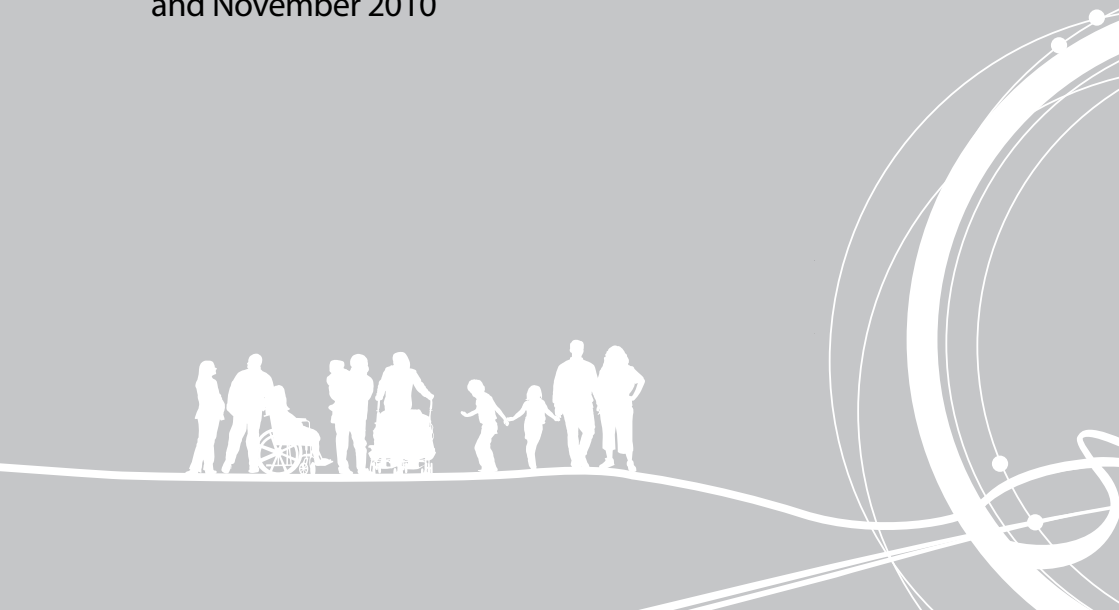
Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2010

Cumulative for September, October and November 2010
Section H cumulative for August, September, October and November 2010



Contents

Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2010

New listings (pages 20-21)

- Insulin pen needles (B-D Micro-Fine) 32 g x 4 mm – maximum of 100 dev per prescription
- Captopril (m-Captopril) tab 12.5 mg, 25 mg and 50 mg
- Etravirine (Intelence) tab 100 mg – Special Authority – Retail pharmacy
- Darunavir (Prezista) tab 300 mg and 400 mg – Special Authority – Retail pharmacy
- Etanercept (Enbrel) inj 50 mg autoinjector – Special Authority – Retail pharmacy
- Levetiracetam (Levetiracetam-Rex) tab 250 mg, 500 mg and 750 mg
- Selegiline hydrochloride (Apo-Selegiline) tab 5 mg – Section 29
- Donepezil hydrochloride (Donepezil-Rex) tab 5 mg and 10 mg
- Varenicline tartrate (Champix) tab 0.5 mg x 11 and 1 mg x 14, 1 OP; tab 1 mg, 28 tab and 56 tab packs – Special Authority – Retail pharmacy
- Sunitinib (Sutent) cap 12.5 mg, 25 mg and 50 mg – Special Authority – Retail pharmacy
- Bacillus calmette-guerin (BCG) vaccine inj 2-8 x 100 million CFU – PCT only – Specialist – Subsidised only for bladder cancer
- Pharmacy Services (BSF Arrow-Enalapril) brand switch fee – no patient co-payment payable
- Acetylcysteine (Acetadote) inj 200 mg per ml, 30 ml – Retail pharmacy-Specialist

Changes to restrictions (pages 28-39)

- Sodium chloride (Pharmacia and Multichem) inj 0.9%, 20 ml – removal of Up to 5 inj available on a PSO
- Enalapril (Arrow-Enalapril) tab 5 mg, 10 mg and 20 mg – a brand switch fee may be dispensed from 1 November 2010 until 31 January 2011
- Adalimumab (HumiraPen and Humira) inj 40 mg per 0.8 ml prefilled pen and syringe – amended Special Authority criteria
- Etanercept (Enbrel) inj 25 mg and 50 mg autoinjector – removal of Retail pharmacy-Specialist prescription – amended Special Authority criteria
- Venlafaxine (Efexor XR) cap 37.5 mg, 75 mg and 150 mg – amended Special Authority criteria
- Levetiracetam tab 250 mg, 500 mg and 750 mg – removal of Special Authority
- Pilocarpine (Isopto Carpine) eye drops 1%, 2% and 4% - removal of Section 29

Decreased subsidy (pages 56-57)

- Mucilaginous laxatives dry 325 g OP (Konsyl-D), 380 g OP (Mucilax), 450 g OP (Isogel), 500 g OP (Normacol)

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

- Mucilaginous laxatives (Metamucil) dry-original flavour, regular texture only, 336 g OP
- Mucilaginous laxatives (Mucilax) sugar free, 275 g OP
- Mucilaginous laxatives with stimulants (Normacol Plus) dry, 200 g OP and 500 g OP
- Vitamin b complex (Apo-B-Complex) tab, strong, BPC
- Vitamins (MultiADE) tab (BPC cap strength)
- Clopidogrel (Arrow-Clopidogrel and Plavix) tab 75 mg
- Furosemide (Mayne) inj 10 mg per ml, 2 ml
- Ceftriaxone sodium (AFT) inj 500 mg
- Sodium cromoglycate (Cromolux) eye drops 2%, 10 ml OP

Increased subsidy (pages 56-57)

- Daunorubicin inj 2 mg per ml, 10 ml (Pfizer), and inj 20 mg for ECP (Baxter)
- Terbutaline sulphate (Bricanyl Turbuhaler) powder for inhalation, 250 μg per dose, breath activated

Pharmacy Brand Switch Payments begin 1 November

Brand switch payments for pharmacy will occur on certain pharmaceuticals from 1 November 2010. Detailed information on claiming these payments will be sent to community pharmacies with the November 2010 Update. Information is also available on the PHARMAC website. The first medicine to be eligible for a brand switch payment is enalapril. Pharmacy software vendors will also be supplying detailed information on how

to claim these payments. Brand switch payments can only be dispensed during the first three months of the Sole Supply period.

Donepezil – fully subsidised

As previously notified, the PHARMAC Board approved the funding of the Donepezil-Rex brand of donepezil for the treatment of Alzheimer's disease and other types of dementia as soon as possible following Medsafe registration. Donepezil-Rex 5 mg and 10 mg tablets are now registered and funding will start on 1 November 2010.

Prescriptions for donepezil hydrochloride 5 mg and 10 mg tablets must be dispensed 'stat' (all-at-once) unless prescribed under Close Control restrictions.

Levetiracetam – fully subsidised

The Levetiracetam-Rex brand of levetiracetam 250 mg, 500 mg and 750 mg tablets will be fully subsidised without the requirement for Special Authority approval from 1 November 2010. Funding for the Keppra brand of levetiracetam was previously available via Levetiracetam Special Access (LSA); this has now changed as follows:

- No new approvals (initial or renewal) for Keppra will be granted under LSA from 1 November 2010;
- All existing LSA approvals (both initials and renewals) for Keppra with expiry dates beyond 1 November 2010 will remain valid until expiry or until 30 April 2011, whichever is sooner;
- All LSA approvals (initial or renewal) for Keppra granted between 1 August 2010 and 1 November 2010 will have a 6-month expiry date;
- From 1 November 2010, patients with expired LSA approvals will need to be dispensed the Levetiracetam-Rex brand in order to receive a subsidised brand; and
- The Keppra brand will be delisted from the Pharmaceutical Schedule from 1 November 2010. Any subsequent claims will be processed via the Exceptional Circumstances claiming system.

Varenicline (Champix) – fully subsidised with Special Authority

Champix tablets will be subsidised, subject to Special Authority criteria, as a smoking cessation treatment from 1 November 2010. The criteria allow subsidy for patients who have previously had two trials of nicotine replacement therapy or a trial of buproprion or nortriptyline. Please refer to page 20 for further details.

Sunitinib (Sutent) – fully subsidised with Special Authority

Sutent 12.5 mg, 25 mg and 50 mg capsules will be subsidised from 1 November 2010, subject to Special Authority criteria, for patients with advanced renal cell carcinoma. Please refer to page 21 for further details.

Etanercept (Enbrel) – fully subsidised with Special Authority

Funded access to etanercept will be widened from 1 November 2010. Funding will include, in addition to juvenile idiopathic arthritis, last-line use in psoriatic arthritis, rheumatoid arthritis, ankylosing spondylitis and psoriasis. Funded access will be subject to Special Authority criteria substantially the same as those that apply to adalimumab (Humira and HumiraPen) for these indications. Eligible patients will be able to access adalimumab or etanercept (in any order). Please refer to page 33 for further details.

Adalimumab (Humira and HumiraPen) – Special Authority criteria amendement

The Special Authority criteria for adalimumab for ankylosing spondylitis will be amended to remove the criteria relating to ESR and CRP from 1 November 2010.

Etravirine (Intelence) – fully subsidised with Special Authority

Etravirine (Intelence) 100 mg tablets will be fully subsidised, subject to Special Authority criteria, from 1 November 2010. Etravirine will be subject to the same Special Authority criteria that currently apply to all oral antiretrovirals for HIV treatment.

Darunavir (Prezista) – fully subsidised with Special Authority

Darunavir (Prezista) 300 mg and 400 mg tablets will be fully subsidised, subject to Special Authority criteria, from 1 November 2010. Darunavir will be subject to the same Special Authority criteria that currently apply to all oral antiretrovirals for HIV treatment.

Insulin pen needles – new presentation fully subsidised

A new presentation (32 g x 4 mm) of insulin pen needles, B-D Micro-Fine brand, will be listed in the Pharmaceutical Schedule from 1 November 2010. The restrictions that currently apply to insulin pen needles and disposable insulin syringes will remain and will be applied to the new listing.

Temporary Apo-Selegiline listing

A new selegiline hydrochloride (Apo-Selegiline) 5 mg tablet pack will be subsidised from 1 November 2010. This pack is unregistered and will be supplied by Apotex in accordance with Section 29 of the Medicines Act 1981. This is a temporary listing to cover a potential out-of-stock.

Isopto Carpine eye drops now registered

Pilocarpine (Isopto Carpine) eye drops 1%, 2% and 4% have been approved by Medsafe for distribution within New Zealand. Isopto Carpine has been supplied by Alcon in accordance with Section 29 of the Medicine Act 1981 since August 2009; however, this restriction no longer applies.

Tender News

Sole Subsidised Supply changes – effective 1 December 2010

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Captopril	Oral liq 5 mg per ml; 95 ml OP	Capoten (Sigma)
Coal tar	Soln BP; 200 ml	Midwest (Midwest)
Fluoxetine hydrochloride	Cap 20 mg; 84 cap	Fluox (Mylan)
Flutamide	Tab 250 mg; 100 tab	Flutamin (Mylan)
Glycerol	Liquid; 2,000 ml	healthE (Jaychem)
Haloperidol	Inj 5 mg per ml, 1 ml; 10 inj	Serenace (Sigma)
Haloperidol	Oral liq 2 mg per ml; 100 ml	Serenace (Sigma)
Haloperidol	Tab 500 μg; 100 tab	Serenace (Sigma)
Haloperidol	Tab 1.5 mg; 100 tab	Serenace (Sigma)
Haloperidol	Tab 5 mg; 100 tab	Serenace (Sigma)
Hydrocortisone	Inj 50 mg per ml, 2 ml; 1 inj	Solu-Cortef (Pfizer)
Lignocaine hydrochloride	Inj 1%, 5 ml; 50 inj	Xylocaine (AstraZeneca)
Lignocaine hydrochloride	Inj 1%, 20 ml; 5 inj	Xylocaine (AstraZeneca)
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA (AstraZeneca)
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5% (5 g tubes); 5 tubes	EMLA (AstraZeneca)
Methotrexate	Inj 25 mg per ml, 2 ml; 5 inj	Hospira (Hospira)
Methotrexate	Inj 25 mg per ml, 20 ml; 1 inj	Hospira (Hospira)
Morphine sulphate	Cap long-acting 10 mg; 10 cap	m-Elson (Multichem)
Morphine sulphate	Cap long-acting 30 mg; 10 cap	m-Elson (Multichem)
Morphine sulphate	Cap long-acting 60 mg; 10 cap	m-Elson (Multichem)
Morphine sulphate	Cap long-acting 100 mg; 10 cap	m-Elson (Multichem)
Morphine tartrate	Inj 80 mg per ml, 1.5 ml; 5 inj	Hospira (Hospira)
Morphine tartrate	Inj 80 mg per ml, 5 ml; 5 inj	Hospira (Hospira)
Nystatin	Cap 500,000 u; 50 cap	Nilstat (Sigma)
Nystatin	Tab 500,000 u; 50 tab	Nilstat (Sigma)
Phenoxymethylpenicillin (Penicillin V)	Cap potassium salt 250 mg; 50 cap	Cilicaine VK (Sigma)
Phenoxymethylpenicillin (Penicillin V)	Cap potassium salt 500 mg; 50 cap	Cilicaine VK (Sigma)
Sodium chloride	Inj 23.4%, 20 ml; 5 inj	Biomed (Biomed)
Sodium citro-tartrate	Grans effervescent 4 g sachets, 28 sachets	Ural (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 December 2010

- Calcium folinate (Calcium Folinate Ebewe) inj 1 g – price and subsidy decrease
- Carboplatin (Carboplatin Ebewe) inj 10 mg per ml, 45 ml and 100 ml – price and subsidy decrease
- Epirubicin (Epirubicin Ebewe) inj 2 mg per ml, 50 ml and 100 ml, and (Baxter) inj 1 mg for ECP – price and subsidy decrease
- Escitalopram (Loxalate) tab 10 mg and 20 mg – new listing
- Gemfibrozil (Lipazil) tab 600 mg – new listing
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension, 473 ml OP – new listing – Only in extemporaneously compounded oral formulations – Only in combination – Only in combination with Ora-Plus
- Glycerin with sucrose (Ora-Sweet) suspension, 473 ml OP – new listing – Only in extemporaneously compounded oral formulations – Only in combination – Only in combination with Ora-Plus
- Interferon beta-1-beta (Betaferon) inj 8 million iu per 1 ml – price and subsidy decrease
- Isosorbide mononitrate (Duride) tab long-acting 60 mg – price and subsidy decrease
- Labetalol (Hybloc) tab 50 mg, 100 mg and 200 mg – price and subsidy decrease
- Menthol (Midwest) crystals, 25 g – new listing – Only in combination – Only in combination with aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion
- Menthol crystals – added to the list of dermatological galenicals
- Methotrexate (Methotrexate Ebewe) inj 100 mg per ml, 10 ml and 50 ml and (Baxter) inj 1 mg for ECP – price and subsidy decrease
- Methylcellulose (Ora-Plus) suspension, 473 ml OP – new listing – Only in extemporaneously compounded oral formulations – Only in combination
- Methylcellulose with glycerin and sodium saccharin (Ora-Blend SF) suspension, 473 ml OP – new listing – Only in extemporaneously compounded oral formulations – Only in combination
- Methylcellulose with glycerin and sucrose (Ora-Blend) suspension, 473 ml OP – new listing – Only in extemporaneously compounded oral formulations – Only in combination

Sole Subsidised Supply Products – cumulative to November 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
Amoxycillin	Grans for oral liq 250 mg per 5 ml Drops 125 mg per 1.25 ml	Ospamox Ospamox Paediatric Drops	2012 2011
Amoxycillin clavulanate	Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml Tab amoxycillin 500 mg with potassium clavulanate 125 mg	Curam Curam Synermox	2012 2011
Aqueous cream	Crm 500 g	AFT	2011
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 μg, 1 ml	AstraZeneca	2012
Azathioprine	**Inj 50 mg**	**Imuran**	**2013**
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2011
Benzylpenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crm, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 μg & 0.5 μg	Airflow	2012
Calcium carbonate	**Tab 1.25 g (500 mg elemental)** **Tab 1.5 g (600 mg elemental)** Tab eff 1.7 g (1 g elemental)	**Calci-Tab 500** **Calci-Tab 600** Calsource	**2011**
Calcium folinate	Inj 50 mg	Calcium Folinate Ebewe	2011

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Sole Subsidised Supply Products – cumulative to November 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
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 Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetirizine hydrochloride	Tab 10 mg Oral liq 1 mg per ml	Zetop Cetirizine-AFT	2011
Cetomacrogol	Crm BP	PSM	2013
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril with hydrochlorothiazide	**Tab 5 mg with hydrochlorothiazide**	**Inhibace Plus**	**2013**
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crm 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 μg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 μg per day TDDS 5 mg, 200 μg per day TDDS 7.5 mg, 300 μg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 μg per ml, 1 ml Tab 25 μg Tab 150 μg	Catapres Dixarit Catapres	2012
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator Crm 1%	Clomazol Clomazol Clomazol	2013 2011
Colchicine	Tab 500 μg	Colgout	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 μg and 7 inert tabs	Ginet 84	2011
Desmopressin	Nasal spray 10 μg per dose	Desmopressin-PH&T	2011
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz Voltaren Ophtha Voltaren Voltaren	2012 2011
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2011
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	**Tab 5 mg & 10 mg**	**Donepezil-Rex**	**2012**
Emulsifying ointment	Oint BP	AFT	2011
Enalapril	**Tab 5 mg, 10 mg & 20 mg**	**Arrow-Enalapril**	**2012**
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Erythromycin ethyl succinate	Tab 400 mg Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin E-Mycin	2012 2011
Ethinyloestradiol	Tab 10 μg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	AFT AFT AFT Flucloxin	2012 2011
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011

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Sole Subsidised Supply Products – cumulative to November 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Tab dispersible 20 mg, scored	Fluox	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 μg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crm 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glyceryl trinitrate	Tab 600 μg Oral pump spray 400 μg per dose TDDS 5 mg & 10 mg	Lycinate Nitrolingual Pumpspray Nitroderm TTS	2011
Hydrocortisone	Tab 5 mg & 20 mg Powder Crm 1%	Douglas ABM PSM	2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Oral liq 100 mg per 5 ml Tab 200 mg	Fenpaed Ethics Ibuprofen	2013 2012
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Malathion	Shampoo 1%	A-Lices	2013
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	**Tab 5 mg** Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	**Methatabs** Biodone Biodone Forte Biodone Extra Forte	**2013** 2012
Methotrexate	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	Crm 2%	Multichem	2011
Moclobemide	**Tab 150 mg & 300 mg**	**Apo-Moclobemide**	**2012**
Mometasone furoate	Crm 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
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

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Sole Subsidised Supply Products – cumulative to November 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 μg prefilled syringe Inj 180 μg prefilled syringe Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011

**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 November 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxymethylpenicillin (Pencillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT AFT	2013
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 μg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Promethazine Winthrop Elixir Allersoothe	2012 2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2011
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratopium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10 mg Arrow-Simva 20 mg Arrow-Simva 40 mg Arrow-Simva 80 mg	2011
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	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 November 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2013
Tamsulosin hydrochloride	**Cap 400 μg**	**Tamsulosin-Rex**	**2013**
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3%	Pinetarsol	2011
Temazepam	Tab 10 mg	Normison	2011
Terbinafine	Tab 250 mg	Apo-Terbinafine	2011
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2011
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 μg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2011
Timolol maleate	Tab 10 mg Eye drops 0.25% & 0.5%	Apo-Timol Apo-Timop	2012 2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2011
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Triamcinolone acetonide	Crm 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
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

November 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.*

New Listings

Effective 1 November 2010

32 INSULIN PEN NEEDLES – Maximum of 100 dev per prescription
- ❋ 32 g × 4 mm ..... 10.50 100 ✔**B-D Micro-Fine**

49 CAPTOPRIL
- ❋ Tab 12.5 mg ..... 2.00 100 ✔**m-Captopril**
- ❋ Tab 25 mg ..... 2.40 100 ✔**m-Captopril**
- ❋ Tab 50 mg ..... 3.50 100 ✔**m-Captopril**

95 ETRAVIRINE – Special Authority see SA1025 – Retail pharmacy
- Tab 100 mg ..... 770.00 120 ✔**Intelence**

96 DARUNAVIR – Special Authority see SA1025 – Retail pharmacy
- Tab 300 mg ..... 1,190.00 120 ✔**Prezista**
- Tab 400 mg ..... 837.50 60 ✔**Prezista**

107 ETANERCEPT – Special Authority see SA1060 – Retail pharmacy
- Inj 50 mg autoinjector ..... 1,899.92 4 ✔**Enbrel**

119 LEVETIRACETAM
- Tab 250 mg ..... 24.03 60 ✔**Levetiracetam-Rex**
- Tab 500 mg ..... 28.71 60 ✔**Levetiracetam-Rex**
- Tab 750 mg ..... 45.23 60 ✔**Levetiracetam-Rex**

123 SELEGILINE HYDROCHLORIDE
- ❋ Tab 5 mg ..... 16.06 100 ✔**Apo-Selegiline** S29 **S29**

Note – This unregistered pack of Apo-Selegiline tab 5 mg is a temporary listing to cover a potential out-of-stock.

136 DONEPEZIL HYDROCHLORIDE
- ❋ Tab 5 mg ..... 7.71 90 ✔**Donepezil-Rex**
- ❋ Tab 10 mg ..... 14.06 90 ✔**Donepezil-Rex**

137 VARENICLINE TARTRATE – Special Authority see SA1054 – Retail pharmacy
- Tab 0.5 mg x 11 and 1 mg x 14 ..... 60.48 1 OP ✔**Champix**
- Tab 1 mg ..... 67.74 28 ✔**Champix**
- Tab 1 mg ..... 135.48 56 ✔**Champix**

SA1054 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and

2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and

3 Either:

3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or

3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and

4 The patient has not used varenicline in the last 12 months; and

5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and

continued...

New listings - effective 1 November 2010 (continued)

continued...

6 The patient is not pregnant.

Renewal from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 The patient has not used varenicline in the last 12 months; and
4 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
5 The patient is not pregnant.
The patient may not have had more than 1 prior approval in the past 12 months.

149 SUNITINIB – Special Authority see SA1055 – Retail pharmacy

Cap 12.5 mg	2,315.38	28	✔**Sutent**
Cap 25 mg	4,630.77	28	✔**Sutent**
Cap 50 mg	9,261.54	28	✔**Sutent**

➽ SA1055 Special Authority for Subsidy
Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 The patient has metastatic renal cell carcinoma; and
2 Either
2.1 The patient is sunitinib treatment naive; or
2.2 The patient received sunitinib prior to 1 November 2010 and disease has not progressed; and
3 The patient has good performance status (WHO/ECOG grade 0-1); and
4 The disease is of predominant clear cell histology; and
5 The patient has intermediate or poor prognosis based on the NCCN clinical practice guidelines for kidney cancer; and
6 Sunitinib to be used for a maximum of 2 cycles.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes:
Sunitinib treatment should be stopped if disease progresses.
NCCN clinical practice guidelines for kidney cancer are available at http://www.nccn.org/professionals/physician_gls/f_guidelines.asp

151 BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist
Subsidised only for bladder cancer

Inj 2-8 x 100 million CFU	187.37	1	✔**OncoTICE**

167 PHARMACY SERVICES – No patient co-payment payable

✻ Brand switch fee	0.01	1 fee	✔**BSF Arrow-Enalapril**

(BSF Arrow-Enalapril to be delisted 1 February 2011)

171 ACETYLCYSTEINE – Retail pharmacy-Specialist

Inj 200 mg per ml, 30 ml	219.00	4	✔**Acetadote**

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

New listings - effective 1 October 2010

25 LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO

✻ Cap 2 mg	8.95	400	✔ **Diamide Relief**

35 IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy

Inj 40 iu per ml, 400 iu vial	2,144.00	1	✔ **Cerezyme** S29

44 SODIUM CHLORIDE

Inj 0.9%, 5 ml – Up to 5 inj available on a PSO	15.50	50	✔ **Pfizer**
Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	15.50	50	✔ **Pfizer**

48 DEFERIPRONE – Special Authority see SA1042 – Retail pharmacy

Tab 500 mg	533.17	100	✔ **Ferriprox**
Oral liq 100 mg per 1 ml	266.59	250 ml OP	✔ **Ferriprox**

SA1042 Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid without further renewal unless notified where the patient has been diagnosed with chronic transfusional iron overload due to congenital inherited anaemia.
Note: For the purposes of this Special Authority, a relevant specialist is defined as a haematologist.

49 CILAZAPRIL

✻ Tab 0.5 mg	0.95	30	✔ **Zapril**
✻ Tab 2.5 mg	2.06	30	✔ **Zapril**
✻ Tab 5 mg	3.28	30	✔ **Zapril**

59 ADAPALENE

a) Maximum of 30 g per prescription
b) Only on a prescription

Crm 0.1%	22.89	30 g OP	✔ **Differin**
Gel 0.1%	22.89	30 g OP	✔ **Differin**

87 AMOXYCILLIN

Cap 250 mg – Up to 30 cap available on a PSO	16.18	500	✔ **Alphamox**
Cap 500 mg	26.50	500	✔ **Alphamox**

86 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA0988

Tab 250 mg	5.53	10	✔ **Klacid**

122 ONDANSETRON

a) Maximum of 12 tab per prescription; can be waived by Special Authority see SA0887
b) Maximum of 6 tab per dispensing; can be waived by Special Authority see SA0887
c) Not more than one prescription per month; can be waived by Special Authority see SA0887
d) The maximum of 6 tab per dispensing cannot be waived via Access Exemption Criteria.

Tab 4 mg	5.10	30	✔ **Dr Reddy's Ondansetron**
Tab 8 mg	1.70	10	✔ **Dr Reddy's Ondansetron**

148 ERLOTINIB HYDROCHLORIDE – Retail pharmacy–Specialist – Special Authority see SA1044

Tab 100 mg	3,100.00	30	✔ **Tarceva**
Tab 150 mg	3,950.00	30	✔ **Tarceva**

SA1044 Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:

continued...

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

New listings - effective 1 October 2010 (continued)

continued...

1. Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and
2. Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
3. Erlotinib is to be given for a maximum of 3 months.

Renewal application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

150	ANASTROZOLE				
	Tab 1 mg	26.55	30		✔**Aremed**
151	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy				
	Tab 500 mg	85.00	50		✔**Myaccord**
	Cap 250 mg	85.00	100		✔**Myaccord**
156	BUDESONIDE				
	Powder for inhalation, 200 μg per dose	19.00	200 dose OP		✔**Budenocort**
	Powder for inhalation, 400 μg per dose	32.00	200 dose OP		✔**Budenocort**
162	CHLORAMPHENICOL				
	Eye drops 0.5%	1.28	10 ml OP		✔**Chlorafast**
170	STANDARD FORMULAE				
	Phenobarbitone Sodium Paediatric Oral Liquid (10 mg per ml)				
	Phenobarbitone sodium powder 400 mg				
	Glycerol BP 4 ml				
	Water to 40 ml				
178	ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3]				
	Powder (chocolate)	9.50	900 g OP		✔**Ensure**
	Powder (vanilla)	9.50	900 g OP		✔**Ensure**
181	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA0896 – Hospital pharmacy [HP3]				
	Liquid (vanilla)	1.07	200 ml OP		✔**Pediasure**
182	RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587– Hospital pharmacy [HP3]				
	Liquid	2.43	200 ml OP		✔**Nepro (strawberry)**
184	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]				
	Liquid	1.32	237 ml OP		✔**Jevity**
		2.65	500 ml OP		✔**Jevity RTH**
184	ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]				
	Liquid	1.24	250 ml OP		✔**Osmolite**
		2.65	500 ml OP		✔**Osmolite RTH**
185	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3]				
	Liquid	1.75	250 ml OP		✔**Ensure Plus HN**

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

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

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

New listings - effective 1 October 2010 (continued)

191 ELEMENTAL FORMULA – Special Authority see SA0603 – Hospital pharmacy [HP3]

Powder (vanilla)	52.90	400 g OP	
	(56.00)		Elecare
Powder (unflavoured)	52.90	400 g OP	
	(56.00)		Elecare
			Elecare LCP

Effective 1 September 2010

29 INSULIN GLULISINE

▲Inj 100 u per ml, 3 ml	46.07	5	✔**Apidra**

33 MUCILAGINOUS LAXATIVES – Only on a prescription

❋Dry	6.02	500 g OP	✔**Konsyl-D**

36 VITAMIN B COMPLEX

❋Tab, strong, BPC	4.70	500	✔**B-PlexADE**

41 CLOPIDOGREL

Tab 75 mg	16.25	90	✔**Apo-Clopidogrel**

45 SODIUM BICARBONATE

Cap 840 mg	8.52	100	✔**Sodibic**

55 FUROSEMIDE

❋Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	1.30	5	✔**Frusemide-Claris**

85 CEFTRIAXONE SODIUM – Subsidy by endorsement

a) Up to 5 inj available on a PSO

b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.

Inj 500 mg	2.70	1	✔**Veracol**

85 CEPHALEXIN MONOHYDRATE

Cap 500 mg	8.90	20	✔**Cephalexin ABM**

102 MELOXICAM – Special Authority see SA1034 – Retail pharmacy

Tab 7.5 mg	11.50	30	✔**Arrow-Meloxicam**

➽ SA1034 Special Authority for Subsidy

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

All of the following:

1 The patient has moderate to severe haemophilia with less than or equal to 5% of normal circulating functional clotting factor; and

2 The patient has haemophilic arthropathy; and

3 Pain and inflammation associated with haemophilic arthropathy is inadequately controlled by alternative funded treatment options, or alternative funded treatment options are contraindicated.

102 TENOXICAM

❋Inj 20 mg	9.95	1	✔**AFT**

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

New listings - effective 1 September 2010 (continued)

109 ZOLEDRONIC ACID – Special Authority see SA1035 – Retail pharmacy

Soln for infusion 5 mg in 100 ml ..... 600.00 100 ml ✔**Aclasta**

SA1035 Special Authority for Subsidy

Initial application – (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 Paget's disease; and

2 Any of the following:

2.1 Bone or articular pain; or

2.2 Bone deformity; or

2.3 Bone, articular or neurological complications; or

2.4 Asymptomatic disease, but risk of complications; or

2.5 Preparation for orthopaedic surgery; and

3 The patient will not be prescribed more than one infusion in the 12-month approval period.

Initial application – (Underlying cause - Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Any of the following:

1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 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 ≥ 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 glucocorticosteriod 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

continued...

New listings - effective 1 September 2010 (continued)

continued...

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

Renewal – (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 Any of the following:
- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented BMD ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
- 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 1.4 Documented T-Score ≤ -3.0 (see Note); or
- 1.5 A 10-year risk of hip fracture ≥ 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**

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)

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

Changes to Restrictions

Effective 1 November 2010

44 SODIUM CHLORIDE

Inj 0.9%, 20 ml ~~– Up to 5 inj available on a PSO~~	4.72	6	✔**Pharmacia**
	11.79	30	✔**Pharmacia**
	8.41	20	✔**Multichem**

50 ENALAPRIL

A Brand Switch Fee may be claimed from 1 November 2010 until 31 January 2011.

✻Tab 5 mg	1.98	90	✔**Arrow-Enalapril**
✻Tab 10 mg	2.44	90	✔**Arrow-Enalapril**
✻Tab 20 mg	3.24	90	✔**Arrow-Enalapril**

103 ADALIMUMAB – Special Authority see **SA1059** ~~1026~~ – Retail pharmacy

Inj 40 mg per 0.8 ml prefilled pen	1,799.92	2	✔**HumiraPen**
Inj 40 mg per 0.8 ml prefilled syringe	1,799.92	2	✔**Humira**

➽ **SA1059** ~~1026~~ Special Authority for Subsidy

Initial application — (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with at least two of the following (triple therapy): sulphasalazine, prednisone at a dose of at least 7.5 mg per day, azathioprine, intramuscular gold, or hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 Either:

2.5.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporine alone or in combination with another agent; or

2.5.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and

2.6 Either:

2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or

2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.7 Either:

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initial application — (Crohn's disease) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1 Patient has severe active Crohn's disease; and

2 Any of the following:

2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or

2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or

2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or

2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate.

Initial application — (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or

2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

2.4 The most recent PASI assessment is no more than 1 month old at the time of application.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

Initial application — (ankylosing spondylitis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and

2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and

2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regime supervised by a physiotherapist; and

2.5 Either:

2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or

2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and

2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale~~;~~**.** ~~and~~

~~7 Either:~~

~~7.1 An elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or~~

~~7.2 A C-reactive protein (CRP) level greater than 15 mg per litre.~~

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI, ESR and CRP measures must be no more than 1 month old at the time of initial application.

Average normal chest expansion corrected for age and gender:
18-24 years - Male: 7.0 cm; Female: 5.5 cm
25-34 years - Male: 7.5 cm; Female: 5.5 cm
35-44 years - Male: 6.5 cm; Female: 4.5 cm
45-54 years - Male: 6.0 cm; Female: 5.0 cm
55-64 years - Male: 5.5 cm; Female: 4.0 cm
65-74 years - Male: 4.0 cm; Female: 4.0 cm
75+ years - Male: 3.0 cm; Female: 2.5 cm

Initial application — (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or

2 All of the following:

2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and

2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and

2.4 Either:

2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or

2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.5 Any of the following:

2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Renewal — (rheumatoid arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
- 1.1 Applicant is a rheumatologist; or
- 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

3 Either:
- 3.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

4 Either:
- 4.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
- 4.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

Renewal — (Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
- 1.1 Applicant is a gastroenterologist; or
- 1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:
- 2.1 Either:
  - 2.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
  - 2.1.2 CDAI score is 150 or less; or
- 2.2 Both:
  - 2.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
  - 2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal — (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

All of the following:

1 Either:
- 1.1 Applicant is a dermatologist; or
- 1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:
- 2.1 Both:
  - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis; and
  - 2.1.2 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
- 2.2 Both:
  - 2.2.1 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
  - 2.2.2 Either:
    - 2.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
    - 2.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre adalimumab treatment baseline value; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Note: A treatment course is defined as a minimum of 12 weeks adalimumab treatment

Renewal — (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:
- 1.1 Applicant is a rheumatologist; or
- 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Following 12 weeks of adalimumab treatment, BASDAI has improved by 4 or more points from pre-adalimumab baseline on a 10 point scale, or by 50%, whichever is less; and

~~3 ESR or CRP is within the normal range; and~~

3 ~~4~~ Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

4 ~~5~~ Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal — (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:
- 1.1 Applicant is a rheumatologist; or
- 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:
- 2.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2.2 The patient demonstrates at least a continuing 50% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Changes to Restrictions - effective 1 November 2010 (continued)

107 ETANERCEPT ~~– Retail pharmacy-Specialist prescription~~ – Special Authority see **SA1060** ~~0868~~ – **Retail pharmacy**

Inj 25 mg	949.96	4	✔**Enbrel**
Inj 50 mg autoinjector	1,899.92	4	✔**Enbrel**

SA1060 ~~0868~~ Special Authority for Subsidy

Initial application – (juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 Patient diagnosed with juvenile idiopathic arthritis (JIA); and

3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and

4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with oral corticosteroids (prednisone 0.25 mg/kg or at maximum tolerated dose); and

5 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-15 mg/m² weekly or at the maximum tolerated dose) in combination with one other disease-modifying agent; and

6 Both:

6.1 Either:

6.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 active, swollen, tender joints; or

6.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

6.2 Physician's global assessment indicating severe disease.

Initial application - (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and

2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with at least two of the following (triple therapy): sulphasalazine, prednisone at a dose of at least 7.5 mg per day, azathioprine, intramuscular gold, or hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 Either:

2.5.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of cyclosporin alone or in combination with another agent; or

2.5.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and

2.6 Either:

2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.7 Either:

2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initial application - (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or

2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, cyclosporin, or acitretin; and

2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

2.4 The most recent PASI assessment is no more than 1 month old at the time of application.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Initial application - (ankylosing spondylitis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of an exercise regimen supervised by a physiotherapist; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by a score of at least 1 on each of the lumbar flexion and lumbar side flexion measurements of the Bath Ankylosing Spondylitis Metrology Index (BASMI); or
2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measures must be no more than 1 month old at the time of initial application.

Average normal chest expansion corrected for age and gender:
18-24 years - Male: 7.0 cm; Female: 5.5 cm
25-34 years - Male: 7.5 cm; Female: 5.5 cm
35-44 years - Male: 6.5 cm; Female: 4.5 cm
45-54 years - Male: 6.0 cm; Female: 5.0 cm
55-64 years - Male: 5.5 cm; Female: 4.0 cm
65-74 years - Male: 4.0 cm; Female: 4.0 cm
75+ years - Male: 3.0 cm; Female: 2.5 cm

Initial application - (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or
2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.5 Any of the following:
2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

Renewal - (juvenile idiopathic arthritis) only from a named specialist or rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a named specialist or rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a named specialist or rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
3 Either:
3.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Renewal - (rheumatoid arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
3 Either:
3.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
4 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Renewal - (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a dermatologist; or
1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Either:
2.1 Both:
2.1.1 Patient has "whole body" severe chronic plaque psoriasis; and
2.1.2 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-treatment baseline value; or
2.2 Both:
2.2.1 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot; and
2.2.2 Either:

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

2.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

2.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Note: An etanercept treatment course is defined as a minimum of 12 weeks of etanercept treatment.

Renewal - (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Following 12 weeks of etanercept treatment, BASDAI has improved by 4 or more points from pre-treatment baseline on a 10 point scale, or by 50%, whichever is less; and
3 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
4 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Renewal - (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Either:
2.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the treating physician; or
2.2 The patient demonstrates at least a continuing 50% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and
3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

~~Initial application only from a named specialist or rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
~~2 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and~~
~~3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and~~
~~4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20mg/m² weekly or at the maximum tolerated dose) in combination with oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose); and~~
~~5 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-15mg/m² weekly or at the maximum tolerated dose) in combination with one other disease-modifying agent; and~~
~~6 Both:~~
~~6.1 Either:~~

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

~~6.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 active, swollen, tender joints; or~~

~~6.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and~~

~~6.2 Physician's global assessment indicating severe disease; and~~

~~7 The patient or their legal guardian consents to details of their treatment being held on a central registry and has signed a consent form outlining conditions of ongoing treatment.~~

~~Note: A patient declaration form http://www.pharmac.govt.nz/special_authority_forms/SA0667-declaration.pdf must be signed by the legal guardian of the patient and the prescriber in the presence of a witness (over 18 years of age)~~

~~Renewal only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:~~

~~Both:~~

~~1 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~

~~2 Either:~~

~~2.1 Following 4 months initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or~~

~~2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.~~

116 VENLAFAXINE – Special Authority see **SA1061** ~~0789~~ – Retail pharmacy

Cap 37.5 mg	18.64	28	✔**Efexor XR**
Cap 75 mg	37.27	28	✔**Efexor XR**
Cap 150 mg	45.68	28	✔**Efexor XR**

➽ **SA1061** ~~0789~~ Special Authority for Subsidy

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 The patient has 'treatment-resistant' depression; and

2 Either:

2.1 The patient must have had a trial of two different antidepressants and ~~failed to respond to~~ **have had an inadequate response from** an adequate dose over an adequate period of time (usually at least four weeks); or

2.2 Both:

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

2.2.2 The patient must have had a trial of one other antidepressant and ~~failed to respond to~~ **have had an inadequate response from** an adequate dose over an adequate period of time.

Renewal from any medical practitioner. Approvals valid for 2 years where the patient has a high risk of relapse (prescriber determined).

119 LEVETIRACETAM ~~– Special Authority see SA0921 – Retail pharmacy~~

Tab 250 mg	24.03	60	✔**Levetiracetam-Rex**
Tab 500 mg	28.71	60	✔**Levetiracetam-Rex**
Tab 750 mg	45.23	60	✔**Levetiracetam-Rex**

~~➽ SA0921 Special Authority for Subsidy~~

~~Subsidy by application to the Levetiracetam Special Access Panel~~

~~Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:~~

~~The Coordinator, Levetiracetam Special Access Panel~~
~~PHARMAC, PO Box 10 254~~
~~Wellington~~

~~Phone: (04) 916-7553~~
~~Facsimile: (09) 929-3226~~
~~Email: lsacoordinator@pharmac.govt.nz~~

Note – Keppra tablets to be delisted 1 November 2010.

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 November 2010 (continued)

165 PILOCARPINE

✻ Eye drops 1%	4.26	15 ml OP	✔**Isopto Carpine** ~~S29~~
✻ Eye drops 2%	5.35	15 ml OP	✔**Isopto Carpine** ~~S29~~
✻ Eye drops 4%	7.99	15 ml OP	✔**Isopto Carpine** ~~S29~~

Effective 1 October 2010

44 SODIUM CHLORIDE

Inj 0.9%, 20 ml – **Up to 5 inj available on a PSO**	4.72	6	✔**Pharmacia**
	11.79	30	✔**Pharmacia**
	8.41	20	✔**Multichem**

47 EZETIMIBE – Special Authority see **SA1045** ~~0796~~ – Retail pharmacy

Tab 10 mg	57.60	30	✔**Ezetrol**

➽ **SA1045** ~~0796~~ Special Authority for Subsidy

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

All of the following:

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

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

3 Any of the following:

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

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

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

Note:

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

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

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

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

~~Both:~~

~~1 Either:~~

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

~~1.2 ezetimibe is to be used without a statin; and~~

~~2 Either:~~

~~2.1 All of the following:~~

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

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

~~2.1.3 Either:~~

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

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

~~2.1.3.1 All of the following:~~
~~2.1.3.1.1 Patient has venous CABG; and~~
~~2.1.3.1.2 LDL cholesterol ≥ 2.0 mmol/litre (see note); and~~
~~2.1.3.1.3 LDL cholesterol ≥ 2.0 mmol/litre (at least 1 week after test 1 – see note);~~
~~or~~
~~2.1.3.2 All of the following:~~
~~2.1.3.2.1 Patient does not have venous CABG; and~~
~~2.1.3.2.2 LDL cholesterol ≥ 2.5 mmol/litre (see note); and~~
~~2.1.3.2.3 LDL cholesterol ≥ 2.5 mmol/litre (at least 1 week after test 1 – see note);~~
~~or~~

~~2.2 All of the following:~~
~~2.2.1 Patient has homozygous familial hypercholesterolemia, or heterozygous familial hypercholesterolemia; and~~
~~2.2.2 Patient has been compliant for at least two months with maximum dose statin therapy; and~~
~~2.2.3 LDL cholesterol ≥ 5 mmol/litre (see note); and~~
~~2.2.4 LDL cholesterol ≥ 5 mmol/litre (at least 1 week after test 1 – see note).~~

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

~~Renewal only from a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Both:~~
~~1 The treatment remains appropriate and the patient is benefiting from treatment; and~~
~~2 Either:~~
~~2.1 ezetimibe is to be used in combination with simvastatin; or~~
~~2.2 ezetimibe is to be used without a statin.~~

48 EZETIMIBE WITH SIMVASTATIN – Special Authority see **SA1046** ~~0826~~ – Retail pharmacy

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

➽ **SA1046** ~~0826~~ Special Authority for Subsidy

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

All of the following:

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

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

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

Note:

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

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

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

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

continued...

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

~~1 All of the following:~~
~~1.1 Patient has a calculated absolute risk of cardiovascular disease >20% over 5 years; and~~
~~1.2 Patient cannot tolerate statin therapy at a dose of ≥ 40 mg per day; and~~
~~1.3 Either:~~
~~1.3.1 All of the following:~~
~~1.3.1.1 Patient has venous CABG; and~~
~~1.3.1.2 LDL cholesterol ≥ 2.0 mmol/litre (see note); and~~
~~1.3.1.3 LDL cholesterol ≥ 2.0 mmol/litre (at least 1 week after test 1 – see note); or~~
~~1.3.2 All of the following:~~
~~1.3.2.1 Patient does not have venous CABG; and~~
~~1.3.2.2 LDL cholesterol ≥ 2.5 mmol/litre (see note); and~~
~~1.3.2.3 LDL cholesterol ≥ 2.5 mmol/litre (at least 1 week after test 1 – see note); or~~
~~2 All of the following:~~
~~2.1 Patient has homozygous familial hypercholesterolemia, or heterozygous familial hypercholesterolemia; and~~
~~2.2 Patient has been compliant for at least two months with maximum dose statin therapy; and~~
~~2.3 LDL cholesterol ≥ 5 mmol/litre (see note); and~~
~~2.4 LDL cholesterol ≥ 5 mmol/litre (at least 1 week after test 1 – see note).~~
~~Note: Two lipid tests are required to assess LDL cholesterol levels, the tests must be at least one week apart, and be carried out in a fasted state (other than for patients with IDDM). The results for LDL cholesterol levels in both tests must be above those specified.~~
~~Renewal only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

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

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

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

Tab 300 mg .....531.00 30 ✔**Viread**

➽ **SA1047** ~~0997~~ Special Authority for Waiver of Rule

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

Any ~~All~~ of the following:

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

2 **All of the following**

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

~~3 All of the following:~~

~~Documented drug resistance, defined as both:~~

~~3.1 ALT greater than upper limit of normal; or ≥ Metavir Stage F3; and~~

2.2 ~~3.2~~ HBV DNA greater than 20,000 IU/mL or increased ≥ 10 fold over nadir; and

2.3 ~~4~~ Any of the following:

2.3.1 ~~4.1~~ Hepatitis B virus resistant to lamivudine with detection of M204I/V mutation; or

2.3.2 ~~4.2~~ Hepatitis B virus resistant to adefovir with detection of A181T/V or N236T mutation; or

2.3.3 ~~4.3~~ Hepatitis B virus resistant to entecavir with detection of I169T, L180M T184S/A/I/L/GC/M, S202C/G/I, M204V or M250I/V mutation; **or.**

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

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

continued...

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

Both:

1 Patient is HBsAg positive and pregnant; and

2 Either:

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

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

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

Any of the following:

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

2 All of the following:

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

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

2.3 Any of the following:

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

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

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

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

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

Both:

1 Patient is HBsAg positive and pregnant; and

2 Either:

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

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

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

Notes:

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

115 MIANSERIN HYDROCHLORIDE – Special Authority see **SA1048** ~~0864~~ – Retail pharmacy

Tab 30 mg ..... 24.86 30 ✔**Tolvon**

➽ **SA1048** ~~0864~~ Special Authority for Subsidy

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

Either

1 Both:

1.1 Depression; and

1.2 Either:

1.2.1 Co-existent bladder neck obstruction; or

1.2.2 Cardiovascular disease~~.~~**; or**

2 Both:

continued...

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

2.1 The patient has a severe major depressive episode; and
2.2 Either:
2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or
2.2.2 Both:
2.2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and
2.2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.

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

140 CAPECITABINE – Retail pharmacy-Specialist – Special Authority see **SA1049** ~~1040~~

Tab 150 mg	115.00	60	✔**Xeloda**
Tab 500 mg	705.00	120	✔**Xeloda**

➽ **SA1049** ~~1040~~ Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Any of the following:
1 The patient has advanced gastrointestinal malignancy; or
2 The patient has metastatic breast cancer; or
3 The patient has stage III (Dukes' stage C) colorectal*# cancer and has undergone surgery; or
4 All of the following:
4.1 The patient has stage II (Dukes' stage B) colorectal* cancer and has undergone surgery; and
4.2 Any of the following:
4.2.1 the patient has stage T4 disease; or
4.2.2 the patient has vascular invasion; or
4.2.3 Fewer than 10 lymph nodes were examined at resection; or
5 All of the following:
5.1 The patient has locally advanced (clinically or radiologically staged T3/T4: N0,1,2) rectal cancer; and
5.2 Surgery is planned; and
5.3 Capecitabine to be given prior to surgery (neoadjuvant); and
5.4 Capecitabine to be given at a maximum dose of 825 mg/m² twice daily in combination with radiation therapy for a maximum of 6 weeks; or
6 Both:
6.1 The patient has poor venous access or needle phobia*; and
6.2 The patient requires a substitute for single agent fluoropyrimidine*.
Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1 The patient requires continued therapy; or
2 The tumour has relapsed and requires re-treatment.
Note indications marked with * are Unapproved Indications, #capecitabine is approved for stage III (Dukes' stage C) colon cancer.

~~Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:~~
~~Any of the following:~~
~~1 The patient has advanced gastrointestinal malignancy; or~~
~~2 The patient has metastatic breast cancer*; or~~
~~3 The patient has stage III (Duke's stage C) colorectal*# cancer and undergone surgery; or~~
~~4 Both:~~
~~4.1 The patient has poor venous access or needle phobia*; and~~

continued...

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

~~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.~~

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

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

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

➽ **SA1041** ~~0960~~ Special Authority for Subsidy
Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1 Transplant recipient; or
2 Both:
Patients with diseases where
2.1 Steroids and azathioprine have been trialled and discontinued because of unacceptable side effects or inadequate clinical response; and
2.2 Either:
Patients with diseases where
2.2.1 Cyclophosphamide has been trialled and discontinued because of unacceptable side effects or inadequate clinical response; or
2.2.2 Cyclophosphamide treatment is contraindicated.

~~Initial application only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~
~~Any of the following:~~
~~1 Renal transplant recipient; or~~
~~2 Heart transplant recipient; or~~
~~3 Liver transplant recipient; or~~
~~4 Patient has an organ transplant and has severe tophaceous gout making azathioprine unsuitable.~~

151 RITUXIMAB – PCT only – Specialist – Special Authority see **SA1050** ~~0961~~

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

➽ **SA1050** ~~0961~~ Special Authority for Subsidy
Initial application — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has B-cell post-transplant lymphoproliferative disorder*; and

continued...

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

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

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

Either:

1 Both:

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

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

2 Both:

2.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and

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

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

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

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

Either

1 All of the following:

1.1 The patient has treatment-naive aggressive CD20 positive NHL; and

1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and

1.3 To be used for a maximum of 8 treatment cycles; or

2 Both:

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

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

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

Renewal — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.

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

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and

2 The patient has B-cell post-transplant lymphoproliferative disorder*; and

3 To be used for no more than 6 treatment cycles.

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

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and

2 The patient has indolent, low-grade NHL with relapsed disease following prior chemotherapy; and

3 To be used for no more than 6 treatment cycles.

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

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

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

All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and

2 The patient has relapsed refractory/aggressive CD20 positive NHL; and

3 To be used with a multi-agent chemotherapy regimen given with curative intent; and

4 To be used for a maximum of 4 treatment cycles.

continued...

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia
Note: Indications marked with * are Unapproved Indications.

~~Initial application — (Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:~~
~~Both:~~
~~1 The patient has B-cell post-transplant lymphoproliferative disorder*; and~~
~~2 To be used for a maximum of 8 treatment cycles.~~
~~Initial application — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Both:~~
~~1.1 The patient has indolent low grade NHL with relapsed disease following prior chemotherapy; and~~
~~1.2 To be used for a maximum of 4 treatment cycles; or~~
~~2 Both:~~
~~2.1 The patient has indolent, low grade lymphoma requiring first-line systemic chemotherapy; and~~
~~2.2 To be used for a maximum of 6 treatment cycles.~~
~~Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.~~
~~Initial application — (Aggressive CD20 positive NHL) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient has treatment-naive aggressive CD20 positive NHL; and~~
~~2 To be used with a multi-agent chemotherapy regimen given with curative intent; and~~
~~3 To be used for a maximum of 8 treatment cycles.~~
~~Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia~~
~~Renewal — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient has had a rituximab treatment-free interval of 12 months or more; and~~
~~2 The patient has indolent, low-grade NHL with relapsed disease following prior chemotherapy; and~~
~~3 To be used for no more than 4 treatment cycles.~~
~~Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma.~~
~~Renewal —(Post-transplant) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient has had a rituximab treatment-free interval of 12 months or more; and~~
~~2 The patient has B-cell post-transplant lymphoproliferative disorder*; and~~
~~3 To be used for no more than 6 treatment cycles.~~
~~Note: Indications marked with * are Unapproved Indications.~~

Changes to Restrictions - effective 1 October 2010 (continued)

164 TRAVOPROST – Retail pharmacy-Specialist

~~a)~~ See prescribing guideline above

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

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

▲Eye drops 0.004% ~~– Higher subsidy of $19.50 per 2.5 ml with Endorsement~~ ..... 19.50 2.5 ml OP ✔**Travatan**

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.~~

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

Changes to Restrictions - effective 1 September 2010 (continued)

41 CLOPIDOGREL — ~~Special Authority see SA0867 below — Retail pharmacy~~

Tab 75 mg	16.25	90	✔**Apo-Clopidogrel**
	5.05	28	✔**Apo-Clopidogrel**
	25.00	28	✔**Arrow-Clopidogrel**
	(73.38)		Plavix

~~SA0867~~ ~~Special Authority for Subsidy~~

~~Initial application — (aspirin allergic patients) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~

~~Both:~~

~~1 The patient is allergic to aspirin (see definition below); and~~

~~2 Any of the following:~~

~~The patient has:~~

~~2.1 suffered from a stroke, or transient ischaemic attack; or~~

~~2.2 experienced an acute myocardial infarction; or~~

~~2.3 experienced an episode of pain at rest of greater than 20 minutes duration due to coronary disease that required admission to hospital for at least 24 hours; or~~

~~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 specialistconsultation.~~

~~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.~~

continued...

Changes to Restrictions - effective 1 September 2010 (continued)

continued...

~~Renewal — (patients awaiting revascularisation) from any relevant practitioner. Approvals valid for 6 months where the patient is on a waiting list or active review list for stenting, coronary artery bypass grafting or percutaneous coronary angioplasty following acute coronary syndrome.~~
~~Renewal — (post stenting) from any relevant practitioner. Approvals valid for 6 months where the patient has had a stent inserted in the previous 4 weeks.~~
~~Renewal — (documented stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has, while on treatment with aspirin or clopidogrel, experienced documented stent thrombosis.~~

46 ATORVASTATIN ~~– Additional subsidy by Special Authority see SA0788 – Retail pharmacy~~
See prescribing guideline

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

~~SA0788 Special Authority for Manufacturers Price~~
~~Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for~~
~~applications meeting the following criteria:~~
~~Both:~~
~~1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and~~
~~2 Either:~~
~~2.1 Patient has severe documented intolerance to simvastatin (blood tests are not required); or~~
~~2.2 Both:~~
~~2.2.1 Patient has been compliant with a dose of simvastatin of 80 mg per day for at least 2 months; and~~
~~2.2.2 Either:~~
~~2.2.2.1 All of the following:~~
~~2.2.2.1.1 Patient has venous CABG; and~~
~~2.2.2.1.2 LDL cholesterol test 1 ≥ 2.0 mmol/litre; and~~
~~2.2.2.1.3 LDL cholesterol test 2 ≥ 2.0 mmol/litre (at least 1 week after test 1); or~~
~~2.2.2.2 All of the following:~~
~~2.2.2.2.1 Patient does not have venous CABG; and~~
~~2.2.2.2.2 LDL cholesterol test 1 ≥ 2.5 mmol/litre; and~~
~~2.2.2.2.3 LDL cholesterol test 2 ≥ 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~~

Changes to Restrictions - effective 1 September 2010 (continued)

59 ISOTRETINOIN – Special Authority see SA0955 – Retail pharmacy

Cap 10 mg ..... 48.48 180 ✔**Oratane**

Cap 20 mg ..... 69.70 180 ✔**Oratane**

➽ SA0955 Special Authority for Subsidy

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

All of the following:

1 Patient has had an adequate trial on other available treatments and has ~~failed~~ **received an inadequate response from** these treatments or these are contraindicated; and

2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and

3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and

4 Either:

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

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**

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)

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	✔**Arrow-Azithromycin**

90 ETHAMBUTOL HYDROCHLORIDE – No patient co-payment payable

Tab 100 mg	48.01	56	✔**Myambutol** ~~S29~~
Tab 400 mg	49.34	56	✔**Myambutol** ~~S29~~

97 INTERFERON ALPHA-2A – PCT – Retail pharmacy-Specialist
a) See prescribing guideline
~~b) Only one multidose cartridge starter pack to be prescribed and dispensed per patient.~~

Inj 3 m iu prefilled syringe	31.32	1	✔**Roferon-A**
Inj 6 m iu prefilled syringe	62.64	1	✔**Roferon-A**
Inj 9 m iu prefilled syringe	93.96	1	✔**Roferon-A**

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 ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or ~~Dubbo~~ **Garvan**) which incorporates BMD measurements (see Note); **or**

continued...

Changes to Restrictions - effective 1 September 2010 (continued)

continued...

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 glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
2 ~~Either~~ **Any of the following:**
  2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
  2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; **or**
  2.3 The patient has had a Special Authority approval for zoledronic acid (Underlying cause – glucocorticosteroid therapy).

Renewal – (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteriod 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 ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or ~~Dubbo~~ **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**

Changes to Restrictions - effective 1 September 2010 (continued)

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**

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 Zydis**
Tab 8 mg ..... 33.89 | 20 | ✔**Zofran**
Tab disp 8 mg ..... 20.43 | 10 | ✔**Zofran Zydis**

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.

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
Changes to Restrictions - effective 1 September 2010 (continued)				
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	100	
		(5.89)		Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 15 mg	2.45	100	
		(8.13)		Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	LORMETAZEPAM ~~– Month Restriction~~			
	Tab 1 mg	3.11	30	
		(23.50)		Noctamid
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	MIDAZOLAM			
	Tab 7.5 mg ~~– Month Restriction~~	10.38	100	
		(25.00)		Hypnovel
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	NITRAZEPAM ~~– Month Restriction~~			
	Tab 5 mg	2.00	100	
		(4.98)		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	100	
		(6.50)		Hypam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 250 μg	4.10	100	
		(7.20)		Hypam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
132	ZOPICLONE ~~– Month Restriction~~			
	Tab 7.5 mg	21.02	500	✔**Apo-Zopiclone**

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

Changes to Restrictions - effective 1 September 2010 (continued)

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.

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
	Changes to Subsidy and Manufacturer's Price			
	Effective 1 November 2010			
33	MUCILAGINOUS LAXATIVES – Only on a prescription (↓ subsidy)			
	✻ Dry	3.91	325 g OP	
		(5.72)		Konsyl-D
		4.58	380 g OP	
		(6.69)		Mucilax
		5.42	450 g OP	
		(12.71)		Isogel
		6.02	500 g OP	
		(16.49)		Normacol
	✻ Dry-original flavour, regular texture only	4.05	336 g OP	
		(12.38)		Metamucil
	✻ Sugar Free	3.31	275 g OP	
		(10.60)		Mucilax
34	MUCILAGINOUS LAXATIVES WITH STIMULANTS (↓ subsidy)			
	✻ Dry	2.41	200 g OP	
		(7.69)		Normacol Plus
		6.02	500 g OP	
		(16.49)		Normacol Plus
36	VITAMIN B COMPLEX (↓ subsidy)			
	✻ Tab, strong, BPC	4.70	500	
		(12.10)		Apo-B-Complex
38	VITAMINS (↓ subsidy)			
	✻ Tab (BPC cap strength)	8.00	1,000	✔ **MultiADE**
41	CLOPIDOGREL (↓ subsidy)			
	Tab 75 mg	5.06	28	✔ **Arrow-Clopidogrel**
		(73.38)		Plavix
55	FUROSEMIDE (↓ subsidy)			
	✻ Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	13.00	50	
		(29.50)		Mayne
85	CEFTRIAXONE SODIUM – Subsidy by endorsement (↓ subsidy)			
	a) Up to 5 inj available on a PSO			
	b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.			
	Inj 500 mg	2.57	1	
		(3.99)		AFT
143	DAUNORUBICIN – PCT only – Specialist (↑ subsidy)			
	Inj 2 mg per ml, 10 ml	118.72	1	✔ **Pfizer** S29
	Inj 20 mg for ECP	118.72	20 mg OP	✔ **Baxter**
158	TERBUTALINE SULPHATE (↑ subsidy)			
	Powder for inhalation, 250 μg per dose, breath activated	22.00	200 dose OP	✔ **Bricanyl Turbuhaler**

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

Changes to Subsidy and Manufacturer's Price - effective 1 November 2010 (continued)

163	SODIUM CROMOGLYCATE (↓ subsidy)			
	Eye drops 2%	2.36	10 ml OP	
		(3.95)		Cromolux

Effective 1 October 2010

34	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription (↓ subsidy)			
	Enema 90 mg with sodium lauryl sulphoacetate			
	9 mg per ml, 5 ml	6.00	12	
		(7.30)		Microlax
35	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy (removal of CBS)			
	Inj 40 iu per ml, 200 iu vial	1072.00	1	✔**Cerezyme**
37	ASCORBIC ACID (↓ subsidy)			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	❋ Tab 100 mg	13.80	500	
		(17.25)		Apo-Ascorbic Acid
44	SODIUM CHLORIDE (↑ subsidy)			
	Inj 0.9%, 20 ml – Up to 5 inj available on a PSO	8.41	20	✔**Multichem**
44	WATER (↓ subsidy)			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Purified for inj, 5 ml – Up to 5 inj available on a PSO	9.20	50	✔**Multichem**
	Purified for inj, 10 ml – Up to 5 inj available on a PSO	10.20	50	✔**Multichem**
	Purified for inj, 20 ml – Up to 5 inj available on a PSO	5.00	20	✔**Multichem**
45	CHOLESTYRAMINE WITH ASPARTAME (↑ price)			
	Sachets 4 g with aspartame	19.25	50	
		(52.68)		Questran-Lite
49	TERAZOSIN HYDROCHLORIDE (↓ subsidy)			
	❋ Tab 1 mg	1.50	28	
		(2.50)		Apo-Terazosin
	❋ Tab 2 mg	14.29	500	
		(23.30)		Apo-Terazosin
	❋ Tab 5 mg	17.86	500	
		(29.00)		Apo-Terazosin
56	INDAPAMIDE (↓ subsidy)			
	❋ Tab 2.5 mg	3.25	100	✔**Napamide**
61	NYSTATIN (↑ price)			
	Crm 100,000 u per g	1.00	15 g OP	
		(7.90)		Mycostatin
	a) Only on a prescription			
	b) Not in combination			

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 October 2010 (continued)

65 UREA (↑ subsidy)
- ✻ Crm 10% ... 3.07 — 100 g OP — ✔**Nutraplus**

66 MALATHION (↓ subsidy)
- Liq 0.5% ... 3.79 — 200 ml OP
- (4.99) — Derbac-M

74 OESTRIOL (↓ subsidy)
- ✻ Crm 1 mg per g with applicator ... 6.30 — 15 g OP — ✔**Ovestin**
- ✻ Pessaries 500 μg ... 6.53 — 15 — ✔**Ovestin**

85 CEFTRIAXONE SODIUM – Subsidy by endorsement (↓ subsidy)
a) Up to 5 inj available on a PSO
b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.
- Inj 1 g ... 2.10 — 1
- (5.40) — AFT

99 NITROFURANTOIN (↑ subsidy)
- ✻ Tab 50 mg ... 22.20 — 100 — ✔**Nifuran**
- ✻ Tab 100 mg ... 37.50 — 100 — ✔**Nifuran**

115 MIANSERIN HYDROCHLORIDE – Special Authority see SA1048 – Retail pharmacy (↓ subsidy)
- Tab 30 mg ... 24.86 — 30 — ✔**Tolvon**

126 QUETIAPINE (↓ subsidy)
- Tab 25 mg ... 7.00 — 60 — ✔**Seroquel**
- Tab 100 mg ... 14.00 — 60 — ✔**Seroquel**
- Tab 200 mg ... 24.00 — 60 — ✔**Seroquel**
- Tab 300 mg ... 40.00 — 60 — ✔**Seroquel**

151 AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy)
- ✻ Tab 50 mg ... 18.45 — 100 — ✔**Azamun**
- (34.90) — Imuran

151 MYCOPHENOLATE MOFETIL – Special Authority see SA1041– Retail pharmacy (↓ subsidy)
Note: Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.
- Tab 500 mg ... 70.00 — 50 — ✔**Cellcept**
- Cap 250 mg ... 70.00 — 100 — ✔**Cellcept**

159 IPRATROPIUM BROMIDE (↓ subsidy)
- Nebuliser soln, 250 μg per ml, 1 ml – Up to 40 neb available on a PSO ... 3.79 — 20 — ✔**Ipratropium Steri-Neb**
- Nebuliser soln, 250 μg per ml, 2 ml – Up to 40 neb available on a PSO ... 4.06 — 20 — ✔**Ipratropium Steri-Neb**

164 TRAVOPROST – Retail pharmacy-Specialist (↑ subsidy)
See prescribing guideline
- ▲Eye drops 0.004% ... 19.50 — 2.5 ml OP — ✔**Travatan**

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

Changes to Subsidy and Manufacturer's Price - effective 1 October 2010 (continued)

178 ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3] (↓ subsidy)

Powder (chocolate)	4.22	400 g OP	✔**Ensure**
Powder (strawberry)	4.22	400 g OP	✔**Ensure**
Powder (vanilla)	4.22	400 g OP	✔**Ensure**

Effective 1 September 2010

35 CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price)

❋Adhesive gel 8.7% with cetalkonium chloride 0.01%	2.06 (5.62)	15 g OP	Bonjela

41 CLOPIDOGREL (↓ subsidy)

Tab 75 mg	5.05	28	✔**Apo-Clopidogrel**

44 SODIUM CHLORIDE (↑ subsidy)

Inj 23.4%, 20 ml	31.25	5	✔**Biomed**

46 ATORVASTATIN (↑ subsidy)
See prescribing guideline

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

49 CAPTOPRIL (↑ subsidy)

❋‡ Oral liq 5 mg per ml	94.99	95 ml OP	✔**Capoten**

Oral liquid restricted to children under 12 years of age.

56 AMILORIDE WITH HYDROCHLOROTHIAZIDE (↓ subsidy)

❋Tab 5 mg with hydrochlorothiazide 50 mg	5.00	50	✔**Moduretic**

67 COAL TAR (↓ subsidy)

Soln BP – Only in combination	12.95	200 ml	✔**David Craig**

Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteriod – Plain
With or without other dermatological galenicals.

75 SODIUM CITRO-TARTRATE (↓ subsidy)

❋Grans eff 4 g sachets	2.71	28	✔**Ural**

77 HYDROCORTISONE (↑ subsidy)

❋Inj 50 mg per ml, 2 ml	3.99	1	✔**Solu-Cortef**

a) Up to 5 inj available on a PSO
b) Only on a PSO

88 PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↑ subsidy)

Cap potassium salt 250 mg – Up to 30 cap available on a PSO	9.71	50	✔**Cilicaine VK**
Cap potassium salt 500 mg	11.70	50	✔**Cilicaine VK**

89 NYSTATIN (↑ subsidy)

Tab 500,000 u	14.16	50	✔**Nilstat**
Cap 500,000 u	12.81	50	✔**Nilstat**

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 September 2010 (continued)

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

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

Changes to Subsidy and Manufacturer's Price - effective 1 September 2010 (continued)

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

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

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

Changes to General Rules

Effective 1 September 2010

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

Changes to Brand Name

Effective 1 October 2010

35 BISACODYL – Only on a prescription

✻ Tab 5 mg	4.99	200	✔**Lax-Tab** ~~Lax-Tabs~~

Effective 1 September 2010

113 MORPHINE TARTRATE
a) Only on a controlled drug form
b) No patient co-payment payable

Inj 80 mg per ml, 1.5 ml	30.00	5	✔**Hospira** ~~Mayne~~
Inj 80 mg per ml, 5 ml	75.00	5	✔**Hospira** ~~Mayne~~

142 METHOTREXATE

✻ Inj 25 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist	48.00	5	✔**Hospira** ~~Mayne~~
✻ Inj 25 mg per ml, 20 ml – PCT – Retail pharmacy-Specialist	90.00	1	✔**Hospira** ~~Mayne~~

143 DACARBAZINE – PCT only – Specialist

Inj 200 mg	48.00	1	✔**Hospira** ~~Mayne~~

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

Changes to Section E Part I

Effective 1 November 2010

196 ~~SODIUM CHLORIDE~~
~~✔Inj 0.9%, 20 ml ..... 5~~

Effective 1 October 2010

196 **SODIUM CHLORIDE**
✔Inj 0.9%, 20 ml 5

Effective 1 September 2010

193 AZITHROMYCIN
✔Tab 500 mg – Subsidy by endorsement –
See note on page 86 ..... **8** ~~4~~

195 **LIGNOCAINE**
✔Gel 2%, 10 ml urethral syringe 5

195 **LIGNOCAINE WITH CHLORHEXIDINE**
✔Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes 5

Changes to Sole Subsidised Supply

Effective 1 November 2010

For the list of new Sole Subsidised Supply products effective 1 November 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 12-19.

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

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

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

Delisted Items

Effective 1 November 2010

50	ENALAPRIL			
	✻ Tab 5 mg	1.98	90	✔m-Enalapril
	✻ Tab 10 mg	2.44	90	
		(2.76)		m-Enalapril
	✻ Tab 20 mg	3.24	90	
		(3.68)		m-Enalapril
55	FUROSEMIDE			
	✻ Tab 500 mg	12.00	100	✔Diurin 500
62	HYDROCORTISONE			
	✻ Crm 1% – Only on a prescription	2.44	100 g	✔Lemnis Fatty Cream HC
72	ETHINYLOESTRADIOL WITH LEVONORGESTREL			
	✻ Tab ethinyloestradiol 30 μg with levonorgestrel 50 μg (6) and tab ethinyloestradiol 40 μg with levonorgestrel 75 μg (5), and tab ethinyloestradiol 30 μg with levonorgestrel 125 μg (10) and 7 inert tab – Up to 84 tab available on a PSO	6.62	84	✔Trifeme
80	DYDROGESTERONE			
	Tab 10 mg	27.50	50	
		(29.90)		Duphaston
	Note – Duphaston tab 10 mg, 28 tab pack remains listed			
83	DANAZOL – Retail pharmacy-Specialist			
	Cap 200 mg	29.35	30	✔D-Zol
101	DICLOFENAC SODIUM			
	✻ Tab EC 25 mg	1.63	50	✔Diclohexal
	✻ Tab EC 50 mg	2.13	50	✔Diclohexal
	✻ Tab long-acting 75 mg	22.78	500	✔Apo-Diclo SR
	✻ Tab long-acting 100 mg	34.32	500	✔Apo-Diclo SR
114	CLOMIPRAMINE HYDROCHLORIDE			
	Tab 25 mg	26.00	500	✔Clopress
115	MOCLOBEMIDE			
	Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide.			
	Tab 150 mg	8.31	60	✔GenRx Moclobemide
	Tab 300 mg	18.80	60	✔GenRx Moclobemide
119	LEVETIRACETAM – Special Authority see SA0921 – Retail pharmacy			
	Tab	CBS	60	✔Keppra
141	FLUOROURACIL SODIUM			
	Inj 50 mg per ml, 10 ml – PCT only – Specialist	4.95	1	✔Fluorouracil Ebewe
	Note – Fluorouracil Ebewe inj 50 mg per ml, 10 ml, 5 injection pack remains listed.			

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

Delisted Items - effective 1 October 2010

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

Effective 1 September 2010

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

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

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

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

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

Items to be Delisted

Effective 1 December 2010

67 COAL TAR

Soln BP – Only in combination	32.37	500 ml	✔**PSM**
	12.95	200 ml	✔**David Craig**

Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteriod – 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	2,000 ml	✔**PSM**
	(19.80)		ABM
	(24.75)		MidWest
	0.89	100 ml	
	(3.00)		PSM
	1.79	200 ml	
	(4.90)		PSM
	4.47	500 ml	
	(10.00)		PSM

Only in extemporaneously compounded oral liquid preparations.

Effective 1 January 2011

34 SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription

Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	6.00	12	
	(7.30)		Microlax

37 ASCORBIC ACID
a) No more than 100 mg per dose
b) Only on a prescription

✻ Tab 100 mg	13.80	500	
	(17.25)		Apo-Ascorbic Acid

49 TERAZOSIN HYDROCHLORIDE

✻ Tab 1 mg	1.50	28	
	(2.50)		Apo-Terazosin
✻ Tab 7 × 1 mg and 7 × 2 mg	0.74	14 OP	✔**Hytrin Starter Pack**
✻ Tab 2 mg	14.29	500	
	(23.30)		Apo-Terazosin
✻ Tab 5 mg	17.86	500	
	(29.00)		Apo-Terazosin

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

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

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

Items to be Delisted - effective 1 January 2011 (continued)

56 INDAPAMIDE

✻ Tab 2.5 mg	3.25	100	✔ **Napamide**

66 MALATHION

Liq 0.5%	3.79	200 ml OP	
	(4.99)		Derbac-M

85 CEFTRIAXONE SODIUM – Subsidy by endorsement

a) Up to 5 inj available on a PSO

b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.

Inj 1 g	2.10	1	
	(5.40)		AFT

100 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

Inj	9.00	1	✔ **Fluvax**
	90.00	10	✔ **Influvac**
			✔ **Vaxigrip**

151 AZATHIOPRINE – Retail pharmacy-Specialist

✻ Tab 50 mg	18.45	100	✔ **Azamun**
	(34.90)		Imuran

159 IPRATROPIUM BROMIDE

Nebuliser soln, 250 μg per ml, 1 ml – Up to 40 neb available on a PSO	3.79	20	✔ **Ipratropium Steri-Neb**
Nebuliser soln, 250 μg per ml, 2 ml – Up to 40 neb available on a PSO	4.06	20	✔ **Ipratropium Steri-Neb**

Effective 1 February 2011

33 MUCILAGINOUS LAXATIVES – Only on a prescription

✻ Dry	3.91	325 g OP	
	(5.72)		Konsyl-D
	4.58	380 g OP	
	(6.69)		Mucilax
	5.42	450 g OP	
	(12.71)		Isogel
	6.02	500 g OP	
	(16.49)		Normacol
✻ Dry-original flavour, regular texture only	4.05	336 g OP	
	(12.38)		Metamucil

Note – Konsyl-D 500 g pack remains fully subsidised

36 VITAMIN B COMPLEX

✻ Tab, strong, BPC	4.70	500	
	(12.10)		Apo-B-Complex

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

Items to be Delisted - effective 1 February 2011 (continued)

41 CLOPIDOGREL

Tab 75 mg	5.06	28	✔**Apo-Clopidogrel**
			✔**Arrow-Clopidogrel**
	(73.38)		Plavix

Note – Apo-Clopidogrel tab 75 mg, 90 tab pack, remains fully subsidised.

55 FUROSEMIDE

❋ Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	13.00	50	
	(29.50)		Mayne

85 CEFTRIAXONE SODIUM – Subsidy by endorsement

a) Up to 5 inj available on a PSO

b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.

Inj 500 mg	2.57	1	
	(3.99)		AFT

163 SODIUM CROMOGLYCATE

Eye drops 2%	2.36	10 ml OP	
	(3.95)		Cromolux

Effective 1 March 2011

63 HYDROCORTISONE BUTYRATE WITH CHLORQUINALDOL – Only on a prescription

Crm 0.1% with chlorquinaldol 3%	3.49	15 g OP	✔**Locoid C**

74 METHYLERGOMETRINE

Inj 200 μg per ml, 1 ml – Up to 10 inj available on a PSO	9.28	10	✔**Hospira** S29

121 CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml	14.95	5	✔**Valoid (AFT)**

Effective 1 April 2011

44 SODIUM CHLORIDE

Inj 0.9%, 5 ml – Up to 5 inj available on a PSO	11.50	50	✔**AstraZeneca**
Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	11.50	50	✔**AstraZeneca**

44 WATER

1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or

2) On a bulk supply order; or

3) When used in the extemporaneous compounding of eye drops.

Purified for inj, 5 ml – Up to 5 inj available on a PSO	10.51	50	✔**AstraZeneca**
Purified for inj, 10 ml – Up to 5 inj available on a PSO	11.32	50	✔**AstraZeneca**

56 AMILORIDE WITH HYDROCHLOROTHIAZIDE

❋ Tab 5 mg with hydrochlorothiazide 50 mg	13.00	500	✔**Amizide**

▲ 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 April 2011 (continued)

102	PIROXICAM			
	❋ Tab dispersible 10 mg	3.25	50	✔ **Piram-D**
	❋ Tab dispersible 20 mg	5.50	100	✔ **Piram-D**

Effective 1 May 2011

33	PANCREATIC ENZYME			
	Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease	85.00	250	✔ **Cotazym ECS**
127	RISPERIDONE			
	Tab 0.5 mg	1.17	20	✔ **Ridal**

Note – Ridal tab 0.5 mg, 60 tab pack, remains subsidised.

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

Section H changes to Part II

Effective 1 November 2010

16	ACETYLCYSTEINE			
	Inj 200 mg per ml, 30 ml	219.00	4	Acetadote
19	BACILLUS CALMETTE-GUERIN (BCG) VACCINE			
	Subsidised only for bladder cancer			
	Inj 2-8 x 100 million CFU – **1% Jan-11 to 2013**	187.37	1	**OncoTICE**
21	CAPTOPRIL			
	Tab 12.5 mg **- 1% DV Jan-11 to 2013**	2.00	100	**m-Captopril**
	Tab 25 mg **- 1% DV Jan-11 to 2013**	2.40	100	**m-Captopril**
	Tab 50 mg **- 1% DV Jan-11 to 2013**	3.50	100	**m-Captopril**
	Note – Apo-Captopril tab 12.5 mg, 25 mg and 50 mg to be delisted 1 January 2011.			
23	CETOMACROGOL			
	Crm, BP, 500 g	42.00	12	Pharmacy Health
26	DARUNAVIR			
	Tab 300 mg	1,190.00	120	Prezista
	Tab 400 mg	837.50	60	Prezista
26	DAUNORUBICIN (↑ price)			
	Inj 2 mg per ml, 10 ml	118.72	1	Pfizer
28	DONEPEZIL HYDROCHLORIDE			
	Tab 5 mg – **1% DV Nov-10 to 2012**	7.71	90	**Donepezil-Rex**
	Tab 10 mg – **1% DV Nov-10 to 2012**	14.06	90	**Donepezil-Rex**
28	DORIPENEM			
	Vial for infusion 500 mg	454.50	10	Doribax
29	ETANERCEPT			
	Inj 50 mg autoinjector	1,899.92	4	Enbrel
29	ETRAVIRINE			
	Tab 100 mg	770.00	120	Intelence
35	INSULIN PEN NEEDLES			
	29 g x 12.7 mm	10.50	100	B-D Micro-Fine
	31 g x 5 mm	11.75	100	B-D Micro-Fine
	31 g x 8 mm	10.50	100	B-D Micro-Fine
	32 g x 4 mm	10.50	100	B-D Micro-Fine
36	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE			
	Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100	B-D Ultra Fine
	Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100	B-D Ultra Fine II
	Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100	B-D Ultra Fine
	Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100	B-D Ultra Fine II
	Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100	B-D Ultra Fine
	Syringe 1 ml with 31 g × 8 mm needle	13.00	100	B-D Ultra Fine II

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

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

37	ISOPROPYL ALCOHOL			
	Soln 70%, 500 ml	60.00	12	PSM
38	LEVETIRACETAM			
	Tab 250 mg	24.03	60	Levetiracetam-Rex
	Tab 500 mg	28.71	60	Levetiracetam-Rex
	Tab 750 mg	45.23	60	Levetiracetam-Rex
49	PROPOFOL			
	Inj 1%, 20 ml	10.21	5	Provive MCT-LCT 1%
	Inj 1%, 50 ml	5.56	1	Provive MCT-LCT 1%
	Inj 1%, 100 ml	9.28	1	Provive MCT-LCT 1%
	Note - Provive 1% inj 1% 20 ml, 50 ml and 100 ml to be delisted 1 May 2011.			
50	RETINOL PALMITATE			
	Oint, 25 g	160.00	80	PSM
50	RISPERIDONE			
	Tab 0.5 mg	1.17	20	Ridal
	Note – Ridal tab 0.5 mg, 20 tab pack to be delisted 1 January 2011. Ridal tab 0.5 mg 60 tab pack remains available.			
53	SORBOLENE WITH GLYCERIN			
	Crm with 10% glycerine, 100 g	64.00	20	healthE
		50.40	24	Pharmacy Health
		120.00	60	Pharmacy Health
	Crm with 10% glycerine, 500 ml	54.00	12	Pharmacy Health
	Crm with 10% glycerine, 1,000 ml	39.00	6	Pharmacy Health
53	SUNITINIB			
	Cap 12.5 mg	2,315.38	28	Sutent
	Cap 25 mg	4,630.77	28	Sutent
	Cap 50 mg	9,261.54	28	Sutent
56	VARENICLINE TARTRATE			
	Tab 0.5 mg x 11 and 1 mg x 14	60.48	1	Champix
	Tab 1 mg	67.74	28	Champix
		135.48	56	Champix

Effective 1 October 2010

16	ACICLOVIR (addition of HSS)			
	Tab dispersible 200 mg **- 1% DV Dec-10 to 2013**	1.98	25	**Lovir**
	Tab dispersible 400 mg **- 1% DV Dec-10 to 2013**	6.64	56	**Lovir**
	Tab dispersible 800 mg **- 1% DV Dec-10 to 2013**	7.38	35	**Lovir**

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 October 2010 (continued)				
17	AMILORIDE WITH HYDROCHLOROTHIAZIDE (delisting)			
	Tab 5 mg with hydrochlorothiazide 50 mg	13.00	500	Amizide
	Note – Amizide to be delisted 1 December 2010			
17	AMLODIPINE			
	~~Note: HSS for Apo-Amlodipine tab 5 mg and tab 10 mg has been suspended due to an out-of-stock.~~			
	Tab 5 mg – **1% DV Oct-10 to 2011**	7.33	100	**Apo-Amlodipine**
	Tab 10 mg – **1% DV Oct-10 to 2011**	11.79	100	**Apo-Amlodipine**
	Note – Norvasc tab 5 mg and 10 mg to be delisted 1 October 2010			
	HSS for Apo-Amlodipine reinstated from 1 October 2010			
17	AMOXYCILLIN			
	Cap 250 mg **- 1% DV Dec-10 to 2013**	16.18	500	**Alphamox**
	Cap 500 mg **- 1% DV Dec-10 to 2013**	26.50	500	**Alphamox**
	Note – Apo-Amoxi cap 250 mg and 500 mg to be delisted 1 December 2010			
18	ANASTROZOLE			
	Tab 1 mg	26.55	30	Aremed
20	BUDESONIDE			
	Powder for inhalation, 200 μg per dose	19.00	200 dose	Budenocort
	Powder for inhalation, 400 μg per dose	32.00	200 dose	Budenocort
23	CHLORAMPHENICOL			
	Eye drops 0.5% **- 1% DV Dec-10 to 2012**	1.28	10 ml	**Chlorafast**
	Note – Chlorsig eye drops 10 ml to be delisted 1 December 2010			
26	DEFERIPRONE			
	Tab 500 mg	533.17	100	Ferriprox
	Oral liq 100 mg per ml	266.59	250 ml	Ferriprox
29	ERLOTINIB HYDROCHLORIDE			
	Tab 100 mg	3,100.00	30	Tarceva
	Tab 150 mg	3,950.00	30	Tarceva
30	FLUCONAZOLE			
	Inj 2 mg per ml, 50 ml **- 1% DV Dec-10 to 2012**	5.68	1	**Fluconazole-Claris**
	Note – m-Fluconazole to be delisted 1 December 2010			
39	LOPERAMIDE HYDROCHLORIDE			
	Cap 2 mg **- 1% DV Dec-10 to 2013**	8.95	400	**Diamide Relief**
39	LORAZEPAM (addition of HSS)			
	Tab 1 mg **- 1% DV Dec-10 to 2013**	16.42	250	**Ativan**
	Tab 2.5 mg **- 1% DV Dec-10 to 2013**	11.17	100	**Ativan**
40	MERCAPTOPURINE			
	Tab 50 mg **- 1% DV Dec-10 to 2013**	47.06	25	**Purinethol**
43	MYCOPHENOLATE MOFETIL (new listing)			
	Tab 500 mg	85.00	50	Myaccord
	Cap 250 mg	85.00	100	Myaccord

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 October 2010 (continued)

43	MYCOPHENOLATE MOFETIL (↓ price)			
	Tab 500 mg	70.00	50	CellCept
	Cap 250 mg	70.00	100	CellCept
45	ONDANSETRON ~~HYDROCHLORIDE~~ (Amended chemical name)			
	Tab 4 mg **- 1% DV Feb-11 to 2013**	5.10	30	**Dr Reddy's Ondansetron**
	Tab 8 mg **- 1% DV Feb-11 to 2013**	1.70	10	**Dr Reddy's Ondansetron**
	Note – Zofran tab 4 mg and 8 mg to be delisted 1 February 2011			
47	PIROXICAM			
	Tab dispersible 10 mg	3.25	50	Piram-D
	Tab dispersible 20 mg	5.50	100	Piram-D
	Note – Piram-D tab dispersible 10 mg & 20 mg to be delisted 1 December 2010.			
49	QUETIAPINE (↓ price)			
	Tab 25 mg	7.00	60	Seroquel
	Tab 100 mg	14.00	60	Seroquel
	Tab 200 mg	24.00	60	Seroquel
	Tab 300 mg	40.00	60	Seroquel
52	SODIUM CHLORIDE			
	Inj 0.9%, 5 ml (new listing)	15.50	50	Pfizer
	Inj 0.9%, 10 ml (new listing)	15.50	50	Pfizer
	Inj 0.9%, 20 ml (↑ price)	8.41	20	Multichem
	Note – Astra Zeneca Inj 0.9 %, 5 ml and 10 ml to be delisted 1 December 2010			
53	SPECIAL FOOD SUPPLEMENT			
	Cord oral feed 1.5 kcal/ml, liquid (vanilla)	1.66	237 ml	Pulmocare
	Diabetic enteral feed 1 kcal/ml, liquid (vanilla)	7.50	1,000 ml	Glucerna Select RTH
	Elemental formula 1 kcal/ml, powder (unflavoured)	56.00	400 g	Elecare
		56.00	400 g	Elecare LCP
	Elemental formula 1 kcal/ml, powder (vanilla)	56.00	400 g	Elecare
	Enteral feed with fibre 1 kcal/ml, liquid	1.32	237 ml	Jevity
		2.65	500 ml	Jevity RTH
		5.29	1,000 ml	Jevity RTH
	Enteral feed with fibre 1.5 kcal/ml, liquid	1.75	250 ml	Ensure Plus HN
		7.00	1,000 ml	Ensure Plus RTH
	Enteral feed 1 kcal/ml, liquid	1.24	250 ml	Osmolite
		2.65	500 ml	Osmolite RTH
		5.29	1,000 ml	Osmolite RTH
	Enteral/oral elemental feed 1 kcal/ml, powder	7.50	76 g	Alitraq
		4.40	79 g	Vital HN
	Oral feed 1 kcal/ml, liquid (vanilla)	1.88	250 ml	Glucerna Select
	Oral feed 1.5 kcal/ml, liquid (vanilla)	1.45	200 ml	Ensure Plus
		1.33	237 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (chocolate)	1.45	200 ml	Ensure Plus
		1.33	237 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (strawberry)	1.33	237 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (banana)	1.45	200 ml	Ensure Plus

continued...

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

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

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

continued...

	Oral feed 1.5 kcal/ml, liquid (fruit of the forest)	1.45	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (coffee latte)	1.33	237 ml	Ensure Plus
	Oral feed 2 kcal/ml, liquid (vanilla)	2.25	237 ml	Two Cal HN
	Oral supplement 1 kcal/ml, powder (vanilla)	4.22	400 g	Ensure
		9.50	900 g	Ensure
	Oral supplement 1 kcal/ml, powder (chocolate)	4.22	400 g	Ensure
		9.50	900 g	Ensure
	Oral supplement 1 kcal/ml, powder (strawberry)	4.22	400 g	Ensure
	Paediatric oral feed 1 kcal/ml, liquid (vanilla)	1.07	200 ml	Pediasure
		1.27	237 ml	Pediasure
	Paediatric oral feed 1 kcal/ml, liquid (chocolate)	1.07	200 ml	Pediasure
	Paediatric oral feed 1 kcal/ml, liquid (strawberry)	1.07	200 ml	Pediasure
	Paediatric enteral feed 1 kcal/ml, liquid	2.68	500 ml	Pediasure RTH
	Renal oral feed 2 kcal/ml, liquid (strawberry)	2.43	200 ml	Nepro
	Renal oral feed 2 kcal/ml, liquid (vanilla)	2.43	200 ml	Nepro
57	WATER (↓ price)			
	Purified for inj 5 ml	9.20	50	Multichem
	Purified for inj 10 ml	10.20	50	Multichem
	Purified for inj 20 ml	5.00	20	Multichem
	Note – Astra Zeneca 5 ml and 10 ml to be delisted from 1 December 2010			

Effective 1 September 2010

18	ATORVASTATIN			
	Tab 10 mg	18.32	30	Lipitor
	Tab 20 mg	26.70	30	Lipitor
	Tab 40 mg	37.02	30	Lipitor
	Tab 80 mg	110.50	30	Lipitor
	Note – Lorstat tab 10 mg, 20 mg, 40 mg and 80 mg to be delisted 1 September 2010.			
19	BARIUM SULPHATE			
	Oral suspension 2.2%, 250 ml	175.00	24	CT Plus+
	Oral suspension 2.2%, 450 ml	220.00	24	CT Plus+
21	CALCIUM GLUCONATE			
	Gel, 2.5%, 50 g	420.00	20	healthE
21	CAPTOPRIL			
	Oral liq 5 mg per ml	94.99	95 ml	Capoten
22	CEFTRIAXONE 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 ceftriaxone sodium inj 500 mg and inf 2 g to be delisted 1 November 2010.			
22	CEPHALEXIN MONOHYDRATE			
	Cap 500 mg	8.90	20	Cephalexin ABM
23	CETOMACROGOL			
	Crm BP, 100 g	33.00	20	healthE

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

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

23 CHLORHEXIDINE
Foaming liquid 4%, 50 ml ..... 37.20 20 healthE

23 CHLORHEXIDINE IN ALCOHOL
Soln 0.5% with 70% alcohol, 25 ml (tinted pink) ..... 232.50 150 healthE

24 CLOPIDOGREL
Tab 75 mg – **1% DV Nov-10 to 2013** ..... 16.25 90 **Apo-Clopidogrel**
Note – Arrow-Clopidogrel, Plavix and Apo-Clopidogrel 28 tab packs to be delisted 1 November 2010.

25 CYCLIZINE LACTATE (brand name change)
Inj 50 mg per ml, 1 ml ..... 14.95 5 Nausicalm
Note – Valoid (AFT) to be delisted 1 November 2010.

26 DACARBAZINE (↑ price, brand name change and addition of HSS)
Inj 200 mg – **1% DV Nov-10 to 2013** ..... 48.00 1 ~~Mayne~~ **Hospira**

29 ETHAMBUTOL HYDROCHLORIDE (↓ price)
Tab 100 mg ..... 48.01 56 Myambutol
Tab 400 mg ..... 49.34 56 Myambutol

31 FLUOROURACIL SODIUM (Addition of HSS)
Inj 50 mg per ml, 10 ml – **1% DV Nov-10 to 2013** (↑ price) ..... 26.25 5 **Fluorouracil Ebewe**
Inj 50 mg per ml, 20 ml – **1% DV Nov-10 to 2013** (↓ price) ..... 7.50 1 **Fluorouracil Ebewe**
Inj 50 mg per ml, 50 ml – **1% DV Nov-10 to 2013** (↓ price) ..... 18.00 1 **Fluorouracil Ebewe**
Inj 50 mg per ml, 100 ml – **1% DV Nov-10 to 2013** (↓ price) ... 34.50 1 **Fluorouracil Ebewe**

31 FLUTAMIDE (↑ price and addition of HSS)
Tab 250 mg – **1% DV Nov-10 to 2013** ..... 55.00 100 **Flutamin**

32 FUROSEMIDE
Inj 10 mg per ml, 2 ml – **1% DV Nov-10 to 2013** ..... 1.30 5 **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**

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 September 2010 (continued)				
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**
40	METHOTREXATE			
	Inj 25 mg per ml, 2 ml – **1% DV Nov-10 to 2013**	48.00	5	**Hospira**
	Inj 25 mg per ml, 20 ml – **1% DV Nov-10 to 2013**	90.00	1	**Hospira**
42	MITOMYCIN C			
	Inj 5 mg	72.75	1	Arrow
43	MORPHINE SULPHATE (Addition of HSS)			
	Cap long-acting 10 mg – **1% DV Nov-10 to 2013** (↑ price)	2.22	10	**m-Eslon**
	Cap long-acting 30 mg – **1% DV Nov-10 to 2013** (↑ price)	3.20	10	**m-Eslon**
	Cap long-acting 60 mg – **1% DV Nov-10 to 2013** (↓ price)	6.90	10	**m-Eslon**
	Cap long-acting 100 mg – **1% DV Nov-10 to 2013** (↑ price)	8.05	10	**m-Eslon**
43	MORPHINE TARTRATE (↑ price, amended brand name and addition of HSS)			
	Inj 80 mg per ml, 1.5 ml – **1% DV Nov-10 to 2013**	30.00	5	~~Mayne~~ **Hospira**
	Inj 80 mg per ml, 5 ml– **1% DV Nov-10 to 2013**	75.00	5	~~Mayne~~ **Hospira**
43	MUCILAGINOUS LAXATIVES			
	Dry – **1% DV Nov-10 to 2013**	6.02	500 g	**Konsyl-D**
	Note – Konsyl-D 325g pack to be delisted 1 November 2010			
44	NYSTATIN (↑ price and addition of HSS)			
	Tab 500,000 u – **1% DV Nov-10 to 2013**	14.16	50	**Nilstat**
	Cap 500,000 u – **1% DV Nov-10 to 2013**	12.81	50	**Nilstat**
44	OIL IN WATER EMULSION			
	Crm 100 g	32.00	20	healthE

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

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

47	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↑ price and addition of HSS)			
	Cap potassium salt 250 mg – **1% DV Nov-10 to 2013**	9.71	50	**Cilicaine VK**
	Cap potassium salt 500 mg – **1% DV Nov-10 to 2013**	11.70	50	**Cilicaine VK**
47	PHENTOLAMINE MESYLATE (↑ price)			
	Inj 10 mg per ml, 1 ml	31.65	5	Regitine
48	PRILOCAINE HYDROCHLORIDE (↑ price and addition of HSS)			
	Inj 0.5%, 50 ml – **1% DV Nov-10 to 2013**	100.00	5	**Citanest**
	Inj 2%, 5 ml – **1% DV Nov-10 to 2013**	55.00	10	**Citanest**
50	RETINOL PALMITATE			
	Oint 50 g	57.20	20	healthE
51	ROPIVACAINE HYDROCHLORIDE WITH FENTANYL (↑ price and addition of HSS)			
	Inf 2 mg per ml with 2 μg of fentanyl per ml, 100 ml – **1% DV Nov-10 to 2013**	198.50	5	**Naropin**
	Inf 2 mg per ml with 2 μg of fentanyl per ml, 200 ml – **1% DV Nov-10 to 2013**	270.00	5	**Naropin**
52	SODIUM BICARBONATE			
	Cap 840 mg	8.52	100	Sodibic
52	SODIUM CHLORIDE (↑ price and addition of HSS)			
	Inj 23.4%, 20 ml – **1% DV Nov-10 to 2013**	31.25	5	**Biomed**
53	SODIUM DIOTRIZOATE (↑ price)			
	Powder for oral soln 3.705 g, 10 ml sachet	156.12	50	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**

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 August 2010 (continued)				
22	CEFTRIAXONE SODIUM			
	Inj 1 g – **1% DV Oct-10 to 2013**	10.49	5	**Aspen Ceftriaxone**
	Note – AFT ceftriaxone sodium inj 1 g to be delisted 1 October 2010			
24	CLOMIPHENE CITRATE			
	Tab 50 mg	2.50	5	Phenate
	Note – Phenate tab 50 mg to be delisted 1 October 2010			
26	DANTHRON WITH POLOXAMER			
	Oral liq 75 mg with poloxamer 1 g per 5 ml	13.95	300 ml	Pinorax Forte
32	FUROSEMIDE (↓ price)			
	Tab 500 mg	25.00	50	Urex Forte
34	HYDROCORTISONE WITH CINCHOCAINE			
	Oint 5 mg with cinchocaine hydrochloride 5 mg per g	15.00	30 g	Proctosedyl
	Suppos 5 mg with cinchocaine hydrochloride 5 mg per g	9.90	12	Proctosedyl
35	INDAPAMIDE			
	Tab 2.5 mg – **1% DV Oct-10 to 2013**	2.95	90	**Dapa-Tabs**
	Note – Napamide tab 2.5 mg to be delisted 1 October 2010			
35	INSULIN GLULISINE			
	Inj 100 iu per ml, 10 ml	27.03	1	Apidra
	Inj 100 iu per ml, 3 ml disposable pen	46.07	5	Apidra SoloStar
36	IPRATROPIUM BROMIDE			
	Nebuliser soln, 250 μg per ml, 1 ml – **1% DV Oct-10 to 2013**	3.79	20	**Univent**
	Nebuliser soln, 250 μg per ml, 2 ml – **1% DV Oct-10 to 2013**	4.06	20	**Univent**
	Note – Ipratropium Steri-Neb nebuliser soln, 250 μg per ml, 1 ml and 2 ml to be delisted 1 October 2010			
37	KETONE BLOOD BETA-KETONE ELECTRODES (↓ price)			
	Test strips	7.07	10 strip	Optium Blood Ketone Test Strips
38	LEVONORGESTREL			
	Subdermal implant (2 x 75 mg rods)	133.65	1	Jadelle
40	METHADONE HYDROCHLORIDE (↓ price and addition of HSS)			
	Tab 5 mg – **1% DV Oct-10 to 2013**	1.85	10	**Methatabs**
49	QUETIAPINE			
	Tab 25 mg	7.00	60	Dr Reddy's Quetiapine
	Tab 100 mg	14.00	60	Dr Reddy's Quetiapine
	Tab 200 mg	24.00	60	Dr Reddy's Quetiapine
	Tab 300 mg	40.00	60	Dr Reddy's Quetiapine
50	RISPERIDONE			
	Tab 0.5 mg	3.51	60	Dr Reddy's Risperidone

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)

52 SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE
Enema 90 mg with sodium lauryl sulphoacetate
9 mg per ml, 5 ml – **1% DV Oct-10 to 2013** ..... 25.00 50 **Micolette**
Note – Microlex enema to be delisted 1 October 2010

54 TAMSULOSIN HYDROCHLORIDE
Cap 400 μg – **1% DV Oct-10 to 2013** ..... 5.98 30 **Tamsulosin-Rex**

Section H changes to Part III

Effective 1 September 2010

~~LIGNOCAINE~~
~~Viscous solution 2%~~
~~For patients with head, neck and oesophageal cancer for up to 9 weeks following radiation therapy.~~

Effective 1 August 2010

INDOMETHACIN
Cap long-acting 75 mg **S29**
For any indication approved by the hospital service

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Pharmaceuticals and brands

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New Zealand
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Permit

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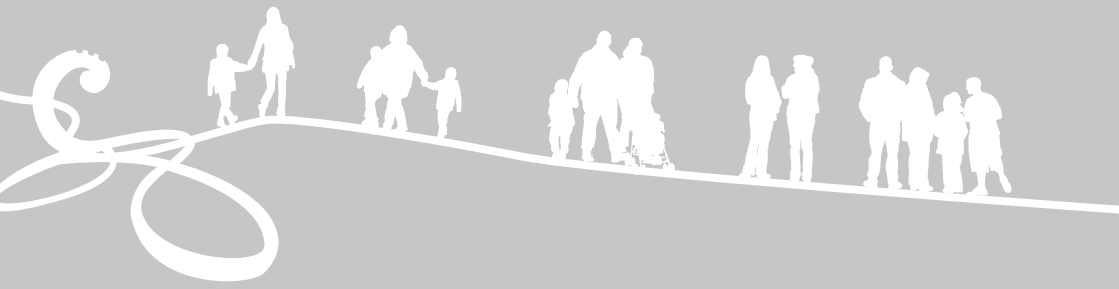

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