Pharmaceutical Management Agency

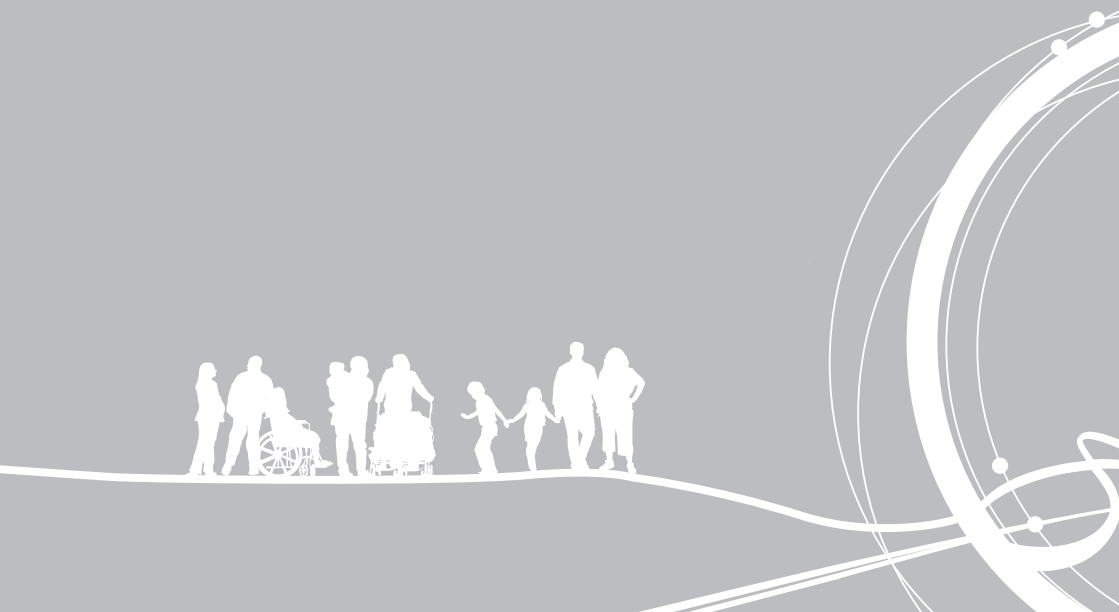
Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2011

Cumulative for May and June 2011

Section H cumulative for April, May and June 2011



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Summary of PHARMAC decisions

EFFECTIVE 1 JUNE 2011

New listings (pages 20-21)

- Cilazapril (Zapril) tab 2.5 mg and 5 mg
- Triclosan (Pharmacy Health) soln 1%, 500 ml OP – maximum of 500 ml per prescription – subsidy by endorsement
- Ornidazole (Arrow-Ornidazole) tab 500 mg
- Morphine sulphate (Arrow-Morphine LA) tab long-acting 10 mg, 30 mg, 60 mg and 100 mg – only on a controlled drug form – no patient co-payment payable
- Olanzapine (Dr Reddy's Olanzapine and Olanzine) tab 2.5 mg, 5 mg and 10 mg
- Olanzapine (Dr Reddy's Olanzapine and Olanzine-D) orodispersible tab 5 mg and 10 mg
- Methotrexate (DBL Methotrexate) inj 25 mg per ml, 40 ml – PCT – Retail pharmacy-Specialist – Section 29
- Bortezomib inj 1 mg (Velcade) and inj 1 mg for ECP, 1 mg (Baxter) – PCT only – Specialist – Special Authority
- Doxorubicin (DBL Doxorubicin) inj 50 mg – PCT only – Specialist – Section 29
- Paclitaxel (Anzatax) inj 150 mg and 300 mg – PCT only – Specialist

Changes to restrictions (pages 24-27)

- Azithromycin (Arrow-Azithromycin) tab 500 mg – amended Special Authority criteria
- Clarithromycin (Klacid and Klamycin) tab 250 mg and grans for oral liq 125 mg per 5 ml – amended Special Authority criteria
- Fluconazole (Pacific) cap 150 mg – removal of Retail pharmacy-Specialist, addition of subsidy by endorsement, and only 1 cap subsidised per prescription
- Pegylated interferon alpha-2A (Pegasys and Pegasys RBV Combination Pack) inj prefilled syringe with or without ribavarin – amended Special Authority criteria
- Sumatriptan (Arrow-Sumatriptan and Imigran) inj 12 mg per ml, 0.5 ml – removal of Retail pharmacy-Specialist
- Bortezomib inj 1 mg and 3.5 mg (Velcade), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (page 36)

- Sodium fluoride (PSM) tab 1.1 mg (0.5 mg elemental)

Decreased subsidy (page 36)

- Sumatriptan (Imigran) inj 12 mg per ml, 0.5 ml
- Naltrexone hydrochloride (ReVia) tab 500 mg

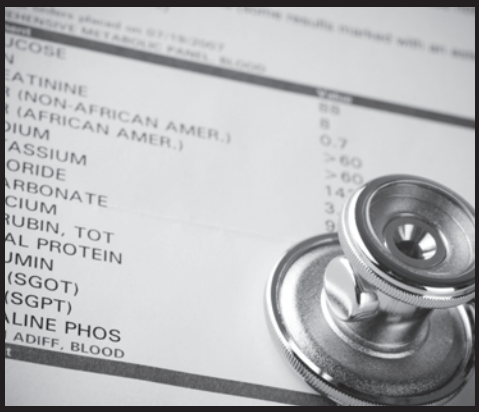
- Tamoxifen citrate (Tamoxifen Sandoz) tab 20 mg
- Ipratropium bromide (Apo-Ipravent) aqueous nasal spray, 0.3%, 30 ml OP

Medicines Regulations changes – not yet in force

Medsafe has advised us that the proposed changes to the Medicines Regulations described in the March edition of Medsafe's Prescriber Update are not yet in force. This means that the maximum period of supply is still three months for prescription medicines except oral contraceptives which is six months.

The Ministry of Health will inform healthcare professionals of the date the changes will come into force.

Further information about the proposed changes to the Medicines Regulations



is available from Medsafe at: http://www.medsafe.govt.nz/profs/PUArticles/ChangestoMedicinesRegulations.htm

Olanzapine – new listings

Two new brands of olanzapine tablets and orodispersible tablets will be subsidised from 1 June 2011. Dr Reddy's Olanzapine and Olanzine tablets 2.5 mg, 5 mg and 10 mg, and Dr Reddy's Olanzapine and Olanzine-D orodispersible tablets 5 mg and 10 mg, will be listed without restriction and will not require a Special Authority to attain subsidy.

The Zyprexa and Zyprexa Zydis brands will continue to be listed in Section B of the Pharmaceutical Schedule subject to their current Special Authority restrictions until 1 September 2011 when their subsidy will be reduced to the level of the generic brands and the Special Authorities will be removed.

Olanzine and Olanzine-D will have Hospital Supply Status from 1 August 2011 to 30 June 2013, with a 5% discretionary variance limit. There is no planned sole supply arrangement for the community market at this time.

Various changes to infections group restrictions

A range of restriction changes to products listed in the Infections therapeutic group will come into effect from 1 June 2011. These are as follows:

- amendment of the Special Authority applying to **clarithromycin** tab 250 mg and grans for oral liquid 125 mg per 5 ml to align it with current practice for this treatment;
- amendment of the Special Authority applying to **pegylated interferon alpha-2A with or without ribavirin** injection to allow for delays in initiation of therapy;
- replacement of the Retail pharmacy-Specialist restriction applying to **fluconazole 150 mg capsules** with an endorsement requirement, meaning that a specialist recommendation will no longer be required by prescribers. The endorsement is for patients with vaginal candida albicans and must be endorsed by the prescriber. Only one capsule will be subsidised per prescription. The Retail pharmacy-Specialist restriction will remain on fluconazole 50 mg and 200 mg capsules; and
- amendment of the Special Authority applying to **azithromycin** tab 500 mg to allow subsidy for prophylaxis of Bronchiolitis Obliterans Syndrome post lung transplant.

Morphine sulphate long-acting tablets – brand name change

The LA-Morph brand of morphine sulphate long-acting tablets, previously supplied by Douglas Pharmaceuticals, will be supplied by Arrow Pharmaceuticals from 1 June 2011 under a new brand name, Arrow-Morphine LA. Arrow-Morphine LA has been awarded the Sole Subsidised Supply tender for both the community and hospitals markets until 30 June 2013. Pharmacies can continue to claim for the product supplied as LA-Morph until 31 October 2011 and this brand will remain listed in the Schedule until then.

Arrow-Morphine LA is supplied in blisters rather than bottles.

Sumatriptan injection – removal of Specialist restriction

The "Retail pharmacy-Specialist" restriction that currently applies to sumatriptan injection will be removed from 1 June 2011. The "Maximum of 10 injections per prescription" restriction will remain.

Cilazapril now available in bottles

The Zapril brand of cilazapril 2.5 mg and 5 mg tablets will be supplied, and subsidised, in bottles rather than blister packs from 1 June 2011. The number of tablets per pack has also changed from 30 to 90 tablets. The 30-tablet blister pack size will be delisted from the Pharmaceutical Schedule from 1 December 2011.

Cilazapril 0.5 mg tablets remain unchanged as it is already supplied in bottles.

Ornidazole – new listing

The Arrow brand of ornidazole 500 mg tablets, Arrow-Ornidazole, will be subsidised from 1 June 2011; however Arrow-Ornidazole will not be available until 13 June 2011. Roche Products (NZ) Limited, the current supplier of ornidazole tablets in New Zealand under the brand name Tiberal, has notified PHARMAC that it is discontinuing its product. Supplies of Tiberal are low.

Alternative brands of Oncology Products listed

Sandoz, the supplier of Ebewe branded Pharmaceutical Cancer Treatments has notified PHARMAC that is currently experiencing supply shortages on some of its Ebewe branded Hospital Supply Status products. As a precautionary measure Sandoz is supplying alternative brands of some pharmaceuticals to the market at equivalent pricing to its Ebewe products.

These alternative products (DBL Doxorubicin Inj 50 mg, DBL Methotrexate Inj 25 mg per ml, 40 ml and Anzatax (paclitaxel) Inj 150 mg and 300 mg) will be listed from 1 June 2011 to enable claiming by DHBs when used in-hospital for the treatment of cancer. DBL Methotrexate Inj 25 mg per ml, 40 ml will also be funded for non cancer indications in the community.

Tender News

Sole Subsidised Supply changes – effective 1 July 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amitriptyline	Tab 25 mg; 100 tab	Amitrip (Mylan)
Amitriptyline	Tab 50 mg; 100 tab	Amitrip (Mylan)
Doxazosin mesylate	Tab 2 mg; 500 tab	Apo-Doxazosin (Apotex)
Doxazosin mesylate	Tab 4 mg; 500 tab	Apo-Doxazosin (Apotex)
Exemestane	Tab 25 mg; 30 tab	Aromasin (Pfizer)
Isosorbide mononitrate	Tab 20 mg; 100 tab	Ismo 20 (Riemser)
Isosorbide mononitrate	Tab long-acting 40 mg; 30 tab	Corangin (Novartis)
Metoclopramide hydrochloride	Tab 10 mg; 100 tab	Metamide (Mylan)
Nicotine	Lozenge 1 mg; 216 piece	Habitrol (Novartis Consumer)
Nicotine	Lozenge 2 mg; 216 piece	Habitrol (Novartis Consumer)
Nicotine	Patch 7 mg; 28 patch	Habitrol (Novartis Consumer)
Nicotine	Patch 14 mg; 28 patch	Habitrol (Novartis Consumer)
Nicotine	Patch 21 mg; 28 patch	Habitrol (Novartis Consumer)

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 July 2011

- Dabigatran (Pradaxa) cap 75 mg, 110 mg and 150 mg – new listing without Special Authority – 75 mg cap maximum of 2 caps subsidised per day
- Hyaluronidase (Hyalase) inj 1,500 iu per ml – delist
- Ketoprofen (Oruvail SR) cap long-acting 100 mg and 200 mg – subsidy increase
- Nicotine (Habitrol) gum (classic, fruit, mint) 2 mg and 4 mg – 384 piece packs – new listing
- Olanzapine pamoate monohydrate (Zyprexa Relprew) inj 210 mg, 300 mg and 405 mg – new listing with Special Authority criteria
- Omeprazole (Midwest) powder, 5 g – new listing – Only in combination – Only in extemporaneously compounded omeprazole suspension
- Omeprazole suspension – amended Standard Formulae
- Pyridoxine hydrochloride (PyridoxADE) tab 25 mg – new listing

Possible decisions for implementation 1 July 2011 (continued)

- Raloxifene hydrochloride (Evista) tab 60 mg – new listing with Special Authority criteria
- Tiaprofenic acid (Surgam) tab 300 mg – subsidy increase
- Teriparatide (Forteo) inj 250 μg per ml – new listing
- Eformoterol fumarate (Oxis Turbuhaler) - price and subsidy decrease
- Budesonide with eformoterol (Symbicort Turbuhaler and Vannair all strengths) - price and subsidy decrease

Sole Subsidised Supply Products – cumulative to June 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amlodipine	Tab 5 mg & 10 mg	Apo-Amlodipine	2011
Amoxycillin	Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml Drops 125 mg per 1.25 ml Inj 250 mg, 500 mg & 1 g	Alphamox Ospamox Ospamox Paediatric Drops Ibiamox	2013 2012 2011
Amoxycillin clavulanate	Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml Tab amoxycillin 500 mg with potassium clavulanate 125 mg	Curam Curam Synermox	2012 2011
Aqueous cream	Crm 500 g	AFT	2011
Ascorbic acid	Tab 100 mg	Vitala-C	2013
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
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
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	Crm, aqueous, BP Lotn, BP	healthE API	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 June 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 μg & 0.5 μg	Airflow	2012
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab 1.5 g (600 mg elemental) Tab eff 1.7 g (1 g elemental)	Calci-Tab 500 Calci-Tab 600 Calsource	2011
Calcium folinate	Inj 50 mg	Calcium Folinate Ebewe	2011
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captorpril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
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	Crm BP	PSM	2013
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crm 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
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator Crm 1%	Clomazol Clomazol Clomazol	2013 2011
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 μg	Colgout	2013
Crotamiton	Crm 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
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz Voltaren Ophtha Voltaren Voltaren	2012 2011
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2011
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Emulsifying ointment	Oint BP	AFT	2011
Enalapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Enalapril	2012
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin ethyl succinate	Tab 400 mg Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin E-Mycin	2012 2011
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinyloestradiol	Tab 10 μg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
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 Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	AFT AFT AFT Flucloxin	2012 2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 μg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml Tab 40 mg	Frusemide-Claris Diurin 40	2013 2012
Fusidic acid	Crm 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Tab 600 μg Oral pump spray 400 μg per dose TDDS 5 mg & 10 mg	Lycinate Nitrolingual Pumpspray Nitroderm TTS	2011

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Generic Name	Presentation	Brand Name	Expiry Date*
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 μg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg Powder Crm 1%, 500 g	Solu-Cortef Douglas ABM PSM	2013 2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crm 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 Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Oral liq 100 mg per 5 ml Tab 200 mg	Fenpaed Ethics Ibuprofen	2013 2012
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Nebuliser soln, 250 μg per ml, 1 ml & 2 ml	Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2011
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Itrazole	2013
Ketoconazole	Shampoo 2%	Sebizole	2011
Lactulose	**Oral liq 10 g per 15 ml**	**Laevolac**	**2013**
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
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
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5% (5 g tubes) Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
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
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml & 50 ml	Hospira Methoblastin Methotrexate Ebewe	2013 2012 2011
Methyldopa	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	Crm 2%	Multichem	2011
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crm 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

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Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Elson	2013
	Tab immediate release 10 mg & 20 mg	Sevredol	2012
	Inj 10 mg per ml, 1 ml	Mayne	2011
	Inj 30 mg per ml, 1 ml	Mayne	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naproxen	Tab 250 mg	Noflam 250	2012
	Tab 500 mg	Noflam 500	
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2012
	Tab 200 mg	Viramune	
Norethisterone	Tab 350 μg	Noriday 28	2012
	Tab 5 mg	Primolut N	2011
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2011
Nystatin	Cap 500,000 u	Nilstat	2013
	Tab 500,000 u	Nilstat	
	Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2011
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole	2011
	Inj 40 mg	Dr Reddy's Omeprazole	
Ondansetron	Tab 4 mg & 8 mg	Dr Reddy's Ondansetron	2013
Oxytocin	Inj 5 iu per ml, 1 ml	Syntocinon	2012
	Inj 10 iu per ml, 1 ml	Syntocinon	
	Inj 5 iu with ergometrine maleate 500 μg per ml, 1 ml	Syntometrine	
Pamidronate disodium	Inj 3 mg per ml, 5 ml	Pamisol	2011
	Inj 3 mg per ml, 10 ml	Pamisol	
	Inj 6 mg per ml, 10 ml	Pamisol	
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg	Pharmacare	2011
	Oral liq 120 mg per 5 ml	Paracare Junior	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
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

**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 June 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK 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
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 Tab 10 mg & 25 mg	Promethazine Winthrop Elixir Allersoothe	2012 2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2011
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

**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 June 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Oral liq 2 mg per 5 ml Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratopium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10 mg Arrow-Simva 20 mg Arrow-Simva 40 mg Arrow-Simva 80 mg	2011
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2% Nasal spray, 4%	Rexacrom Rex	2013 2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml, autoclavable & single patient	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
Tamsulosin hydrochloride	Cap 400 μg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
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

**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 June 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Crm 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
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
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

June 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.*

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings

Effective 1 June 2011

47	CILAZAPRIL			
	✻ Tab 2.5 mg	6.18	90	✔ **Zapril**
	✻ Tab 5 mg	9.84	90	✔ **Zapril**
	Note – change in pack size, and change from blister packs to bottles.			
61	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			
	Soln 1%	4.50	500 ml OP	✔ **Pharmacy Health**
84	ORNIDAZOLE			
	Tab 500 mg	16.50	10	✔ **Arrow-Ornidazole**
116	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab long-acting 10 mg	1.98	10	✔ **Arrow-Morphine LA**
	Tab long-acting 30 mg	3.15	10	✔ **Arrow-Morphine LA**
	Tab long-acting 60 mg	7.20	10	✔ **Arrow-Morphine LA**
	Tab long-acting 100 mg	7.85	10	✔ **Arrow-Morphine LA**
126	OLANZAPINE			
	Tab 2.5 mg	2.00	28	✔ **Dr Reddy's Olanzapine** ✔ **Olanzine**
	Tab 5 mg	3.85	28	✔ **Dr Reddy's Olanzapine** ✔ **Olanzine**
	Tab 10 mg	6.35	28	✔ **Dr Reddy's Olanzapine** ✔ **Olanzine**
129	OLANZAPINE			
	Orodispersible tab 5 mg	6.36	28	✔ **Dr Reddy's Olanzapine** ✔ **Olanzine-D**
	Orodispersible tab 10 mg	8.76	28	✔ **Dr Reddy's Olanzapine** ✔ **Olanzine-D**
143	METHOTREXATE			
	✻ Inj 25 mg per ml, 40 ml – PCT			
	– Retail pharmacy-Specialist	25.00	1	✔ **DBL Methotrexate** S29

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

New listings – effective 1 June 2011 (continued)

144	BORTEZOMIB – PCT only – Specialist – Special Authority SA1127		
	Inj 1 mg	540.70	1	✔**Velcade**
	Inj 1 mg for ECP	594.77	1 mg	✔**Baxter**
145	DOXORUBICIN – PCT only – Specialist		
	Inj 50 mg	40.00	1	✔**DBL Doxorubicin** S29
146	PACLITAXEL – PCT only – Specialist		
	Inj 150 mg	137.50	1	✔**Anzatax**
	Inj 300 mg	275.00	1	✔**Anzatax**

Effective 9 May 2011

111	ALLOPURINOL			
	✻ Tab 300 mg	4.03	100	✔**Apo-Allopurinol S29** S29

Effective 1 May 2011

44	COMPOUND ELECTROLYTES			
	Powder for soln for oral use 4.4 g – Up to 10 sach available on a PSO	1.12	5	✔**Electral**
49	DIGOXIN			
	✻ Tab 250 μg – Up to 30 tab available on a PSO	14.52	240	✔**Lanoxin**
115	FENTANYL CITRATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 μg per ml, 2 ml	6.43	10	✔**Boucher and Muir**
	Inj 50 μg per ml, 10 ml	16.81	10	✔**Boucher and Muir**
121	LACOSAMIDE – Special Authority see SA1125 – Retail pharmacy			
	▲Tab 50 mg	25.04	14	✔**Vimpat**
	▲Tab 100 mg	50.06	14	✔**Vimpat**
		200.24	56	✔**Vimpat**
	▲Tab 150 mg	75.10	14	✔**Vimpat**
		300.40	56	✔**Vimpat**
	▲Tab 200 mg	400.55	56	✔**Vimpat**

SA1125 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

1 Patient has partial-onset epilepsy; and
2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).

Note: "Optimal treatment" is defined as treatment which is indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight and other features affecting the pharmacokinetics of the drug with good evidence of compliance. Women of childbearing age are not required to have a trial of sodium valproate.

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

New listings – effective 1 May 2011 (continued)

continued...

Renewal from any relevant practitioner. Approvals valid for 24 months where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).
Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

136 MODAFINIL – Special Authority see SA1126 – Retail pharmacy

Tab 100 mg	72.50	30	✔ **Modavigil**

➽ SA1126 Special Authority for Subsidy
Initial application only from a neurologist or respiratory specialist. Approvals valid for 24 months for applications meeting the following criteria:
All of the following:
1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
2 Either:
  2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
  2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
3 Either:
  3.1 An effective dose of a subsidised formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
  3.2 Methylphenidate and dexamphetamine are contraindicated.
Note: Modafinil will not be subsidised for hypersomnia associated with any condition other than narcolepsy.

Renewal only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

144 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127

Inj 3.5 mg	1,892.50	1	✔ **Velcade**
Inj 1 mg for ECP	1,892.50	3.5 mg OP	✔ **Baxter**

➽ SA1127 Special Authority for Subsidy
Initial application – treatment-naïve multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:
Both:
1 Either:
  1.1 The patient has treatment-naïve symptomatic multiple myeloma; or
  1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis; and
2 Maximum of 9 treatment cycles.

Initial application – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:
All of the following:
1 Either:
  1.1 The patient has relapsed or refractory multiple myeloma; or
  1.2 The patient has relapsed or refractory systemic AL amyloidosis; and
2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
3 The patient has not had prior publicly funded treatment with bortezomib; and
4 Maximum of 4 treatment cycles.

Renewal – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

continued...

New listings – effective 1 May 2011 (continued)

continued...

Both:

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Note: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

147 THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124
Only on a controlled drug form

Cap 100 mg	1,008.00	28	✔**Thalomid**

183 PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3]

Liquid (strawberry)	1.60	200 ml OP	✔**Fortini**
Liquid (vanilla)	1.60	200 ml OP	✔**Fortini**

183 PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3]

Liquid (chocolate)	1.60	200 ml OP	✔**Fortini Multi Fibre**
Liquid (strawberry)	1.60	200 ml OP	✔**Fortini Multi Fibre**
Liquid (vanilla)	1.60	200 ml OP	✔**Fortini Multi Fibre**

Changes to Restrictions

Effective 1 June 2011

80 AZITHROMYCIN – Subsidy by endorsement; can be waived by Special Authority see **SA1130** ~~0964~~
a) Maximum of 2 tab per prescription; can be waived by Special Authority see **SA1130** ~~0964~~
b) Up to 8 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 **SA1130** ~~0964~~.

Tab 500 mg	5.95	2 OP	✔ **Arrow-Azithromycin**

➽ **SA1130** ~~0964~~ Special Authority for Waiver of Rule
Initial application – **(cystic fibrosis)** only from a respiratory specialist or paediatrician. Approvals valid without further renewal unless notified for applications meeting the following criteria:
All of the following:
1 The applicant is part of multidisciplinary team experienced in the management of cystic fibrosis; and
2 The patient has been definitively diagnosed with cystic fibrosis*; and
3 The patient has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms as defined by two positive respiratory tract cultures at least three months apart*; and
4 The patient has negative cultures for non-tuberculous mycobacteria.
Note: Caution is advised if using azithromycin as an antibiotic in the treatment of cystic fibrosis patients with pneumonia. Testing for non-tuberculosis mycobacteria should occur annually.
~~Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).~~

Initial application – (bronchiolitis obliterans syndrome) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 Patient has received a lung transplant; and
2 Azithromycin is to be used for prophylaxis of bronchiolitis obliterans syndrome*; and
3 The applicant is experienced in managing patients who have received a lung transplant.

Renewal – (bronchiolitis obliterans syndrome) only from a relevant specialist. Application valid without further renewal, unless notified, for applications meeting the following criteria:
Both
1 The patient remains well and free from bronchiolits obliterans syndrome*; and
2 The applicant is experienced in managing patients who have received a lung transplant.

Indications marked with * are Unapproved Indications.

80 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority **SA1131** ~~0988~~

Tab 250 mg	7.75	14	✔ **Klacid**
			✔ **Klamycin**
Grans for oral liq 125 mg per 5 ml	23.12	70 ml	✔ **Klacid**

➽ **SA1131** ~~0988~~ Special Authority for Waiver of Rule
Initial application - (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years for applications meeting the following criteria:
Either: ~~Any of the following~~
~~1 Mycobacterium Avium Intracellulare Complex infections in patient with AIDS; or~~
1~~2~~ Atypical ~~and drug-resistant~~ mycobacterial infection; or
2 Mycobacterium tuberculosis infection where there is drug-resistance or intolerance to standard pharmaceutical agents.
~~3 All of the following:~~
~~3.1 Prophylaxis against disseminated Mycobacterium Avium Intracellulare Complex infection; and~~
~~3.2 HIV infection; and~~
~~3.3 CD4 count <= 50 cells/mm³.~~

continued...

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

Renewal - (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

83 FLUCONAZOLE

Cap 150 mg – ~~Retail Pharmacy Specialist~~ **Subsidy by endorsement**	1.30	1	✔**Pacific**

a) Maximum of one cap per prescription

b) Patient has vaginal candida albicans and the authorised prescriber considers that a topical imidazole is not recommended and the prescription is endorsed accordingly.

93 PEGYLATED INTERFERON ALPHA-2A – Special Authority see **SA1134** ~~0952~~ – Retail pharmacy

See prescribing guideline

Inj 135 μg prefilled syringe	362.00	1	✔**Pegasys**
	1,448.00	4	✔**Pegasys**
Inj 180 μg prefilled syringe	450.00	1	✔**Pegasys**
	1,800.00	4	✔**Pegasys**
Inj 135 μg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,799.68	1 OP	✔**Pegasys RBV Combination Pack**
Inj 135 μg prefilled syringe × 4 with ribavirin tab 200 mg × 168	1,975.00	1 OP	✔**Pegasys RBV Combination Pack**
Inj 180 μg prefilled syringe × 4 with ribavirin tab 200 mg × 112	2,059.84	1 OP	✔**Pegasys RBV Combination Pack**
Inj 180 μg prefilled syringe × 4 with ribavirin tab 200 mg × 168	2,190.00	1 OP	✔**Pegasys RBV Combination Pack**

SA1134 ~~0952~~ Special Authority for Subsidy

Initial application - (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV) from any specialist. Approvals valid for ~~48 weeks~~ **18 months** for applications meeting the following criteria:

Both:

1 Either:

1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or

1.2 Patient has chronic hepatitis C and is co-infected with HIV; and

2 maximum of 48 weeks therapy

Note

- Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.
- Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml

Initial application - (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any specialist. Approvals valid for ~~6~~ **12** months **for applications meeting the following criteria:**

Both:

1 ~~where p~~**P**atient has chronic hepatitis C, genotype 2 or 3 infection**; and**

2 maximum of 6 months therapy

Initial application - (Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for ~~48 weeks~~ **18 months** for applications meeting the following criteria:

All of the following:

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

continued...

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

2 Patient is Hepatitis B treatment-naïve; and
3 ALT > 2 times Upper Limit of Normal; and
4 HBV DNA < 10 $\log^{10}$ IU/ml; and
5 Either:
5.1 HBeAg positive; or
5.2 serum HBV DNA = 2,000 units/ml and significant fibrosis (= Metavir Stage F2); and
6 Compensated liver disease; and
7 No continuing alcohol abuse or intravenous drug use; and
8 Not co-infected with HCV, HIV or HDV; and
9 Neither ALT nor AST > 10 times upper limit of normal; and
10 No history of hypersensitivity or contraindications to pegylated interferon; **and**
11 maximum of 48 weeks therapy

Notes:
- Approved dose is 180 μg once weekly.
- The recommended dose of Pegylated Interferon-alpha 2a is 180 μg once weekly.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon-alpha 2a dose should be reduced to 135 mcg once weekly.
- In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
- Pegylated Interferon-alpha 2a is not approved for use in children.

123 SUMATRIPTAN

Inj 12 mg per ml, 0.5 ml ~~—Retail pharmacy-Specialist~~	36.00 (80.00)	2 OP	✔ **Arrow-Sumatriptan** Imigran

Maximum of 10 inj per prescription

144 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127

Inj 1 mg	540.70	1	✔ **Velcade**
Inj 3.5 mg	1,892.50	1	✔ **Velcade**
Inj 1 mg for ECP	594.77	1 mg	✔ **Baxter**

SA1127 Special Authority for Subsidy
Initial application — (Treatment naive multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:
Both:
1 Either:
1.1 The patient has treatment-naive symptomatic multiple myeloma; or
1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis*; and
2 Maximum of 9 treatment cycles.
Indications marked with ∗ are Unapproved Indications.

Initial application — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 The patient has relapsed or refractory multiple myeloma; or
1.2 The patient has relapsed or refractory systemic AL amyloidosis*; and
2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis*; and
3 The patient has not had prior publicly funded treatment with bortezomib; and
4 Maximum of 4 further treatment cycles.
Indications marked with ∗ are Unapproved Indications.

continued...

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

Renewal — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

Both:

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and

2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either:

a) a known therapeutic chemotherapy regimen and supportive treatments; or

b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments.

Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

Effective 1 May 2011

28 CLARITHROMYCIN

Tab 500 mg – Subsidy by endorsement ..... 23.30 14 ✔**Klamycin**

a) **Maximum of 14 tab per prescription**

b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.

Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxycillin or metronidazole.

~~b) If the prescription is for clarithromycin 250 mg tablets and the prescription is dispensed from 23 February 2011 and the prescription is endorsed accordingly.~~

95 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

A) is available 1 March until vaccine supplies are exhausted each year for patients who meet the following criteria, as set by the Ministry of Health:

a) all people 65 years of age and over;

b) people under 65 years of age with:

i) the following cardiovascular disease:

1) ischaemic heart disease,
2) congestive heart disease,
3) rheumatic heart disease,
4) congenital heart disease, or
5) cerebo-vascular disease;

ii) the following chronic respiratory disease:

1) asthma, if on a regular preventative therapy, or
2) other chronic respiratory disease with impaired lung function;

iii) diabetes;

iv) chronic renal disease;

v) any cancer, excluding basal and squamous skin cancers if not invasive;

vi) the following other conditions:

a) autoimmune disease,
b) immune suppression,
c) HIV,
d) transplant recipients,
e) neuromuscular and CNS diseases,
f) haemoglobinopathies,
g) children on long term aspirin, or
h) pregnancy,

c) people under 18 years of age living within the boundaries of the Canterbury District Health Board.

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

The following conditions are excluded from funding:

a) asthma not requiring regular preventative therapy,
b) hypertension and/or dyslipidaemia without evidence of end-organ disease,

B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.

D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

Inj	90.00	10	✔ **Fluarix**
			✔ **Fluvax**

124 ONDANSETRON

~~a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887 below~~
~~b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887 below~~
~~c) Not more than one prescription per month; can be waived by Special Authority see SA0887 below.~~
~~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 disp 4 mg	1.70	10	✔ **Dr Reddy's Ondansetron**
	(17.18)		Zofran Zydis
Tab 8 mg	1.70	10	✔ **Dr Reddy's Ondansetron**
Tab disp 8 mg	2.00	10	✔ **Dr Reddy's Ondansetron**
	(20.43)		Zofran Zydis

➽ SA0887 ~~Special Authority for Waiver of Rule~~
~~Initial application from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.~~

~~Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.~~

147 THALIDOMIDE – PCT only – Specialist – Special Authority see **SA1124** ~~0882~~
Only on a controlled drug form

Cap 50 mg	490.00	28	✔ **Thalidomide Pharmion**
	504.00		✔ **Thalomid**
Cap 100 mg	1,008.00	28	✔ **Thalomid**

➽ **SA1124** ~~0882~~ Special Authority for Subsidy
Initial application ~~— (for new patients)~~ 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 has multiple myeloma; or**
2. **The patient has systemic AL amyloidosis*.**

~~Both:~~
~~1 The patient has refractory, progressive or relapsed multiple myeloma; and~~

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

~~2 The patient has received prior chemotherapy.~~

Note: Indication marked with * is an Unapproved Indication.

~~Initial application — (for patients receiving thalidomide prior to 1 January 2006) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient was receiving treatment with thalidomide for multiple myeloma on or before 31 December 2005.~~

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient has obtained a response from treatment during the initial approval period.
Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier.
Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.

185 STANDARD SUPPLEMENTS

SA1104 Special Authority for Subsidy

Initial application — (Children) only from a relevant specialist or vocationally registered general practitioner.
Approvals valid for 1 year for applications meeting the following criteria:
All of the following:
1 The patient is under 18 years of age; and
2 Any of the following:
  2.1 The patient has a condition causing malabsorption; or
  2.2 The patient has failure to thrive; or
  2.3 The patient has increased nutritional requirements; and
3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal — (Children) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner.
Approvals valid for 1 year for applications meeting the following criteria:
~~Both:~~
1 All of the following:
  1.1 The patient is under 18 years of age; and
  1.2 The treatment remains appropriate and the patient is benefiting from treatment; and
  1.3 A nutrition goal has been set (eg reach a specific weight or BMI)~~; and~~
~~2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Adults) only from a relevant specialist or vocationally registered general practitioner.
Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Any of the following:
  Patient is Malnourished
  1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
  1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
  1.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months; and
2 Any of the following:
  Patient has not responded to first-line dietary measures over a 4 week period by:
  2.1 Increasing their food intake frequency (eg snacks between meals); or
  2.2 Using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or
  2.3 Using over the counter supplements (e.g. Complan); and
3 A nutrition goal has been set (e.g. to reach a specific weight or BMI).

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

Renewal — (Adults) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both ~~All of the following:~~
1 A nutrition goal has been set (eg reach a specific weight or BMI); and
2 Any of the following:
Patient is Malnourished
2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
2.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months~~; and~~
~~3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
2 A nutrition goal has been set (eg reach a specific weight or BMI); and
3 Any of the following:
Patient is Malnourished
3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or
3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
3.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Specific medical condition) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Any of the following:
1 Is being feed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or
2 Malignancy and is considered likely to develop malnutrition as a result; or
3 Is undergoing a bone marrow transplant; or
4 ~~Tempomandible~~ **Temporomandibular** joint surgery.

Renewal — (Specific medical condition) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
~~Both:~~
~~1~~ Any of the following:
1.1 Is being fed via a nasogastric tube; or
1.2 Malignancy and is considered likely to develop malnutrition as a result; or
1.3 Has undergone a bone marrow transplant; or
1.4 ~~Tempomandible~~ **Temporomandibular** joint surgery; and
~~2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Chronic disease OR tube feeding) only from a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Any of the following:
1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
2 Cystic Fibrosis; or
3 Liver disease; or

continued...

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

4 Chronic Renal failure; or
5 Inflammatory bowel disease; or
6 Chronic obstructive pulmonary disease with hypercapnia; or
7 Short bowel syndrome; or
8 Bowel fistula; or
9 Severe chronic neurological conditions.

Renewal — (Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: ~~Both:~~

~~1~~ Any of the following:
1.1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
1.2 Cystic Fibrosis; or
1.3 Liver disease; or
1.4 Chronic Renal failure; or
1.5 Inflammatory bowel disease; or
1.6 Chronic obstructive pulmonary disease with hypercapnia; or
1.7 Short bowel syndrome; or
1.8 Bowel fistula; or
1.9 Severe chronic neurological conditions~~; and~~

~~2 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

189 ORAL FEED 1.5KCAL/ML ~~(TETRAPAK)~~ – Special Authority see SA1104 – Hospital pharmacy [HP3]

a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

~~Repeats for Ensure Plus, 200 ml OP, will be subsidised to the same subsidy level as prior to 1 April 2011 where the initial dispensing was before 1 April 2011.~~

Liquid (banana)
– Higher subsidy of $1.26 per 200 ml with Endorsement.....0.72 200 ml OP
(1.26) Ensure Plus

Liquid (chocolate)
– Higher subsidy of $1.26 per 200 ml with Endorsement.....0.72 200 ml OP
(1.26) Ensure Plus

Liquid (fruit of the forest)
– Higher subsidy of $1.26 per 200 ml with Endorsement.....0.72 200 ml OP
(1.26) Ensure Plus

Liquid (strawberry)
– Higher subsidy of $1.26 per 200 ml with Endorsement.....0.72 200 ml OP
(1.26) Ensure Plus

Liquid (vanilla)
– Higher subsidy of $1.26 per 200 ml with Endorsement.....0.72 200 ml OP
(1.26) Ensure Plus

continued...

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions - effective 1 May 2011 (continued)

193 AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy [HP3]

Powder	6.00	48.5 g OP	✔ **Vivonex Pediatric**
	56.00	400 g OP	✔ **Neocate**
			✔ **Neocate LCP**
Powder (tropical)	56.00	400 g OP	✔ **Neocate Advance**
Powder (unflavoured)	56.00	400 g OP	✔ **Elecare**
			✔ **Elecare LCP**
			✔ **Neocate Advance**
Powder (vanilla)	56.00	400 g OP	✔ **Elecare**

➽ SA1111 Special Authority for Subsidy

Initial Application – Transition from Old Form (SA0603). Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 **The patient is currently receiving funded amino acid formula under Special Authority form SA0603, and**
2 **An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and,**
3 **The outcome of the assessment is that the infant continues to require an amino acid infant formula.**
4 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.**

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
2 History of anaphylaxis to cows milk protein formula or dairy products; or
3 Eosinophilic oesophagitis.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following: ~~Both:~~

1 **An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and,** ~~An assessment as to whether the infant can be transitioned to a cows milk protein formula or an extensively hydrolysed formula has been undertaken; and~~
2 **The outcome of the assessment is that the infant continues to require an amino acid infant formula.**
~~2~~3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.

194 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]

Powder	15.21	450 g OP	✔ **Pepti Junior Gold**
	19.01		✔ **Pepti Junior**

➽ SA1112 Special Authority for Subsidy

Initial Application – Transition from Old Form (SA0603). Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 **All of the following:**
   1.1 The infant is currently receiving funded amino acid fomula under Special Authority form SA0603, and
   1.2 The infant is to be assessed as to whether they can transition to an extensively hydrolysed infant formula, and

Changes to Restrictions - effective 1 May 2011 (continued)

1.3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

2 All of the following:

2.1 The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603, and

2.2 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and,

2.3 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula, and

2.4 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Any of the following:

1 Both:
  1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
  1.2 Either:
    1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
    1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing malsorption; or
7 Chylous ascite; or
8 Chylothorax; or
9 Cystic fibrosis; or
10 Proven fat malabsorption; or
11 Severe intestinal motility disorders causing significant malabsorption; or
12 Intestinal failure.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following: ~~Both:~~

1 **An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and,** ~~Assessment as to whether the infant can be transitioned to a cows milk protein formula has been undertaken; and~~

2 **The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and**

3~~2~~ General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.

Renewal – Step Down from Amino Acid Formula. Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 **The infant is currently receiving funded amino acid formula under Special Authority form SA0603, and**

2 **The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and,**

3 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.**

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions - effective 1 April 2011

188 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

a) Repeats for Fortisip and Ensure Plus 237 ml OP will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (banana) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (chocolate) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (coffee latte) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
Liquid (strawberry) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (toffee) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (tropical fruit) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip
Liquid (vanilla) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Fortisip

189 ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

a) Repeats for Fortisip Multi Fibre will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (chocolate) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre
Liquid (strawberry) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre
Liquid (vanilla) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Fortisip Multi Fibre

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Restrictions - effective 1 April 2011 (continued)

190 ORAL FEED 2KCAL/ML – Special Authority see SA1105 – Hospital pharmacy [HP3]

a) Repeats for Two Cal HN will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (vanilla) – Higher subsidy of $2.25 per 237 ml with

Endorsement	1.14	237 ml OP	
	(2.25)		Two Cal HN

▲ 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

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 June 2011

38	SODIUM FLUORIDE (↑ subsidy)			
	Tab 1.1 mg (0.5 mg elemental)	5.00	100	✔**PSM**
123	SUMATRIPTAN (↓ subsidy)			
	Inj 12 mg per ml, 0.5 ml	36.00	2 OP	
		(80.00)		Imigran
	Maximum of 10 inj per prescription			
136	NALTREXONE HYDROCHLORIDE – Special Authority SA0909 – Retail pharmacy (↓ subsidy)			
	Tab 50 mg	123.00	30	✔**ReVia**
152	TAMOXIFEN CITRATE (↓ subsidy)			
	✻ Tab 20 mg	5.25	60	
		(6.66)		Tamoxifen Sandoz
162	IPRATROPIUM BROMIDE (↓ subsidy)			
	Aqueous nasal spray, 0.03%	8.06	30 ml OP	
		(12.66)		Apo-Ipravent

Effective 1 May 2011

34	MUCILAGINOUS LAXATIVES WITH STIMULANTS (↑ price)			
	✻ Dry	2.41	200 g OP	
		(8.72)		Normacol Plus
		6.02	500 g OP	
		(17.32)		Normacol Plus
44	COLESTIPOL HYDROCHLORIDE (↑ subsidy)			
	Sachets 5 g	20.00	30	✔**Colestid**
90	ABACAVIR SULPHATE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy)			
	Tab 300 mg	229.00	60	✔**Ziagen**
	Oral liq 20 mg per ml	50.00	240 ml OP	✔**Ziagen**
108	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (↓ subsidy)			
	Tab 70 mg	22.90	4	✔**Fosamax**
108	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (↓ subsidy)			
	Tab 70 mg with cholecalciferol 5,600 iu	22.90	4	✔**Fosamax Plus**
111	DANTROLENE SODIUM (↑ price)			
	✻ Cap 25 mg	32.96	100	
		(65.00)		Dantrium
	✻ Cap 50 mg	51.70	100	
		(77.00)		Dantrium

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 May 2011 (continued)

124 ONDANSETRON (↓ subsidy)

Tab disp 4 mg	1.70	10	
	(17.18)		Zofran Zydis
Tab disp 8 mg.	2.00	10	
	(20.43)		Zofran Zydis

189 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] (↓ price and ↑ alternate subsidy)

a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Liquid (banana) – Higher subsidy of $1.26 per 200 ml with Endorsement.	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (chocolate) – Higher subsidy of $1.26 per 200 ml with Endorsement.	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (fruit of the forest) – Higher subsidy of $1.26 per 200 ml with Endorsement.	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (strawberry) – Higher subsidy of $1.26 per 200 ml with Endorsement.	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (vanilla) – Higher subsidy of $1.26 per 200 ml with Endorsement.	0.72	200 ml OP	
	(1.26)		Ensure Plus

Note: Additional subsidy by endorsement and repeats will now be fully subsidised for the tetrapaks

Changes to Brand Name

Effective 1 May 2011

96 KETOPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

✻ Cap long-acting 100 mg	6.72	100	
	(21.56)		Oruvail **SR** ~~100~~
✻ Cap long-acting 200 mg	13.44	100	
	(43.12)		Oruvail **SR** ~~200~~

Changes to Section F Part II

Effective 1 May 2011

201 NERVOUS SYSTEM
Lacosamide

Changes to Sole Subsidised Supply

Effective 1 June 2011

For the list of new Sole Subsidised Supply products effective 1 June 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-19.

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

Delisted Items

Effective 1 June 2011

34 LACTULOSE – Only on a prescription
✻ Oral liq 10 g per 15 ml ..... 6.65 1,000 ml ✔ Duphalac

37 ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 – Retail pharmacy
Water solubilised soln 156 iu/ml, with calibrated Dropper ..... 18.30 50 ml OP ✔ Micelle E

51 LABETALOL
✻ Tab 400 mg ..... 34.44 100 ✔ Hybloc

75 DYDROGESTERONE
Tab 10 mg 15.40 28
(16.75) Duphaston

144 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127
Inj 1 mg for ECP ..... 1,892.50 3.5 mg OP ✔ Baxter

168 PHARMACY SERVICES – May only be claimed once per patient
✻ Brand switch fee ..... 0.01 1 fee ✔ BSF Zapril
The Pharmacode for BSF Zapril is 2378639

Effective 1 May 2011

33 PANCREATIC ENZYME
Cap 8,000 USP u lipase, 30,000 USP u amylase,
30,000 USP u protease ..... 85.00 250 ✔ Cotazym ECS

84 ITRACONAZOLE – Retail pharmacy-Specialist
Cap 100 mg 4.25 15
(23.70) Sporanox

124 ONDANSETRON
Tab 4 mg 1.70 10
(17.18) Zofran
Tab 8 mg 3.40 20
(33.89) Zofran

127 RISPERIDONE
Tab 0.5 mg ..... 1.17 20 ✔ Ridal
Note – Ridal tab 0.5 mg, 60 tab pack, remains subsidised.

168 PHARMACY SERVICES - May only be claimed once per patient.
✻ Brand switch fee ..... 0.01 1 fee ✔ BSF Apo-Clopidogrel
The Pharmacode for BSF Apo-Clopidogrel is 2378655

▲ 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

Items to be Delisted

Effective 1 August 2011

124 ONDANSETRON
Tab disp 4 mg ..... 1.70 (17.18) | 10 | Zofran Zydis
Tab disp 8 mg ..... 2.00 (20.43) | 10 | Zofran Zydis

Effective 1 September 2011

123 SUMATRIPTAN
Inj 12 mg per ml, 0.5 ml ..... 36.00 (80.00) | 2 OP | Imigran
Maximum of 10 inj per prescription

136 NALTREXONE HYDROCHLORIDE – Special Authority SA0909 – Retail pharmacy
Tab 50 mg ..... 123.00 | 30 | ✔**ReVia**

152 TAMOXIFEN CITRATE
❋ Tab 20 mg ..... 5.25 (6.66) | 60 | Tamoxifen Sandoz

162 IPRATROPIUM BROMIDE
Aqueous nasal spray, 0.03% ..... 8.06 (12.66) | 30 ml OP | Apo-Ipravent

Effective 1 November 2011

32 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP
The number of test strips available on a prescription is restricted to 50 unless:
1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or
2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.
Blood glucose test strips ..... 10.82 | 25 test OP | ✔**Optium 5 second test**

33 PANCREATIC ENZYME
Tab EC 1,900 BP u lipase, 1,700 BP u amylase, 110 BP u protease ..... 32.46 | 300 | ✔**Pancrex V**

39 IPECACUANHA
❋ Tincture ..... 41.20 (43.40) | 500 ml | PSM

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 November 2011 (continued)

44 DIGOXIN
✻ Tab 250 μg – Up to 30 tab available on a PSO ..... 15.13 250 ✔**Lanoxin**

63 SALICYLIC ACID
Powder – Only in combination ..... 15.00 500 g ✔**ABM**
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible,
2) With or without other dermatological galenicals.
3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible.

63 SULPHUR
Precipitated – Only in combination ..... 6.35 100 g
(9.25) PSM
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain
2) With or without other dermatological galenicals.

114 BUPRENORPHINE HYDROCHLORIDE – Only on a controlled drug form
Inj 0.3 mg per ml, 1 ml 7.42 5
(9.38) Temgesic

161 SALBUTAMOL WITH IPRATROPIUM BROMIDE
Aerosol inhaler, 100 μg with ipratropium bromide,
20 μg per dose ..... 13.50 200 dose OP ✔**Combivent**

163 SULPHACETAMIDE SODIUM
✻ Eye drops 10% ..... 4.41 15 ml OP ✔**Bleph 10**

192 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – [HP3] Hospital pharmacy
Liquid (berry) ..... 15.65 62.5 ml OP ✔**Lophlex LQ**
31.20 125 ml OP ✔**Lophlex LQ**
Liquid (citrus) ..... 15.65 62.5 ml OP ✔**Lophlex LQ**
31.20 125 ml OP ✔**Lophlex LQ**
Liquid (orange) ..... 15.65 62.5 ml OP ✔**Lophlex LQ**
31.20 125 ml OP ✔**Lophlex LQ**
Infant formula ..... 174.72 400 g OP ✔**XP Analog LCP**

Effective 1 December 2011

33 PANCREATIC ENZYME
Tab EC 5,600 BP u lipase, 5,000 BP u amylase,
330 BP u protease ..... 58.44 300 ✔**Pancrex V Forte**
Cap 8,000 BP u lipase, 9,000 BP u amylase,
430 BP u protease ..... 67.26 300 ✔**Pancrex V**

▲ 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

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Items to be delisted - effective 1 December 2011 (continued)

47 CILAZAPRIL

❋ Tab 2.5 mg	2.06	30	✔ **Zapril**
❋ Tab 5 mg	3.28	30	✔ **Zapril**

Note – Zapril tab 2.5 mg and 5 mg, 90 tab packs remain listed.

51 METOPROLOL TARTRATE

❋ Tab 100 mg	10.90	30	✔ **Lopresor**

Note – Lopresor tab 100 mg 60 tab pack remains listed.

97 SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

❋ Tab 200 mg	3.36	50	
	(15.87)		Clinoril

194 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]

Powder	19.01	450 g OP	✔ **Pepti Junior**

Note – Pepti Junior Gold powder 450 g OP remains listed.

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

Section H changes to Part II

Effective 1 June 2011

20	BORTEZOMIB			
	Inj 1 mg	540.70	1	Velcade
24	~~CILAZAPRIL~~			
	~~Tab 0.5 mg~~	~~2.20~~	~~30~~	~~Inhibace~~
	~~Tab 2.5 mg~~	~~4.10~~	~~28~~	~~Inhibace~~
	~~Tab 5 mg~~	~~6.01~~	~~28~~	~~Inhibace~~
	Note – Inhibace delisted 1 June 2011			
29	DOXORUBICIN			
	Inj 50 mg	40.00	1	DBL Doxorubicin
42	METHOTREXATE			
	Inj 25 mg per ml, 40 ml	25.00	1	DBL Methotrexate
45	MORPHINE SULPHATE			
	Tab long-acting 10 mg – **1% DV Aug-11 to 2013**	1.98	10	**Arrow-Morphine LA**
	Tab long-acting 30 mg – **1% DV Aug-11 to 2013**	3.15	10	**Arrow-Morphine LA**
	Tab long-acting 60 mg – **1% DV Aug-11 to 2013**	7.20	10	**Arrow-Morphine LA**
	Tab long-acting 100 mg – **1% DV Aug-11 to 2013**	7.85	10	**Arrow-Morphine LA**
47	OLANZAPINE			
	Tab 2.5 mg – **5% DV Aug-11 to 2013**	2.00	28	**Olanzine**
	Tab 5 mg – **5% DV Aug-11 to 2013**	3.85	28	**Olanzine**
	Tab 10 mg – **5% DV Aug-11 to 2013**	6.35	28	**Olanzine**
	Orodispersible tab 5 mg – **5% DV Aug-11 to 2013**	6.36	28	**Olanzine-D**
	Orodispersible tab 10 mg – **5% DV Aug-11 to 2013**	8.76	28	**Olanzine-D**
	Note – Zyprexa tab 2.5 mg, 5 mg and 10 mg and Zyprexa Zydis wafer 5 mg and 10 mg to be delisted 1 August 2011			
47	ORNIDAZOLE			
	Tab 500 mg	16.50	10	Arrow-Ornidazole
48	PACLITAXEL			
	Inj 150 mg	137.50	1	Anzatax
	Inj 300 mg	275.00	1	Anzatax
60	TRICLOSAN			
	Soln 1%	4.50	500 ml	Pharmacy Health

Effective 1 May 2011

16	ABACAVIR SULPHATE			
	Tab 300 mg – **1% DV Jul-11 to 2014**	229.00	60	**Ziagen**
	Oral liq 20 mg per ml – **1% DV Jul-11 to 2014**	50.00	240 ml	**Ziagen**
16	ALENDRONATE SODIUM (↓ price)			
	Tab 70 mg	22.90	4	Fosamax

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) $	Per	Brand or Generic Manufacturer

Section H changes Part II - effective 1 May 2011 (continued)

16	ALENDRONATE SODIUM WITH CHOLECALCIFEROL (↓ price)			
	Tab 70 mg with cholecalciferol 5,600 iu	22.90	4	Fosamax Plus
20	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP			
	Blood glucose test strips	10.82	25 test	Optium 5 second test
	Note: Optium 5 second test 25 test to be delisted 1 July 2011			
20	BORTEZOMIB			
	Inj 3.5 mg	1,892.50	1	Velcade
23	CEFTRIAXONE SODIUM			
	Inj 1 g – **1% DV May-11 to 2013**	10.49	5	**Aspen Ceftriaxone**
	Note: HSS reinstated from 1 May 2011			
26	DANTROLENE SODIUM (↑ price)			
	Cap 25 mg	65.00	100	Dantrium
	Cap 50 mg	77.00	100	Dantrium
31	FENTANYL CITRATE			
	Inj 50 μg per ml, 2 ml – **1% DV Jul-11 to 2012**	6.43	10	**Boucher and Muir**
	Inj 50 μg per ml, 10 ml – **1% DV Jul-11 to 2012**	16.81	10	**Boucher and Muir**
	Note: Hospira 50 μg per ml, 2 ml and 10 ml to be delisted 1 July 2011			
39	LACOSAMIDE			
	Tab 50 mg	25.04	14	Vimpat
	Tab 100 mg	50.06	14	Vimpat
		200.24	56	Vimpat
	Tab 150 mg	75.10	14	Vimpat
		300.40	56	Vimpat
	Tab 200 mg	400.55	56	Vimpat
46	OCTREOTIDE			
	Inj 50 μg per ml, 1 ml	43.50	5	Sandostatin
	Inj 100 μg per ml, 1 ml	81.00	5	Sandostatin
	Inj 500 μg per ml, 1 ml	399.00	5	Sandostatin
	Note: Sandostatin 50 μg per 1 ml, 100 μg per 1 ml and 500 μg per 1 ml to be delisted 1 May 2011			
54	SALBUTAMOL WITH IPRATROPIUM BROMIDE			
	Aerosol inhaler, 100 μg with ipratropium bromide, 20 μg per dose	13.50	200 dose	Combivent
	Note: Combivent aerosol inhaler to be delisted 1 July 2011			
54	SALICYLIC ACID			
	Powder	15.00	500 g	ABM
	Note: ABM salicylic acid to be delisted 1 July 2011			
57	SPECIAL FOOD SUPPLEMENT (↓ price)			
	Oral feed 1.5 kcal/ml, liquid (banana)	1.26	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (chocolate)	1.26	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (fruit of the forest)	1.26	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (vanilla)	1.26	200 ml	Ensure Plus

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) $	Per	Brand or Generic Manufacturer

Section H changes Part II - effective 1 May 2011 (continued)

58	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN (price correction)			
	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium			
	– **1% DV Dec-08 to 2011**	5.54	1,000 ml	**Pinetarsol**
59	THALIDOMIDE			
	Cap 100 mg	1,008.00	28	Thalomid

Effective 1 April 2011

17	AMITRIPTYLINE (↓ price)			
	Tab 25 mg – **1% DV Jun-11 to 2014**	1.85	100	**Amitrip**
	Tab 50 mg – **1% DV Jun-11 to 2014**	3.60	100	**Amitrip**
17	AMPHOTERICIN B			
	Lozenges 10 mg	5.86	20	Fungilin
21	BUSULPHAN			
	Tab 2 mg	59.50	100	Myleran
28	DOPAMINE HYDROCHLORIDE (brand name change)			
	Inj 40 mg per ml, 5 ml – **1% DV Feb-11 to 2012**	82.08	10	**Martindale** ~~Max Health~~
28	DOXAZOSIN MESYLATE (↓ price)			
	Tab 2 mg – **1% DV Jun-11 to 2014**	8.23	500	**Apo-Doxazosin**
	Tab 4 mg – **1% DV Jun-11 to 2014**	12.40	500	**Apo-Doxazosin**
30	EXEMESTANE (↓ price)			
	Tab 25 mg – **1% DV Jun-11 to 2014**	22.57	30	**Aromasin**
31	FLUDROCORTISONE ACETATE (↑ price)			
	Tab 100 μg	14.32	100	Florinef
38	ISOSORBIDE MONONITRATE			
	Tab 20 mg – **1% DV Jun-11 to 2014** (↓ price)	17.10	100	**Ismo-20**
	Tab long-acting 40 mg – **1% DV Jun-11 to 2014** (new listing)	7.50	30	**Corangin**
43	METOCLOPRAMIDE HYDROCHLORIDE (↓ price)			
	Tab 10 mg – **1% DV Jun-11 to 2014**	3.95	100	**Metamide**
43	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	2.18	30	Myloc CR
	Tab long-acting 47.5 mg	2.74	30	Myloc CR
	Tab long-acting 95 mg	4.71	30	Myloc CR
	Tab long-acting 190 mg	8.51	30	Myloc CR
45	NALTREXONE HYDROCHLORIDE			
	Tab 50 mg – **1% DV Jun-11 to 2013**	123.00	30	**Naltraccord**
	Note: ReVia Tab 50 mg to be delisted 1 June 2011			

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 changes Part II - effective 1 April 2011 (continued)

Section H page ref		Price $	Per	Brand or Generic Manufacturer
45	NICOTINE			
	Lozenge 1 mg – **5% DV Jul-11 to 2014**	19.94	216	**Habitrol**
	Lozenge 2 mg – **5% DV Jul-11 to 2014**	24.27	216	**Habitrol**
	Patch 7 mg – **5% DV Jul-11 to 2014**	18.13	28	**Habitrol**
	Patch 14 mg – **5% DV Jul-11 to 2014**	18.81	28	**Habitrol**
	Patch 21 mg – **5% DV Jul-11 to 2014**	19.14	28	**Habitrol**
	Note: Habitrol patch 7 mg, 14 mg, and 21 mg, 7 patch pack size, and lozenge 1 mg and 2 mg, 36 lozenge pack size, to be delisted 1 July 2011.			
46	NICOTINE			
	Gum 2 mg (Fruit)	14.97	96	Habitrol
	Gum 2 mg (Mint)	14.97	96	Habitrol
	Gum 2 mg (Classic)	14.97	96	Habitrol
	Gum 4 mg (Fruit)	20.02	96	Habitrol
	Gum 4 mg (Mint)	20.02	96	Habitrol
	Gum 4 mg (Classic)	20.02	96	Habitrol
	Note: Habitrol 2 mg and 4 mg Classic, Mint and Fruit to be delisted 1 October 2011.			
56	SOTALOL			
	Inj 10 mg per ml, 4 ml	65.39	5	Sotacor
58	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml – **1% DV Jun-11 to 2013**	36.00	2 OP	**Arrow-Sumatriptan**
58	TAMOXIFEN CITRATE (↓ price)			
	Tab 20 mg – **1% DV Jun-11 to 2014**	8.75	100	**Genox**
	Note: Tamoxifen Sandoz tab 20 mg to be delisted 1 June 2011			
59	THALIDOMIDE			
	Cap 50 mg	504.00	28	Thalomid
62	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ price)			
	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 μg per g	5.16	7.5 ml	Kenacomb
62	ZOLEDRONIC ACID			
	Soln for infusion 5 mg in 100 ml	600.00	100 ml	Aclasta

Section H changes to Part III

Effective 1 June 2011

64 ~~CYCLOSPORIN~~
~~Cap 25 mg .....Gengraf~~
~~Neoral~~
~~Cap 50 mg .....Gengraf~~
~~Neoral~~
~~Cap 100 mg.....Gengraf~~
~~Neoral~~
~~Oral liq 100 mg per ml .....Gengraf~~
~~Neoral~~
~~For aplastic anaemia~~

Effective 1 May 2011

63 **BACLOFEN**
Inj 10 mg.....Lioresal Intrathecal
Indefinite supply for patients with severe chronic spasticity of cerebral origin or due to multiple sclerosis, spinal cord injury or spinal cord disease, where oral antispastic agents have failed or have caused unacceptable side effects.

66 ~~ONDANSETRON~~
~~Tab 4 mg.....Dr Reddy's Ondansetron~~
~~Zofran~~
~~Tab 8 mg.....Dr Reddy's Ondansetron~~
~~Zofran~~
~~Tab dispersible 4 mg .....Dr Reddy's Ondansetron~~
~~Zofran~~
~~Tab dispersible 8 mg.....Dr Reddy's Ondansetron~~
~~Zofran~~
~~For treatment of patients with hyperemesis gravidarum for the term of the pregnancy following failure of other antiemetic regimens.~~

Effective 1 April 2011

66 SPECIAL FOOD SUPPLEMENT
Oral supplement 1kcal/ml,
powder, 900 g.....Sustagen Hospital Formula
Oral supplement 1kcal/ml,
powder, 400 g.....Ensure
Oral supplement 1kcal/ml,
powder, 900 g .....Ensure
Oral feed 1.5kcal/ml liquid,
200 ml .....Ensure Plus
Oral feed 1.5kcal/ml liquid,
237 ml.....Ensure Plus
Oral feed 1.5kcal/ml liquid,
200 ml .....Fortisip
Oral feed with fibre 1.5kcal/ml
liquid, 200 ml.....Fortisip Multi Fibre
For use in community/non-hospitalised patients for 10 days prior to hospitalisation and 30 days following discharge.

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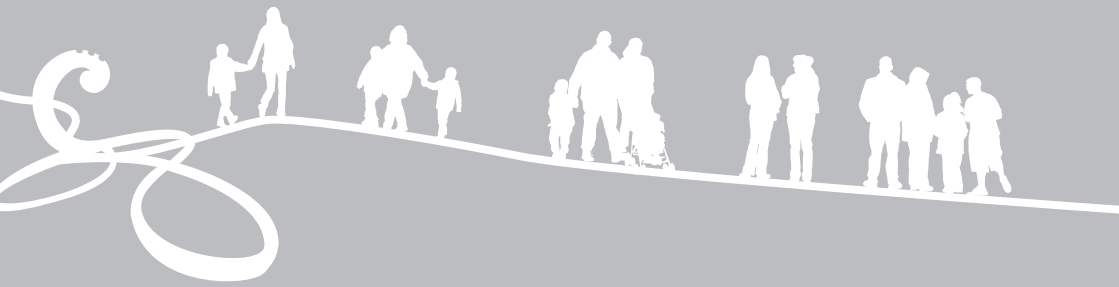

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