

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 September 2010

Section H cumulative for August and September 2010



Contents

Summary of PHARMAC decisions effective 1 September 2010.....	3
Atorvastatin – Subsidy changes.....	6
Clopidogrel – removal of Special Authority criteria	7
Meloxicam – new listing.....	7
Zoledronic acid – new listing.....	7
Sodium bicarbonate capsules – new listing.....	7
Tenoxicam injection subsidised.....	8
Travoprost – removal of endorsement period 30 September 2010.....	8
Amended Special Authority access for patients managed long-term on various NSAIDs	8
Anaesthetics – subsidy changes	9
Anxiolytics, sedatives and hypnotics – removal of month restriction.....	9
Ondansetron and tropisetron – restriction change.....	9
News in brief.....	10
Tender News.....	11
Looking Forward	12
Sole Subsidised Supply products cumulative to September 2010.....	14
New Listings.....	21
Changes to Restrictions.....	24
Changes to Subsidy and Manufacturer’s Price.....	32
Changes to General Rules.....	35
Changes to Brand Name	35
Changes to Section E Part I	35
Changes to Sole Subsidised Supply	35
Delisted Items	36
Items to be Delisted	38
Section H changes to Part II	39
Section H changes to Part III.....	43
Index.....	44

Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2010

New listings (pages 21-23)

- Insulin glulisine (Apidra) inj 100 u per ml, 3 ml
- Mucilaginous laxatives (Konsyl-D) dry 500 g OP – Only on a prescription
- Vitamin B complex (B-PlexADE) tab, strong BPC
- Clopidogrel (Apo-Clopidogrel) tab 75 mg, 90 cap pack
- Sodium bicarbonate (Sodibic) cap 840 mg
- Furosemide (Frusemide-Claris) inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO
- Ceftriaxone sodium (Veracol) inj 500 mg – Subsidy by endorsement – Up to 5 inj available on a PSO
- Cephalexin (Cephalexin ABM) cap 500 mg
- Meloxicam (Arrow-Meloxicam) tab 7.5 mg – Special Authority – Retail pharmacy
- Tenoxicam (AFT) inj 20 mg
- Zoledronic acid (Aclasta) soln for infusion 5 mg in 100 ml – Special Authority – Retail pharmacy
- Lignocaine hydrochloride (Xylocaine) inj 2%, 5 ml and 20 ml – Up to 5 inj available on a PSO
- Lignocaine hydrochloride (Xylocaine Viscous) Viscous solution 2%, 200 ml
- Cyclizine lactate (Nausicalm) inj 50 mg per ml, 1 ml
- Fluorouracil sodium (Baxter) inj 1 mg for ECP, 100 mg – PCT only – Specialist
- Mesna (Baxter) inj 1 mg for ECP, 100 mg – PCT only – Specialist
- Sodium cromoglycate (Rexacrom) eye drops 2%, 5 ml OP

Changes to restrictions (pages 24-31)

- Acarbose (Glucobay) tab 50 mg and 100 mg – removal of Special Authority criteria
 - Pioglitazone (Pizaccord) tab 15 mg, 30 mg and 45 mg – amended Special Authority criteria
 - Multivitamins (Paediatric Seravit) powder – amended Special Authority criteria
 - Clopidogrel (Apo-Clopidogrel, Arrow-Clopidogrel, Plavix) tab 75 mg – removal of Special Authority criteria
 - Atorvastatin (Lipitor) tab 10 mg, 20 mg, 40 mg and 80 mg – removal of Special Authority criteria
 - Amiloride with hydrochlorothiazide (Moduretic) tab 5 mg with hydrochlorothiazide 50 mg – removal of Section 29
 - Isotretinoin (Oratane) cap 10 mg and 20 mg – amended Special Authority criteria
-

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

- Triclosan (healthE) soln 1% – addition of Original Pack
 - Malathion (A-Lices) liq 0.5% – addition of Original Pack
 - Azithromycin (Arrow-Azithromycin) tab 500 mg – increased quantity available on a PSO
 - Ethambutol hydrochloride (Myambutol) tab 100 mg and 400 mg – removal of Section 29
 - Interferon alpha-2A (Roferon-A) inj prefilled syringe 3 m iu, 6 m iu and 9 m iu – removal of prescribing note
 - Anti-inflammatory Non Steroidal Drugs (NSAIDS) – removal of Special Authority criteria (except for patients with existing approvals)
 - Alendronate sodium (Fosamax) tab 70 mg - amended Special Authority criteria
 - Alendronate sodium with cholecalciferol (Fosamax Plus) tab 70 mg with cholecalciferol 5,600 iu – amended Special Authority criteria
 - Lignocaine (Pfizer) gel 2%, 10 ml urethral syringe – Up to 5 each available on a PSO
 - Lignocaine hydrochloride (Xylocaine) inj 0.5%, 5 ml, inj 1%, 5 ml and inj 1%, 20 ml – removal of prescribing restriction
 - Lignocaine with chlorohexidine (Pfizer) gel 2% with chlorohexidine 0.05%, 10 ml urethral syringes – Up to 5 each available on a PSO
 - Ondansetron tab 4 mg and 8 mg (Zofran) and tab disp 4 mg and 8 mg (Zofran Zydys) – removal of Retail pharmacy – Specialist
 - Tropisetron (Navoban) cap 5 mg – removal of Retail pharmacy – Specialist
 - Alprazolam (Arrow-Alprazolam) tab 250 µg, 500 µg and 1 mg – removal of Month Restriction
 - Buspirone hydrochloride (Pacific Buspirone) tab 5 mg and 10 mg – removal of Month Restriction
 - Diazepam (Arrow-Diazepam) tab 2 mg and 5 mg – removal of Month Restriction
 - Lorazepam (Ativan) tab 1 mg and 2.5 mg – removal of Month Restriction
 - Oxazepam (Ox-Pam) tab 10 mg and 15 mg – removal of Month Restriction
 - Lormetazepam (Noctamid) tab 1 mg – removal of Month Restriction
 - Midazolam (Hypnovel) tab 7.5 mg – removal of Month Restriction
 - Nitrazepam (Nitrados) tab 5 mg – removal of Month Restriction
 - Temazepam (Normison) tab 10 mg – removal of Month Restriction
 - Triazolam (Hypam) tab 125 µg and 250 µg – removal of Month Restriction
 - Zopiclone (Apo-Zopiclone) tab 7.5 mg – removal of Month Restriction
 - Capecitabine (Xeloda) tab 150 mg and 500 mg – amended Special Authority criteria
-

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

Decreased subsidy (pages 32-34)

- Clopidogrel (Apo-Clopidogrel) tab 75 mg, 28 tab pack
- Amiloride with hydrochlorothiazide (Moduretic) tab 5 mg with hydrochlorothiazide 50 mg
- Coal tar (David Craig) soln BP
- Sodium citro-tartrate (Ural) grans eff 4 g sachets
- Ethambutol hydrochloride (Myambutol) tab 100 mg and 400 mg
- Lignocaine hydrochloride (Xylocaine) inj 1%, 5 ml and 20 ml
- Morphine sulphate (m-Eslon) cap long-acting 60 mg
- Gabapentin (Neurontin) tab 600 mg, and cap 100 mg, 300 mg and 400 mg
- Fluorouracil sodium (Fluorouracil Ebewe) inj 50 mg per ml, 20 ml, 50 ml and 100 ml
- Glycerol (PSM, ABM, Midwest) liquid

Increased subsidy (pages 32-34)

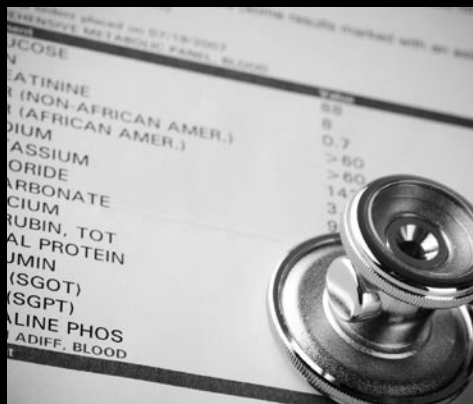
- Sodium chloride (Biomed) inj 23.4%, 20 ml
 - Atorvastatin (Lipitor) tab 10 mg, 20 mg, 40 mg, and 80 mg
 - Captopril (Capoten) oral liq 5 mg per ml, 95 ml OP
 - Hydrocortisone (Solu-Cortef) inj 50 mg per ml, 2 ml
 - Phenoxymethylpenicillin (Cilicaine VK) cap potassium salt 250 mg and 500 mg
 - Nystatin (Nilstat) tab 500,000 u and cap 500,000 u
 - Ibuprofen (Brufen Retard) tab long-acting 800 mg
 - Lignocaine with prilocaine (EMLA) crm 2.5% with prilocaine 2.5%, 30 g OP and 5 g tubes
 - Morphine sulphate (m-Eslon) cap long-acting 10 mg, 30 mg and 100 mg
 - Morphine tartrate (Hospira) inj 80 mg per ml, 1.5 ml and 5 ml
 - Haloperidol (Serenace) tab 500 µg, 1.5 mg, 5 mg; oral liq 2 mg per ml, 100 ml; and inj 5 mg per ml, 1 ml
 - Fluorouracil sodium (Fluorouracil Ebewe) inj 50 mg per ml, 10 ml
 - Methotrexate inj 25 mg per ml, 2 ml and 20 ml (Hospira) and inj 1 mg for ECP (Baxter)
 - Dacarbazine inj 200 mg (Hospira), inj 200 mg for ECP (Baxter)
 - Mesna (Uromitexan) tab 400 mg, 600 mg and inj 100 mg per ml, 4 ml and 10 ml
 - Flutamide (Flutamin) tab 250 mg
 - Nedocromil (Tilade) aerosol inhaler, 2 mg per dose CFC-free
 - Sodium cromoglycate powder for inhalation 20 mg per dose (Intal Spincaps) and aerosol inhaler, 5 mg per dose CFC-free (Vicrom)
 - Theophylline (Nuelin) oral liq 80 mg per 15 ml
-

Atorvastatin – subsidy changes

PHARMAC and Pfizer New Zealand Ltd have reached an agreement to continue to list Pfizers brand of atorvastatin tablets (Lipitor). From 1 September 2010 Lipitor will be fully subsidised without Special Authority. The subsidy will increase to match the manufacturer's price which means that patients can access fully subsidised atorvastatin without restriction from 1 September 2010.

Lipitor will have subsidy and delisting protection until 31 August 2012. For the avoidance of doubt, the agreement with Pfizer is not for sole subsidised supply.

Following a competitive process, Mylan New Zealand's brand of atorvastatin (Lorstat) was to be the sole subsidised supply brand of atorvastatin from 1 December 2010 for community supply. Mylan was not able to release stock to the



market on 26 July 2010 as initially notified, and the timing of Lorstats availability was uncertain. PHARMAC has agreed with Mylan that Lorstat will no longer have Sole Subsidised Supply Status and will be delisted from the Pharmaceutical Schedule from 1 September 2010.

PHARMAC regrets any disruptions caused to patients, doctors and pharmacists by the uncertainty over the supply date of Lorstat.



Clpidogrel – removal of Special Authority criteria

The Special Authority for subsidised access to clopidogrel tablets 75 mg will be removed from 1 September 2010. This will mean that from 1 September 2010 all patients prescribed clopidogrel 75 mg tablets will be eligible for subsidy and that Special Authority approvals are no longer required.

This decision widens access to clopidogrel 75 mg tablets to aspirin intolerant patients, stroke and transient ischaemic attack patients as an alternative to aspirin or dipyridamole combination therapy and provides extended treatment (12 months) for patients following a revascularisation procedure or acute coronary syndrome.

Meloxicam – new listing

The Arrow-Meloxicam brand of meloxicam 7.5 mg tablets will be fully subsidised from 1 September 2010. Subsidy will be subject to Special Authority criteria restricting funding to patients with moderate to severe haemophilia and pain and inflammation associated with haemophilic arthropathy where alternative funded treatment options have failed or are contraindicated.

Zoledronic acid – new listing

Zoledronic acid (Aclasta) solution for infusion 5 mg in 100 ml for Paget's disease and osteoporosis (including glucocorticosteroid-induced osteoporosis) will be subsidised from 1 September 2010. Subsidy will be subject to Special Authority criteria. See page 21 for further details.

The Special Authority criteria for Alendronate for Osteoporosis (Fosamax and Fosamax Plus) will also be amended from 1 September 2010 to enable patients who receive an approval for zoledronic acid to be able to access alendronate.

Sodium bicarbonate capsules – new listing

Sodium bicarbonate (Sodibic) 840 mg capsules will be listed fully subsidised from 1 September 2010 without restriction. Sodium bicarbonate is used in the treatment of metabolic acidosis associated with chronic renal failure.

Tenoxicam injection subsidised

The AFT brand of tenoxicam 20 mg injection will be fully subsidised from 1 September 2010, without restriction. This product replaces a previously subsidised brand that was discontinued by its supplier in 2008.

Travoprost – removal of endorsement period 30 September 2010

From 1 April 2010 the subsidy for travoprost (Travatan) eye drops 0.004% was reduced to match that of latanoprost eye drops 50 µg per ml, 2.5 ml (Hysite). For patients taking travoprost eye drops prior to 1 April 2010 a full subsidy is available under endorsement criteria until 30 September 2010. Patients

only have one month remaining on this endorsement period.

This six month transition period was provided to allow patients sufficient time to return to their ophthalmologist for a review of their medication if they wished to switch to a fully subsidised alternative.

Amended Special Authority access for patients managed long-term on various NSAIDs

All valid approvals for the Special Authority for Manufacturers Price applying to Anti-inflammatory Non Steroidal Drugs (NSAIDs) at 31 August 2010 will be converted to lifetime approvals. No new Special Authority approvals for Manufacturers Price will be granted for NSAIDs from 1 September 2010.

In a separate decision, the subsidy of ibuprofen 800 mg long-acting tablets (Brufen Retard) will be increased to match the manufacturer's price from 1 September 2010, resulting in this presentation becoming fully subsidised.



Anaesthetics – subsidy changes

There will be a number of changes to the listings of local anaesthetics from 1 September 2010, summarised as follows:

- Lignocaine hydrochloride viscous solution 2% (Xylocaine Viscous) will be fully subsidised without restriction.
- Lignocaine hydrochloride injection 2%, 5 ml and 20 ml (Xylocaine), will be fully subsidised without restriction.
- The “only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use” restriction will be removed from the listings of lignocaine hydrochloride injection 0.5% 5 ml, and 1% 5 ml and 20 ml (Xylocaine).
- Lignocaine gel 2%, 10 ml urethral syringe (Pfizer) and lignocaine gel 2% with chlorhexidine 0.05%, 10 ml urethral syringe (Pfizer) will be subsidised on a PSO with a maximum of 5 syringes subsidised.
- Lignocaine hydrochloride injection 0.5% 5 ml, 1% 5 ml and 20 ml and 2% 5 ml and 20 ml (Xylocaine) will be subsidised on a PSO with a maximum of 5 injections subsidised.
- Bupivacaine hydrochloride injection 0.5%, 4 ml (Marcaïn Isobaric) and injection 0.5% with 8% glucose, 4 ml (Marcaïn Heavy) will be delisted from Section B of the Pharmaceutical Schedule.

Anxiolytics, sedatives and hypnotics – removal of month restriction

The ‘Month Restriction’ that currently applies to most anxiolytics, sedatives and hypnotics will be removed from 1 September 2010. This will result in repeat dispensings for these medicines being subsidised, where currently they are not. However, monthly dispensing will still apply.

Ondansetron and tropisetron – restriction change



The ‘Retail pharmacy-Specialist’ restrictions will be removed from the listings of ondansetron tablets (Zofran) and dispersible tablets (Zofran Zydys), and tropisetron capsules (Navoban), from 1 September 2010. The other dispensing rules applying to both

ondansetron and tropisetron will remain and the Special Authority for waiver of the dispensing rules for ondansetron will also remain. (Note that PHARMAC has also made the decision to remove the dispensing rules from ondansetron from 1 May 2011, and Special Authority to waive these restrictions will also be removed from 1 May 2011 as it would no longer be relevant.)

News in brief

- Mylan New Zealand Limited has notified its intention to discontinue its brand of **labetalol** (Hybloc) 400 mg tablets in September 2010. The 50 mg, 100 mg, and 200 mg tablets will continue to be supplied.
- The 4 tablet limit for **azithromycin** (Arrow-Azithromycin) 500 mg tablets available on a Practitioner Supply Order (PSO) will be increased to 8 tablets from 1 September 2010.
- **Triclosan** (healthE) 1% solution will be able to be claimed as original packs (OP's) from 1 September 2010. **Malathion** liquid 0.5% (A-Lices) will also be able to be claimed as original packs (OP's) from 1 September 2010.
- The **fluorouracil sodium** (Baxter) injection for ECP pack size has been amended from 1 mg to 100 mg from 1 September 2010. A new pharmacode (2370123) has



been issued for this pack size. The **mesna** (Baxter) injection for ECP pack size has also been amended from 1 mg to 100 mg from 1 September 2010. A new pharmacode (2370131) has been issued for this pack size.

- The Donepezil-Rex brand of **donepezil hydrochloride** 5 mg and 10 mg tablets is now approved and will be listed in the Pharmaceutical Schedule on 1 November 2010.



Tender News

Sole Subsidised Supply changes – effective 1 October 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aspirin	Tab 100 mg; 990 tab	Ethics Aspirin EC (Multichem)
Aspirin	Tab dispersible 300 mg; 100 tab	Ethics Aspirin (Multichem)
Bendrofluazide	Tab 2.5 mg; 500 tab	Arrow-Bendrofluazide (Arrow)
Bendrofluazide	Tab 5 mg; 500 tab	Arrow-Bendrofluazide (Arrow)
Bisacodyl	Tab 5 mg; 200 tab	Lax-Tab (AFT)
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml; 100 ml	Ranbaxy-Cefaclor (Douglas)
Cetomacrogol	Crn BP; 500 g	PSM (API)
Clotrimazole	Vaginal crm 1% with applications; 35 g OP	Clomazol (Multichem)
Clotrimazole	Vaginal crm 2% with applications; 35 g OP	Clomazol (Multichem)
Colchicine	Tab 500 µg; 100 tab	Colgout (Aspen)
Cyclophosphamide	Tab 50 mg; 50 tab	Cycloblastin (Pfizer)
Dexamethasone	Eye drops 0.1%; 5 ml OP	Maxidex (Alcon)
Dextrose with electrolytes	Solin with electrolytes; 1,000 ml OP	Pedialyte – Fruit (Abbott) Pedialyte – Bubblegum (Abbott) Pedialyte – Plain (Abbott)
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml); 500 ml	Ferodan (Mylan)
Fluoxetine hydrochloride	Tab dispersible 20 mg, scored	Fluox (Mylan)
Fusidic acid	Crn 2%; 15 g OP	Foban (AFT)
Fusidic acid	Oint 2%; 15 g OP	Foban (AFT)
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%; 15 g OP	Micreme H (Mylan)
Ibuprofen	Oral liq 100 mg per 5 ml; 200 ml	Fenpaed (AFT)
Loratadine	Oral liq 1 mg per ml; 100 ml	Lorapaed (AFT)
Loratadine	Tab 10 mg; 100 tab	Loraclear Hayfever Relief (AFT)
Malathion	Shampoo 1%; 30 ml OP	A-Lices (AFT)
Pantoprazole	Tab 20 mg; 28 tab	Dr Reddy's Pantoprazole (Dr Reddy's)
Pantoprazole	Tab 40 mg; 28 tab	Dr Reddy's Pantoprazole (Dr Reddy's)
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin; 3.5 g OP	Lacri-Lube (Allergan)
Paroxetine hydrochloride	Tab 20 mg; 30 tab	Loxamine (Mylan)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml; 100 ml	AFT (AFT)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 250 mg per 5 ml; 100 ml	AFT (AFT)

Sole Subsidised Supply changes – effective 1 October 2010 (continued)

Rifabutin	Cap 150 mg; 30 cap	Mycobutin (Pfizer)
Ropinirole hydrochloride	Tab 0.25 mg; 84 tab	Ropin (Mylan)
Ropinirole hydrochloride	Tab 1 mg; 84 tab	Ropin (Mylan)
Ropinirole hydrochloride	Tab 2 mg; 84 tab	Ropin (Mylan)
Ropinirole hydrochloride	Tab 5 mg; 84 tab	Ropin (Mylan)
Salbutamol	Oral liq 2 mg per 5 ml; 150 ml	Salapin (AFT)
Spironolactone	Tab 25 mg; 100 tab	Spirotone (Mylan)
Spironolactone	Tab 100 mg; 100 tab	Spirotone (Mylan)
Testosterone undecanoate	Cap 40 mg; 100 cap	Arrow-Testosterone (Arrow)

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 October 2010

- Adapalene (Differin) crm 0.1%, 30 g OP and gel 0.1%, 30 g OP – new listing, maximum of 30 g per prescription, only on a prescription
- Anastrozole (Aremed) tab 1 mg – new listing
- Budesonide (Budenocort) powder for inhalation 200 µg per dose and 400 µg per dose – new listing
- Capecitabine (Xeloda) – amended Special Authority criteria
- Deferiprone (Ferriprox) tab 500 mg and oral soln 100 mg per ml, 250 ml – new listing – Special Authority – Retail pharmacy
- Elemental formula 1 kcal/ml (Elecare) powder (unflavoured) 400 g OP and powder (vanilla) 400 g OP – new listing under existing Special Authority criteria
- Elemental formula 1 kcal/ml (Elecare LCP) powder (unflavoured) 400 g OP – new listing under existing Special Authority criteria
- Elemental formula 1 kcal/ml (Neocate) powder 400 g OP and (Neocate LCP) powder 400 g OP – decrease subsidy
- Enteral feed with fibre 1 kcal/ml (Jevity) liquid 237 ml OP – new listing under existing Special Authority criteria
- Enteral feed with fibre 1 kcal/ml (Jevity RTH) liquid 500 ml OP – new listing under existing Special Authority criteria
- Enteral feed with fibre 1.5 kcal/ml (Ensure Plus) liquid 250 ml OP – new listing under existing Special Authority criteria

Possible decisions for implementation 1 October 2010 (continued)

- Enteral feed 1 kcal/ml (Osmolite) liquid 250 ml OP – new listing under existing Special Authority criteria
- Enteral feed 1 kcal/ml (Osmolite RTH) liquid 500 ml OP – new listing under existing Special Authority criteria
- Erlotinib hydrochloride (Tarceva) tab 100 mg and 150 mg – new listing – Special Authority – Retail pharmacy
- Ezetimibe (Ezetrol) tab 10 mg – amended Special Authority criteria
- Ezetimibe with simvastatin (Vytorin) tab –amended Special Authority criteria
- Mianserin hydrochloride (Tolvon) – amended Special Authority criteria – price and subsidy decrease
- Mycophenolate mofetil (Cellcept) cap 250 mg and tab 500 mg – amended Special Authority criteria – price and subsidy decrease
- Mycophenolate mofetil (Myaccord) cap 250 mg and tab 500 mg – new listing
- Oestriol (Ovestin) tab 2 mg, pessaries 500 µg, and crm 1 mg per g with applicator – price and subsidy decrease
- Oral supplement 1 kcal/ml (Ensure NG) powder 400 g OP (vanilla) and 900 g OP (vanilla and chocolate) – new listing under existing Special Authority criteria
- Oral supplement 1 kcal/ml (Ensure) powder (chocolate, strawberry and vanilla) 400 g OP – subsidy and price decrease
- Oral supplement 1 kcal/ml (Sustagen Hospital Formula) powder (chocolate) 900 g OP and powder (Vanilla) 900 g OP – decrease subsidy
- Paediatric oral feed 1 kcal/ml (Pediasure) liquid (vanilla) 200 ml OP – new listing under existing Special Authority criteria
- Quetiapine (Seroquel) tab 25 mg, 100 mg, 200 mg and 300 mg – decrease subsidy
- Renal oral feed 2 kcal/ml (Nepro) liquid (strawberry) 200 ml OP – new listing under existing Special Authority criteria
- Rituximab (Mabthera) inj – amended Special Authority criteria
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – amended Special Authority criteria
- Travoprost (Travatan) eye drops 0.004% – removal of higher subsidy with endorsement
- Urea (Nutraplus) crm 10% 100 g OP – subsidy increase

Sole Subsidised Supply Products – cumulative to September 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
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
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
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
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
Cefuroxime sodium	Inj 750 mg & 1.5 g	Zinacef	2011
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml	Cefalexin Sandoz	2012
	Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz	
Cetirizine hydrochloride	Tab 10 mg	Zetop	2011
	Oral liq 1 mg per ml	Cetirizine-AFT	
Chloramphenicol	Eye oint 1%	Chlorsig	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 September 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 1%	Clomazol	2011
Crotamiton	Crn 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
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 sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose	Inj 50%, 10 ml	Biomed	2011
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
Emulsifying ointment	Oint BP	AFT	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 September 2010

Generic Name	Presentation	Brand Name	Expiry Date*	
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 Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin	2012	
		E-Mycin E-Mycin	2011	
Ethinylestradiol	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	2012	
		Felo 10 ER		
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	2012	
		AFT		
		AFT Flucloxin		2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011	
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara	2011	
		Fludara Oral		
Fluorometholone	Eye drops 0.1%	FML	2012	
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13	
Furosemide	Tab 40 mg	Diurin 40	2012	
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	
Glyceril trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	Lycinate	2011	
		Nitrolingual Pumpspray		
		Nitroderm TTS		
Hydrocortisone	Tab 5 mg & 20 mg Powder Crm 1%	Douglas	2012	
		ABM		2011
		PSM		
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012	
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	

*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 September 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Tab 200 mg	Ethics Ibuprofen	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 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
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Malathion	Shampoo 1%	A-Lices	2011
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
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	Crn 2%	Multichem	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 September 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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
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

**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 September 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011
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	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
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	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
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	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 September 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
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
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

September 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 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	✓ Frusemide-Claris
85	CEFTRIAZONE 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
	<p>➔ 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:</p> <ol style="list-style-type: none"> 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. 			
102	TENOXCAM * Inj 20 mg	9.95	1	✓ AFT
109	ZOLEDRONIC ACID – Special Authority see SA1035 – Retail pharmacy Soln for infusion 5 mg in 100 ml	600.00	100 ml	✓ Aclasta
	<p>➔ 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:</p> <ol style="list-style-type: none"> 1 Paget's disease; and 2 Any 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

New listings - effective 1 September 2010 (continued)

continued...

- 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) ≥ 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 – 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 (≥ 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 ≥ 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 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
 - 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.

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**

New listings - effective 1 September 2010 (continued)

continued...

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
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 CROMOGLYCATE			
	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 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

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...

- 2.3 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
- 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.

▲ 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)

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

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 GABG; 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 GABG; 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

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...

	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.			
		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			
		Soln 1%	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.			
		Tab 500 mg	5.95	2 OP	✓ <u>Arrow-Azithromycin</u>
90		ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable			
		Tab 100 mg	48.01	56	✓ Myambutol \$29
		Tab 400 mg	49.34	56	✓ Myambutol \$29

▲ 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)

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		
101	ANTI-INFLAMMATORY NON STEROIDAL DRUGS (NSAIDS) ▶ SA1038 0291 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 Dubbe 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.		

continued...

Changes to Restrictions - effective 1 September 2010 (continued)

continued...

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:

- 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 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

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)

89	NYSTATIN († subsidy)		
	Tab 500,000 u	14.16	50 ✓ Nilstat
	Cap 500,000 u	12.81	50 ✓ Nilstat
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

▲ 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, 10 ml – PCT only – Specialist.....	26.25	5	✓ Fluorouracil Ebewe
141	FLUOROURACIL SODIUM (↓ subsidy) Inj 50 mg per ml, 20 ml – PCT only – Specialist..... Inj 50 mg per ml, 50 ml – PCT only – Specialist..... Inj 50 mg per ml, 100 ml – PCT only – Specialist.....	7.50 18.00 34.50	1 1 1	✓ Fluorouracil Ebewe ✓ Fluorouracil Ebewe ✓ Fluorouracil Ebewe
142	METHOTREXATE (↑ subsidy) * Inj 25 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist * Inj 25 mg per ml, 20 ml – PCT – Retail pharmacy-Specialist ... * Inj 1 mg for ECP – PCT only – Specialist	48.00 90.00 0.10	5 1 1 mg	✓ Hospira ✓ Hospira ✓ Baxter
143	DACARBAZINE – PCT only – Specialist (↑ subsidy) Inj 200 mg Inj 200 mg for ECP	48.00 48.00	1 200 mg OP	✓ Hospira ✓ Baxter
145	MESNA – PCT only – Specialist (↑ subsidy) Tab 400 mg Tab 600 mg Inj 100 mg per ml, 4 ml Inj 100 mg per ml, 10 ml	210.65 314.40 137.04 314.66	50 50 15 15	✓ Uromitexan ✓ Uromitexan ✓ Uromitexan ✓ 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 Aerosol inhaler, 5 mg per dose CFC-free	17.94 28.07	50 dose 112 dose OP	✓ Intal Spincaps ✓ 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 (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	 ABM MidWest PSM PSM 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 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 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

Changes to Sole Subsidised Supply

Effective 1 September 2010

For the list of new Sole Subsidised Supply products effective 1 September 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 14-20.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 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)	50 strip OP		Diastix
		4.13 (8.65)			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
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.				

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**

Delisted Items - effective 1 September 2010 (continued)

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

▲ 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 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 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)

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

Section H changes to Part II

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
22	CEFTRIAZONE SODIUM			
	Inj 500 mg – 1% DV Nov-10 to 2013	2.70	1	Veracol
	Inf 2 g – 1% DV Nov-10 to 2013	5.20	1	Veracol
	Note – AFT ceftriazone 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			
	Crm 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

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)

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	Frusemide-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
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)			
	Crm 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
	Crm 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

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 September 2010 (continued)

40	METHOTREXATE Inj 25 mg per ml, 2 ml – 1% DV Nov-10 to 2013 48.00 Inj 25 mg per ml, 20 ml – 1% DV Nov-10 to 2013 90.00	5 1	Hospira 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 Cap long-acting 30 mg – 1% DV Nov-10 to 2013 (↑ price) 3.20 Cap long-acting 60 mg – 1% DV Nov-10 to 2013 (↓ price) 6.90 Cap long-acting 100 mg – 1% DV Nov-10 to 2013 (↑ price) 8.05	10 10 10 10	m-Eslon m-Eslon m-Eslon 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 Inj 80 mg per ml, 5 ml – 1% DV Nov-10 to 2013 75.00	5 5	Mayne Hospira Mayne Hospira
43	MUCILAGINOUS LAXATIVES Dry – 1% DV Nov-10 to 2013 6.02 Note – Konsyl-D 325g pack to be delisted 1 November 2010	500 g	Konsyl-D
44	NYSTATIN (↑ price and addition of HSS) Tab 500,000 u – 1% DV Nov-10 to 2013 14.16 Cap 500,000 u – 1% DV Nov-10 to 2013 12.81	50 50	Nilstat Nilstat
44	OIL IN WATER EMULSION Crm 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 Cap potassium salt 500 mg – 1% DV Nov-10 to 2013 11.70	50 50	Cilicaine VK 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 Inj 2%, 5 ml – 1% DV Nov-10 to 2013 55.00	5 10	Citanest Citanest
50	RETINOL PALMITATE Oint 50 g 57.20	20	healthE
51	ROPIVACAINE HYDROCHLORIDE WITH FENTANYL (↑ price and addition of HSS) Inf 2 mg per ml with 2 µg of fentanyl per ml, 100 ml – 1% DV Nov-10 to 2013 198.50 Inf 2 mg per ml with 2 µg of fentanyl per ml, 200 ml – 1% DV Nov-10 to 2013 270.00	5 5	Naropin Naropin
52	SODIUM BICARBONATE Cap 840 mg 8.52	100	Sodibic

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)

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	Ioscan
53	SODIUM FLUORESCEIN 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
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			

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 August 2010 (continued)

35	INSULIN GLULISINE Inj 100 iu per ml, 10 ml 27.03 Inj 100 iu per ml, 3 ml disposable pen 46.07	1 5	Apidra Apidra SoloStar
36	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – 1% DV Oct-10 to 2013 3.79 Nebuliser soln, 250 µg per ml, 2 ml – 1% DV Oct-10 to 2013 4.06 Note – Ipratropium Steri-Neb nebuliser soln, 250 µg per ml, 1 ml and 2 ml to be delisted 1 October 2010	20 20	Univent Univent
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
49	QUETIAPINE Tab 25 mg 7.00 Tab 100 mg 14.00 Tab 200 mg 24.00 Tab 300 mg 40.00	60 60 60 60	Dr Reddy's Quetiapine Dr Reddy's Quetiapine Dr Reddy's Quetiapine 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 Note – Microlex enema to be delisted 1 October 2010	50	Micolette
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

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

Index

Pharmaceuticals and brands

A

A-Lices	27
Acarbose	24
Aclasta	21
Alendronate sodium	28
Alendronate sodium with cholecalciferol	28, 36
Alprazolam	30
Amiloride with hydrochlorothiazide	26, 32
Amoxicillin	36
Anti-inflammatory non steroidal drugs (NSAIDs)	28
Apidra	21, 40, 43
Apidra SoloStar	43
Apo-Clopidogrel	21, 24, 32, 39
Apo-Zopiclone	31
Arrow-Alprazolam	30
Arrow-Azithromycin	27
Arrow-Clopidogrel	24
Arrow-Diazepam	30
Arrow-Meloxicam	21
Ascorbic acid	42
Aspen Ceftriaxone	42
Ativan	30
Atorvastatin	26, 32, 36, 39, 42
Azathioprine	42
Azithromycin	27, 35

B

B-PlexADE	21
Barium sulphate	39
Bonjela	32
Brufen Retard	33
Bupivacaine hydrochloride	36
Buserelin acetate	36
Buspirone hydrochloride	30

C

Calcium gluconate	39
Capecitabine	31
Capoten	32, 39
Captopril	32, 39
Ceftriaxone sodium	21, 39, 42
Cephalexin monohydrate	21, 39
Cephalexin ABM	21, 39
Cetomacrogol	39
Chlorhexidine	39
Chlorhexidine in alcohol	39
Choline salicylate with cetalkonium chloride	32
Cilicaine VK	32, 41
Citanest	41
Clinistix	36
Clinitest	36
Clomiphene citrate	42
Clopidogrel	21, 24, 32, 39
Coal tar	32, 38

Coloxyl	36
Copper	36
CT Plus+	39
Cyclizine lactate	23, 38, 39
Cyproheptadine hydrochloride	37

D

Dacarbazine	34, 35, 39
Danthron with poloxamer	42
Dapa-Tabs	42
Diabur 5000	36
Diastix	36
Diazepam	30
Docusate sodium	36
Dr Reddy's Quetiapine	43
Dr Reddy's Risperidone	43

E

EMLA	33, 40
Ethambutol hydrochloride	27, 33, 39

F

Fluorescite	42
Fluorouracil Ebewe	34, 40
Fluorouracil sodium	23, 34, 36, 40
Fluox	38
Fluoxetine hydrochloride	38
Flutamide	34, 40
Flutamin	34, 40
Fosamax	28
Fosamax Plus	28, 36
Frusemide-Claris	21, 40
Furosemide	21, 40, 42

G

Gabapentin (neurontin)	33
Glucobay	24
Glucose oxidase	36
Glycerol	34, 38

H

Haloperidol	33, 40
Hydrocortisone	32, 40
Hydrocortisone butyrate with chlorquinaldol	38
Hydrocortisone with cinchocaine	42
Hypam	31
Hypnovel	31

I

Ibuprofen	33
Imuprine	42
Imuran	42
Indomethacin	43
Insulin glulisine	21, 40, 43
Intal Spincaps	34
Interferon alpha-2a	28
Indapamide	42
Ioscan	42

Index

Pharmaceuticals and brands

Ipratropium bromide.....	43	Nilstat	33, 41
Isotretinoin.....	26	Nitrados	31
J		Nitrazepam.....	31
Jadelle	43	Noctamid	31
K		Normison.....	31
Keppra.....	38	Nuelin	34
Ketone blood beta-ketone electrodes	43	Nystatin	33, 41
Ketovite	36	O	
Ketovite Liquid	36	Oil in water emulsion.....	41
Konsyl-D.....	21, 41	Ondansetron	30
L		Optium Blood Ketone Test Strips	43
Levetiracetam	38	Oratane.....	26
Levonorgestrel	43	Ox-Pam	30
Lignocaine	29, 35, 43	Oxazepam.....	30
Lignocaine hydrochloride	23, 29, 33, 40	P	
Lignocaine hydrochloride with adrenaline.....	40	Pacific Buspirone	30
Lignocaine with chlorhexidine.....	29, 35	Paediatric Seravit	24
Lignocaine with prilocaine	33, 40	Periactin	37
Lipitor	26, 32, 39	Phenate	42
Locoid C.....	38	Phenoxyethylpenicillin (penicillin v).....	32, 41
Lorazepam.....	30	Phentolamine mesylate	41
Lormetazepam	31	Phenylephrine hydrochloride with zinc sulphate ..	37
Lorstat 10	36, 42	Plavix.....	24
Lorstat 20	36, 42	Pinorax Forte.....	42
Lorstat 40	36, 42	Pioglitazone	24
Lorstat 80	36, 42	Pizaccord.....	24
M		Prilocaine hydrochloride	41
m-Eslon	33, 41	Proctosedyl.....	42
Malathion.....	27	Q	
Marcain Heavy	36	Quetiapine.....	43
Marcain Isobaric	36	R	
Meloxicam	21	Ranbaxy Amoxicillin	36
Mesna	23, 34, 36, 40	Regitine	41
Methadone hydrochloride.....	43	Retinol palmitate	41
Methatabs	43	Rexacrom	23
Methotrexate	34, 35, 41	Risperidone.....	43
Methylergometrine	38	Roferon-A	28
Micolette.....	43	Ropivacaine hydrochloride with fentanyl	41
Midazolam	31	S	
Mitomycin C	41	Serenace	33, 40
Moduretic	26, 32	Sodibic	21, 41
Morphine sulphate.....	33, 41	Sodium bicarbonate	21, 41
Morphine tartrate.....	33, 35, 41	Sodium chloride.....	32, 42
Mucilaginous laxatives	21, 41	Sodium citrate with sodium lauryl sulphoacetate	43
Multivitamins	24, 36	Sodium citro-tartrate	32
Myambutol.....	27, 33, 39	Sodium cromoglycate	23, 34
N		Sodium diatrizoate	42
Naropin.....	41	Sodium fluorescein	42
Nausealm.....	23, 39	Soft white paraffin with paraffin liquid	42
Navoban	30	Solu-Cortef	32, 40
Nedocromil	34	Suprefact	36
Neurontin	33		

Index

Pharmaceuticals and brands

T

Tamsulosin hydrochloride	43
Tamsulosin-Rex	43
Temazepam	31
Tenoxicam	21
Theophylline	34
Tilade.....	34
Triazolam.....	31
Triclosan.....	27
Tropisetron	30

U

Univent	43
Ural.....	32
Urex Forte	42
Uromitexan	34, 40

V

Valoid (AFT).....	38
Veracol	21, 39
Vicrom.....	34
Vitala-C.....	42
Vitamin B complex	21

X

Xeloda	31
Xylocaine.....	23, 29, 33, 40
Xylocaine Viscous.....	23

Z

Zincfrin	37
Zofran.....	30
Zofran Zydis	30
Zoledronic acid	21
Zopiclone.....	31

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

