

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 October 2010

Section H cumulative for August, September and October 2010



Contents

Summary of PHARMAC decisions effective 1 October 2010	3
Pharmaceutical co-payments remain unchanged	6
Further topical anti-acne treatment fully subsidised.....	6
New funded treatment for lung cancer	7
Oral iron chelator subsidised	7
Mycophenolate mofetil – new listing and Special Authority amendment.....	7
Travoprost eye drops now fully subsidised	8
Ezetimibe – greater subsidised access	8
Mianserin hydrochloride – widened access	8
Tenofovir disoproxil fumarate – widened access.....	9
Rituximab – widened access	9
Budesonide and anastrozole – further brands subsidised.....	10
Urea cream – fully subsidised	10
Capecitabine – widened access	10
Phenobarbitone sodium paediatric oral liquid – new standard formulae	11
Tender News.....	12
Looking Forward	12
Sole Subsidised Supply products cumulative to October 2010	14
New Listings.....	22
Changes to Restrictions	28
Changes to Subsidy and Manufacturer’s Price.....	44
Changes to General Rules.....	49
Changes to Brand Name	49
Changes to Section E Part I	49
Changes to Sole Subsidised Supply	50
Delisted Items	51
Items to be Delisted	53
Section H changes to Part II	56
Section H changes to Part III.....	63
Index.....	64

Summary of PHARMAC decisions

EFFECTIVE 1 OCTOBER 2010

New listings (pages 22-24)

- Loperamide hydrochloride (Diamide Relief) cap 2 mg – up to 30 cap available on a PSO
- Imiglucerase (Cerezyme) inj 40 iu per ml, 400 iu vial – Special Authority – Retail pharmacy, section 29
- Sodium chloride (Pfizer) inj 0.9%, 5 ml and 10 ml – Up to 5 inj available on a PSO
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per 1 ml, 250 ml OP – Special Authority – Retail pharmacy
- Cilazapril (Zapril) tab 0.5 mg, 2.5 mg and 5 mg
- Adapalene (Differin) crm 0.1%, 30 g OP, and gel 0.1%, 30 g OP – Only on a prescription and maximum of 30 g per prescription
- Amoxicillin (Alphamox) cap 250 mg – Up to 30 cap available on a PSO
- Amoxicillin (Alphamox) cap 500 mg
- Ondansetron (Dr Reddy's Ondansetron) tab 4 mg and 8 mg – Maximum of 12 tab per prescription and maximum of 6 tab per dispensing – not more than one prescription per month – restrictions can be waived by Special Authority
- Erlotinib hydrochloride (Tarceva) tab 100 mg and 150 mg – Retail pharmacy-Specialist – Special Authority
- Anastrozole (Aremed) tab 1 mg
- Mycophenolate mofetil (Myaccord) tab 500 mg and cap 250 mg – Special Authority – Retail pharmacy
- Budesonide (Budenocort) powder for inhalation 200 µg and 400 µg per dose, 200 dose OP
- Chloramphenicol (Chlorafast) eye drops 0.5%
- Standard formulae – phenobarbitone sodium paediatric oral liquid (10 mg per ml)
- Oral supplement 1kcal/ml (Ensure) powder (chocolate and vanilla) 900 g OP – Special Authority – Hospital pharmacy [HP3]
- Paediatric oral feed 1kcal/ml (Pediasure) liquid (vanilla) 200 ml OP – Special Authority – Hospital pharmacy [HP3]
- Renal oral feed 2kcal/ml (Nepro (strawberry)) liquid 200 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed with fibre 1kcal/ml (Jevity) liquid 237 ml OP and (Jevity RTH) liquid 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed 1kcal/ml (Osmolite) liquid 250 ml OP and (Osmolite RTH) liquid 500 ml OP – Special Authority – Hospital pharmacy [HP3]

Summary of PHARMAC decisions – effective 1 October 2010 (continued)

- Enteral feed with fibre 1.5kcal/ml (Ensure Plus HN) liquid 250 ml OP – Special Authority – Hospital pharmacy [HP3]
- Elemental formula (Elecare) powder (vanilla and unflavoured) 400 g OP and (Elecare LCP) powder (unflavoured) 400 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 28-35)

- Sodium chloride (Pharmacia and Multichem) inj 0.9%, 20 ml – addition of Up to 5 inj available on a PSO
- Ezetimibe (Ezetrol) tab 10 mg – amended Special Authority criteria
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg – amended Special Authority criteria
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – amended Special Authority criteria
- Mianserin hydrochloride (Tolvon) tab 30 mg – amended Special Authority criteria
- Capecitabine (Xeloda) tab 150 mg and 500 mg – amended Special Authority criteria
- Mycophenolate mofetil (Cellcept and Myaccord) tab 500 mg and cap 250 mg – amended Special Authority criteria
- Rituximab inj 100 mg per 10 ml vial and inj 500 mg per 50 ml vial (Mabthera), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Travoprost (Travatan) eye drops 0.004%, 2.5 ml OP – removal of additional subsidy by endorsement

Decreased subsidy (pages 44-46)

- Sodium citrate with sodium lauryl sulphoacetate (Microlax) enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml
 - Ascorbic acid (Apo-Ascorbic Acid) tab 100 mg
 - Water (Multichem) purified for inj, 5 ml, 10 ml and 20 ml
 - Terazosin hydrochloride (Apo-Terazosin) tab 1 mg, 2 mg and 5 mg
 - Indapamide (Napamide) tab 2.5 mg
 - Malathion (Derbac-M) liq 0.5%, 200 ml OP
 - Oestriol (Ovestin) crm 1 mg per g with applicator and pessaries 500 µg
 - Ceftriaxone sodium (AFT) inj 1 g
 - Mianserin hydrochloride (Tolvon) tab 30 mg
 - Quetiapine (Seroquel) tab 25 mg, 100 mg, 200 mg and 300 mg
 - Azathioprine (Azamun and Imuran) tab 50 mg
 - Mycophenolate mofetil (Cellcept) tab 500 mg and cap 250 mg
-

Summary of PHARMAC decisions – effective 1 October 2010 (continued)

- Ipratropium bromide (Ipratropium Steri-Neb) nebuliser soln 250 µg per ml, 1 ml and 2 ml
- Oral supplement 1kcal/ml (Ensure) powder (chocolate, strawberry, vanilla) 400 g OP

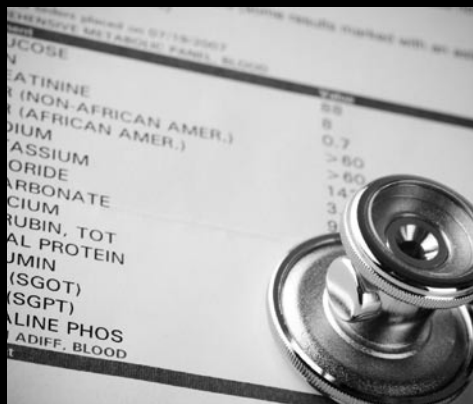
Increased subsidy (pages 44-46)

- Sodium chloride (Multichem) inj 0.9%, 20 ml
- Urea (Nutraplus) crm 10%, 100 g OP
- Nitrofurantoin (Nifuran) tab 50 mg and 100 mg
- Travoprost (Travatan) eye drops 0.004%, 2.5 ml OP

Pharmaceutical co-payments remain unchanged

As you will be aware, the Government has announced an increase in Goods and Services Tax (GST) from 12.5% to 15% to take effect from 1 October 2010.

Existing patient co-payments for pharmaceuticals are to be maintained at their current level after 1 October 2010, as they are GST inclusive in most cases. The impact of the GST increase will be absorbed by District Health Boards.



The GST component of service fee payments to pharmacies will increase, as required by the current Pharmacy Services contract.

Further topical anti-acne treatment fully subsidised

From 1 October 2010 the topical anti-acne treatment adapalene will be listed fully subsidised. Adapalene, brand name Differin, will be fully subsidised in 0.1% cream and gel formulations when dispensed on a prescription. A maximum of 30 g per prescription will be subsidised. Adapalene is a once daily topical retinoid indicated for the topical treatment of comedo, papular and pustular acne (acne vulgaris) of the face, chest or back.



New funded treatment for lung cancer

Erlotinib hydrochloride (Tarceva) will be fully subsidised for people with advanced lung cancer from 1 October 2010. Tarceva 100 mg and 150 mg tablets will be fully subsidised under Special Authority criteria for treatment of patients with advanced Non Small Cell Lung Cancer following failure of previous chemotherapy.

Oral iron chelator subsidised

The oral iron chelator deferiprone (Ferriprox) 500 mg tablet and 100 mg per ml, 250 ml oral liquid will be fully subsidised from 1 October 2010. Subsidy, via Special Authority application, will be available to patients diagnosed with chronic transfusional iron overload due to congenital inherited anaemia.

Mycophenolate mofetil – new listing and Special Authority amendment

Douglas Pharmaceutical's brand of mycophenolate mofetil 250 mg capsules and 500 mg tablets (Myaccord) will be listed fully subsidised, under Special Authority criteria, from 1 October 2010. Myaccord will have protection from subsidy reduction and delisting until 30 June 2012.

Roche's brand of mycophenolate mofetil, Cellcept, will remain fully subsidised, with a price and subsidy decrease also effective from 1 October 2010.

The Special Authority criteria applying to both brands of mycophenolate mofetil (Cellcept and Myaccord 250 mg capsules, 500 mg tablets and Cellcept oral liquid) will be amended from 1 October 2010. The amendment widens funded access

to include all transplant recipients and patients with autoimmune diseases that have not responded to other standard immunosuppressant treatments.

The following dispensing note has also been added to the listing of mycophenolate mofetil – “the dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically”. The reason for this note is that dispensing Myaccord would result in a brand switch for current patients stabilised on Cellcept. While PHARMAC does not anticipate any problems with switching brands in most patients, we consider that the prescriber should be actively involved in such a decision.

Travoprost eye drops now fully subsidised

Travoprost (Travatan) eye drops 0.004%, 2.5 ml OP, will be fully subsidised from 1 October 2010. The subsidy will increase from 1 October 2010 to match the manufacturer's price.

In addition, the requirement for an endorsement for additional subsidy for travoprost eye drops 0.004% will be removed from 1 October 2010, resulting in Travatan being fully subsidised without restriction.

Ezetimibe – greater subsidised access



Subsidised access for ezetimibe (Ezetrol) tablets 10 mg and ezetimibe with

simvastatin (Vytorin) tablets will be widened from 1 October 2010. The Special Authority criteria will be amended to include patients whose LDL-cholesterol treatment goals are

not achieved with the use of maximally tolerated dose of atorvastatin. The current specialist application and renewal restrictions will be removed, enabling prescribers acting within their scope of practice to apply for Special Authority approvals.

Mianserin hydrochloride – widened access

From 1 October 2010 subsidised access to mianserin hydrochloride (Tolvon) 30 mg tablets will be expanded. The Special Authority criteria will be amended to include patients who have not responded to other antidepressants. Please refer to page 31 for further details.



Tenofovir disoproxil fumarate – widened access

Funded access to tenofovir disoproxil fumarate (Viread) 300 mg tablets will be amended from 1 October 2010. Liver transplant recipients will have subsidised access to tenofovir, in combination with lamivudine, for the treatment of Hepatitis B infection under amended Special Authority criteria. Pregnant Hepatitis B positive patients will also have funded access to tenofovir for prevention of mother to child vertical transmission of Hepatitis B. The current requirement for an increase in ALT or > Metavir stage 3 for tenofovir funding will be removed.

The current requirement for renewal of Special Authority approvals every 2 years will



be removed from 1 October 2010 so that approvals for Chronic Hepatitis B (new and existing) will be valid without further renewal unless notified.

Rituximab – widened access



The Special Authority criteria for the in-hospital cancer treatment rituximab (Mabthera) will be widened from 1 October 2010. This will mean greater

numbers of people with lymphoma, will be able to have that treatment funded.

The changes for subsidised access to rituximab (Mabthera) 100 mg and 500 mg injections and (Baxter) 1 mg for ECP injection include widening of funding for this in-hospital cancer drug to include more patients with relapsed/refractory aggressive CD20-positive Non-Hodgkins lymphoma (NHL). The duration of funded treatment for patients with relapsed indolent NHL has also been increased.

Budesonide and anastrozole – further brands subsidised

From 1 October 2010 AFT Pharmaceuticals Ltd's brand of budesonide powder for inhalation 200 µg and 400 µg per dose (Budenocort) will be fully subsidised without restriction.

Also from 1 October 2010 AFT's brand of anastrozole 1 mg tablets, (Aremed), will be fully subsidised without restriction.

Urea cream – fully subsidised

The subsidy for urea 10% cream (Nutraplus) will increase to match the manufacturer's price from 1 October 2010 resulting in urea 10% cream being fully subsidised.

Capecitabine – widened access

The Special Authority criteria for the oral cancer treatment capecitabine (Xeloda) will be widened from 1 October 2010. This will mean that new patients with colon and rectal cancer will be funded.

The widening of subsidised access to capecitabine (Xeloda) 150 mg and 500

mg tablets, includes adjuvant treatment of patients with high risk stage II (Duke's B) colorectal cancer, and neoadjuvant treatment of patients with locally advanced rectal cancer when given concurrently with radiation.



Phenobarbitone sodium paediatric oral liquid – new standard formulae

An additional standard formula for phenobarbitone sodium oral liquid will be listed from 1 October 2010. The new formula is suitable for paediatric patients where the existing one is now not recommended for paediatric use. Please see page 23 for the new formula.

PHARMAC has received guidance from the Paediatric Society of NZ that the paediatric oral liquid would have an expiry date of 28 days when stored in a fridge.



Tender News

Sole Subsidised Supply changes – effective 1 November 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Azathioprine	Inj 50 mg; 1 inj	Imuran (Aspen)
Calcium carbonate	Tab 1.25 g (500 mg elemental); 250 tab	Calci-Tab 500 (AFT)
Calcium carbonate	Tab 1.5 g (600 mg elemental); 250 tab	Calci-Tab 600 (AFT)
Gilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg; 28 tab	Inhibace Plus (Roche)
Donepezil hydrochloride	Tab 5 mg; 90 tab	Donepezil-Rex (Rex Medical)
Donepezil hydrochloride	Tab 10 mg; 90 tab	Donepezil-Rex (Rex Medical)
Enalapril	Tab 5 mg; 90 tab	Arrow-Enalapril (Arrow)
Enalapril	Tab 10 mg; 90 tab	Arrow-Enalapril (Arrow)
Enalapril	Tab 20 mg; 90 tab	Arrow-Enalapril (Arrow)
Methadone hydrochloride	Tab 5 mg; 10 tab	Methatabs (API)
Moclobemide	Tab 150 mg; 500 tab	Apo-Moclobemide (Apotex)
Moclobemide	Tab 300 mg; 500 tab	Apo-Moclobemide (Apotex)
Tamsulosin hydrochloride	Cap 400 µg; 30 cap	Tamsulosin-Rex (Rex Medical)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.

Possible decisions for implementation 1 November 2010

- Adalimumab (Humira and HumiraPen) inj 40 mg per 0.8 ml prefilled pen and syringe – amended Special Authority criteria
- Darunavir (Prezista) tab 300 mg and 400 mg – new listing under current antiretroviral Special Authority criteria
- Daunorubicin (Pfizer) inj 2 mg per ml, 10 ml – price and subsidy increase
- Donepezil hydrochloride (Donepezil-Rex) tab 5 mg and 10 mg – new listing – listed as stat (dispense all-at-once) from date of listing
- Etanercept (Enbrel) 50 mg autoinjector – new listing under Special Authority criteria
- Etanercept (Enbrel) inj 25 mg and 50 mg autoinjector – widened access via amended Special Authority criteria
- Etravirine (Intelence) tab 100 mg – new listing under current antiretroviral Special Authority criteria

Possible decisions for implementation 1 November 2010 (continued)

- Insulin pen needles (B-D Micro-Fine) 32 g x 4 mm – new listing under existing restrictions
- Levetiracetam (Levetiracetam-Rex) tab 250 mg, 500 mg and 750 mg – new listing – not subject to Special Authority
- Levetiracetam (Keppra) tab – no new approvals (new or initial) will be granted under Levetiracetam Special Access – Keppra will be delisted from 1 November 2010
- Mucilaginous laxatives (Mucilax) sugar free, 275 g OP – subsidy decrease
- Mucilaginous laxatives with stimulants (Normacol Plus) dry, 200 g OP and 500 g OP – subsidy decrease
- Sunitinib (Sutent) cap 12.5 mg, 25 mg and 50 mg – new listing under Special Authority criteria
- Varenicline (Champix) tab 1 mg and starter pack (11 x 0.5 mg and 14 x 1 mg tab) – new listing under Special Authority criteria

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amoxicillin	Grans for oral liq 250 mg per 5 ml	Ospamox	2012
	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Curam	2012
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam	
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2011
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium carbonate	Tab eff 1.7 g (1 g elemental)	Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2011
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Cetomacrogol	Crn BP	PSM	2013
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
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	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator Crn 1%	Clomazol Clomazol Clomazol	2013 2011
Colchicine	Tab 500 µg	Colgout	2013
Crotamiton	Crn 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2012
	Eye drops 1 mg per ml	Voltaren Ophtha	2011
	Inj 25 mg per ml, 3 ml	Voltaren	
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	31/12/11
	Cap long-acting 120 mg, 180 mg & 240 mg	Cardizem CD	
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg	Laxofast 50	2011
	Cap 120 mg	Laxofast 120	
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Emulsifying ointment	Oint BP	AFT	2011
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
	Grans for oral liq 200 mg per 5 ml	E-Mycin	2011
	Grans for oral liq 400 mg per 5 ml	E-Mycin	
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg	Felo 5 ER	2012
	Tab long-acting 10 mg	Felo 10 ER	
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Cap 250 mg & 500 mg	AFT	2012
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	2011
	Inj 250 mg, 500 mg & 1 g	Flucloxin	
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg	Fludara	2011
	Tab 10 mg	Fludara Oral	
Fluorometholone	Eye drops 0.1%	FML	2012
Floxetine hydrochloride	Tab dispersible 20 mg, scored	Fluox	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	Lycinate Nitrolingual Pumpspray Nitroderm TTS	2011
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2012
	Powder	ABM	2011
	Crn 1%	PSM	
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml	Buscopan	2011
	Tab 20 mg	Gastrosoothe	
Ibuprofen	Oral liq 100 mg per 5 ml	Fenpaed Ethics Ibuprofen	2013
	Tab 200 mg		2012
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Ketoconazole	Shampoo 2%	Sebizole	2011
Lamivudine	Oral liq 10 mg per ml	3TC	2013
	Tab 150 mg	3TC	
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Malathion	Shampoo 1%	A-Lices	2013

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Mebendazole	Tab 100 mg	De-Worm	2011
Mebeverine hydrochloride	Tab 135 mg	Colofac	2011
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2012
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe	2012 2011
Methyl dopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
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	2012
Morphine sulphate	Tab immediate release 10 mg & 20 mg Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	Sevredol Mayne Mayne	2012 2011
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Norethisterone	Tab 350 µg Tab 5 mg	Noriday 28 Primolut N	2012 2011

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
Omeprazole	Cap 10 mg, 20 mg & 40 mg Inj 40 mg	Dr Reddy's Omeprazole Dr Reddy's Omeprazole	2011
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2011
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011
Phenoxymethylpenicillin (Pencillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT AFT	2013
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2011

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
	Tab 10 mg & 25 mg	Allersoothe	2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013
	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2012
	Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg)	Genotropin	31/12/12
	Inj cartridge 36 iu (12 mg)	Genotropin	
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
Spirolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to October 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Temazepam	Tab 10 mg	Normison	2011
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 µg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2011
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Triamcinolone acetonide	Crn 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	PSM	2011
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

October changes in bold

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 October 2010

25	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO * Cap 2 mg	8.95	400	✓ Diamide Relief
35	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy Inj 40 iu per ml, 400 iu vial	2,144.00	1	✓ Cerezyme S29
44	SODIUM CHLORIDE Inj 0.9%, 5 ml – Up to 5 inj available on a PSO	15.50	50	✓ Pfizer
	Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	15.50	50	✓ Pfizer
48	DEFERIPRONE – Special Authority see SA1042 – Retail pharmacy Tab 500 mg	533.17	100	✓ Ferriprox
	Oral liq 100 mg per 1 ml	266.59	250 ml OP	✓ Ferriprox
	▶ SA1042 Special Authority for Subsidy Initial application only from a relevant specialist. Approvals valid without further renewal unless notified where the patient has been diagnosed with chronic transfusional iron overload due to congenital inherited anaemia. Note: For the purposes of this Special Authority, a relevant specialist is defined as a haematologist.			
49	CILAZAPRIL * Tab 0.5 mg	0.95	30	✓ Zapril
	* Tab 2.5 mg	2.06	30	✓ Zapril
	* Tab 5 mg	3.28	30	✓ Zapril
59	ADAPALENE a) Maximum of 30 g per prescription b) Only on a prescription Crn 0.1%	22.89	30 g OP	✓ Differin
	Gel 0.1%	22.89	30 g OP	✓ Differin
87	AMOXYCILLIN Cap 250 mg – Up to 30 cap available on a PSO	16.18	500	✓ Alphamox
	Cap 500 mg	26.50	500	✓ Alphamox
122	ONDANSETRON a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 c) Not more than one prescription per month; can be waived by Special Authority see SA0887 d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria. Tab 4 mg	5.10	30	✓ Dr Reddy's Ondansetron
	Tab 8 mg	1.70	10	✓ Dr Reddy's Ondansetron

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New listings - effective 1 October 2010 (continued)

148	ERLOTINIB HYDROCHLORIDE – Retail pharmacy–Specialist – Special Authority see SA1044			
	Tab 100 mg	3,100.00	30	✓ Tarceva
	Tab 150 mg	3,950.00	30	✓ Tarceva
	▶ SA1044 Special Authority for Subsidy			
	Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria: All of the following:			
	1. Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and			
	2. Patient has documented disease progression following treatment with first line platinum based chemotherapy; and			
	3. Erlotinib is to be given for a maximum of 3 months.			
	Renewal application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.			
150	ANASTROZOLE			
	Tab 1 mg	26.55	30	✓ Aremid
151	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy			
	Tab 500 mg	85.00	50	✓ Myaccord
	Cap 250 mg	85.00	100	✓ Myaccord
156	BUDESONIDE			
	Powder for inhalation, 200 µg per dose	19.00	200 dose OP	✓ Budenocort
	Powder for inhalation, 400 µg per dose	32.00	200 dose OP	✓ Budenocort
162	CHLORAMPHENICOL			
	Eye drops 0.5%	1.28	10 ml OP	✓ Chlorafast
170	STANDARD FORMULAE			
	Phenobarbitone Sodium Paediatric Oral Liquid (10 mg per ml)			
	Phenobarbitone sodium powder	400 mg		
	Glycerol BP	4 ml		
	Water	to 40 ml		
178	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3]			
	Powder (chocolate)	9.50	900 g OP	✓ Ensure
	Powder (vanilla)	9.50	900 g OP	✓ Ensure
181	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3]			
	Liquid (vanilla)	1.07	200 ml OP	✓ Pediasure
182	RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587– Hospital pharmacy [HP3]			
	Liquid	2.43	200 ml OP	✓ Nepro (strawberry)
184	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid	1.32	237 ml OP	✓ Jevity
		2.65	500 ml OP	✓ Jevity RTH
184	ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]			
	Liquid	1.24	250 ml OP	✓ Osmolite
		2.65	500 ml OP	✓ Osmolite RTH

▲ 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 October 2010 (continued)

185	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid	1.75	250 ml OP	✓ Ensure Plus HN
191	ELEMENTAL FORMULA – Special Authority see SA0603 – Hospital pharmacy [HP3] Powder (vanilla)	52.90 (56.00)	400 g OP	Elecare
	Powder (unflavoured)	52.90 (56.00)	400 g OP	Elecare Elecare LCP

Effective 1 September 2010

29	INSULIN GLULISINE ▲ Inj 100 u per ml, 3 ml	46.07	5	✓ Apidra
33	MUCILAGINOUS LAXATIVES – Only on a prescription * Dry	6.02	500 g OP	✓ Konsyl-D
36	VITAMIN B COMPLEX * Tab, strong, BPC	4.70	500	✓ B-PlexADE
41	CLOPIDOGREL Tab 75 mg	16.25	90	✓ Apo-Clopidogrel
45	SODIUM BICARBONATE Cap 840 mg	8.52	100	✓ Sodibic
55	FUROSEMIDE * Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	1.30	5	✓ Frusamide-Claris
85	CEFTRIAOXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) 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	2.70	1	✓ Veracol
85	CEPHALEXIN MONOHYDRATE Cap 500 mg	8.90	20	✓ Cephalexin ABM
102	MELOXICAM – Special Authority see SA1034 – Retail pharmacy Tab 7.5 mg	11.50	30	✓ Arrow-Meloxicam
	▶ SA1034] Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 1 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and 2 The patient has haemophilic arthropathy; and 3 Pain and inflammation associated with haemophilic arthropathy is inadequately controlled by alternative funded treatment options, or alternative funded treatment options are contraindicated.			

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

New listings - effective 1 September 2010 (continued)

102	TENOICAM * Inj 20 mg	9.95	1	✓ AFT
109	ZOLEDRONIC ACID – Special Authority see SA1035 – Retail pharmacy Soln for infusion 5 mg in 100 ml..... ▶ SA1035 Special Authority for Subsidy Initial application – (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: All of the following: 1 Paget's disease; and 2 Any of the following: 2.1 Bone or articular pain; or 2.2 Bone deformity; or 2.3 Bone, articular or neurological complications; or 2.4 Asymptomatic disease, but risk of complications; or 2.5 Preparation for orthopaedic surgery; and 3 The patient will not be prescribed more than one infusion in the 12-month approval period. Initial application – (Underlying cause - Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 Any of the following: 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -2.5) (see Note); or 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or 1.4 Documented T-Score \leq -3.0 (see Note); or 1.5 A 10-year risk of hip fracture \geq 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis); and 2 The patient will not be prescribed more than one infusion in a 12-month period. Initial application – (Underlying cause - glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: All of the following: 1 The patient is receiving systemic glucocorticosteroid therapy (\geq 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and 2 Any of the following: 2.1 The patient has documented BMD \geq 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -1.5) (see Note); or 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause – glucocorticosteroid therapy); and 3 The patient will not be prescribed more than one infusion in the 12-month approval period. Renewal – (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: Both: 1 Any of the following: 1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or	600.00	100 ml	✓ Aclasta

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

New listings - effective 1 September 2010 (continued)

continued...

- 1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
- 1.3 Symptomatic disease (prescriber determined); and
- 2 The patient will not be prescribed more than one infusion in the 12-month approval period.
The patient may not have had a prior approval for Paget's disease within the last 12 months.

Renewal – (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner.
Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents); and
- 2 The patient will not be prescribed more than one infusion in the 12-month approval period.
The patient may not have had a prior approval for 'Underlying cause glucocorticosteroid therapy' within the last 12 months.

Renewal – (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Any of the following:
- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented BMD ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
- 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 1.4 Documented T-Score ≤ -3.0 (see Note); or
- 1.5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – Osteoporosis' criteria); and
- 2 The patient will not be prescribed more than one infusion in a 12-month period.

Notes:

- a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 , and therefore do not require BMD measurement for treatment with bisphosphonates.
- c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that has quantified this as forces equivalent to a fall from a standing height or less.
- d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

111 LIGNOCAINE HYDROCHLORIDE

Inj 2%, 5 ml – Up to 5 inj available on a PSO	23.00	50	✓ Xylocaine
Inj 2%, 20 ml – Up to 5 inj available on a PSO	15.00	5	✓ Xylocaine
Viscous solution 2%	55.00	200 ml	✓ Xylocaine Viscous

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✔ **fully subsidised**

New listings - effective 1 September 2010 (continued)

121	CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml	14.95	5	✔ Nausicalm
141	FLUOROURACIL SODIUM Inj 1 mg for ECP – PCT only – Specialist.....	0.77	100 mg	✔ Baxter
145	MESNA – PCT only – Specialist Inj 1 mg for ECP	2.29	100 mg	✔ Baxter
163	SODIUM CROMOGLYCAT Eye drops 2%	1.18	5 ml OP	✔ Rexacrom

▲ 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 October 2010

44	SODIUM CHLORIDE Inj 0.9%, 20 ml – Up to 5 inj available on a PSO	4.72	6	✓Pharmacia
		11.79	30	✓Pharmacia
		8.41	20	✓Multichem
47	EZETIMIBE – Special Authority see SA1045 0796 – Retail pharmacy Tab 10 mg	57.60	30	✓Ezetrol

► **SA1045 0796** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and

2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and

3 Any of the following:

3.1 The patient has rhabdomyolysis (defined as muscle aches and creatine kinase more than 10 x normal) when treated with one statin; or

3.2 The patient is intolerant to both simvastatin and atorvastatin; or

3.3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

Note:

A patient who has failed to reduce their LDL cholesterol to < 2.0 mmol/litre with the use of a less potent statin should use a more potent statin prior to consideration being given to the use of non-statin therapies. Other treatment options including fibrates, resins and nicotinic acid should be considered after failure of statin therapy.

If a patient's LDL cholesterol cannot be calculated because the triglyceride level is too high then a repeat test should be performed and if the LDL cholesterol again cannot be calculated then it can be considered that the LDL cholesterol is greater than 2.0 mmol/litre.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

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

Both:

1 – Either:

1.1 ezetimibe is to be used in combination with simvastatin; or

1.2 ezetimibe is to be used without a statin; and

2 – Either:

2.1 All of the following:

2.1.1 Patient has a calculated absolute risk of cardiovascular disease > 20% over 5 years; and

2.1.2 Patient cannot tolerate statin therapy at a dose of \geq 40 mg per day; and

2.1.3 – Either:

2.1.3.1 All of the following:

2.1.3.1.1 Patient has venous CABG; and

2.1.3.1.2 LDL cholesterol \geq 2.0 mmol/litre (see note); and

2.1.3.1.3 LDL cholesterol \geq 2.0 mmol/litre (at least 1 week after test 1 – see note);

or

2.1.3.2 All of the following:

2.1.3.2.1 Patient does not have venous CABG; and

2.1.3.2.2 LDL cholesterol \geq 2.5 mmol/litre (see note); and

2.1.3.2.3 LDL cholesterol \geq 2.5 mmol/litre (at least 1 week after test 1 – see note);

or

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 October 2010 (continued)

continued...

2.2 All of the following:

2.2.1 Patient has homozygous familial hypercholesterolemia, or heterozygous familial hypercholesterolemia; and

2.2.2 Patient has been compliant for at least two months with maximum dose statin therapy; and

2.2.3 LDL cholesterol \geq 5 mmol/litre (see note); and

2.2.4 LDL cholesterol \geq 5 mmol/litre (at least 1 week after test 1 — see note).

Note: Two lipid tests are required to assess LDL cholesterol levels, the tests must be at least one week apart, and be carried out in a fasted state (other than for patients with IDDM). The results for LDL cholesterol levels in both tests must be above those specified.

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

1—The treatment remains appropriate and the patient is benefiting from treatment; and

2—Either:

2.1 ezetimibe is to be used in combination with simvastatin; or

2.2 ezetimibe is to be used without a statin.

48 EZETIMIBE WITH SIMVASTATIN – Special Authority see **SA1046 0026** – Retail pharmacy

Tab 10 mg with simvastatin 10 mg	69.00	30	✓ Vytorin
Tab 10 mg with simvastatin 20 mg	75.00	30	✓ Vytorin
Tab 10 mg with simvastatin 40 mg	103.50	30	✓ Vytorin
Tab 10 mg with simvastatin 80 mg	123.00	30	✓ Vytorin

▶ **SA1046 0026** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for two years for applications meeting the following criteria:

All of the following:

- 1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and
- 2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and
- 3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.

Note:

A patient who has failed to reduce their LDL cholesterol to < 2.0 mmol/litre with the use of a less potent statin should use a more potent statin prior to consideration being given to the use of non-statin therapies. Other treatment options including fibrates, resins and nicotinic acid should be considered after failure of statin therapy.

If a patient's LDL cholesterol cannot be calculated because the triglyceride level is too high then a repeat test should be performed and if the LDL cholesterol again cannot be calculated then it can be considered that the LDL cholesterol is greater than 2.0 mmol/litre.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

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

Either:

1—All of the following:

1.1 Patient has a calculated absolute risk of cardiovascular disease > 20% over 5 years; and

1.2 Patient cannot tolerate statin therapy at a dose of \geq 40 mg per day; and

1.3 Either:

1.3.1 All of the following:

1.3.1.1 Patient has venous CABG; and

1.3.1.2 LDL cholesterol \geq 2.0 mmol/litre (see note); and

1.3.1.3 LDL cholesterol \geq 2.0 mmol/litre (at least 1 week after test 1 — see note); or

1.3.2 All of the following:

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 October 2010 (continued)

continued...

- 1.3.2.1 Patient does not have venous CABG; and
- 1.3.2.2 LDL cholesterol \geq 2.5 mmol/litre (see note); and
- 1.3.2.3 LDL cholesterol \geq 2.5 mmol/litre (at least 1 week after test 1 – see note); or

2 – All of the following:

- 2.1 Patient has homozygous familial hypercholesterolemia, or heterozygous familial hypercholesterolemia; and
- 2.2 Patient has been compliant for at least two months with maximum dose statin therapy; and
- 2.3 LDL cholesterol \geq 5 mmol/litre (see note); and
- 2.4 LDL cholesterol \geq 5 mmol/litre (at least 1 week after test 1 – see note).

Note: Two lipid tests are required to assess LDL cholesterol levels, the tests must be at least one week apart, and be carried out in a fasted state (other than for patients with IDDM). The results for LDL cholesterol levels in both tests must be above those specified.

Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

93 TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see SA1047 0997

Endorsement for treatment of HIV/AIDS: Prescription is deemed to be endorsed if tenofovir disoproxil fumarate is co-prescribed with another anti-retroviral subsidised under Special Authority SA1025 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.

Note: Tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV/AIDS is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA1025.

Tab 300 mg 531.00 30 ✓Viread

► SA1047 0997 Special Authority for Waiver of Rule

Initial application — (Drug-Resistant Chronic Hepatitis B) Only only from a gastroenterologist, infectious disease specialist or general physician. **Approvals valid without further renewal, unless notified, for applications meeting the following criteria** Approvals valid for 1 year for applications meeting the following criteria:

Any All of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and

2 All of the following

2.1 Patient has had previous lamivudine, adefovir or entecavir therapy; and

3 All of the following:

Documented drug resistance, defined as both:

- 3.1 ALT greater than upper limit of normal; or \geq Metavir Stage F3; and
- 2.2 3.2 HBV DNA greater than 20,000 IU/mL or increased \geq 10 fold over nadir; and
- 2.3 4 Any of the following:
 - 2.3.1 4.1 Hepatitis B virus resistant to lamivudine with detection of M204I/V mutation; or
 - 2.3.2 4.2 Hepatitis B virus resistant to adefovir with detection of A181T/V or N236T mutation; or
 - 2.3.3 4.3 Hepatitis B virus resistant to entecavir with detection of I169T, L180M T184S/A/I/L/GC/M, S202C/G/I, M204V or M250I/V mutation; or.

3 Patient is either listed or has undergone liver transplantation for HBV;

Initial application - (Pregnant) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 4 months for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 Either:

- 2.1 HBV DNA > 20,000 IU/ml and ALT > ULN; or
- 2.2 HBV DNA > 100 million IU/ml and ALT normal.

Renewal - (Confirmed Hepatitis B following funded tenofovir treatment for pregnancy within the previous two years) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

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 October 2010 (continued)

continued...

Any of the following:

1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and

2 All of the following:

2.1 Patient has had previous lamivudine, adefovir or entecavir therapy; and

2.2 HBV DNA greater than 20,000 IU/mL or increased ≥ 10 fold over nadir; and

2.3 Any of the following:

2.3.1 Lamivudine resistance - detection of M204I/V mutation; or

2.3.2 Adefovir resistance - detection of A181T/V or N236T mutation; or

2.3.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/GC/M, S202C/G/I, M204V or M250I/V mutation; or

3 Patient is either listed or has undergone liver transplantation for HBV.

Renewal - (Subsequent pregnancy) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 4 months for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 Either:

2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or

2.2 HBV DNA > 100 million IU/mL and ALT normal.

Renewal — (Drug-Resistant Chronic Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Notes:

- Tenofovir disoproxil fumarate should be stopped 6 months following HBeAg seroconversion for patients who were HBeAg positive prior to commencing Tenofovir disoproxil fumarate **this agent and 6 months following HBsAg seroconversion for patients who were HBeAg negative prior to commencing this agent.**
- The recommended dose of Tenofovir disoproxil fumarate for the treatment of hepatitis B is 300 mg once daily.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Tenofovir disoproxil fumarate dose should be reduced in accordance with the approved Medsafe datasheet guidelines.
- Tenofovir disoproxil fumarate is not approved for use in children.

115 MIANSERIN HYDROCHLORIDE – Special Authority see **SA1048 0864** – Retail pharmacy
Tab 30 mg 24.86 30 ✓ Tolvon

➔ **SA1048 0864** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either

1 Both:

1.1 Depression; and

1.2 Either:

1.2.1 Co-existent bladder neck obstruction; or

1.2.2 Cardiovascular disease; or

2 Both:

2.1 The patient has a severe major depressive episode; and

2.2 Either:

2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or

2.2.2 Both:

2.2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and

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 October 2010 (continued)

continued...

2.2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

140	CAPECITABINE – Retail pharmacy-Specialist – Special Authority see SA1049 †040			
	Tab 150 mg	115.00	60	✓Xeloda
	Tab 500 mg	705.00	120	✓Xeloda

▶ SA1049 †040 Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has advanced gastrointestinal malignancy; or
- 2 The patient has metastatic breast cancer; or
- 3 The patient has stage III (Dukes' stage C) colorectal*# cancer and has undergone surgery; or
- 4 All of the following:
 - 4.1 The patient has stage II (Dukes' stage B) colorectal* cancer and has undergone surgery; and
 - 4.2 Any of the following:
 - 4.2.1 the patient has stage T4 disease; or
 - 4.2.2 the patient has vascular invasion; or
 - 4.2.3 Fewer than 10 lymph nodes were examined at resection; or
- 5 All of the following:
 - 5.1 The patient has locally advanced (clinically or radiologically staged T3/T4: N0,1,2) rectal cancer; and
 - 5.2 Surgery is planned; and
 - 5.3 Capecitabine to be given prior to surgery (neoadjuvant); and
 - 5.4 Capecitabine to be given at a maximum dose of 825 mg/m² twice daily in combination with radiation therapy for a maximum of 6 weeks; or
- 6 Both:
 - 6.1 The patient has poor venous access or needle phobia*; and
 - 6.2 The patient requires a substitute for single agent fluoropyrimidine*.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note indications marked with * are Unapproved Indications, #capecitabine is approved for stage III (Dukes' stage C) colon cancer.

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has advanced gastrointestinal malignancy; or
- 2 The patient has metastatic breast cancer*; or
- 3 The patient has stage III (Duke's stage C) colorectal*# cancer and undergone surgery; or
- 4 Both:
 - 4.1 The patient has poor venous access or needle phobia*; and
 - 4.2 The patient requires a substitute for single agent fluoropyrimidine*.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.

Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with * are Unapproved Indications, # capecitabine is approved for stage III (Duke's stage C) colon cancer.

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 October 2010 (continued)

151 MYCOPHENOLATE MOFETIL – Special Authority see **SA1041 0960** – Retail pharmacy
Note: Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.

Tab 500 mg	70.00	50	✓ Cellcept
	85.00		✓ Myaccord
Cap 250 mg	70.00	100	✓ Cellcept
	85.00		✓ Myaccord
Powder for oral liq 1 g per 5 ml – Subsidy by endorsement ...	285.00	165 ml OP	✓ Cellcept

Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly.

➔ **SA1041 0960** Special Authority for Subsidy

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

Either:

1 Transplant recipient; or

2 Both:

Patients with diseases where

2.1 Steroids and azathioprine have been trialed and discontinued because of unacceptable side effects or inadequate clinical response; and

2.2 Either:

Patients with diseases where

2.2.1 Cyclophosphamide has been trialed and discontinued because of unacceptable side effects or inadequate clinical response; or

2.2.2 Cyclophosphamide treatment is contraindicated.

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

~~Any of the following:~~

~~1 Renal transplant recipient; or~~

~~2 Heart transplant recipient; or~~

~~3 Liver transplant recipient; or~~

~~4 Patient has an organ transplant and has severe tophaceous gout making azathioprine unsuitable.~~

151 RITUXIMAB – PCT only – Specialist – Special Authority see **SA1050 0964**

Inj 100 mg per 10 ml vial	1,195.00	2	✓ Mabthera
Inj 500 mg per 50 ml vial	2,987.00	1	✓ Mabthera
Inj 1 mg for ECP	6.27	1 mg	✓ Baxter

➔ **SA1050 0964** Special Authority for Subsidy

Initial application — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The patient has B-cell post-transplant lymphoproliferative disorder*[‡]; and

2 To be used for a maximum of 8 treatment cycles.

Initial application — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has indolent low grade NHL with relapsed disease following prior chemotherapy; and

1.2 To be used for a maximum of 6 treatment cycles; or

2 Both:

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 October 2010 (continued)

continued...

- 2.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and
- 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia.

Rituximab is not funded for chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Initial application — (Aggressive CD20 positive NHL) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either

1 All of the following:

- 1.1 The patient has treatment-naive aggressive CD20 positive NHL; and
- 1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 1.3 To be used for a maximum of 8 treatment cycles; or

2 Both:

- 2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and

- 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia Renewal — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.

Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has B-cell post-transplant lymphoproliferative disorder*[†]; and
- 3 To be used for no more than 6 treatment cycles.

Renewal — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has indolent, low-grade NHL with relapsed disease following prior chemotherapy; and
- 3 To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia.

Rituximab is not funded for chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Renewal — (Aggressive CD20 positive NHL) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
- 3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 4 To be used for a maximum of 4 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia

Note: Indications marked with * are Unapproved Indications.

Initial application — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has B-cell post-transplant lymphoproliferative disorder*[†]; and
- 2 To be used for a maximum of 8 treatment cycles.

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 October 2010 (continued)

continued...

Initial application — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1—Both:

- 1.1 The patient has indolent low grade NHL with relapsed disease following prior chemotherapy; and
- 1.2 To be used for a maximum of 4 treatment cycles; or

2—Both:

- 2.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and
- 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Initial application — (Aggressive CD20 positive NHL) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1—The patient has treatment-naive aggressive CD20 positive NHL; and
- 2—To be used with a multi-agent chemotherapy regimen given with curative intent; and
- 3—To be used for a maximum of 8 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia

Renewal — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1—The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2—The patient has indolent, low grade NHL with relapsed disease following prior chemotherapy; and
- 3—To be used for no more than 4 treatment cycles.

Note: 'Indolent, low grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.

Renewal — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1—The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2—The patient has B-cell post-transplant lymphoproliferative disorder*; and
- 3—To be used for no more than 6 treatment cycles.

Note: Indications marked with * are Unapproved Indications.

164 TRAVOPROST – Retail pharmacy-Specialist

a) See prescribing guideline above

b) Additional subsidy by endorsement is available for patients who were being prescribed travoprost prior to 1 April 2010.

Note additional subsidy valid until 30 September 2010. Pharmacists may annotate prescriptions for patients who were being prescribed travoprost prior to 1 April 2010 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show a clear documented dispensing history for the patient. The prescription must be endorsed accordingly:

▲ Eye drops 0.004% – Higher subsidy of \$19.50

per 2.5 ml with Endorsement 19.50 2.5 ml OP ✓ **Travatan**

▲ 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 September 2010

- 29 ACARBOSE – Special Authority see SA0925 on the next page – Retail pharmacy
- | | | | |
|--------------------|-------|----|-------------------|
| * Tab 50 mg | 16.50 | 90 | ✓ Glucobay |
| * Tab 100 mg | 26.70 | 90 | ✓ Glucobay |
- ▶ SA0925 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 – The patient has type 2 diabetes; and
2 – Either:
2.1 Metformin is not tolerated, or is contraindicated; or
2.2 The patient has not responded to the maximum appropriate dose of metformin.
- 30 PIOGLITAZONE – Special Authority see SA0959 below – Retail pharmacy
- | | | | |
|-----------------|------|----|--------------------|
| Tab 15 mg | 2.61 | 28 | ✓ Pizaccord |
| Tab 30 mg | 5.23 | 28 | ✓ Pizaccord |
| Tab 45 mg | 7.80 | 28 | ✓ Pizaccord |
- ▶ SA0959 Special Authority for Subsidy
Initial application — (Patients with type 2 diabetes) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1 Patient has not achieved glycaemic control on maximum doses of metformin and/or a sulphonylurea or where either or both are contraindicated or not tolerated; or
2 Patient is on insulin.
- 37 MULTIVITAMINS – Special Authority see SA1036 0963 – Retail pharmacy
- | | | | |
|--------------|-------|----------|-----------------------------|
| Powder | 72.00 | 200 g OP | ✓ Paediatric Seravit |
|--------------|-------|----------|-----------------------------|
- ▶ SA1036 0963 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: **where the patient has inborn errors of metabolism.**
Either:
1 – The patient has inborn errors of metabolism; or
2 – For use as a supplement to a ketogenic diet in patients diagnosed with epilepsy.
Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where patient has had a previous approval for multivitamins.
Note: Use of Paediatric Seravit is not recommended as a supplement to a ketogenic diet.
- 41 CLOPIDOGREL – Special Authority see SA0867 below – Retail pharmacy
- | | | | |
|-----------------|---------|----|----------------------------|
| Tab 75 mg | 16.25 | 90 | ✓ Apo-Clopidogrel |
| | 5.05 | 28 | ✓ Apo-Clopidogrel |
| | 25.00 | 28 | ✓ Arrow-Clopidogrel |
| | (73.38) | | Plavix |
- ▶ SA0867 Special Authority for Subsidy
Initial application — (aspirin allergic patients) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 – The patient is allergic to aspirin (see definition below); and
2 – Any of the following:
The patient has:
2.1 suffered from a stroke, or transient ischaemic attack; or
2.2 experienced an acute myocardial infarction; or
2.3 experienced an episode of pain at rest of greater than 20 minutes duration due to coronary disease that required admission to hospital for at least 24 hours; or

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 September 2010 (continued)

continued...

- 2.4 had a troponin T or troponin I test result greater than the upper limit of the reference range; or
- 2.5 had a revascularisation procedure; or
- 2.6 experienced symptomatic peripheral vascular disease of a severity that has required specialist consultation.

Note: Aspirin allergy is defined as a history of anaphylaxis, urticaria or asthma within 4 hours of ingestion of aspirin, other salicylates or NSAIDs.

Initial application — (aspirin tolerant patients and aspirin naive patients) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Any of the following:

The patient has:

- 1 experienced an acute myocardial infarction; or
- 2 had an episode of pain at rest of greater than 20 minutes duration due to coronary disease that required admission to hospital for at least 24 hours; or
- 3 had a troponin T or troponin I test result greater than the upper limit of the reference range; or
- 4 had a revascularisation procedure.

Initial application — (patients awaiting revascularisation) from any relevant practitioner. Approvals valid for 6 months where the patient is on a waiting list or active review list for stenting, coronary artery bypass grafting, or percutaneous coronary angioplasty following acute coronary syndrome.

Initial application — (post stenting) from any relevant practitioner. Approvals valid for 6 months where the patient has had a stent inserted in the previous 4 weeks.

Initial application — (documented stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has, while on treatment with aspirin or clopidogrel, experienced documented stent thrombosis.

Renewal — (aspirin tolerant patients) from any relevant practitioner. Approvals valid without further renewal unless notified where while on treatment with aspirin the patient has experienced an additional vascular event following the recent cessation of clopidogrel.

Renewal — (acute coronary syndrome – aspirin tolerant patients and aspirin naive patients) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Any of the following:

The patient has:

- 1 experienced an acute myocardial infarction; or
- 2 had an episode of pain at rest of greater than 20 minutes duration due to coronary disease that required admission to hospital for at least 24 hours; or
- 3 had a troponin T or troponin I test result greater than the upper limit of the reference range; or
- 4 had a revascularisation procedure.

Renewal — (patients awaiting revascularisation) from any relevant practitioner. Approvals valid for 6 months where the patient is on a waiting list or active review list for stenting, coronary artery bypass grafting or percutaneous coronary angioplasty following acute coronary syndrome.

Renewal — (post stenting) from any relevant practitioner. Approvals valid for 6 months where the patient has had a stent inserted in the previous 4 weeks.

Renewal — (documented stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has, while on treatment with aspirin or clopidogrel, experienced documented stent thrombosis.

46 ATORVASTATIN – Additional subsidy by Special Authority see SA0788 – Retail pharmacy

See prescribing guideline

* Tab 10 mg	18.32	30	✓ Lipitor
* Tab 20 mg	26.70	30	✓ Lipitor
* Tab 40 mg	37.02	30	✓ Lipitor
* Tab 80 mg	110.50	30	✓ Lipitor

▶ SA0788 Special Authority for Manufacturers Price

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 September 2010 (continued)

continued...

Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for

applications meeting the following criteria:

Both:

1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and

2 Either:

2.1 Patient has severe documented intolerance to simvastatin (blood tests are not required); or

2.2 Both:

2.2.1 Patient has been compliant with a dose of simvastatin of 80 mg per day for at least 2 months; and

2.2.2 Either:

2.2.2.1 All of the following:

2.2.2.1.1 Patient has venous CABG; and

2.2.2.1.2 LDL cholesterol test 1 \geq 2.0 mmol/litre; and

2.2.2.1.3 LDL cholesterol test 2 \geq 2.0 mmol/litre (at least 1 week after test 1); or

2.2.2.2 All of the following:

2.2.2.2.1 Patient does not have venous CABG; and

2.2.2.2.2 LDL cholesterol test 1 \geq 2.5 mmol/litre; and

2.2.2.2.3 LDL cholesterol test 2 \geq 2.5 mmol/litre (at least 1 week after test 1).

Notes: To confirm that cholesterol levels are not still improving, two lipid tests must be carried out during treatment with simvastatin 80 mg, and have results for LDL cholesterol that have reduced by $<$ 10% in the second test. The tests must be carried out while the patient is in a fasted state (with the exception of patients with IDDM).

The following indications of intolerance to simvastatin, are known as class effects for all statins, and hence are likely to mean that the patient may also be intolerant of atorvastatin:

- Constipation, flatulence (may occur in $>$ 1% of patients)
- Asthenia, abdominal pain, headache (may occur in $>$ 1% of patients)
- Myopathy, rhabdomyolysis (may occur in $<$ 3% of patients)
- Elevated serum transaminase levels (may occur in $<$ 1% of patients)

Statins have been shown to be generally well tolerated in clinical studies, with the rate of discontinuation due to adverse reactions being less than 5%, and similar to the discontinuation rate for patients taking a placebo.

56 AMILORIDE WITH HYDROCHLOROTHIAZIDE

* Tab 5 mg with hydrochlorothiazide 50 mg 5.00 50 ✓ **Moduretic** ~~S29~~

59 ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy

Cap 10 mg 48.48 180 ✓ **Oratane**

Cap 20 mg 69.70 180 ✓ **Oratane**

► SA0955] Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Patient has had an adequate trial on other available treatments and has failed **received an inadequate response from** these treatments or these are contraindicated; and
- 2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and
- 4 Either:
 - 4.1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or

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 September 2010 (continued)

continued...

4.2 Patient is male.

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

Renewal from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: All of the following:

- 1 Patient has had an adequate trial on other available treatments and has **failed received an inadequate response from** these treatments or these are contraindicated; and
- 2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and
- 4 Either:

4.1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or

4.2 Patient is male.

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

64	TRICLOSAN – Subsidy by endorsement a) Maximum of 500 ml per prescription b) a) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or b) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly	5.90	500 ml OP	✓ healthE
66	MALATHION Liq 0.5%	3.79	200 ml OP	✓ A-Lices
86	AZITHROMYCIN – Subsidy by endorsement; can be waived by Special Authority see SA0964 a) Maximum of 2 tab per prescription; can be waived by Special Authority see SA0964 b) Up to 8 4 tab available on a PSO c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to Chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly; can be waived by Special Authority see SA0964.	5.95	2 OP	✓ <u>Arrow-Azithromycin</u>
90	ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable Tab 100 mg	48.01	56	✓ Myambutol S29
	Tab 400 mg	49.34	56	✓ Myambutol S29
97	INTERFERON ALPHA-2A – PCT – Retail pharmacy-Specialist a) See prescribing guideline b) Only one multidose cartridge starter pack to be prescribed and dispensed per patient.			
	Inj 3 m iu prefilled syringe	31.32	1	✓ Roferon-A
	Inj 6 m iu prefilled syringe	62.64	1	✓ Roferon-A
	Inj 9 m iu prefilled syringe	93.96	1	✓ Roferon-A

▲ 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 September 2010 (continued)

- 101 ANTI-INFLAMMATORY NON STEROIDAL DRUGS (NSAIDS)
▶ SA1038 029† Special Authority for Manufacturers Price
Notes: Subsidy for patients with existing approvals prior to 1 September 2010. Approvals valid without further renewal unless notified. No new approvals will be granted from 1 September 2010.
Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 – Inflammatory arthritis (including osteoarthritis with an inflammatory component); and
2 – Stabilised and are well controlled on the particular NSAID medication.
Renewal from any medical practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.
- 108 ALENDRONATE SODIUM – Special Authority see SA1039 0990 – Retail pharmacy
Tab 70 mg 35.91 4 ✓ Fosamax
- ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 0990 – Retail pharmacy
Tab 70 mg with cholecalciferol 5,600 iu 35.91 4 ✓ Fosamax Plus
- ▶ SA1039 0990 Special Authority for Subsidy
Initial application – (Underlying cause - Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Any of the following:
1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
3 History of two significant osteoporotic fractures demonstrated radiologically; or
4 Documented T-Score ≤ -3.0 (see Note); or
5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or **Bubble Garvan**) which incorporates BMD measurements (see Note); or
6 Patient has had a Special Authority approval for zoledronic acid (Underlying cause – Osteoporosis).
Initial application – (Underlying cause - glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:
1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
2 **Either Any of the following:**
2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
2.3 The patient has had a Special Authority approval for zoledronic acid (Underlying cause – glucocorticosteroid therapy).
Renewal – (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents).
Renewal – (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Any of the following:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 2010 (continued)

continued...

- 1 History of one significant osteoporotic fracture demonstrated radiologically and documented BMD ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
- 2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 4 Documented T-Score ≤ -3.0 (see Note); or
- 5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or **Dubbe Garvan**) which incorporates BMD measurements (see Note); or
- 6 Patient has had a Special Authority approval for zoledronic acid (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – Osteoporosis' criteria).**

Notes:

- a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) Evidence used by National Institute for Health and Clinical Excellence (NICE) guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 , and therefore do not require BMD measurement for treatment with bisphosphonates.
- c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- d) In line with the Australian guidelines for funding alendronate, a vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

111	LIGNOCAINE Gel 2%, 10 ml urethral syringe – Up to 5 each available on a PSO	43.26	10	✓ Pfizer
111	LIGNOCAINE HYDROCHLORIDE Inj 0.5%, 5 ml – Up to 5 inj available on a PSO	44.10	50	✓ Xylocaine
	Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.			
	Inj 1%, 5 ml – Up to 5 inj available on a PSO	35.00	50	✓ Xylocaine
	Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.			
	Inj 1%, 20 ml – Up to 5 inj available on a PSO	20.00	5	✓ Xylocaine
	Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.			
111	LIGNOCAINE WITH CHLORHEXIDINE Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes – Up to 5 each available on a PSO	43.26	10	✓ Pfizer

▲ 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 September 2010 (continued)

122	ONDANSETRON —Retail pharmacy—Specialist			
	a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887			
	b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887			
	c) Not more than one prescription per month; can be waived by Special Authority see SA0887.			
	d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria.			
	Tab 4 mg	17.18	10	✓Zofran
	Tab disp 4 mg	17.18	10	✓Zofran Zydys
	Tab 8 mg	33.89	20	✓Zofran
	Tab disp 8 mg	20.43	10	✓Zofran Zydys
122	TROPISETRON —Retail pharmacy—Specialist			
	a) Maximum of 6 cap per prescription			
	b) Maximum of 3 cap per dispensing			
	c) Not more than one prescription per month.			
	Cap 5 mg	77.41	5	✓Navoban
129	ALPRAZOLAM —Month Restriction			
	Tab 250 µg	3.15	50	✓Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 µg	4.10	50	✓Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	7.25	50	✓Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
129	BUSPIRONE HYDROCHLORIDE – Special Authority see SA0863 – Retail pharmacy			
	Month Restriction			
	Tab 5 mg	28.00	100	✓Pacific Buspirone
	Tab 10 mg	17.00	100	✓Pacific Buspirone
130	DIAZEPAM			
	Tab 2 mg —Month Restriction.....	11.44	500	✓Arrow-Diazepam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 5 mg —Month Restriction.....	13.71	500	✓Arrow-Diazepam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
130	LORAZEPAM —Month Restriction			
	Tab 1 mg	16.42	250	✓Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 2.5 mg	11.17	100	✓Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
130	OXAZEPAM —Month Restriction			
	Tab 10 mg	1.98 (5.89)	100	Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 15 mg	2.45 (8.13)	100	Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

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 September 2010 (continued)

132	LORMETAZEPAM — Month Restriction Tab 1 mg	3.11 (23.50)	30	Noctamid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	MIDAZOLAM Tab 7.5 mg — Month Restriction	10.38 (25.00)	100	Hypnovel
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	NITRAZEPAM — Month Restriction Tab 5 mg	2.00 (4.98)	100	Nitrados
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	TEMAZEPAM — Month Restriction Tab 10 mg	0.83	25	✓ Normison
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	TRIAZOLAM — Month Restriction Tab 125 µg	5.10 (6.50)	100	Hypam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 250 µg	4.10 (7.20)	100	Hypam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	ZOPICLONE — Month Restriction Tab 7.5 mg	21.02	500	✓ Apo-Zopiclone
140	CAPECITABINE – Retail pharmacy-Specialist – Special Authority see SA1040 0869 Tab 150 mg	115.00	60	✓ Xeloda
	Tab 500 mg	705.00	120	✓ Xeloda

▶ ~~SA1040 0869~~ Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has advanced gastrointestinal malignancy; or
- 2 The patient has metastatic breast cancer*; or
- 3 The patient has stage III (Duke's stage C) colorectal* # cancer and undergone surgery; or
- 4 Both:
 - 4.1 The patient has poor venous access or needle phobia*; and
 - 4.2 The patient requires a substitute for single agent fluoropyrimidine*.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient requires continued therapy; or
- 2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with * are Unapproved Indications, # capecitabine is approved for stage III (Duke's stage C) colon cancer.

▲ 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 October 2010

34	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription (↓ subsidy) Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	6.00 (7.30)	12		MicroLax
35	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy (removal of CBS) Inj 40 iu per ml, 200 iu vial	1072.00	1	✓	Cerezyme
37	ASCORBIC ACID (↓ subsidy) a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	13.80 (17.25)	500		Apo-Ascorbic Acid
44	SODIUM CHLORIDE (↑ subsidy) Inj 0.9%, 20 ml – Up to 5 inj available on a PSO	8.41	20	✓	Multichem
44	WATER (↓ subsidy) 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 – Up to 5 inj available on a PSO	9.20	50	✓	Multichem
	Purified for inj, 10 ml – Up to 5 inj available on a PSO	10.20	50	✓	Multichem
	Purified for inj, 20 ml – Up to 5 inj available on a PSO	5.00	20	✓	Multichem
45	CHOLESTYRAMINE WITH ASPARTAME (↑ price) Sachets 4 g with aspartame	19.25 (52.68)	50		Questran-Lite
49	TERAZOSIN HYDROCHLORIDE (↓ subsidy) * Tab 1 mg	1.50 (2.50)	28		Apo-Terazosin
	* Tab 2 mg	14.29 (23.30)	500		Apo-Terazosin
	* Tab 5 mg	17.86 (29.00)	500		Apo-Terazosin
56	INDAPAMIDE (↓ subsidy) * Tab 2.5 mg	3.25	100	✓	Napamide
61	NYSTATIN (↑ price) Crm 100,000 u per g	1.00 (7.90)	15 g OP		Mycostatin
	a) Only on a prescription b) Not in combination				
65	UREA (↑ subsidy) * Crm 10%	3.07	100 g OP	✓	Nutraplus

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 October 2010 (continued)

66	MALATHION (↓ subsidy) Liq 0.5%	3.79 (4.99)	200 ml OP		Derbac-M
74	OESTRIOL (↓ subsidy) * Crm 1 mg per g with applicator	6.30	15 g OP	✓	Ovestin
	* Pessaries 500 µg	6.53	15	✓	Ovestin
85	CEFTRIAXONE SODIUM – Subsidy by endorsement (↓ subsidy) a) Up to 5 inj available on a PSO b) 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 1 g	2.10 (5.40)	1		AFT
99	NITROFURANTOIN (↑ subsidy) * Tab 50 mg	22.20	100	✓	Nifuran
	* Tab 100 mg	37.50	100	✓	Nifuran
115	MIANSERIN HYDROCHLORIDE – Special Authority see SA1048 – Retail pharmacy (↓ subsidy) Tab 30 mg	24.86	30	✓	Tolvon
126	QUETIAPINE (↓ subsidy) Tab 25 mg	7.00	60	✓	Seroquel
	Tab 100 mg	14.00	60	✓	Seroquel
	Tab 200 mg	24.00	60	✓	Seroquel
	Tab 300 mg	40.00	60	✓	Seroquel
151	AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy) * Tab 50 mg	18.45 (34.90)	100	✓	Azamun Imuran
151	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy (↓ subsidy) Note: Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.				
	Tab 500 mg	70.00	50	✓	Cellcept
	Cap 250 mg	70.00	100	✓	Cellcept
159	IPRATROPIUM BROMIDE (↓ subsidy) Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO	3.79	20	✓	Ipratropium Steri-Neb
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO	4.06	20	✓	Ipratropium Steri-Neb
164	TRAVOPROST – Retail pharmacy-Specialist (↑ subsidy) See prescribing guideline ▲ Eye drops 0.004%	19.50	2.5 ml OP	✓	Travatan

▲ 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 October 2010 (continued)

178	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3] (↓ subsidy)			
	Powder (chocolate)	4.22	400 g OP	✓ Ensure
	Powder (strawberry)	4.22	400 g OP	✓ Ensure
	Powder (vanilla)	4.22	400 g OP	✓ Ensure

Effective 1 September 2010

35	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price) * Adhesive gel 8.7% with cetalkonium chloride 0.01%	2.06 (5.62)	15 g OP	Bonjela
41	CLOPIDOGREL (↓ subsidy) Tab 75 mg	5.05	28	✓ Apo-Clopidogrel
44	SODIUM CHLORIDE (↑ subsidy) Inj 23.4%, 20 ml	31.25	5	✓ Biomed
46	ATORVASTATIN (↑ subsidy) See prescribing guideline			
	* Tab 10 mg	18.32	30	✓ Lipitor
	* Tab 20 mg	26.70	30	✓ Lipitor
	* Tab 40 mg	37.02	30	✓ Lipitor
	* Tab 80 mg	110.50	30	✓ Lipitor
49	CAPTOPRIL (↑ subsidy) * ‡ Oral liq 5 mg per ml	94.99	95 ml OP	✓ Capoten
	Oral liquid restricted to children under 12 years of age.			
56	AMILORIDE WITH HYDROCHLOROTHIAZIDE (↓ subsidy) * Tab 5 mg with hydrochlorothiazide 50 mg	5.00	50	✓ Moduretic
67	COAL TAR (↓ subsidy) Soln BP – Only in combination	12.95	200 ml	✓ David Craig
	Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain			
	With or without other dermatological galenicals.			
75	SODIUM CITRO-TARTRATE (↓ subsidy) * Grans eff 4 g sachets	2.71	28	✓ Ural
77	HYDROCORTISONE (↑ subsidy) * Inj 50 mg per ml, 2 ml	3.99	1	✓ Solu-Cortef
	a) Up to 5 inj available on a PSO			
	b) Only on a PSO			
88	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↑ subsidy) Cap potassium salt 250 mg – Up to 30 cap available on a PSO	9.71	50	✓ Cilicaine VK
	Cap potassium salt 500 mg	11.70	50	✓ Cilicaine VK
89	NYSTATIN (↑ subsidy) Tab 500,000 u	14.16	50	✓ Nilstat
	Cap 500,000 u	12.81	50	✓ Nilstat

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 September 2010 (continued)

90	ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable (↓ subsidy)		
	Tab 100 mg	48.01	56 ✓ Myambutol
	Tab 400 mg	49.34	56 ✓ Myambutol
101	IBUPROFEN (↑ subsidy)		
	* Tab long-acting 800 mg	9.12	30 ✓ Brufen Retard
111	LIGNOCAINE HYDROCHLORIDE (↓ subsidy)		
	Inj 1%, 5 ml – Up to 5 inj available on a PSO	35.00	50 ✓ Xylocaine
	Inj 1%, 20 ml – Up to 5 inj available on a PSO	20.00	5 ✓ Xylocaine
111	LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0906 – Retail pharmacy (↑ subsidy)		
	Crn 2.5% with prilocaine 2.5%	45.00	30 g OP ✓ EMLA
	Crn 2.5% with prilocaine 2.5% (5 g tubes)	45.00	5 ✓ EMLA
113	MORPHINE SULPHATE (↑ subsidy)		
	a) Only on a controlled drug form		
	b) No patient co-payment payable		
	Cap long-acting 10 mg	2.22	10 ✓ m-Eslon
	Cap long-acting 30 mg	3.20	10 ✓ m-Eslon
	Cap long-acting 100 mg	8.05	10 ✓ m-Eslon
113	MORPHINE SULPHATE (↓ subsidy)		
	a) Only on a controlled drug form		
	b) No patient co-payment payable		
	Cap long-acting 60 mg	6.90	10 ✓ m-Eslon
113	MORPHINE TARTRATE (↑ subsidy)		
	a) Only on a controlled drug form		
	b) No patient co-payment payable		
	Inj 80 mg per ml, 1.5 ml	30.00	5 ✓ Hospira
	Inj 80 mg per ml, 5 ml	75.00	5 ✓ Hospira
118	GABAPENTIN (NEURONTIN) – Special Authority see SA0973 – Retail pharmacy (↓ subsidy)		
	▲ Tab 600 mg	67.50	100 ✓ Neurontin
	▲ Cap 100 mg	13.26	100 ✓ Neurontin
	▲ Cap 300 mg	39.76	100 ✓ Neurontin
	▲ Cap 400 mg	53.01	100 ✓ Neurontin
125	HALOPERIDOL (↑ subsidy)		
	Tab 500 µg – Up to 30 tab available on a PSO	5.42	100 ✓ Serenace
	Tab 1.5 mg – Up to 30 tab available on a PSO	8.20	100 ✓ Serenace
	Tab 5 mg – Up to 30 tab available on a PSO	25.84	100 ✓ Serenace
	Oral liq 2 mg per ml – Up to 200 ml available on a PSO	19.87	100 ml ✓ Serenace
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	18.74	10 ✓ Serenace
141	FLUOROURACIL SODIUM (↑ subsidy)		
	Inj 50 mg per ml, 10 ml – PCT only – Specialist	26.25	5 ✓ Fluorouracil Ebewe

▲ 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 September 2010 (continued)

141	FLUOROURACIL SODIUM (↓ subsidy)				
	Inj 50 mg per ml, 20 ml – PCT only – Specialist.....	7.50	1	✓	Fluorouracil Ebewe
	Inj 50 mg per ml, 50 ml – PCT only – Specialist.....	18.00	1	✓	Fluorouracil Ebewe
	Inj 50 mg per ml, 100 ml – PCT only – Specialist.....	34.50	1	✓	Fluorouracil Ebewe
142	METHOTREXATE († subsidy)				
	* Inj 25 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist	48.00	5	✓	Hospira
	* Inj 25 mg per ml, 20 ml – PCT – Retail pharmacy-Specialist ...	90.00	1	✓	Hospira
	* Inj 1 mg for ECP – PCT only – Specialist	0.10	1 mg	✓	Baxter
143	DACARBAZINE – PCT only – Specialist († subsidy)				
	Inj 200 mg	48.00	1	✓	Hospira
	Inj 200 mg for ECP	48.00	200 mg OP	✓	Baxter
145	MESNA – PCT only – Specialist († subsidy)				
	Tab 400 mg	210.65	50	✓	Uromitexan
	Tab 600 mg	314.40	50	✓	Uromitexan
	Inj 100 mg per ml, 4 ml	137.04	15	✓	Uromitexan
	Inj 100 mg per ml, 10 ml	314.66	15	✓	Uromitexan
149	FLUTAMIDE – Retail pharmacy-Specialist († subsidy)				
	Tab 250 mg	55.00	100	✓	Flutamin
160	NEDOCROMIL († subsidy)				
	Aerosol inhaler, 2 mg per dose CFC-free	28.07	112 dose OP	✓	Tilade
160	SODIUM CROMOGLYCATE († subsidy)				
	Powder for inhalation, 20 mg per dose	17.94	50 dose	✓	Intal Spincaps
	Aerosol inhaler, 5 mg per dose CFC-free	28.07	112 dose OP	✓	Vicrom
160	THEOPHYLLINE († subsidy)				
	*‡ Oral liq 80 mg per 15 ml	15.50	500 ml	✓	Nuelin
171	GLYCEROL (↓ subsidy)				
	* Liquid – Only in combination	17.86	2,000 ml		
		(19.80)			ABM
		(24.75)			MidWest
		0.89	100 ml		
		(3.00)			PSM
		1.79	200 ml		
		(4.90)			PSM
		4.47	500 ml		
		(10.00)			PSM

Only in extemporaneously compounded oral liquid preparations.

Changes to General Rules

Effective 1 September 2010

- 15 ~~"Month restriction" means that no Subsidy is available:~~
~~a) — unless the Community Pharmaceutical is dispensed on the Prescription of a Practitioner; and~~
~~b) — for any quantity of that Community Pharmaceutical dispensed on the Prescription (whether or not dispensed as a repeat) in excess of a Monthly Lot.~~

Changes to Brand Name

Effective 1 October 2010

- 35 BISACODYL – Only on a prescription
 * Tab 5 mg 4.99 200 ✓ **Lax-Tab** Lax-Tabs

Effective 1 September 2010

- 113 MORPHINE TARTRATE
 a) Only on a controlled drug form
 b) No patient co-payment payable
 Inj 80 mg per ml, 1.5 ml 30.00 5 ✓ **Hospira** **Mayne**
 Inj 80 mg per ml, 5 ml 75.00 5 ✓ **Hospira** **Mayne**
- 142 METHOTREXATE
 * Inj 25 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist 48.00 5 ✓ **Hospira** **Mayne**
 * Inj 25 mg per ml, 20 ml – PCT – Retail pharmacy-Specialist ... 90.00 1 ✓ **Hospira** **Mayne**
- 143 DACARBAZINE – PCT only – Specialist
 Inj 200 mg 48.00 1 ✓ **Hospira** **Mayne**

Changes to Section E Part I

Effective 1 October 2010

- 196 **SODIUM CHLORIDE**
 ✓ Inj 0.9%, 20 ml 5

Effective 1 September 2010

- 193 AZITHROMYCIN
 ✓ Tab 500 mg – Subsidy by endorsement –
 See note on page 86..... 8 4
- 195 **LIGNOCAINE**
 ✓ Gel 2%, 10 ml urethral syringe..... 5
- 195 **LIGNOCAINE WITH CHLORHEXIDINE**
 ✓ Gel 2% with chlorhexidine 0.05%, 10 ml
 urethral syringes 5

▲ 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 Sole Subsidised Supply

Effective 1 October 2010

For the list of new Sole Subsidised Supply products effective 1 October 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 14-21.

Delisted Items

Effective 1 October 2010

28	OMEPRAZOLE * Cap 20 mg	2.85	28	✓ Dr Reddy's Omeprazole
	Note: Dr Reddy's Omeprazole cap 20 mg, 30 capsule pack, remains listed			
49	ACEBUTOLOL * Cap 200 mg	15.94	100	✓ ACB
53	BENDROFLUAZIDE * Tab 2.5 mg – Up to 150 tab available on a PSO	7.58 (13.50)	500	Neo-Naclex
	May be supplied on a PSO for reasons other than emergency.			
	* Tab 5 mg	11.75 (21.50)	500	Neo-Naclex
54	AMLODIPINE * Tab 5 mg	22.82	30	✓ Norvasc
	* Tab 10 mg	34.85	30	✓ Norvasc
	Note – Norvasc tab 5 mg and 10 mg was a temporary listing to cover the out-of-stock of Apo-Amlodipine which is now back in stock.			
75	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Cap 40 mg	47.95 (60.71)	60	✓ Andriol Testocaps Panteston

Effective 1 September 2010

30	COPPER * Tab, diagnostic – Not on a BSO	5.02 (31.80)	36 OP	Clinitest
30	GLUCOSE OXIDASE Urine diagnostic test – Not on a BSO	4.11 (7.00)	50 strip OP	Diabur 5000
	Urine diagnostic test with peroxidase – Not on a BSO.....	4.11 (6.26) 4.13 (8.65)	50 strip OP	Diastix Clinistix
34	DOCUSATE SODIUM – Only on a prescription * Tab 50 mg	3.95 (4.89)	100	Coloxyl
	* Tab 120 mg	5.49 (6.73)	100	Coloxyl
37	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy Tab	19.65	100	✓ Ketovite
	Oral liq	13.50	150 ml OP	✓ Ketovite Liquid

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 September 2010 (continued)

46	ATORVASTATIN			
	* Tab 10 mg	1.77	30	✓ Lorstat 10
	* Tab 20 mg	2.60	30	✓ Lorstat 20
	* Tab 40 mg	4.38	30	✓ Lorstat 40
	* Tab 80 mg	7.73	30	✓ Lorstat 80
82	BUSERELIN ACETATE			
	Inj 1 mg per ml, 5.5 ml	195.00 (272.53)	2	Suprefact
87	AMOXYCILLIN			
	Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	1.00	100 ml	✓ Ranbaxy Amoxicillin
109	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy			
	Tab 70 mg with cholecalciferol 2,800 iu	35.91	4	✓ Fosamax Plus
111	BUPIVACAINE HYDROCHLORIDE			
	Inj 0.5%, 4 ml	29.35	5	✓ Marcain Isobaric
	Inj 0.5%, 8% glucose, 4 ml	24.50	5	✓ Marcain Heavy
141	FLUOROURACIL SODIUM			
	Inj 1 mg for ECP – PCT only – Specialist	0.01	1 mg	✓ Baxter
	Note – This product has been replaced with a 100 mg pack size listed 1 September 2010.			
145	MESNA – PCT only – Specialist			
	Inj 1 mg for ECP	0.02	1 mg	✓ Baxter
	Note – This product has been replaced with a 100 mg pack size listed 1 September 2010.			
155	CYPROHEPTADINE HYDROCHLORIDE			
	* Tab 4 mg	6.27	100	✓ Periactin
166	PHENYLEPHRINE HYDROCHLORIDE WITH ZINC SULPHATE			
	* Eye drops 0.12% with zinc sulphate 0.25%	4.51	15 ml OP	✓ Zincfrin

Items to be Delisted

Effective 1 November 2010

119	LEVETIRACETAM – Special Authority see SA0921 – Retail pharmacy Tab	CBS	60	✓ Keppra
-----	---	-----	----	----------

Effective 1 December 2010

67	COAL TAR Soln BP – Only in combination	32.37 12.95	500 ml 200 ml	✓ PSM ✓ David Craig
Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain With or without other dermatological galenicals.				

116	FLUOXETINE HYDROCHLORIDE * Cap 20 mg	2.89	90	✓ Fluox
Note – Fluox cap 20 mg 84 cap pack remains listed.				

171	GLYCEROL * Liquid – Only in combination	17.86 (19.80) (24.75) 0.89 (3.00) 1.79 (4.90) 4.47 (10.00)	2,000 ml 100 ml 200 ml 500 ml	✓ PSM ABM MidWest PSM PSM PSM
-----	--	--	--	--

Only in extemporaneously compounded oral liquid preparations.

Effective 1 January 2011

34	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	6.00 (7.30)	12	Microlox
37	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	13.80 (17.25)	500	Apo-Ascorbic Acid
49	TERAZOSIN HYDROCHLORIDE * Tab 1 mg	1.50 (2.50)	28	Apo-Terazosin
	* Tab 7 × 1 mg and 7 × 2 mg	0.74 14.29 (23.30)	14 OP 500	✓ Hytrin Starter Pack Apo-Terazosin
	* Tab 5 mg	17.86 (29.00)	500	Apo-Terazosin

▲ 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 January 2011 (continued)

56	INDAPAMIDE * Tab 2.5 mg	3.25	100	✓ Napamide
66	MALATHION Liq 0.5%	3.79 (4.99)	200 ml OP	Derbac-M
85	CEFTRIAXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) 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 1 g	2.10 (5.40)	1	AFT
100	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj	9.00 90.00	1 10	✓ Fluvax ✓ Influvac ✓ Vaxigrip
151	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg	18.45 (34.90)	100	✓ Azamun Imuran
159	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO	3.79	20	✓ Ipratropium Steri-Neb
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO	4.06	20	✓ Ipratropium Steri-Neb

Effective 1 March 2011

63	HYDROCORTISONE BUTYRATE WITH CHLORQUINALDOL – Only on a prescription Crm 0.1% with chlorquinaldol 3%	3.49	15 g OP	✓ Locoid C
74	METHYLERGOMETRINE Inj 200 µg per ml, 1 ml – Up to 10 inj available on a PSO	9.28	10	✓ Hospira S29
121	CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml	14.95	5	✓ Valoid (AFT)

Effective 1 April 2011

44	SODIUM CHLORIDE Inj 0.9%, 5 ml – Up to 5 inj available on a PSO	11.50	50	✓ AstraZeneca
	Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	11.50	50	✓ AstraZeneca

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 2011 (continued)

44	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 – Up to 5 inj available on a PSO	10.51	50	✓ AstraZeneca
	Purified for inj, 10 ml – Up to 5 inj available on a PSO	11.32	50	✓ AstraZeneca
56	AMILORIDE WITH HYDROCHLOROTHIAZIDE			
	* Tab 5 mg with hydrochlorothiazide 50 mg	13.00	500	✓ Amizide
102	PIROXICAM			
	* Tab dispersible 10 mg	3.25	50	✓ Piram-D
	* Tab dispersible 20 mg	5.50	100	✓ Piram-D

▲ 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

Section H page ref	Price		Brand or Generic Manufacturer
	(ex man. excl. GST)		
	\$	Per	

Section H changes to Part II

Effective 1 October 2010

16	ACICLOVIR (addition of HSS)			
	Tab dispersible 200 mg - 1% DV Dec-10 to 2013	1.98	25	Lovir
	Tab dispersible 400 mg - 1% DV Dec-10 to 2013	6.64	56	Lovir
	Tab dispersible 800 mg - 1% DV Dec-10 to 2013	7.38	35	Lovir
17	AMILORIDE WITH HYDROCHLOROTHIAZIDE (delisting)			
	Tab 5 mg with hydrochlorothiazide 50 mg.....	13.00	500	Amizide
	Note – Amizide to be delisted 1 December 2010			
17	AMLODIPINE			
	Note: HSS for Apo-Amlodipine tab 5 mg and tab 10 mg has been suspended due to an out of stock.			
	Tab 5 mg – 1% DV Oct-10 to 2011	7.33	100	Apo-Amlodipine
	Tab 10 mg – 1% DV Oct-10 to 2011	11.79	100	Apo-Amlodipine
	Note – Norvasc tab 5 mg and 10 mg to be delisted 1 October 2010			
	HSS for Apo-Amlodipine reinstated from 1 October 2010			
17	AMOXYCILLIN			
	Cap 250 mg - 1% DV Dec-10 to 2013	16.18	500	Alphamox
	Cap 500 mg - 1% DV Dec-10 to 2013	26.50	500	Alphamox
	Note – Apo-Amox cap 250 mg and 500 mg to be delisted 1 December 2010			
18	ANASTROZOLE			
	Tab 1 mg	26.55	30	Aremed
20	BUDESONIDE			
	Powder for inhalation, 200 µg per dose	19.00	200 dose	Budenocort
	Powder for inhalation, 400 µg per dose	32.00	200 dose	Budenocort
23	CHLORAMPHENICOL			
	Eye drops 0.5% - 1% DV Dec-10 to 2012	1.28	10 ml	Chlorafast
	Note – Chlorsig eye drops 10 ml to be delisted 1 December 2010			
26	DEFERIPRONE			
	Tab 500 mg	533.17	100	Ferriprox
	Oral liq 100 mg per ml.....	266.59	250 ml	Ferriprox
29	ERLOTINIB HYDROCHLORIDE			
	Tab 100 mg	3,100.00	30	Tarceva
	Tab 150 mg	3,950.00	30	Tarceva
30	FLUCONAZOLE			
	Inj 2 mg per ml, 50 ml - 1% DV Dec-10 to 2012	5.68	1	Fluconazole-Claris
	Note – m-Fluconazole to be delisted 1 December 2010			
39	LOPERAMIDE HYDROCHLORIDE			
	Cap 2 mg - 1% DV Dec-10 to 2013	8.95	400	Diamide Relief
39	LORAZEPAM (addition of HSS)			
	Tab 1 mg - 1% DV Dec-10 to 2013	16.42	250	Ativan
	Tab 2.5 mg - 1% DV Dec-10 to 2013	11.17	100	Ativan

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref	Price (ex man. excl. GST)		Brand or Generic Manufacturer
	\$	Per	

Section H changes Part II - effective 1 October 2010 (continued)

40	MERCAPTOPYRINE Tab 50 mg - 1% DV Dec-10 to 2013	47.06	25	Purinethol
43	MYCOPHENOLATE MOFETIL (new listing) Tab 500 mg	85.00	50	Myaccord
	Cap 250 mg	85.00	100	Myaccord
43	MYCOPHENOLATE MOFETIL (↓ price) Tab 500 mg	70.00	50	CellCept
	Cap 250 mg	70.00	100	CellCept
45	ONDANSETRON HYDROCHLORIDE (Amended chemical name) Tab 4 mg - 1% DV Feb-11 to 2013	5.10	30	Dr Reddy's Ondansetron
	Tab 8 mg - 1% DV Feb-11 to 2013	1.70	10	Dr Reddy's Ondansetron
	Note – Zofran tab 4 mg and 8 mg to be delisted 1 February 2011			
47	PIROXICAM Tab dispersible 10 mg	3.25	50	Piram-D
	Tab dispersible 20 mg	5.50	100	Piram-D
	Note – Piram-D tab dispersible 10 mg & 20 mg to be delisted 1 December 2010.			
49	QUETIAPINE (↓ price) Tab 25 mg	7.00	60	Seroquel
	Tab 100 mg	14.00	60	Seroquel
	Tab 200 mg	24.00	60	Seroquel
	Tab 300 mg	40.00	60	Seroquel
52	SODIUM CHLORIDE Inj 0.9%, 5 ml (new listing)	15.50	50	Pfizer
	Inj 0.9%, 10 ml (new listing)	15.50	50	Pfizer
	Inj 0.9%, 20 ml (↑ price)	8.41	20	Multichem
	Note – Astra Zeneca Inj 0.9 %, 5 ml and 10 ml to be delisted 1 December 2010			
53	SPECIAL FOOD SUPPLEMENT Cord oral feed 1.5 kcal/ml, liquid (vanilla)	1.66	237 ml	Pulmocare
	Diabetic enteral feed 1 kcal/ml, liquid (vanilla)	7.50	1,000 ml	Glucerna Select RTH
	Elemental formula 1 kcal/ml, powder (unflavoured)	56.00	400 g	Elecare
		56.00	400 g	Elecare LCP
	Elemental formula 1 kcal/ml, powder (vanilla)	56.00	400 g	Elecare
	Enteral feed with fibre 1 kcal/ml, liquid	1.32	237 ml	Jevity
		2.65	500 ml	Jevity RTH
		5.29	1,000 ml	Jevity RTH
	Enteral feed with fibre 1.5 kcal/ml, liquid	1.75	250 ml	Ensure Plus HN
		7.00	1,000 ml	Ensure Plus RTH
	Enteral feed 1 kcal/ml, liquid	1.24	250 ml	Osmolite
		2.65	500 ml	Osmolite RTH
		5.29	1,000 ml	Osmolite RTH
	Enteral/oral elemental feed 1 kcal/ml, powder	7.50	76 g	Alitraq
		4.40	79 g	Vital HN

continued...

Products with Hospital Supply Status (HSS) are in **bold**.
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref	Price		Brand or Generic Manufacturer
	(ex man. excl. GST)		
	\$	Per	

Section H changes Part II - effective 1 October 2010 (continued)

continued...

Oral feed 1 kcal/ml, liquid (vanilla)	1.88	250 ml	Glucerna Select
Oral feed 1.5 kcal/ml, liquid (vanilla)	1.45	200 ml	Ensure Plus
	1.33	237 ml	Ensure Plus
Oral feed 1.5 kcal/ml, liquid (chocolate)	1.45	200 ml	Ensure Plus
	1.33	237 ml	Ensure Plus
Oral feed 1.5 kcal/ml, liquid (strawberry).....	1.33	237 ml	Ensure Plus
Oral feed 1.5 kcal/ml, liquid (banana)	1.45	200 ml	Ensure Plus
Oral feed 1.5 kcal/ml, liquid (fruit of the forest)	1.45	200 ml	Ensure Plus
Oral feed 1.5 kcal/ml, liquid (coffee latte)	1.33	237 ml	Ensure Plus
Oral feed 2 kcal/ml, liquid (vanilla)	2.25	237 ml	Two Cal HN
Oral supplement 1 kcal/ml, powder (vanilla).....	4.22	400 g	Ensure
	9.50	900 g	Ensure
Oral supplement 1 kcal/ml, powder (chocolate).....	4.22	400 g	Ensure
	9.50	900 g	Ensure
Oral supplement 1 kcal/ml, powder (strawberry)	4.22	400 g	Ensure
Paediatric oral feed 1 kcal/ml, liquid (vanilla).....	1.07	200 ml	Pediasure
	1.27	237 ml	Pediasure
Paediatric oral feed 1 kcal/ml, liquid (chocolate).....	1.07	200 ml	Pediasure
Paediatric oral feed 1 kcal/ml, liquid (strawberry)	1.07	200 ml	Pediasure
Paediatric enteral feed 1 kcal/ml, liquid	2.68	500 ml	Pediasure RTH
Renal oral feed 2 kcal/ml, liquid (strawberry).....	2.43	200 ml	Nepro
Renal oral feed 2 kcal/ml, liquid (vanilla)	2.43	200 ml	Nepro
57 WATER (↓ price)			
Purified for inj 5 ml	9.20	50	Multichem
Purified for inj 10 ml	10.20	50	Multichem
Purified for inj 20 ml	5.00	20	Multichem

Note – Astra Zeneca 5 ml and 10 ml to be delisted from 1 December 2010

Effective 1 September 2010

18 ATORVASTATIN			
Tab 10 mg	18.32	30	Lipitor
Tab 20 mg	26.70	30	Lipitor
Tab 40 mg	37.02	30	Lipitor
Tab 80 mg	110.50	30	Lipitor
Note – Lorstat tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 September 2010.			
19 BARIUM SULPHATE			
Oral suspension 2.2%, 250 ml	175.00	24	CT Plus+
Oral suspension 2.2%, 450 ml	220.00	24	CT Plus+
21 CALCIUM GLUCONATE			
Gel, 2.5%, 50 g	420.00	20	healthE
21 CAPTOPRIL			
Oral liq 5 mg per ml	94.99	95 ml	Capoten

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref	Price		Brand or Generic Manufacturer
	(ex man. excl. GST)		
	\$	Per	

Section H changes Part II - effective 1 September 2010 (continued)

22	CEFTRIAXONE SODIUM			
	Inj 500 mg – 1% DV Nov-10 to 2013	2.70	1	Veracel
	Inf 2 g – 1% DV Nov-10 to 2013	5.20	1	Veracel
	Note – AFT ceftriaxone sodium inj 500 mg and inf 2 g to be delisted 1 November 2010.			
22	CEPHALEXIN MONOHYDRATE			
	Cap 500 mg	8.90	20	Cephalexin ABM
23	CETOMACROGOL			
	Crn BP, 100 g	33.00	20	healthE
23	CHLORHEXIDINE			
	Foaming liquid 4%, 50 ml	37.20	20	healthE
23	CHLORHEXIDINE IN ALCOHOL			
	Soln 0.5% with 70% alcohol, 25 ml (tinted pink)	232.50	150	healthE
24	CLOPIDOGREL			
	Tab 75 mg – 1% DV Nov-10 to 2013	16.25	90	Apo-Clopidogrel
	Note – Arrow-Clopidogrel, Plavix and Apo-Clopidogrel 28 tab packs to be delisted 1 November 2010.			
25	CYCLIZINE LACTATE (brand name change)			
	Inj 50 mg per ml, 1 ml	14.95	5	Nausicalm
	Note – Valoid (AFT) to be delisted 1 November 2010.			
26	DACARBAZINE (↑ price, brand name change and addition of HSS)			
	Inj 200 mg – 1% DV Nov-10 to 2013	48.00	1	Mayne Hospira
29	ETHAMBUTOL HYDROCHLORIDE (↓ price)			
	Tab 100 mg	48.01	56	Myambutol
	Tab 400 mg	49.34	56	Myambutol
31	FLUOROURACIL SODIUM (Addition of HSS)			
	Inj 50 mg per ml, 10 ml – 1% DV Nov-10 to 2013 (↑ price)	26.25	5	Fluorouracil Ebewe
	Inj 50 mg per ml, 20 ml – 1% DV Nov-10 to 2013 (↓ price)	7.50	1	Fluorouracil Ebewe
	Inj 50 mg per ml, 50 ml – 1% DV Nov-10 to 2013 (↓ price)	18.00	1	Fluorouracil Ebewe
	Inj 50 mg per ml, 100 ml – 1% DV Nov-10 to 2013 (↓ price) ...	34.50	1	Fluorouracil Ebewe
31	FLUTAMIDE (↑ price and addition of HSS)			
	Tab 250 mg – 1% DV Nov-10 to 2013	55.00	100	Flutamin
32	FUROSEMIDE			
	Inj 10 mg per ml, 2 ml – 1% DV Nov-10 to 2013	1.30	5	Frusamide-Claris
	Note – Mayne furosemide inj 10 mg per ml, 2 ml to be delisted 1 November 2010.			
33	HALOPERIDOL (↑ price and addition of HSS)			
	Tab 500 µg – 1% DV Nov-10 to 2013	5.42	100	Serenace
	Tab 1.5 mg – 1% DV Nov-10 to 2013	8.20	100	Serenace
	Tab 5 mg – 1% DV Nov-10 to 2013	25.84	100	Serenace
	Oral liq 2 mg per ml – 1% DV Nov-10 to 2013	19.87	100 ml	Serenace
	Inj 5 mg per ml, 1 ml – 1% DV Nov-10 to 2013	18.74	10	Serenace

Products with Hospital Supply Status (HSS) are in **bold**.
Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref	Price (ex man. excl. GST)		Brand or Generic Manufacturer
	\$	Per	

Section H changes Part II - effective 1 September 2010 (continued)

34	HYDROCORTISONE Inj 50 mg per ml, 2 ml – 1% DV Nov-10 to 2013	3.99	1	Solu-Cortef
35	INSULIN GLULISINE Inj 100 iu per ml, 3 ml	46.07	5	Apidra
38	LIGNOCAINE HYDROCHLORIDE († price and addition of HSS) Pump spray 10%, 50 ml CFC-free – 1% DV Nov-10 to 2013	75.00	50 ml	Xylocaine
39	LIGNOCAINE HYDROCHLORIDE WITH ADRENALINE († price and addition of HSS) Inj 1% with 1:100,000 of adrenaline 5 ml – 1% DV Nov-10 to 2013	27.00	10	Xylocaine
	Inj 1% with 1:200,000 of adrenaline 20 ml – 1% DV Nov-10 to 2013	50.00	5	Xylocaine
	Inj 2% with 1:200,000 of adrenaline 20 ml – 1% DV Nov-10 to 2013	60.00	5	Xylocaine
39	LIGNOCAINE WITH PRILOCAINE († price and addition of HSS) Crn 2.5% with prilocaine 2.5%, 30 g – 1% DV 1 Nov-10 to 2013	45.00	30 g	EMLA
	Patch 2.5% with prilocaine 2.5% – 1% DV 1 Nov-10 to 2013	115.00	20	EMLA
	Crn 2.5% with prilocaine 2.5%, 5 g – 1% DV 1 Nov-10 to 2013	45.00	5	EMLA
40	MESNA († price and addition of HSS) Tab 400 mg – 1% DV 1 Nov-10 to 2013	210.65	50	Uromitexan
	Tab 600 mg – 1% DV 1 Nov-10 to 2013	314.40	50	Uromitexan
	Inj 100 mg per ml, 4 ml – 1% DV 1 Nov-10 to 2013	137.04	15	Uromitexan
	Inj 100 mg per ml, 10 ml – 1% DV 1 Nov-10 to 2013	314.66	15	Uromitexan
40	METHOTREXATE Inj 25 mg per ml, 2 ml – 1% DV Nov-10 to 2013	48.00	5	Hospira
	Inj 25 mg per ml, 20 ml – 1% DV Nov-10 to 2013	90.00	1	Hospira
42	MITOMYCIN C Inj 5 mg	72.75	1	Arrow
43	MORPHINE SULPHATE (Addition of HSS) Cap long-acting 10 mg – 1% DV Nov-10 to 2013 († price)	2.22	10	m-Eslon
	Cap long-acting 30 mg – 1% DV Nov-10 to 2013 († price)	3.20	10	m-Eslon
	Cap long-acting 60 mg – 1% DV Nov-10 to 2013 († price)	6.90	10	m-Eslon
	Cap long-acting 100 mg – 1% DV Nov-10 to 2013 († price)	8.05	10	m-Eslon
43	MORPHINE TARTRATE († price, amended brand name and addition of HSS) Inj 80 mg per ml, 1.5 ml – 1% DV Nov-10 to 2013	30.00	5	Mayne Hospira
	Inj 80 mg per ml, 5 ml – 1% DV Nov-10 to 2013	75.00	5	Mayne Hospira
43	MUCILAGINOUS LAXATIVES Dry – 1% DV Nov-10 to 2013	6.02	500 g	Konsyl-D
	Note – Konsyl-D 325g pack to be delisted 1 November 2010			

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref	Price (ex man. excl. GST)		Brand or Generic Manufacturer
	\$	Per	

Section H changes Part II - effective 1 September 2010 (continued)

44	NYSTATIN (↑ price and addition of HSS)			
	Tab 500,000 u – 1% DV Nov-10 to 2013	14.16	50	Nilstat
	Cap 500,000 u – 1% DV Nov-10 to 2013	12.81	50	Nilstat
44	OIL IN WATER EMULSION			
	Crn 100 g.....	32.00	20	healthE
47	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↑ price and addition of HSS)			
	Cap potassium salt 250 mg – 1% DV Nov-10 to 2013	9.71	50	Cilicaine VK
	Cap potassium salt 500 mg – 1% DV Nov-10 to 2013	11.70	50	Cilicaine VK
47	PHENTOLAMINE MESYLATE (↑ price)			
	Inj 10 mg per ml, 1 ml	31.65	5	Regitine
48	PRILOCAINE HYDROCHLORIDE (↑ price and addition of HSS)			
	Inj 0.5%, 50 ml – 1% DV Nov-10 to 2013	100.00	5	Citanest
	Inj 2%, 5 ml – 1% DV Nov-10 to 2013	55.00	10	Citanest
50	RETINOL PALMITATE			
	Oint 50 g.....	57.20	20	healthE
51	ROPIVACAINE HYDROCHLORIDE WITH FENTANYL (↑ price and addition of HSS)			
	Inj 2 mg per ml with 2 µg of fentanyl per ml, 100 ml			
	– 1% DV Nov-10 to 2013	198.50	5	Naropin
	Inj 2 mg per ml with 2 µg of fentanyl per ml, 200 ml			
	– 1% DV Nov-10 to 2013	270.00	5	Naropin
52	SODIUM BICARBONATE			
	Cap 840 mg	8.52	100	Sodibic
52	SODIUM CHLORIDE (↑ price and addition of HSS)			
	Inj 23.4%, 20 ml – 1% DV Nov-10 to 2013	31.25	5	Biomed
53	SODIUM DIOTRIZOATE (↑ price)			
	Powder for oral soln 3.705 g, 10 ml sachet	156.12	50	loscan
53	SODIUM FLUORESCEN			
	Inj 100 mg per ml, 5 ml – 1% DV Nov-10 to 2013	125.00	12	Fluorescite
57	SOFT WHITE PARAFFIN WITH PARAFFIN LIQUID			
	Oint 50% with 50% paraffin liquid, 100 g.....	62.00	20	healthE

Effective 1 August 2010

18	ASCORBIC ACID			
	Tab 100 mg – 1% DV Oct-10 to 2013	13.80	500	Vitala-C

Section H page ref	Price (ex man. excl. GST)		Brand or Generic Manufacturer
	\$	Per	

Section H changes Part II - effective 1 August 2010 (continued)

18	ATORVASTATIN			
	Tab 10 mg – 1% DV Dec-2010 - 31/7/12.....	1.77	30	Lorstat 10
	Tab 20 mg – 1% DV Dec-2010 - 31/7/12.....	2.60	30	Lorstat 20
	Tab 40 mg – 1% DV Dec-2010 - 31/7/12.....	4.38	30	Lorstat 40
	Tab 80 mg – 1% DV Dec-2010 - 31/7/12.....	7.73	30	Lorstat 80
18	AZATHIOPRINE			
	Tab 50 mg – 1% DV Oct-10 to 2013.....	18.45	100	Imuprine
	Inj 50 mg – 1% DV Oct-10 to 2013.....	60.00	1	Imuran
22	CEFTRIAXONE SODIUM			
	Inj 1 g – 1% DV Oct-10 to 2013.....	10.49	5	Aspen Ceftriaxone
	Note – AFT ceftriaxone sodium inj 1 g to be delisted 1 October 2010			
24	CLOMIPHENE CITRATE			
	Tab 50 mg.....	2.50	5	Phenate
	Note – Phenate tab 50 mg to be delisted 1 October 2010			
26	DANTHRON WITH POLOXAMER			
	Oral liq 75 mg with poloxamer 1 g per 5 ml.....	13.95	300 ml	Pinorax Forte
32	FUROSEMIDE (↓ price)			
	Tab 500 mg.....	25.00	50	Urex Forte
34	HYDROCORTISONE WITH CINCHOCAINE			
	Oint 5 mg with cinchocaine hydrochloride 5 mg per g.....	15.00	30 g	Proctosedyl
	Suppos 5 mg with cinchocaine hydrochloride 5 mg per g.....	9.90	12	Proctosedyl
35	INDAPAMIDE			
	Tab 2.5 mg – 1% DV Oct-10 to 2013.....	2.95	90	Dapa-Tabs
	Note – Napamide tab 2.5 mg to be delisted 1 October 2010			
35	INSULIN GLULISINE			
	Inj 100 iu per ml, 10 ml.....	27.03	1	Apidra
	Inj 100 iu per ml, 3 ml disposable pen.....	46.07	5	Apidra SoloStar
36	IPRATROPIUM BROMIDE			
	Nebuliser soln, 250 µg per ml, 1 ml – 1% DV Oct-10 to 2013....	3.79	20	Univent
	Nebuliser soln, 250 µg per ml, 2 ml – 1% DV Oct-10 to 2013....	4.06	20	Univent
	Note – Ipratropium Steri-Neb nebuliser soln, 250 µg per ml, 1 ml and 2 ml to be delisted 1 October 2010			
37	KETONE BLOOD BETA-KETONE ELECTRODES (↓ price)			
	Test strips.....	7.07	10 strip	Optium Blood Ketone Test Strips
38	LEVONORGESTREL			
	Subdermal implant (2 x 75 mg rods).....	133.65	1	Jadelle
40	METHADONE HYDROCHLORIDE (↓ price and addition of HSS)			
	Tab 5 mg – 1% DV Oct-10 to 2013.....	1.85	10	Methatabs

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

Expiry date of HSS period is 30 June of the year indicated unless otherwise stated

Section H page ref	Price (ex man. excl. GST)		Brand or Generic Manufacturer
	\$	Per	

Section H changes Part II - effective 1 August 2010 (continued)

49	QUETIAPINE			
	Tab 25 mg	7.00	60	Dr Reddy's Quetiapine
	Tab 100 mg	14.00	60	Dr Reddy's Quetiapine
	Tab 200 mg	24.00	60	Dr Reddy's Quetiapine
	Tab 300 mg	40.00	60	Dr Reddy's Quetiapine
50	RISPERIDONE			
	Tab 0.5 mg	3.51	60	Dr Reddy's Risperidone
52	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE			
	Enema 90 mg with sodium lauryl sulphoacetate			
	9 mg per ml, 5 ml – 1% DV Oct-10 to 2013	25.00	50	Micolette
	Note – Microlex enema to be delisted 1 October 2010			
54	TAMSULOSIN HYDROCHLORIDE			
	Cap 400 µg – 1% DV Oct-10 to 2013	5.98	30	Tamsulosin-Rex

Section H changes to Part III

Effective 1 September 2010

LIGNOCAINE

Viscous solution 2%

For patients with head, neck and oesophageal cancer for up to 9 weeks following radiation therapy.

Effective 1 August 2010

INDOMETHACIN

Cap long-acting 75 mg **\$29**

For any indication approved by the hospital service

Index

Pharmaceuticals and brands

A

A-Lices.....	39
Acarbose.....	36
Acebutolol.....	51
Aciclovir.....	56
Aclasta.....	25
Adapalene.....	22
Alendronate sodium.....	40
Alendronate sodium with cholecalciferol.....	40, 52
Alitraq.....	57
Alphamox.....	22, 56
Alprazolam.....	42
Amiloride with hydrochlorothiazide ...	38, 46, 55, 56
Amizide.....	55, 56
Amlodipine.....	51, 56
Amoxicillin.....	22, 52, 56
Anastrozole.....	23, 56
Andriol Testocaps.....	51
Apidra.....	24, 60, 62
Apidra SoloStar.....	62
Apo-Amlodipine.....	56
Apo-Ascorbic Acid.....	44, 53
Apo-Clopidogrel.....	24, 36, 46, 59
Apo-Terazosin.....	44, 53
Apo-Zopiclone.....	43
Aremed.....	23, 56
Arrow-Alprazolam.....	42
Arrow-Azithromycin.....	39
Arrow-Clopidogrel.....	36
Arrow-Diazepam.....	42
Arrow-Meloxicam.....	24
Ascorbic acid.....	44, 53, 61
Aspen Ceftriaxone.....	62
Ativan.....	42, 56
Atorvastatin.....	37, 46, 52, 58, 62
Azamun.....	45, 54
Azathioprine.....	45, 54, 62
Azithromycin.....	39, 49

B

B-PlexADE.....	24
Barium sulphate.....	58
Bendrofluazide.....	51
Bisacodyl.....	49
Bonjela.....	46
Brufen Retard.....	47
Budenocort.....	23, 56
Budesonide.....	23, 56
Bupivacaine hydrochloride.....	52
Buserelin acetate.....	52
Buspirone hydrochloride.....	42

C

Calcium gluconate.....	58
------------------------	----

Capecitabine.....	32, 43
Capoten.....	46, 58
Captopril.....	46, 58
Ceftriaxone sodium.....	24, 45, 54, 59, 62
CellCept.....	57
Cellcept.....	33, 45
Cephalexin ABM.....	24, 59
Cephalexin monohydrate.....	24, 59
Cerezyme.....	22, 44
Cetomacrogol.....	59
Chlorafast.....	23, 56
Chloramphenicol.....	23, 56
Chlorhexidine.....	59
Chlorhexidine in alcohol.....	59
Cholestyramine with aspartame.....	44
Choline salicylate with cetalkonium chloride.....	46
Cilazapril.....	22
Cilicaine VK.....	46, 61
Citanest.....	61
Clinistix.....	51
Clinitest.....	51
Clomiphene citrate.....	62
Clopidogrel.....	24, 36, 46, 59
Coal tar.....	46, 53
Coloxyl.....	51
Copper.....	51
CT Plus+.....	58
Cyclizine lactate.....	54, 59
Cyproheptadine hydrochloride.....	52

D

Dacarbazine.....	48, 59
Danthron with poloxamer.....	62
Dapa-Tabs.....	62
Deferiprone.....	22, 56
Derbac-M.....	45, 54
Diabur 5000.....	51
Diamide Relief.....	22, 56
Diastix.....	51
Diazepam.....	42
Differin.....	22
Docusate sodium.....	51
Dr Reddy's Omeprazole.....	51
Dr Reddy's Ondansetron.....	22, 57
Dr Reddy's Quetiapine.....	63
Dr Reddy's Risperidone.....	63

E

Elecare.....	24, 57
Elecare LCP.....	24, 57
Elemental formula.....	24
EMLA.....	47, 60
Ensure.....	23, 46, 58
Ensure Plus.....	58

Index

Pharmaceuticals and brands

Ensure Plus HN.....	24, 57	Indapamide.....	44, 54, 62
Ensure Plus RTH.....	57	Ioscan.....	61
Enteral feed 1kcal/ml.....	23	Ipratropium bromide.....	45, 54, 62
Enteral feed with fibre 1.5kcal/ml.....	24	Ipratropium Steri-Neb.....	45, 54
Enteral feed with fibre 1 kcal/ml.....	23	Isotretinoin.....	38
Erlotinib hydrochloride.....	23, 56	J	
Ethambutol hydrochloride.....	39, 47, 59	Jadelle.....	62
Ezetimibe.....	28	Jevity.....	23, 57
Ezetimibe with simvastatin.....	29	Jevity RTH.....	23, 57
Ezetrol.....	28	K	
F		Keppra.....	53
Ferriprox.....	22, 56	Ketone blood beta-ketone electrodes.....	62
Fluconazole.....	56	Ketovite.....	51
Fluconazole-Claris.....	56	Ketovite Liquid.....	51
Fluorescite.....	61	Konsyl-D.....	24, 60
Fluorouracil Ebewe.....	47, 48, 59	L	
Fluorouracil sodium.....	27, 47, 48, 52, 59	Lax-Tab.....	49
Fluox.....	53	Lax-Tabs.....	49
Fluoxetine hydrochloride.....	53	Levetiracetam.....	53
Flutamide.....	48, 59	Levonorgestrel.....	62
Flutamin.....	48, 59	Lignocaine.....	41, 49, 63
Fluvax.....	54	Lignocaine hydrochloride.....	26, 41, 47, 60
Fosamax.....	40	Lignocaine hydrochloride with adrenaline.....	60
Fosamax Plus.....	40, 52	Lignocaine with chlorhexidine.....	41, 49
Frusemide-Claris.....	24, 59	Lignocaine with prilocaine.....	47, 60
Furosemide.....	24, 59, 62	Lipitor.....	37, 46, 58
G		Locoid C.....	54
Gabapentin (neurontin).....	47	Loperamide hydrochloride.....	22, 56
Glucerna Select.....	58	Lorazepam.....	42, 56
Glucerna Select RTH.....	57	Lormetazepam.....	43
Glucobay.....	36	Lorstat 10.....	52, 62
Glucose oxidase.....	51	Lorstat 20.....	52, 62
Glycerol.....	48, 53	Lorstat 40.....	52, 62
H		Lorstat 80.....	52, 62
Haloperidol.....	47, 59	Lovir.....	56
Hydrocortisone.....	46, 60	M	
Hydrocortisone butyrate with chlorquinaldol.....	54	m-Eslon.....	47, 60
Hydrocortisone with cinchocaine.....	62	Malathion.....	39, 45, 54
Hypam.....	43	Marcain Heavy.....	52
Hypnovel.....	43	Marcain Isobaric.....	52
Hytrin Starter Pack.....	53	Meloxicam.....	24
I		Mesna.....	27, 48, 52, 60
Ibuprofen.....	47	Methadone hydrochloride.....	62
Imuprine.....	62	Methatabs.....	62
Imuran.....	45, 54, 62	Methotrexate.....	48, 60
Indomethacin.....	63	Methyleergometrine.....	54
Influenza vaccine.....	54	Mercaptopurine.....	57
Influvac.....	54	Mianserin hydrochloride.....	31, 45
Insulin glulisine.....	24, 60, 62	Micolette.....	63
Intal Spincaps.....	48	Microlax.....	44, 53
Interferon alpha-2a.....	39	Midazolam.....	43
Imglucerase.....	22, 44	Mitomycin C.....	60

Index

Pharmaceuticals and brands

Moduretic	38, 46	Phenobarbitone Sodium Paediatric Oral Liquid	23
Morphine sulphate.....	47, 60	Phenoxymethylpenicillin (penicillin v).....	46, 61
Morphine tartrate.....	47, 49, 60	Phentolamine mesylate	61
Mucilaginous laxatives	24, 60	Phenylephrine hydrochloride with zinc sulphate ..	52
Multivitamins	36, 51	Pinorax Forte.....	62
Myaccord.....	23, 33, 57	Pioglitazone	36
Myambutol.....	39, 47, 59	Piram-D.....	55, 57
Mycophenolate mofetil	23, 33, 45, 57	Piroxicam.....	55, 57
Mycostatin.....	44	Pizaccord.....	36
N		Plavix.....	36
Napamide	44, 54	Prilocaine hydrochloride.....	61
Naropin.....	61	Proctosedyl.....	62
Nausicalm.....	27, 59	Pulmocare	57
Navoban.....	42	Purinethol	57
Nedocromil	48	Q	
Neo-Naclex.....	51	Questran-Lite	44
Nepro	58	Quetiapine.....	45, 57, 63
Nepro (strawberry).....	23	R	
Neurontin.....	47	Ranbaxy Amoxicillin	52
Nifuran.....	45	Regitine	61
Nilstat	46, 61	Renal oral feed 2kcal/ml.....	23
Nitrados	43	Retinol palmitate	61
Nitrazepam.....	43	Rexacrom.....	27
Nitrofurantoin.....	45	Risperidone.....	63
Noctamid.....	43	Rituximab	33
Normison.....	43	Roferon-A.....	39
Norvasc.....	51	Ropivacaine hydrochloride with fentanyl.....	61
Nuelin	48	S	
Nutraplus	44	Serenace	47, 59
Nystatin	44, 46, 61	Seroquel	45, 57
O		Sodibic	24, 61
Oestriol.....	45	Sodium bicarbonate	24, 61
Oil in water emulsion.....	61	Sodium chloride.....	22, 28, 44, 46, 49, 54, 57, 61
Omeprazole.....	51	Sodium citrate with sodium lauryl sulphoacetate	44, 53, 63
Ondansetron	22, 42, 57	Sodium citro-tartrate	46
Optium Blood Ketone Test Strips	62	Sodium cromoglycate	27, 48
Oral supplement 1kcal/ml.....	23, 46	Sodium diotrizoate	61
Oratane.....	38	Sodium fluorescein	61
Osmolite	23, 57	Soft white paraffin with paraffin liquid	61
Osmolite RTH.....	23, 57	Solu-Cortef	46, 60
Ovestin	45	Special food supplement	57
Ox-Pam	42	Standard formulae.....	23
Oxazepam.....	42	Suprefact.....	52
P		T	
Pacific Buspirone	42	Tamsulosin hydrochloride	63
Paediatric oral feed 1kcal/ml.....	23	Tamsulosin-Rex.....	63
Paediatric Seravit	36	Tarceva.....	23, 56
Panteston	51	Temazepam	43
Pediasure.....	23, 58	Tenofovir disoproxil fumarate	30
Pediasure RTH.....	58	Tenoxicam	25
Periactin	52	Terazosin hydrochloride	44, 53
Phenate	62		

Index

Pharmaceuticals and brands

Testosterone undecanoate.....	51	Vicrom.....	48
Theophylline	48	Viread	30
Tilade.....	48	Vitala-C.....	61
Tolvon	31, 45	Vital HN	57
Travatan.....	35, 45	Vitamin b complex.....	24
Travoprost.....	35, 45	Vytorin.....	29
Triazolam.....	43	W	
Triclosan.....	39	Water.....	55, 58
Tropisetron	42	X	
Two Cal HN.....	58	Xeloda	32, 43
U		Xylocaine.....	26, 41, 47, 60
Univent	62	Xylocaine Viscous.....	26
Ural.....	46	Z	
Urea.....	44	Zapril	22
Urex Forte	62	Zincfrin	52
Uromitexan	48, 60	Zofran	42
V		Zofran Zydis.....	42
Valoid (AFT).....	54	Zoledronic acid	25
Vaxigrip	54	Zopiclone.....	43
Veracol	24, 59		

New Zealand
Permit No. 478



Pharmaceutical Management Agency

Level 9, 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

ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.



New Zealand Government

PHARMAC
Pharmaceutical Management Agency

