORAL FEED 1KCAL / ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid (vanilla)	1.88	250 ml OP	✓ Glucerna Select

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
18

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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New Listings - effective 1 May 2008

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription		
	* 29 g x 12.7 mm	11.75	100 ✓ABM
	* 31 g x 6 mm	11.75	100 ✓ABM
	* 31 g x 8 mm	11.75	100 ✓ABM
32	INSULIN SYRINGES DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription		
	* Syringe 0.3 ml with 29 g x 12.7 mm needle	14.45	100 ✓ABM
	* Syringe 0.3 ml with 31 g x 8 mm needle	14.45	100 ✓ABM
	* Syringe 0.5 ml with 29 g x 12.7 mm needle	14.45	100 ✓ABM
	* Syringe 0.5 ml with 31 g x 8 mm needle	14.45	100 ✓ABM
	* Syringe 1 ml with 29 g x 12.7 mm needle	14.45	100 ✓ABM
	* Syringe 1 ml with 31 g x 8 mm needle	14.45	100 ✓ABM
70	CONDOMS		
	* 53 mm (chocolate).....	1.11	12 ✓Gold Knight
	* 53 mm (strawberry)	1.11	12 ✓Gold Knight
91	VALACICLOVIR		
	Tab 500 mg	163.80	30 ✓Valtrex
95	RITONAVIR – Special Authority see SA0779 on page 93 – Hospital pharmacy [HP1]		
	Cap 100 mg	121.27	84 ✓Norvir
108	VENLAFAXINE – Special Authority see SA0789 below – Retail pharmacy		
	Cap 37.5 mg	18.64	28 ✓Efexor XR

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

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

Changes to Restrictions

Effective 1 June 2008

54 LOSARTAN

▶ **SA0862** Special Authority for Subsidy

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

Either:

1—Both:

1.1 Patient with congestive heart failure; and

1.2 Either:

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

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

2—All of the following:

2.1 Patient with raised blood pressure; and

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

2.3 Either:

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

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

▶ **SA0911** Special Authority for Subsidy

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

Either:

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

2 Patient has a history of angioedema.

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

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

54 LOSARTAN WITH HYDROCHLOROTHIAZIDE

▶ **SA0862** Special Authority for Subsidy

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

Either:

1—Both:

1.1 Patient with congestive heart failure; and

1.2 Either:

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

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

2—All of the following:

2.1 Patient with raised blood pressure; and

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

2.3 Either:

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

Check your Schedule for full details Schedule page ref	Subsidy	Brand or
	(Mnfr's price)	Generic Mnfr
	\$	Per
		✓ fully subsidised

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

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

▶ SA0911 Special Authority for Subsidy

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

Either:

- 1 Patient has persistent ACE inhibitor induced cough that has recurred by ACE inhibitor retrieval (same or new ACE inhibitor); or
- 2 Patient has a history of angioedema.

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

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

109 GABAPENTIN

▶ SA0873 Special Authority for Subsidy

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

Either:

- 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

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

Initial application — (Epilepsy - patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life from gabapentin, topiramate, vigabatrin and/or lamotrigine.

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

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

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

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

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

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

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

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

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

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

Changes to Restrictions - effective 1 June 2008 (continued)

110 TOPIRAMATE

▶ SA0874 Special Authority for Subsidy

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

Both:

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

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

Initial application — (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life **from gabapentin, topiramate, vigabatrin and/or lamotrigine.**

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

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

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

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

111 VIGABATRIN

▶ SA0875 Special Authority for Subsidy

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

All of the following:

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

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

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

Both:

- 1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life **from gabapentin, topiramate, vigabatrin and/or lamotrigine;** and *continued...*

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

continued...

2 Either:

- 2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or
- 2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

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

Both:

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

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

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

164 CARBOHYDRATE

▶ SA0579 SA0912 Special Authority for Subsidy

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

Either:

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

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

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

Any of the following:

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

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

Both:

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

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

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 June 2008 (continued)

continued...

Both:

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

Effective 1 May 2008

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price

Effective 1 June 2008

54	LOSARTAN – Special Authority see SA0911 (↓ subsidy)			
	* Tab 12.5 mg	17.40	30	✓Cozaar
	* Tab 50 mg	23.10	30	✓Cozaar
54	LOSARTAN WITH HYDROCHLOROTHIAZIDE – Special Authority see SA0911 (↓ subsidy)			
	Tab 50 mg with hydrochlorothiazide 12.5 mg.....	30.00	30	✓Hyzaar
66	PARAFFIN (↑ subsidy)			
	White soft – Only in combination	20.20	2,500 g	✓IPW
86	CEFUROXIME SODIUM – Hospital Pharmacy [HP3] (↓ subsidy)			
	Inj 750 mg - Maximum of 1 inj per prescription; can be waived by endorsement.....	10.71	5	✓Zinacef
	Inj 1.5 g - Hospital pharmacy [HP3] – Specialist – Subsidy by endorsement	4.04	1	✓Zinacef
103	ASPIRIN (↓ subsidy)			
	* Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000	Ethics Aspirin
105	MORPHINE SULPHATE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.50	5	✓Mayne
	Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.98	5	✓Mayne
147	SALBUTAMOL (↓ subsidy)			
	Aerosol inhaler, 100 µg per dose CFC free – Up to 1000 dose available on a PSO.....	3.80 (6.00)	200 dose OP	✓Salamol Ventolin
151	ACETIC ACID WITH 1, 2- PROPANEDIOL DIACETATE AND BENZETHONIUM (↑ subsidy)			
	Ear drops 2% with 1, 2-Propanediol diacetate 3% and benzethonium chloride 0.02 %	6.97	35 ml OP	✓Vosol
164	CARBOHYDRATE AND FAT SUPPLEMENT – Special Authority see SA0581 – Hospital pharmacy [HP3] (↑ subsidy)			
	Powder (neutral)	60.31	400 g OP	✓Duocal Super Soluble Powder
166	FAT SUPPLEMENT – Special Authority see SA0899 – Hospital pharmacy [HP3] (↑ subsidy)			
	Oil	28.73	250 ml OP	✓Liquigen
		30.00	500 ml OP	✓MCT oil (Nutricia)
168	FAT MODIFIED FEED – Special Authority see SA0615– Hospital pharmacy [HP3] (↑ subsidy)			
	Powder	60.48	400 g OP	✓Monogen
169	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA0607– Hospital pharmacy [HP3] (↑ subsidy)			
	Powder	78.97	400 g OP	✓Generaid Plus

▲ 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)		Brand or Generic Mnfr
	\$	Per	

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

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

Effective 1 May 2008

27	OMEPRAZOLE (↓ subsidy)			
	* Cap 10 mg	2.00	28	✓ Dr Reddy's Omeprazole
	* Cap 20 mg	2.85	28	✓ Dr Reddy's Omeprazole
	* Cap 40 mg	3.35	28	✓ Dr Reddy's Omeprazole
46	DEXTROSE (↓ subsidy)			
	* Inj 50%, 10 ml – Up to 5 inj available on a PSO	22.75	5	✓ Biomed
60	GLYCERYL TRINITRATE (↓ subsidy)			
	* TDDS 5 mg	16.56	30	✓ Nitroderm TTS
	* TDDS 10 mg	19.60	30	✓ Nitroderm TTS
66	POVIDONE IODINE († price)			
	Skin preparation, povidone iodine 10% with 70% alcohol.....	8.13	500 ml	
		(18.63)		Orion
		1.63	100 ml	
		(6.04)		Orion
69	SUNSCREENS, PROPRIETARY – Sunscreens by endorsement († price)			
	Crm.....	1.74	50 g OP	
		(5.84)		Aquasun Oil Free Faces SPF 30+
80	OESTRADIOL (↓ subsidy)			
	* Tab 2 mg	4.12	28 OP	
		(7.00)		Estrofem
99	LEFLUNOMIDE – Special Authority see SA0635 – Retail Pharmacy (↓ subsidy)			
	Tab 10 mg	55.00	30	✓ AFT-Leflunomide
	Tab 20 mg	76.00	30	✓ AFT-Leflunomide

Changes to General Rules

Effective 1 June 2008

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✔ fully subsidised

Changes to PSO

Effective 1 June 2008

CONDOMS

53 mm extra strength144
55 mm144

LEVONORGESTREL

Tab 1.5 mg.....5

Effective 1 May 2008

CONDOMS

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

Changes to Sole Subsidised Supply

Effective 1 June 2008

For the list of new Sole Subsidised Supply products effective 1 June 2008 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 8-16.

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

Effective 1 June 2008

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

Effective 1 May 2008

47	WATER			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Purified for inj 5 ml – Available on a PSO	9.31	50	✓ AstraZeneca
	Purified for inj 10 ml – Available on a PSO	10.38	50	✓ AstraZeneca
95	RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Oral liq 80 mg per ml	277.28	240 ml OP	✓ Norvir
	Note: The 90 ml OP of Norvir will continue to be listed fully subsidised.			
99	NAPROXEN SODIUM			
	* Tab 275 mg	5.00	100	✓ Synflex

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

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

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

119	ALPRAZOLAM – Retail pharmacy-Specialist Month Restriction			
	Tab 250 µg	4.77 (8.11)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 µg	8.60 (16.26)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	15.70 (32.51)	100	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
152	SULPHACETAMIDE SODIUM			
	* Eye drops 10%	3.60	15 ml OP	✓ Acetopt
161	ACETYLCYSTEINE – Hospital pharmacy [HP1]-Specialist			
	Inj 200 mg per ml, 10 ml	137.06 (242.50)	10	Parvolex

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

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

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

Items to be Delisted

Effective 1 July 2008

91	VALACICLOVIR Tab 500 mg	163.80	30	✓ Valtrex
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Effective 1 August 2008

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

Effective 1 September 2008

103	ASPIRIN * Tab dispersible 300 mg – Up to 30 tab available on a PSO	21.50 (22.50)	1000	Ethics Aspirin
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Effective 1 November 2008

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

Effective 1 December 2008

30	TOLBUTAMIDE * Tab 500 mg	12.00	100	✓ Diatol
73	LEVONORGESTREL * Tab 750 µg	8.50	2	✓ Postinor-2
	a) Maximum of 4 tab per prescription b) Up to 10 tab available on a PSO			
78	CYPROTERONE ACETATE – Hospital pharmacy [HP3] – Specialist Inj 100 mg per ml, 3 ml	196.82	3	✓ Androcur Depot
79	OESTRADIOL VALERATE * Tab 1 mg	4.12	28	✓ Progynova
102	ORPHENADRINE CITRATE Inj 30 mg per ml, 2 ml	9.60 (20.50)	3	Norflex

▲ 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 December 2008 (continued)

114	PROCHLORPERAZINE * Suppos 5 mg.....	9.52 (18.13)	5	Stemetil
168	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital Pharmacy [HP3] Liquid.....	7.50	1,000 ml OP	✓ Glucerna RTH
168	ORAL FEED 1KCAL / ML Liquid (vanilla)..... Note : Glucerna RTH and Glucerna replaced by Glucerna Select RTH and Glucerna See New Listings	1.88	250 ml OP	✓ Glucerna

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

Effective 1 June 2008

CEFUROXIME SODIUM (↓ price and addition of HSS)

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

DEXTROSE

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

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

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

MORPHINE SULPHATE (↓ price and addition of HSS)

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

RIZATRIPTAN BENZOATE

Wafer 10 mg	Maxalt Melt	25.32	3			
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Effective 1 May 2008

DEXTROSE (↓ price and addition of HSS)

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

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

INSULIN PEN NEEDLES

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

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

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

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

INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE

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

LEFLUNOMIDE (↓ price)

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

OMEPRAZOLE (↓ price)

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

RITONAVIR

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

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

VENLAFAXINE

Cap 37.5 mg	Efexor XR	18.64	28			
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VERAPAMIL

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

Section H Changes - effective 1 April 2008

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

Index

Pharmaceuticals and brands

A		
ABM Hydroxocobalamin.....	18	
Acetic acid with 1, 2- propanediol diacetate and benzethonium.....	25	
Acetopt.....	30	
Acetylcysteine.....	30	
AFT-Leflunomide.....	26, 34	
AFT-Pyrazinamide.....	24	
Alprazolam.....	30	
Androcur Depot.....	31	
Aquasun Oil Free Faces SPF 30+ Confidence.....	26	
Aspirin.....	25, 31	
C		
Carbohydrate.....	23	
Carbohydrate and fat supplement.....	25	
Cefuroxime sodium.....	25, 33	
Clarac.....	29	
Clarithromycin.....	29	
Condoms.....	18, 19, 28	
Cozaar.....	18, 25	
Cyproterone acetate.....	31	
D		
Dextrose.....	26, 33	
Diabetic enteral feed 1kcal/ml.....	18, 32	
Diatol.....	31	
Dr Reddy's Omeprazole.....	26, 34	
Duocal Super Soluble Powder.....	25	
E		
Econazole nitrate.....	29	
Ecreme.....	29	
Efexor XR.....	19, 34	
Elemental O28 Extra.....	26	
Enteral/oral feed 1kcal/ml.....	25, 26	
ERA.....	29	
Erythromycin lactobionate.....	29	
Estrofem.....	26	
Ethics Aspirin.....	25, 31	
F		
Fat modified feed.....	25	
Fat supplement.....	25	
Fortisip Powder.....	18	
G		
Gabapentin.....	21	
Generaid Plus.....	25	
Glucerna.....	32	
Glucerna RTH.....	32	
Glucerna Select.....	18	
Glucerna Select RTH.....	18	
Glyceryl trinitrate.....	26, 33	
Gold Knight.....	18, 19	
H		
Heparinised saline.....	18	
Hydroxocobalamin.....	18, 33	
Hyprosin.....	31	
Hyzaar.....	25	
I		
Insulin pen needles.....	19, 33	
Insulin syringes disposable with attached needle.....	19	
Insulin syringes, disposable with attached needle.....	34	
K		
Kindergen.....	26	
L		
Lamotrigine.....	18, 33	
Leflunomide.....	26, 34	
Levonorgestrel.....	18, 28, 31	
Liquigen.....	25	
Locasol.....	26	
Logem.....	18, 33	
Losartan.....	18, 20, 25	
Losartan with hydrochlorothiazide.....	20, 25	
Low calcium infant formula.....	26	
M		
Maxalt Melt.....	18, 33	
MCT oil (Nutricia).....	25	
Mitozantrone.....	29	
Monogen.....	25	
Morphine sulphate.....	25, 33	
Multivitamins.....	26	
N		
Naproxen sodium.....	29	
Nitroderm TTS.....	26, 33	
Norflex.....	31	
Norvir.....	19, 29, 31, 34	
O		
Oestradiol.....	26	
Oestradiol valerate.....	18, 31	
Omeprazole.....	26, 34	
Onkotrone.....	29	
Oral elemental feed 0.8kcal/ml.....	26	
Oral feed 1kcal / ml.....	18, 32	
Oral supplement 1kcal/ml.....	18	
Orphenadrine citrate.....	31	
P		
Paediatric Seravit.....	26	
Pantoprazole.....	29	
Paraffin.....	25	
Parvolex.....	30	
Postinor-1.....	18	
Postinor-2.....	31	
Povidone iodine.....	26	
Prazosin hydrochloride.....	31	
Prochlorperazine.....	32	
Progynova.....	18, 31	
Pyrazinamide.....	24	

Index

Pharmaceuticals and brands

R		
Respigen	18	
Ritonavir	19, 29, 31, 34	
Rizatriptan benzoate	18, 33	
S		
Salamol	25	
Salbutamol.....	18, 25	
Somac.....	29	
Stemetil	32	
Sulphacetamide sodium	30	
Sunscreens, proprietary	26	
Synflex.....	29	
T		
Tolbutamide.....	31	
Topiramate.....	22	
V		
Valaciclovir	19, 31	
Valtrex	19, 31	
Venlafaxine	19, 34	
Ventolin	25	
Verapamil	34	
Verapamil hydrochloride.....	31	
Verpamil	31, 34	
Vigabatrin	22	
Vosol	25	
W		
Water	29	
X		
Xanax.....	30	
Z		
Zinacef.....	25, 33	

Pharmaceutical Management Agency

Level 14, Cigna House, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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