

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2010

Cumulative for September, October, November
and December 2010

Section H for December 2010



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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2010

New listings (pages 20-21)

- Rivaroxaban (Xarelto) tab 10 mg – Special Authority – Retail pharmacy
- Gemfibrozil (Lipazil) tab 600 mg
- Menthol (Midwest) crystals, 25 g – Only in combination
- Sulphur (Midwest) precipitated 100 g – Only in combination
- Moxifloxacin (Avelox) tab 400 mg – Special Authority – Retail pharmacy
- Itraconazole (Itrazole) cap 100 mg – Retail pharmacy-Specialist
- Escitalopram (Loxalate) tab 10 mg and 20 mg
- Sertraline (Arrow-Sertraline) tab 50 mg and 100 mg
- Glycerin with sucrose (Ora-Sweet) suspension – Only in combination with Ora-Plus
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension – Only in combination with Ora-Plus
- Methyl hydroxybenzoate (Midwest) powder, 25 g
- Methylcellulose with glycerin and sucrose (Ora-Blend) suspension – Only in combination
- Methylcellulose with glycerin and sodium saccharin (Ora-Blend SF) suspension – Only in combination
- Methylcellulose (Ora-Plus) suspension – Only in combination
- Propylene glycol (Midwest) liq, 500 ml – Only in extemporaneously compounded methyl hydroxybenzoate 10% solution
- Sodium bicarbonate (Midwest) powder BP, 500 g – Only in extemporaneously compounded omeprazole suspension

Changes to restrictions (pages 30-33)

- Levomepromazine – chemical name change from methotrimeprazine
- Multiple Sclerosis Treatments – amended stopping criteria
- Temozolomide (Temodal) cap 5 mg, 20 mg, 100 mg and 250 mg – amended Special Authority criteria

Decreased subsidy (pages 61-62)

- Loperamide hydrochloride (Nodia) tab 2 mg
 - Cilazapril (Inhibace) tab 0.5 mg, 2.5 mg and 5 mg
 - Labetalol (Hybloc) tab 50 mg, 100 mg and 200 mg
 - Propranolol (Cardinol LA) cap long-acting 160 mg
 - Nifedipine (Adefin XL) tab long-acting 30 mg and 60 mg
 - Isosorbide mononitrate (Duride) tab long-acting 60 mg
 - Menthol (PSM) crystals, 25 g
-

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

- Amoxicillin (Apo-Amoxi) cap 250 mg and 500 mg
- Naproxen sodium tab 275 mg (Sonaflam) and tab 550 mg (Synflex)
- Interferon beta-1-beta (Betaferon) inj 8 million iu per 1 ml
- Carboplatin (Carboplatin Ebewe) inj 10 mg per ml, 45 ml and 100 ml
- Oxaliplatin inj 50 mg and 100 mg (Oxaliplatin Ebewe) and inj 1 mg for ECP (Baxter)
- Calcium folinate (Calcium Folate Ebewe) inj 1 g
- Methotrexate inj 100 mg per ml, 10 ml and 50 ml (Methotrexate Ebewe) and inj 1 mg for ECP (Baxter)
- Doxorubicin (Doxorubicin Ebewe) inj 100 mg and 200 mg
- Epirubicin inj 2 mg per ml, 50 ml and 100 ml (Epirubicin Ebewe) and inj 1 mg for ECP (Baxter)
- Paclitaxel inj 30 mg, 100 mg, 150 mg, 300 mg and 600 mg (Paclitaxel Ebewe) and inj 1 mg for ECP (Baxter)
- Chloramphenicol (Chlorsig) eye drops 0.5%
- Methyl hydroxybenzoate (PSM) powder, 25 g
- Propylene glycol (PSM) liq, 500 ml

Increased subsidy (pages 61-62)

- Chlorhexidine gluconate (Rivacol) mouthwash 0.2%
- Doxorubicin inj 10 mg and 50 mg (Doxorubicin Ebewe) and inj 1 mg for ECP (Baxter)

Rivaroxaban – new listing

The Xarelto brand of rivaroxaban 10 mg tablets will be fully subsidised from 1 December 2010. Rivaroxaban is an oral anticoagulant and will be subsidised subject to Special Authority criteria for the prophylaxis of venous thromboembolism following major orthopaedic surgery. Rivaroxaban will be subsidised for up to 5 weeks therapy for prophylaxis of venous thromboembolism following a total hip replacement and up to 2 weeks therapy for prophylaxis of venous



thromboembolism following a total knee replacement.

Moxifloxacin – new listing

Moxifloxacin 400 mg tablets (Avelox) will be listed fully subsidised from 1 December 2010 for use in treatment-resistant mycobacterial infections including tuberculosis. Special Authority criteria apply, see page 20 of this Update for full details.

Multiple sclerosis treatments – widening of access

The Stopping Criteria that apply to prescribing and dispensing of funded multiple sclerosis treatments (glatiramer acetate, interferon beta-1-alpha and interferon beta-1-beta) have been amended to include options for patients meeting certain criteria to stay on treatment for longer or to switch to a second class of treatment following an increase in relapse rate from the first class of treatment. See page 30 of this Update.



Temozolamide – widening of access

From 1 December 2010 funded access to temozolomide capsules (5 mg, 20 mg, 100 mg and 250 mg) will be widened to include patients with newly diagnosed anaplastic astrocytoma. We note that temozolomide is not approved by Medsafe for the treatment of patients with newly diagnosed anaplastic astrocytoma. Therefore, in this

setting clinicians are required to prescribe temozolomide in accordance with Section 25 of the Medicines Act. This is not an unusual situation for cancer treatments. See page 31 of this Update for the full Special Authority criteria.

New fibrate lipid modifying agent subsidised

Lipazil (gemfibrozil) 600 mg tablets will be fully subsidised without restriction from 1 December 2010. Gemfibrozil is a fibrate lipid modifying agent.



Two new selective serotonin reuptake inhibitors (SSRI) antidepressants subsidised

Two further SSRI antidepressants will be subsidised from 1 December 2010. Escitalopram (Loxalate) 10 mg and 20 mg tablets and sertraline (Arrow-Sertraline) 50 mg and 100 mg tablets will be fully subsidised without restriction.



New bases for extemporaneously compounded oral liquids

A range of liquid bases for use in extemporaneously compounded oral mixtures will be subsidised from 1 December 2010. Ora-Blend, Ora-Blend SF, Ora-Plus, Ora-Sweet and Ora-Sweet SF, supplied by Midwest Pharmaceuticals, will be listed with the "Only in Combination" restriction. This means that they will be able to be used as a suspending base in the preparation of oral liquid mixtures where compounding is appropriate. PHARMAC encourages pharmacists to use the evidence based information provided on the Emixt website ([http://www.](http://www.pharminfotech.co.nz/manual/Formulation/mixtures/index.htm)

[pharminfotech.co.nz/manual/Formulation/mixtures/index.htm](http://www.pharminfotech.co.nz/manual/Formulation/mixtures/index.htm)). The Emixt website also provides stability and expiry data for compounded products. For the majority of products compounded with Ora-Blend, Ora-Blend SF, Ora-Plus, Ora-Sweet or Ora-Sweet SF a four week expiry is appropriate.

Where a Standard Formula exists in the Pharmaceutical Schedule for a solid dose form, compounding the solid dose form with one of the Ora products will not be subsidised.

Varenicline (Champix) Special Authority clarification

Champix tablets were listed fully subsidised as a smoking cessation treatment, subject to Special Authority criteria, from 1 November 2010. One of the Special Authority criteria refers to patients not having used varenicline

in the last 12 months (criterion 4). We would like to clarify that this means patients must not have used **subsidised** varenicline in the last 12 months. This criterion has already been amended on the Special Authority form.



Tracking medicine funding applications

PHARMAC has launched a new online tool that will give people a look inside PHARMAC's evaluation of medicine funding applications.

The Application Tracker, available on the PHARMAC website (www.pharmac.govt.nz) conveniently brings together information on the medicines PHARMAC is considering for funding.

The information included in the Tracker is all information that is currently published and publically available.

The Tracker enables people to search for medicines by brand name, pharmaceutical name or condition, or the name of the applicant. It provides information on when the application was received, what condition the funding request was for, the status of the application (e.g. referred to committee, approved) when PHARMAC had completed sufficient assessment, when it was considered by Pharmacology Therapeutics Advisory Committee (PTAC) and the relevant PTAC sub-



committee and the recommendation of PTAC or the sub-committee, when any consultation was done and the date of notification. It also provides links to documents like PTAC minutes, or consultation letters relevant to the application.

At present the Tracker contains data dating back to 2008 however older information will be included in future.

PHARMAC welcomes feedback on ways to further develop this tool.



Tender News

Sole Subsidised Supply changes – effective 1 January 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aciclovir	Tab dispersible 200 mg; 25 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 400 mg; 56 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 800 mg; 35 tab	Lovir (Douglas)
Ascorbic acid	Tab 100 mg; 500 tab	Vitala-C (Boucher and Muir)
Azathioprine	Tab 50 mg; 100 tab	Imuprine (Mylan)
Ceftriaxone sodium	Inj 1 g; 5 inj	Aspen Ceftriaxone (Aspen)
Indapamide	Tab 2.5 mg; 90 tab	Dapa-Tabs (Mylan)
Ipratropium bromide	Nebuliser soln, 250 µg per ml, 1 ml; 20 neb	Univent (Rex)
Ipratropium bromide	Nebuliser soln, 250 µg per ml, 2 ml; 20 neb	Univent (Rex)
Lorazepam	Tab 1 mg; 250 tab	Ativan (Sigma)
Lorazepam	Tab 2.5 mg; 250 tab	Ativan (Sigma)
Malathion	Liq 0.5%; 200 ml OP	A-Lices (AFT)
Mercaptopurine	Tab 50 mg; 25 tab	Purinethol (Aspen)
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml; 50 enema	Micolette (AFT)
Terazosin hydrochloride	Tab 1 mg; 28 tab	Arrow (Arrow)
Terazosin hydrochloride	Tab 2 mg; 28 tab	Arrow (Arrow)
Terazosin hydrochloride	Tab 5 mg; 28 tab	Arrow (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 January 2011

- Brand Switch Fees – azathioprine tab, indapamide tab, ipratropium bromide neb, and terazosin hydrochloride tab
- Dermatological bases list in Section C – remove oily cream and zinc cream BP as these are being delisted
- Elemental formula (Neocate and Neocate LCP) 400 g OP – subsidy decrease
- Influenza vaccine (Fluvax, Fluarix) inj, 10 inj packs – new listing under current criteria
- Nicotine (Habitrol) loz 1 mg and 2 mg, 216 piece packs – new listing
- Nicotine (Habitrol) loz 1 mg and 2 mg, 36 piece packs – to be delisted from 1 April 2011

Possible decisions for implementation 1 January 2011 (continued)

- Nicotine (Habitrol) patch 7 mg, 14 mg, 21 mg, 28 patch packs – new listing
- Nicotine (Habitrol) patch 7 mg, 14 mg, 21 mg, 7 patch packs – to be delisted from 1 April 2011
- Nicotine (Habitrol) gum (classic) 2 mg and 4 mg, 96 piece packs – new listing
- Nicotine – all presentations – remove original pack (OP)
- Nicotine – all presentations – remove all dispensing rules that currently apply (with the exception of the rule that Nicotine will not be funded Close Control in amounts less than 4 weeks, which will be retained)
- Raltegravir potassium (Isentress) tab 400 mg – price and subsidy decrease
- Sildenafil (Viagra) tab 25 mg, 50 mg and 100 mg – amended Special Authority criteria
- Sodium chloride (Multichem) inj 0.9%, 5 ml and 10 ml – new listing

Sole Subsidised Supply Products – cumulative to December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2011
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2011
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2011
Amoxicillin	Grans for oral liq 250 mg per 5 ml	Ospamox	2012
	Drops 125 mg per 1.25 ml	Ospamox Paediatric Drops	2011
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Curam	2012
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam	
	Tab amoxicillin 500 mg with potassium clavulanate 125 mg	Synermox	2011
Aqueous cream	Crn 500 g	AFT	2011
Aspirin	Tab 100 mg	Ethics Aspirin EC	2013
	Tab dispersible 300 mg	Ethics Aspirin	
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
Benzympenicillin sodium (Penicillin G)	Inj 1 mega u	Sandoz	2011
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bezafibrate	Tab 200 mg	Fibalip	2011
Bicalutamide	Tab 50 mg	Bicalox	2011
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Brimonidine tartrate	Eye drops 0.2%	AFT	2011
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2011
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2011
	Tab 1.5 g (600 mg elemental)	Calci-Tab 600	
	Tab eff 1.7 g (1 g elemental)	Calsource	
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	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 December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Captopril	Oral liq 5 mg per ml	Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Cefazolin sodium	Inj 500 mg & 1 g	Hospira	2011
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
Getomacrogol	Crn BP	PSM	2013
Chloramphenicol	Eye oint 1%	Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Soln 4%	healthE Orion	2012 2011
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Rex Medical	2011
Citalopram	Tab 20 mg	Arrow-Citalopram	2011
Clobetasol propionate	Crn 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonazepam	Tab 500 µg & 2 mg	Paxam	2011
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clotrimazole	Vaginal crn 1% with applicator Vaginal crn 2% with applicator Crn 1%	Clomazol Clomazol Clomazol	2013 2011
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Crotamiton	Crn 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs	Ginet 84	2011
Desmopressin	Nasal spray 10 µg per dose	Desmopressin-PH&T	2011
Dexamethasone	Eye drops 0.1%	Maxidex	2013

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Sole Subsidised Supply Products – cumulative to December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose	Inj 50%, 10 ml	Biomed	2011
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2012
	Eye drops 1 mg per ml	Voltaren Ophtha	2011
	Inj 25 mg per ml, 3 ml	Voltaren	
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	31/12/11
	Cap long-acting 120 mg, 180 mg & 240 mg	Cardizem CD	
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2011
Docusate sodium	Cap 50 mg	Laxofast 50	2011
	Cap 120 mg	Laxofast 120	
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
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	E-Mycin	2012
	Grans for oral liq 200 mg per 5 ml	E-Mycin	2011
	Grans for oral liq 400 mg per 5 ml	E-Mycin	
Ethinylestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Felodipine	Tab long-acting 5 mg	Felo 5 ER	2012
	Tab long-acting 10 mg	Felo 10 ER	
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Fintral	2011
Flucloxacillin sodium	Cap 250 mg & 500 mg	AFT	2012
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	AFT	2011
	Inj 250 mg, 500 mg & 1 g	Flucloxin	
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2011

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Sole Subsidised Supply Products – cumulative to December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Fludarabine phosphate	Inj 50 mg Tab 10 mg	Fludara Fludara Oral	2011
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Tab 40 mg	Diurin 40	2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2011
Glipizide	Tab 5 mg	Minidiab	2011
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	Tab 600 µg Oral pump spray 400 µg per dose TDDS 5 mg & 10 mg	Lycinate Nitrolingual Pumpspray Nitroderm TTS	2011
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg Powder Crn 1%	Solu-Cortef Douglas ABM PSM	2013 2012 2011
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2011
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hypromellose	Eye drops 0.5%	Methopt	2011
Hysocine N-butylbromide	Inj 20 mg, 1 ml Tab 20 mg	Buscopan Gastrosoothe	2011
Ibuprofen	Oral liq 100 mg per 5 ml Tab 200 mg	Fenpaed Ethics Ibuprofen	2013 2012

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Sole Subsidised Supply Products – cumulative to December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
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
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
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	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Hospira Methoblastin Methotrexate Ebewe Methotrexate Ebewe	2013 2012 2011
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2011
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2011
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2011

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Sole Subsidised Supply Products – cumulative to December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2011
Miconazole nitrate	Crn 2%	Multichem	2011
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg Inj 10 mg per ml, 1 ml Inj 30 mg per ml, 1 ml	m-Elson Sevredol Mayne Mayne	2013 2012 2011
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
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	Cap 500,000 u Tab 500,000 u Oral liq 100,000 u per ml, 24 ml OP	Nilstat Nilstat Nilstat	2013 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

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Sole Subsidised Supply Products – cumulative to December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Junior Paracare Double Strength	2011
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	ParaCode	2011
Paraffin liquid with soft white paraffin	Eye oint with soft white paraffin	Lacri-Lube	2013
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2013
Peak Flow Meter	Low range and Normal range	Breath-Alert	30/9/11
Pegylated interferon alpha-2A	Inj 135 µg prefilled syringe Inj 180 µg prefilled syringe Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2011
Permethrin	Lotn 5%	A-Scabies	2011
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 µg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2011
Polyvinyl alcohol	Eye drops 1.4% Eye drops 3%	Vistil Vistil Forte	2011
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2011
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2011
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Promethazine Winthrop Elixir Allersoothe	2012 2011
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2011

*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 December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2011
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013
	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	2012
	Nebuliser soln, 2 mg per ml, 2.5 ml	Asthalin	
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Simvastatin	Tab 10 mg	Arrow-Simva 10 mg	2011
	Tab 20 mg	Arrow-Simva 20 mg	
	Tab 40 mg	Arrow-Simva 40 mg	
	Tab 80 mg	Arrow-Simva 80 mg	
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Nasal spray, 4%	Rex	2012
Somatropin	Inj cartridge 16 iu (5.3 mg)	Genotropin	31/12/12
	Inj cartridge 36 iu (12 mg)	Genotropin	
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml	Space Chamber	30/9/11
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	Synacthen	2011
	Inj 1 mg per ml, 1 ml	Synacthen Depot	
Timolol maleate	Tab 10 mg	Apo-Timol	2012
	Eye drops 0.25% & 0.5%	Apo-Timop	2011
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	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 December 2010

Generic Name	Presentation	Brand Name	Expiry Date*
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Triamcinolone acetonide	Crn 0.02% Oint 0.02% Inj 40 mg per ml, 1 ml 0.1% in Dental Paste USP	Aristocort Aristocort Kenacort-A40 Oracort	2011
Trimethoprim	Tab 300 mg	TMP	2011
Tropisetron	Cap 5 mg	Navoban	2012
Ursodeoxycholic acid	Cap 300 mg	Actigall	2011
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2011
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc and castor oil	Oint BP	PSM	2011
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2011
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2011

December changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 December 2010

- 43 RIVAROXABAN – Special Authority see SA1066 – Retail pharmacy
Tab 10 mg 153.00 15 ✓ **Xarelto**
306.00 30 ✓ **Xarelto**
- ▶ SA1066] Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 5 weeks for applications meeting the following criteria:
Either:
1 For the prophylaxis of venous thromboembolism following a total hip replacement; or
2 For the prophylaxis of venous thromboembolism following a total knee replacement.
Renewal from any relevant practitioner. Approvals valid for 5 weeks where prophylaxis for venous thromboembolism is required for patients following a subsequent total hip or knee replacement.
Note: Rivaroxaban is only currently indicated and subsidised for up to 5 weeks therapy for prophylaxis of venous thromboembolism following a total hip replacement and up to 2 weeks therapy for prophylaxis of venous thromboembolism following a total knee replacement.
- 45 GEMFIBROZIL
Tab 600 mg 14.00 60 ✓ **Lipazil**
- 61 MENTHOL – 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
Crystals 6.92 25 g ✓ **Midwest**
- 67 SULPHUR
Precipitated – Only in combination 6.35 100 g ✓ **Midwest**
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain,
2) With or without other dermatological galenicals.
- 88 MOXIFLOXACIN – Special Authority see SA1065 – Retail pharmacy
Tab 400 mg 52.00 5 ✓ **Avelox**
- ▶ SA1065] Special Authority for Subsidy
Initial application only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria:
Either:
1 Both:
1.1 Active tuberculosis*; and
1.2 Any of the following:
1.2.1 Documented resistance to one or more first-line medications; or
1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or
1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or
1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or
1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or
2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated.*

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New listings - effective 1 December 2010 (continued)

continued...

Renewal only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Note: Indications marked with * are Unapproved Indications (refer to Section A: General Rules, Part I (Interpretations and Definitions) and Part IV (Miscellaneous Provisions) rule 4.6).

89	ITRACONAZOLE – Retail pharmacy-Specialist Cap 100 mg	4.25	15	✓ Itrazole
116	ESCITALOPRAM Tab 10 mg	2.65	28	✓ Loxalate
	Tab 20 mg	4.20	28	✓ Loxalate
116	SERTRALINE Tab 50 mg	5.40	90	✓ Arrow-Sertraline
	Tab 100 mg	9.60	90	✓ Arrow-Sertraline
171	GLYCERIN WITH SUCROSE – Only in combination Suspension	38.00	473 ml	✓ Ora-Sweet
	Only in combination with Ora-Plus			
171	GLYCERIN WITH SODIUM SACCHARIN – Only in combination Suspension	38.00	473 ml	✓ Ora-Sweet SF
	Only in combination with Ora-Plus			
172	METHYL HYDROXYBENZOATE Powder	8.98	25 g	✓ Midwest
172	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination Suspension	38.00	473 ml	✓ Ora-Blend
172	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination Suspension	38.00	473 ml	✓ Ora-Blend SF
172	METHYLCELLULOSE Suspension – Only in combination	38.00	473 ml	✓ Ora-Plus
172	PROPYLENE GLYCOL Only in extemporaneously compounded methyl hydroxybenzoate 10% solution. Liq	11.25	500 ml	✓ Midwest
172	SODIUM BICARBONATE Powder BP – Only in combination	8.95	500 g	✓ Midwest
	Only in extemporaneously compounded omeprazole suspension.			

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

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

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

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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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 funded 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	✓ Sudent
	Cap 25 mg	4,630.77	28	✓ Sudent
	Cap 50 mg	9,261.54	28	✓ Sudent

▶ 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..... (BSF Arrow-Enalapril to be delisted 1 February 2011)	0.01	1 fee	✓ BSF Arrow-Enalapril
171	ACETYLCYSTEINE – Retail pharmacy-Specialist			
	Inj 200 mg per ml, 30 ml	219.00	4	✓ Acetadote

▲ 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

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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...

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

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

Check your Schedule for full details
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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.

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New listings - effective 1 October 2010 (continued)

191	ELEMENTAL FORMULA – Special Authority see SA0603 – Hospital pharmacy [HP3] Powder (vanilla)	52.90 (56.00)	400 g OP	Elecare
	Powder (unflavoured)	52.90 (56.00)	400 g OP	

Effective 1 September 2010

29	INSULIN GLULISINE ▲ Inj 100 u per ml, 3 ml	46.07	5	✓ Apidra
33	MUCILAGINOUS LAXATIVES – Only on a prescription * Dry	6.02	500 g OP	✓ Konsyl-D
36	VITAMIN B COMPLEX * Tab, strong, BPC	4.70	500	✓ B-PlexADE
41	CLOPIDOGREL Tab 75 mg	16.25	90	✓ Apo-Clopidogrel
45	SODIUM BICARBONATE Cap 840 mg	8.52	100	✓ Sodibic
55	FUROSEMIDE * Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO	1.30	5	✓ Frusamide-Claris
85	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
	<p>▶ SA1034 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 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.</p>			
102	TENOXICAM * Inj 20 mg	9.95	1	✓ AFT

New listings - effective 1 September 2010 (continued)

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

The patient may not have had a prior approval for 'Underlying cause glucocorticosteroid therapy' within the last 12 months.

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

Both:

- 1 Any of the following:

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

- 2 The patient will not be prescribed more than one infusion in a 12-month period.

Notes:

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

111	LIGNOCAINE HYDROCHLORIDE			
	Inj 2%, 5 ml – Up to 5 inj available on a PSO	23.00	50	✓Xylocaine
	Inj 2%, 20 ml – Up to 5 inj available on a PSO	15.00	5	✓Xylocaine
	Viscous solution 2%	55.00	200 ml	✓Xylocaine Viscous
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 CROMOGLYCAT Eye drops 2%	1.18	5 ml OP	✔ Rexacrom

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions

Effective 1 December 2010

125 LEVOMEPROMAZINE METHOTRIMEPRAZINE

Tab 25 mg	16.93	100	✓Nozinan
Tab 100 mg	43.96	100	✓Nozinan
Inj 25 mg per ml, 1 ml	73.68	10	✓Nozinan

Chemical name change to International Non-proprietary name

130 MULTIPLE SCLEROSIS TREATMENTS

► SA1062 Special Authority for Subsidy

Special Authority approved by the Multiple Sclerosis Treatment Committee

Notes: Budget managed by appointed clinicians on the Multiple Sclerosis Treatment Assessments Committee (MSTAC).

Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).

Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>:

The Coordinator

Phone: 04 460 4990

Multiple Sclerosis Treatment Assessment Committee

Facsimile: 04 916 7571

PHARMAC, PO Box 10 254

Email: Isacoordinator@pharmac.govt.nz

Wellington

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.

Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.

Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.

Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, or 20 mg glatiramer acetate daily will be subsidised.

Appeals against MSTAC's decision and/or the processing of any application may be lodged with the MSTAC coordinator. Concerns that cannot be or have not been adequately addressed by MSTAC will be forwarded to a separate Appeal Committee if necessary. Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC coordinator should be notified of the change and a new prescription provided.

Entry Criteria

- 1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and
- 2) patients must have active relapsing MS (confirmed by MR scan where necessary) with or without underlying progression; and
- 3) patients must have either:
 - a) EDSS score 2.5 - 5.5 with 2+ relapses:
 - experienced at least 2 significant relapses of MS in the previous 12 months, and
 - an EDSS score of between 2.5 and 5.5 inclusive; or
 - b) EDSS score 2.0 with 3+ relapses:
 - experienced at least 3 significant relapses of MS in the previous 12 months, and
 - an EDSS score of 2.0; and
- 4) Each relapse must:
 - a) be confirmed by a neurologist or general physician (the patient may not necessarily have been seen during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);

continued...

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

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

Changes to Restrictions - effective 1 December 2010 (continued)

continued...

- b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
- c) last at least one week;
- d) follow a period of stability of at least one month;
- e) be severe enough to change either the EDSS or at least one of the Kurtzke functional systems scores by at least 1 point;
- f) be distinguishable from the effects of general fatigue; and
- g) not be associated with a fever ($T > 37.5^{\circ}\text{C}$); and
- 5) applications must be made at least four weeks after the date of the onset of the last known relapse; and
- 6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate (see criteria for stopping).
- 7) applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
- 8) patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and
- 9) patients must agree to allow clinical data to be collected and reviewed by MSTAC annually for each year in which they receive funding for beta-interferon or glatiramer acetate.

Stopping Criteria

- 1) Confirmed progression of disability that is sustained for ~~three~~ **six months after during** a minimum of one year of treatment. Progression of disability is defined as **either any of:**
 - (a) an increase of 2 EDSS points where starting EDSS was 2.0; or**
 - (b) an increase of 1.5 EDSS points where starting EDSS was 2.5 or 3.0; or**
 - (c) an increase of 1 EDSS point from the where starting EDSS was 3.5 or greater; or**
 - (d) an increase in EDSS score to 6.0 or more; or**
- 2) stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (**see Note**); or
- 3) pregnancy and/or lactation; or
- 4) within the 12 month approval year, intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
- 5) non-compliance with treatment, including refusal to undergo annual assessment or refusal to allow the results of the assessment to be submitted to MSTAC; or
- 6) patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon or glatiramer acetate.

Note: Patients who have a stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet any of the other Stopping Criteria at annual review may switch to a different class of funded treatment (i.e. patients may switch from either of the beta-interferons [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa). Patients may switch classes of treatment for this reason only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to stable or increasing relapse rate over 12 months of treatment).

145	TEMOZOLOMIDE – Special Authority see SA1063 0831 – Retail pharmacy		
	Cap 5 mg	50.00	5 ✓ Temodal
	Cap 20 mg	170.00	5 ✓ Temodal
	Cap 100 mg	840.00	5 ✓ Temodal
	Cap 250 mg	2,100.00	5 ✓ Temodal

➔ SA1063 0831 Special Authority for Subsidy

Initial application only from a relevant specialist. Approvals valid for 10 months for applications meeting the following criteria:

All of the following:

1 **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

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 December 2010 (continued)

continued...

- 1.1 Patient has newly diagnosed glioblastoma multiforme; **or**
- 1.2 Patient has newly diagnosed **anaplastic astrocytoma***; and
- 2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
- 3 Following concomitant treatment temozolomide is to be used for a maximum of six cycles of 5 days treatment, at a maximum dose of 200 mg/m².

Notes: **Indication marked with a * is an Unapproved Indication.** Temozolomide is not subsidised for the treatment of relapsed glioblastoma multiforme. Reapplications will not be approved. Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.

167 SECTION C – GLOSSARY

Dermatological galenical: Dermatological galenicals will only be subsidised when added to a dermatological base. More than one dermatological galenical can be added to a dermatological base.

The following are dermatological galenicals:

- Coal tar solution BP - up to 10%
- Hydrocortisone powder - up to 5%
- **Menthol crystals**
- Salicylic acid powder
- Sulphur precipitated powder

168 SECTION C – EXPLANATORY NOTES

Oral liquid mixtures

Oral liquid mixtures are subsidised for patients unable to swallow subsidised solid oral dose forms where no suitable alternative proprietary formulation is subsidised. Suitable alternatives include dispersible and sublingual formulations, oral liquid formulations or rectal formulations. Before extemporaneously compounding an oral liquid mixture, other alternatives such as dispersing the solid dose form (if appropriate) or crushing the solid dose form in jam, honey or soft foods such as yoghurt should be explored.

The Emixt website (<http://www.pharminfotech.co.nz/manual/Formulation/mixtures/index.htm>) has evidence-based formulations which are intended to standardise compounded oral liquids within New Zealand.

PHARMAC endorses the recommendations of the Emixt website and encourages New Zealand pharmacists to use these formulations when compounding is appropriate. The Emixt website also provides stability and expiry data for compounded products. For the majority of products compounded with Ora-Blend, Ora-Blend SF, Ora-Plus, Ora-Sweet or Ora-Sweet SF a four week expiry is appropriate.

Subsidy for extemporaneously compounded oral liquid mixtures is based on:

Solid dose form qs		Solid dose form qs
Preservative qs		Ora-Blend, Ora-Blend SF,
Suspending agent qs	or	Ora-Plus, Ora-Sweet and/or
Water to 100%		Ora-Sweet SF to 100%

Prescribers may prescribe or pharmacists may add extra non-subsidised ingredients such as flavouring and colouring agents, but these extra ingredients will not be reimbursed. The subsidised ingredients in the formula will be reimbursed and a compounding fee paid.

The majority of extemporaneously compounded oral liquid mixtures should contain a preservative and suspending agent.

- **Ora-Blend, Ora-Blend SF, Ora-Plus, Ora-Sweet and Ora-Sweet SF when used correctly are an appropriate preservative and suspending agent.**
- Methylcellulose 3% is considered a suitable suspending agent and compound hydroxybenzoate solution or methyl hydroxybenzoate 10% solution are considered to be suitable preservatives. Usually 1 ml of these preservative solutions is added to 100 ml of oral liquid mixture.

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 December 2010 (continued)

continued...

Some solid oral dose forms are not appropriate for compounding into oral liquid mixtures and should therefore not be used/considered for extemporaneously compounded oral liquid mixtures. This includes long-acting solid dose formulations, enteric coated tablets or capsules, sugar coated tablets, hard gelatin capsules and chemotherapeutic agents.

The following practices will not be subsidised:

- **Where a Standard Formula exists in the Pharmaceutical Schedule for a solid dose form, compounding the solid dose form in Ora-Blend, Ora-Blend SF, Ora-Plus, Ora-Sweet and/or Ora-Sweet SF.**
- Mixing one or more proprietary oral liquids (eg an antihistamine with pholcodine linctus).
- Extemporaneously compounding an oral liquid with more than one solid dose chemical.
- Mixing more than one extemporaneously compounded oral liquid mixture.
- Mixing one or more extemporaneously compounded oral liquid mixtures with one or more proprietary oral liquids.
- The addition of a chemical/powder/agent/solution to a proprietary oral liquid or extemporaneously compounded oral mixture.

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	✓ <u>Arrow-Enalapril</u>
	* Tab 10 mg	2.44	90	✓ <u>Arrow-Enalapril</u>
	* Tab 20 mg	3.24	90	✓ <u>Arrow-Enalapril</u>
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

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 November 2010 (continued)

continued...

- 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:
- 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

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

- 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 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

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 November 2010 (continued)

continued...

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

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

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

- 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:
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
 - 4 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
 - 5 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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)

continued...

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.

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

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

- 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
 - 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.

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 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 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

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:

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

- 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 - (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:

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 November 2010 (continued)

continued...

- 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:

- 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

continued...

Changes to Restrictions - effective 1 November 2010 (continued)

continued...

- 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:
 - 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).

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)

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

Note – Keppra tablets to be delisted 1 November 2010.

Phone: (04) 916-7553

Facsimile: (09) 929-3226

Email: lsacoordinator@pharmac.govt.nz

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.

continued...

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

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

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

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

Both:

1— Either:

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

1.2 ezetimibe is to be used without a statin; and

2— Either:

2.1 All of the following:

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

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

2.1.3— Either:

2.1.3.1— All of the following:

2.1.3.1.1— Patient has venous CABG; and

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

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

or

2.1.3.2— All of the following:

2.1.3.2.1— Patient does not have venous CABG; and

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

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

or

2.2 All of the following:

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

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

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

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

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

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

Both:

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

2— Either:

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

2.2 ezetimibe is to be used without a statin.

48	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 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.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

Note:

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

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

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

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

Either:

1— All of the following:

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

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

1.3 Either:

1.3.1— All of the following:

1.3.1.1— Patient has venous CABG; and

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

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

1.3.2— All of the following:

1.3.2.1— Patient does not have venous CABG; and

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

1.3.2.3— LDL cholesterol \geq 2.5 mmol/litre (at least 1 week after test 1— see note); or

2— All of the following:

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

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

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

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

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

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

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

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

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

Tab 300 mg 531.00 30 ✓Viread

► SA1047 0997 Special Authority for Waiver of Rule

Initial application — (~~Drug-Resistant Chronic Hepatitis B~~) Only 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

continued...

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

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

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

2 All of the following

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

3 All of the following:

Documented drug resistance, defined as both:

3.1 ALT greater than upper limit of normal; or \geq Metavir Stage F3; and

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

2.3 Any of the following:

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

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

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

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

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

Both:

1 Patient is HBsAg positive and pregnant; and

2 Either:

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

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

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

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 \geq 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 HBeAg 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.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 October 2010 (continued)

- 115 MIANSERIN HYDROCHLORIDE – Special Authority see **SA1048 0864** – Retail pharmacy
Tab 30 mg24.86 30 ✓ Tolvon
➔ **SA1048 0864** Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either
1 Both:
1.1 Depression; and
1.2 Either:
1.2.1 Co-existent bladder neck obstruction; or
1.2.2 Cardiovascular disease; or
2 Both:
2.1 The patient has a severe major depressive episode; and
2.2 Either:
2.2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or
2.2.2 Both:
2.2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and
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 mg115.00 60 ✓ Xeloda
Tab 500 mg705.00 120 ✓ 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:

continued...

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

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

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

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

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

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

Any of the following:

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

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

Either:

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

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

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.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 October 2010 (continued)

151	RITUXIMAB – PCT only – Specialist – Special Authority see SA1050 096† Inj 100 mg per 10 ml vial 1,195.00 Inj 500 mg per 50 ml vial 2,987.00 Inj 1 mg for ECP 6.27	2 1 1 mg	✓ Mabthera ✓ Mabthera ✓ Baxter
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➔ **SA1050 096†** Special Authority for Subsidy

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

Both:

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

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

Either:

- 1 **Both:**
 - 1.1 The patient has indolent low grade NHL with relapsed disease following prior chemotherapy; and
 - 1.2 To be used for a maximum of 6 treatment cycles; or
- 2 **Both:**
 - 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.

continued...

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

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

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

All of the following:

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

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

Note: Indications marked with * are Unapproved Indications.

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

Both:

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

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:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 October 2010 (continued)

continued...

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

Note: Indications marked with * are Unapproved Indications.

164 TRAVOPROST – Retail pharmacy-Specialist

a) See prescribing guideline above

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

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

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

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

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 ✓ **Piaccord**

Tab 30 mg 5.23 28 ✓ **Piaccord**

Tab 45 mg 7.80 28 ✓ **Piaccord**

► 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.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 2010 (continued)

41	CLOPIDOGREL —Special Authority see SA0867 below —Retail pharmacy Tab 75 mg	16.25 5.05 25.00 (73.38)	90 28 28	✓ Apo-Clopidogrel ✓ Apo-Clopidogrel ✓ Arrow-Clopidogrel Plavix
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▶ 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 specialist consultation.

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

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

Any of the following:

The patient has:

1— experienced an acute myocardial infarction; or

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

3— had a troponin T or troponin I test result greater than the upper limit of the reference range; or

4— had a revascularisation procedure.

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

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

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

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

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

Any of the following:

The patient has:

1— experienced an acute myocardial infarction; or

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

3— had a troponin T or troponin I test result greater than the upper limit of the reference range; or

4— had a revascularisation procedure.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 2010 (continued)

continued...

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 GABG; and

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

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

2.2.2.2— All of the following:

2.2.2.2.1— Patient does not have venous GABG; and

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

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

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

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

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

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

56 AMILORIDE WITH HYDROCHLOROTHIAZIDE

* Tab 5 mg with hydrochlorothiazide 50 mg	5.00	50	✓ Moduretic S29
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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 September 2010 (continued)

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 029† Special Authority for Manufacturers Price Notes: Subsidy for patients with existing approvals prior to 1 September 2010. Approvals valid without further renewal unless notified. No new approvals will be granted from 1 September 2010. Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 – Inflammatory arthritis (including osteoarthritis with an inflammatory component); and 2 – Stabilised and are well controlled on the particular NSAID medication. Renewal from any medical practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.			
108	ALENDRONATE SODIUM – Special Authority see SA1039 0990 – Retail pharmacy Tab 70 mg	35.91	4	✓ Fosamax
	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 0990 – Retail pharmacy Tab 70 mg with cholecalciferol 5,600 iu	35.91	4	✓ Fosamax Plus
	➔ SA1039 0990 Special Authority for Subsidy Initial application – (Underlying cause - Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Any of the following: 1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) \geq 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score \leq -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 \leq -3.0 (see Note); or 5 A 10-year risk of hip fracture \geq 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Dubbe Garvan) which incorporates BMD measurements (see Note); or			

continued...

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

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

Changes to Restrictions - effective 1 September 2010 (continued)

continued...

6 Patient has had a Special Authority approval for zoledronic acid (Underlying cause – Osteoporosis).

Initial application – (Underlying cause - glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and

2 **Either Any of the following:**

2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or

2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or

2.3 The patient has had a Special Authority approval for zoledronic acid (Underlying cause – glucocorticosteroid therapy).

Renewal – (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents).

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

Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented BMD ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or

2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or

3 History of two significant osteoporotic fractures demonstrated radiologically; or

4 Documented T-Score ≤ -3.0 (see Note); or

5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or ~~Bubb~~ **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 PSO43.26

10

✓Pfizer

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

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

Check your Schedule for full details
Schedule page ref

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\$ Per

Brand or
Generic Mnfr
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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 Zydys Tab 8 mg 33.89 20 ✓ Zofran Tab disp 8 mg 20.43 10 ✓ Zofran Zydys
122	TROPISETRON – Retail pharmacy Specialist a) Maximum of 6 cap per prescription b) Maximum of 3 cap per dispensing c) Not more than one prescription per month. Cap 5 mg 77.41 5 ✓ Navoban
129	ALPRAZOLAM – Month Restriction Tab 250 µg 3.15 50 ✓ Arrow-Alprazolam ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 500 µg 4.10 50 ✓ Arrow-Alprazolam ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg 7.25 50 ✓ Arrow-Alprazolam ‡ Safety cap for extemporaneously compounded oral liquid preparations.
129	BUSPIRONE HYDROCHLORIDE – Special Authority see SA0863 – Retail pharmacy Month Restriction Tab 5 mg 28.00 100 ✓ Pacific Buspirone Tab 10 mg 17.00 100 ✓ Pacific Buspirone
130	DIAZEPAM Tab 2 mg – Month Restriction 11.44 500 ✓ Arrow-Diazepam ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 5 mg – Month Restriction 13.71 500 ✓ Arrow-Diazepam ‡ Safety cap for extemporaneously compounded oral liquid preparations.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 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	Ox-Pam
	(5.89) ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 15 mg 2.45	100	Ox-Pam
	(8.13) ‡ Safety cap for extemporaneously compounded oral liquid preparations.		
132	LORMETAZEPAM — Month Restriction Tab 1 mg 3.11	30	Noctamid
	(23.50) ‡ Safety cap for extemporaneously compounded oral liquid preparations.		
132	MIDAZOLAM Tab 7.5 mg — Month Restriction 10.38	100	Hypnovel
	(25.00) ‡ Safety cap for extemporaneously compounded oral liquid preparations.		
132	NITRAZEPAM — Month Restriction Tab 5 mg 2.00	100	Nitrados
	(4.98) ‡ 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	Hypam
	(6.50) ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 250 µg 4.10	100	Hypam
	(7.20) ‡ Safety cap for extemporaneously compounded oral liquid preparations.		
132	ZOPICLONE — Month Restriction Tab 7.5 mg 21.02	500	✓ Apo-Zopiclone

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

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Check your Schedule for full details
Schedule page ref

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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.

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2010

25	LOPERAMIDE HYDROCHLORIDE – Up to 30 tab available on a PSO (↓ subsidy) * Tab 2 mg	8.95	400	✓ Nodia
35	CHLORHEXIDINE GLUCONATE (↑ subsidy) Mouthwash 0.2%	3.87	200 ml OP	✓ Rivacol
49	CILAZAPRIL (↓ subsidy) * Tab 0.5 mg	0.95 (2.20)	30	Inhibace
	* Tab 2.5 mg	1.92 (4.10)	28	Inhibace
	* Tab 5 mg	3.06 (6.01)	28	Inhibace
53	LABETALOL (↓ subsidy) * Tab 50 mg	8.23	100	✓ Hybloc
	* Tab 100 mg	10.06	100	✓ Hybloc
	* Tab 200 mg	17.55	100	✓ Hybloc
53	PROPRANOLOL (↓ subsidy) * Cap long-acting 160 mg	16.06	100	✓ Cardinol LA
54	NIFEDIPINE (↓ subsidy) * Tab long-acting 30 mg	8.56	30	✓ Adefin XL
	* Tab long-acting 60 mg	12.28	30	✓ Adefin XL
56	ISOSORBIDE MONONITRATE (↓ subsidy) * Tab long-acting 60 mg	3.94	90	✓ Duride
61	MENTHOL – Only in combination (↓ subsidy) 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 Crystals	6.50	25 g	✓ PSM
87	AMOXYCILLIN (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO	16.18 (17.30)	500	Apo-Amoxi
	Cap 500 mg	26.50 (27.25)	500	Apo-Amoxi
102	NAPROXEN SODIUM (↓ subsidy) * Tab 275 mg	5.69	120	✓ Sonafam
	* Tab 550 mg	9.95	100	✓ Synflex
131	INTERFERON BETA-1-BETA – Special Authority see SA1062 (↓ subsidy) Inj 8 million iu per 1 ml	1,322.89	15	✓ Betaferon
139	CARBOPLATIN – PCT only – Specialist (↓ subsidy) Inj 10 mg per ml, 45 ml	50.00	1	✓ Carboplatin Ebewe
	Inj 10 mg per ml, 100 ml	105.00	1	✓ Carboplatin Ebewe

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

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

Check your Schedule for full details
Schedule page ref

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

139	OXALIPLATIN – PCT only – Specialist – Special Authority see SA0900 (↓ subsidy)				
	Inj 50 mg	55.00	1	✓ Oxaliplatin Ebewe	
	Inj 100 mg	110.00	1	✓ Oxaliplatin Ebewe	
	Inj 1 mg for ECP	1.20	1 mg	✓ Baxter	
140	CALCIUM FOLINATE (↓ subsidy)				
	Inj 1 g – PCT only – Specialist	90.00	1	✓ Calcium Folate Ebewe	
142	METHOTREXATE (↓ subsidy)				
	* Inj 100 mg per ml, 10 ml – PCT – Retail pharmacy-Specialist	25.00	1	✓ Methotrexate Ebewe	
	* Inj 100 mg per ml, 50 ml – PCT – Retail pharmacy-Specialist	125.00	1	✓ Methotrexate Ebewe	
	* Inj 1 mg for ECP – PCT only – Specialist	0.09	1 mg	✓ Baxter	
144	DOXORUBICIN – PCT only – Specialist				
	Inj 10 mg (↑ subsidy)	10.00	1	✓ Doxorubicin Ebewe	
	Inj 50 mg (↑ subsidy)	40.00	1	✓ Doxorubicin Ebewe	
	Inj 100 mg (↓ subsidy)	80.00	1	✓ Doxorubicin Ebewe	
	Inj 200 mg (↓ subsidy)	150.00	1	✓ Doxorubicin Ebewe	
	Inj 1 mg for ECP (↑ subsidy)	0.88	1 mg	✓ Baxter	
144	EPIRUBICIN – PCT only – Specialist (↓ subsidy)				
	Inj 2 mg per ml, 50 ml	125.00	1	✓ Epirubicin Ebewe	
	Inj 2 mg per ml, 100 ml	210.00	1	✓ Epirubicin Ebewe	
	Inj 1 mg for ECP	1.80	1 mg	✓ Baxter	
145	PACLITAXEL – PCT only – Specialist (↓ subsidy)				
	Inj 30 mg	137.50	5	✓ Paclitaxel Ebewe	
	Inj 100 mg	91.67	1	✓ Paclitaxel Ebewe	
	Inj 150 mg	137.50	1	✓ Paclitaxel Ebewe	
	Inj 300 mg	275.00	1	✓ Paclitaxel Ebewe	
	Inj 600 mg	550.00	1	✓ Paclitaxel Ebewe	
	Inj 1 mg for ECP	1.02	1 mg	✓ Baxter	
162	CHLORAMPHENICOL (↓ subsidy)				
	Eye drops 0.5%	1.28 (2.40)	10 ml OP	Chlorsig	
172	METHYL HYDROXYBENZOATE (↓ subsidy)				
	Powder	8.00	25 g	✓ PSM	
172	PROPYLENE GLYCOL (↓ subsidy)				
	Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.				
	Liq	10.50	500 ml	✓ PSM	

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

33	MUCILAGINOUS LAXATIVES – Only on a prescription (↓ subsidy)			
	* Dry	3.91 (5.72)	325 g OP	Konsyl-D
		4.58 (6.69)	380 g OP	Mucilax
		5.42 (12.71)	450 g OP	Isogel
		6.02 (16.49)	500 g OP	Normacol
	* Dry-original flavour, regular texture only	4.05 (12.38)	336 g OP	Metamucil
	* Sugar Free	3.31 (10.60)	275 g OP	Mucilax
34	MUCILAGINOUS LAXATIVES WITH STIMULANTS (↓ subsidy)			
	* Dry	2.41 (7.69)	200 g OP	Normacol Plus
		6.02 (16.49)	500 g OP	Normacol Plus
36	VITAMIN B COMPLEX (↓ subsidy)			
	* Tab, strong, BPC	4.70 (12.10)	500	Apo-B-Complex
38	VITAMINS (↓ subsidy)			
	* Tab (BPC cap strength)	8.00	1,000	✓ MultiADE
41	CLOPIDOGREL (↓ subsidy)			
	Tab 75 mg	5.06 (73.38)	28	✓ Arrow-Clopidogrel Plavix
55	FUROSEMIDE (↓ subsidy)			
	* Inj 10 mg per ml, 2 ml – Up to 5 inj available on a PSO.....	13.00 (29.50)	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 (3.99)	1	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

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

163	SODIUM CROMOGLYCATE (↓ subsidy) Eye drops 2%	2.36 (3.95)	10 ml OP		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 (7.30)	12		MicroLax
35	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy (removal of CBS) Inj 40 iu per ml, 200 iu vial	1072.00	1	✓	Cerezyme
37	ASCORBIC ACID (↓ subsidy) a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	13.80 (17.25)	500		Apo-Ascorbic Acid
44	SODIUM CHLORIDE (↑ subsidy) Inj 0.9%, 20 ml – Up to 5 inj available on a PSO	8.41	20	✓	Multichem
44	WATER (↓ subsidy) 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Purified for inj, 5 ml – Up to 5 inj available on a PSO	9.20	50	✓	Multichem
	Purified for inj, 10 ml – Up to 5 inj available on a PSO	10.20	50	✓	Multichem
	Purified for inj, 20 ml – Up to 5 inj available on a PSO	5.00	20	✓	Multichem
45	CHOLESTYRAMINE WITH ASPARTAME (↑ price) Sachets 4 g with aspartame	19.25 (52.68)	50		Questran-Lite
49	TERAZOSIN HYDROCHLORIDE (↓ subsidy) * Tab 1 mg	1.50 (2.50)	28		Apo-Terazosin
	* Tab 2 mg	14.29 (23.30)	500		Apo-Terazosin
	* Tab 5 mg	17.86 (29.00)	500		Apo-Terazosin
56	INDAPAMIDE (↓ subsidy) * Tab 2.5 mg	3.25	100	✓	Napamide
61	NYSTATIN (↑ price) Crm 100,000 u per g	1.00 (7.90)	15 g OP		Mycostatin
	a) Only on a prescription b) Not in combination				

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price - effective 1 October 2010 (continued)

65	UREA (↑ subsidy) * Crm 10%	3.07	100 g OP	✓ Nutraplus
66	MALATHION (↓ subsidy) Liq 0.5%	3.79 (4.99)	200 ml OP	Derbac-M
74	OESTRIOL (↓ subsidy) * Crm 1 mg per g with applicator	6.30	15 g OP	✓ Ovestin
	* Pessaries 500 µg	6.53	15	✓ Ovestin
85	CEFTRIAOXONE SODIUM – Subsidy by endorsement (↓ subsidy) a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.			
	Inj 1 g	2.10 (5.40)	1	AFT
99	NITROFURANTOIN (↑ subsidy) * Tab 50 mg	22.20	100	✓ Nifuran
	* Tab 100 mg	37.50	100	✓ Nifuran
115	MIANSERIN HYDROCHLORIDE – Special Authority see SA1048 – Retail pharmacy (↓ subsidy) Tab 30 mg	24.86	30	✓ Tolvon
126	QUETIAPINE (↓ subsidy) Tab 25 mg	7.00	60	✓ Seroquel
	Tab 100 mg	14.00	60	✓ Seroquel
	Tab 200 mg	24.00	60	✓ Seroquel
	Tab 300 mg	40.00	60	✓ Seroquel
151	AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy) * Tab 50 mg	18.45 (34.90)	100	✓ Azamon Imuran
151	MYCOPHENOLATE MOFETIL – Special Authority see SA1041– Retail pharmacy (↓ subsidy) Note: Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.			
	Tab 500 mg	70.00	50	✓ Cellcept
	Cap 250 mg	70.00	100	✓ Cellcept
159	IPRATROPIUM BROMIDE (↓ subsidy) Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO	3.79	20	✓ Ipratropium Steri-Neb
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO	4.06	20	✓ Ipratropium Steri-Neb
164	TRAVOPROST – Retail pharmacy-Specialist (↑ subsidy) See prescribing guideline ▲ Eye drops 0.004%	19.50	2.5 ml OP	✓ Travatan

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

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

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

Effective 1 September 2010

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

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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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
	Tab 400 mg	49.34	56
			✓ Myambutol
			✓ 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
	Inj 1%, 20 ml – Up to 5 inj available on a PSO	20.00	5
			✓ Xylocaine
			✓ Xylocaine
111	LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0906 – Retail pharmacy (↑ subsidy)		
	Crn 2.5% with prilocaine 2.5%	45.00	30 g OP
	Crn 2.5% with prilocaine 2.5% (5 g tubes)	45.00	5
			✓ EMLA
			✓ 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
	Cap long-acting 30 mg	3.20	10
	Cap long-acting 100 mg	8.05	10
			✓ m-Eslon
			✓ m-Eslon
			✓ 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
	Inj 80 mg per ml, 5 ml	75.00	5
			✓ Hospira
			✓ Hospira
118	GABAPENTIN (NEURONTIN) – Special Authority see SA0973 – Retail pharmacy (↓ subsidy)		
	▲ Tab 600 mg	67.50	100
	▲ Cap 100 mg	13.26	100
	▲ Cap 300 mg	39.76	100
	▲ Cap 400 mg	53.01	100
			✓ Neurontin
			✓ Neurontin
			✓ Neurontin
			✓ Neurontin
125	HALOPERIDOL (↑ subsidy)		
	Tab 500 µg – Up to 30 tab available on a PSO	5.42	100
	Tab 1.5 mg – Up to 30 tab available on a PSO	8.20	100
	Tab 5 mg – Up to 30 tab available on a PSO	25.84	100
	Oral liq 2 mg per ml – Up to 200 ml available on a PSO	19.87	100 ml
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	18.74	10
			✓ Serenace
			✓ Serenace
			✓ Serenace
			✓ Serenace
			✓ Serenace
141	FLUOROURACIL SODIUM (↑ subsidy)		
	Inj 50 mg per ml, 10 ml – PCT only – Specialist	26.25	5
			✓ Fluorouracil Ebewe

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

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

Only in extemporaneously compounded oral liquid preparations.

Changes to General Rules

Effective 1 September 2010

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

Changes to Brand Name

Effective 1 October 2010

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

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 |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to 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 December 2010

For the list of new Sole Subsidised Supply products effective 1 December 2010 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-19.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 December 2010

27	OMEPRAZOLE, AMOXYCILLIN AND CLARITHROMYCIN Omeprazole cap 20 mg × 14, amoxicillin cap 500 mg × 28 and clarithromycin tab 500 mg × 14	55.00	1 OP	✓ Losec Hp7 OAC
43	HEPARIN SODIUM Inj 5,000 iu per ml, 5 ml	43.67	10	✓ Multiparin
61	KETOCONAZOLE Crm 2%	1.00 (9.50)	15 g OP	Nizoral
	a) Only on a prescription b) Not in combination			
67	COAL TAR Soln BP – Only in combination	32.37 12.95	500 ml 200 ml	✓ PSM ✓ David Craig
	Up to 10 % Only in combination with a dermatological base or proprietary With or without other dermatological galenicals.			Topical Corticosteroid – Plain
116	FLUOXETINE HYDROCHLORIDE * Cap 20 mg	2.89	90	✓ Fluox
	Note – Fluox cap 20 mg 84 cap pack remains subsidised.			
171	GLYCEROL * Liquid – Only in combination	17.86 (19.80) (24.75) 0.89 (3.00) 1.79 (4.90) 4.47 (10.00)	2,000 ml 100 ml 200 ml 500 ml	✓ PSM ABM MidWest PSM PSM PSM
	Only in extemporaneously compounded oral liquid preparations.			
184	ENTERAL FEED 1KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid	1.24 5.29	250 ml OP 1,000 ml OP	✓ Isosource HN ✓ Isosource HN RTH
184	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid	1.24 5.29	250 ml OP 1,000 ml OP	✓ Fibersource HN ✓ Fibersource HN RTH
185	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid	7.00	1,000 ml OP	✓ Isosource 1.5
185	ORAL FEED 1.5KCAL/ML – Special Authority see SA0702 – Hospital pharmacy [HP3] Liquid (vanilla)	1.33	237 ml OP	✓ Resource Plus

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if endorsed “certified exemption” by the prescriber.

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 December 2010 (continued)

186 FOOD THICKENER – Special Authority see SA0595 – Hospital pharmacy [HP3]
Powder 3.80 250 g OP ✓Resource Thicken Up

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 ETHINYLÖESTRADIOL WITH LEVONORGESTREL
* Tab ethinylöestradiol 30 µg with levonorgestrel 50 µg (6) and
tab ethinylöestradiol 40 µg with levonorgestrel 75 µg (5),
and tab ethinylöestradiol 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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 November 2010 (continued)

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.			

Effective 1 October 2010

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

Effective 1 September 2010

30	COPPER * Tab, diagnostic – Not on a BSO	5.02 (31.80)	36 OP	Clinitest
30	GLUCOSE OXIDASE Urine diagnostic test – Not on a BSO	4.11 (7.00)	50 strip OP	Diabur 5000
	Urine diagnostic test with peroxidase – Not on a BSO.....	4.11 (6.26) 4.13 (8.65)	50 strip OP	Diastix Clinistix
34	DOCUSATE SODIUM – Only on a prescription * Tab 50 mg	3.95 (4.89)	100	Coloxyl
	* Tab 120 mg	5.49 (6.73)	100	Coloxyl

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items - effective 1 September 2010 (continued)

37	MULTIVITAMINS – Special Authority see SA0963 – Retail pharmacy			
	Tab	19.65	100	✓ Ketovite
	Oral liq	13.50	150 ml OP	✓ Ketovite Liquid
46	ATORVASTATIN			
	* Tab 10 mg	1.77	30	✓ Lorstat 10
	* Tab 20 mg	2.60	30	✓ Lorstat 20
	* Tab 40 mg	4.38	30	✓ Lorstat 40
	* Tab 80 mg	7.73	30	✓ Lorstat 80
82	BUSERELIN ACETATE			
	Inj 1 mg per ml, 5.5 ml	195.00 (272.53)	2	Suprefact
87	AMOXYCILLIN			
	Grans for oral liq 125 mg per 5 ml – Up to 200 ml available on a PSO	1.00	100 ml	✓ Ranbaxy Amoxicillin
109	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy			
	Tab 70 mg with cholecalciferol 2,800 iu.....	35.91	4	✓ Fosamax Plus
111	BUPIVACAINE HYDROCHLORIDE			
	Inj 0.5%, 4 ml	29.35	5	✓ Marcain Isobaric
	Inj 0.5%, 8% glucose, 4 ml	24.50	5	✓ Marcain Heavy
141	FLUOROURACIL SODIUM			
	Inj 1 mg for ECP – PCT only – Specialist	0.01	1 mg	✓ Baxter
	Note – This product has been replaced with a 100 mg pack size listed 1 September 2010.			
145	MESNA – PCT only – Specialist			
	Inj 1 mg for ECP	0.02	1 mg	✓ Baxter
	Note – This product has been replaced with a 100 mg pack size listed 1 September 2010.			
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

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
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Items to be Delisted

Effective 1 January 2011

34	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	6.00 (7.30)	12		Microlax
37	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	13.80 (17.25)	500		Apo-Ascorbic Acid
49	TERAZOSIN HYDROCHLORIDE * Tab 1 mg	1.50 (2.50)	28		Apo-Terazosin
	* Tab 7 × 1 mg and 7 × 2 mg	0.74 (23.30)	14 OP 500		✓ Hytrin Starter Pack
	* Tab 2 mg	14.29 (29.00)	500		Apo-Terazosin
	* Tab 5 mg	17.86 (29.00)	500		Apo-Terazosin
56	INDAPAMIDE * Tab 2.5 mg	3.25	100		✓ Napamide
66	MALATHION Liq 0.5%	3.79 (4.99)	200 ml OP		Derbac-M
85	CEFTRIAXONE SODIUM – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of confirmed ciprofloxacin-resistant gonorrhoea, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 1 g	2.10 (5.40)	1		AFT
100	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj	9.00 90.00	1 10		✓ Fluvax ✓ Influvac ✓ Vaxigrip
137	NICOTINE a) Maximum of 768 piece per prescription b) Maximum of 384 piece per dispensing c) For the avoidance of doubt Nicotine will not be funded Close Control in amounts less than 4 weeks. d) The maximum of 384 piece per dispensing cannot be waived via Access Exemption Criteria. Gum 2 mg (Fruit)	23.41 23.41 23.41 23.41	96 OP 96 OP 96 OP 96 OP		✓ Nicotinell ✓ Nicotinell ✓ Nicotinell ✓ Nicotinell

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

Check your Schedule for full details
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Subsidy
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\$ Per

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

151	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg	18.45 (34.90)	100	✓ Azamun Imuran
159	IPRATROPIUM BROMIDE Nebuliser soln, 250 µg per ml, 1 ml – Up to 40 neb available on a PSO	3.79	20	✓ Ipratropium Steri-Neb
	Nebuliser soln, 250 µg per ml, 2 ml – Up to 40 neb available on a PSO	4.06	20	✓ Ipratropium Steri-Neb

Effective 1 February 2011

33	MUCILAGINOUS LAXATIVES – Only on a prescription * Dry	3.91 (5.72)	325 g OP	Konsyl-D
		4.58 (6.69)	380 g OP	Mucilax
		5.42 (12.71)	450 g OP	Isogel
		6.02 (16.49)	500 g OP	Normacol
	* Dry-original flavour, regular texture only	4.05 (12.38)	336 g OP	Metamucil
	Note – Konsyl-D 500 g pack remains fully subsidised			
36	VITAMIN B COMPLEX * Tab, strong, BPC	4.70 (12.10)	500	Apo-B-Complex
41	CLOPIDOGREL Tab 75 mg	5.06 (73.38)	28	✓ Apo-Clopidogrel ✓ Arrow-Clopidogrel 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 (29.50)	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 (3.99)	1	AFT

Check your Schedule for full details
Schedule page ref

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

163	SODIUM CROMOGLYCATE Eye drops 2%	2.36 (3.95)	10 ml OP		Cromolux
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Effective 1 March 2011

49	CILAZAPRIL * Tab 0.5 mg	0.95 (2.20)	30		Inhibace
	* Tab 2.5 mg	1.92 (4.10)	28		Inhibace
	* Tab 5 mg	3.06 (6.01)	28		Inhibace
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
87	AMOXYCILLIN Cap 250 mg – Up to 30 cap available on a PSO	16.18 (17.30)	500		Apo-Amoxi
	Cap 500 mg	26.50 (27.25)	500		Apo-Amoxi
121	CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml	14.95	5		✓ Valoid (AFT)
162	CHLORAMPHENICOL Eye drops 0.5%	1.28 (2.40)	10 ml OP		Chlorsig

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

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Check your Schedule for full details
Schedule page ref

Subsidy
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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.			

Effective 1 June 2011

37	ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 – Retail pharmacy			
	Water solubilised soln 156 iu/ml, with calibrated dropper	18.30	50 ml OP	✓ Micelle E
53	LABETALOL			
	* Tab 400 mg	34.44	100	✓ Hybloc
80	DYDROGESTERONE			
	Tab 10 mg	15.40 (16.75)	28	Duphaston

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

Section H changes to Part II

Effective 1 December 2010

21	CALCIUM FOLINATE (extension of HSS)			
	Inj 50 mg – 1% DV Sep-08 to 2014	24.50	5	Calcium Folate Ebewe
	Inj 100 mg – 1% DV Sep-08 to 2014	9.75	1	Calcium Folate Ebewe
	Inj 300 mg – 1% DV Sep-08 to 2014	30.00	1	Calcium Folate Ebewe
	Inj 1 g – 1% DV Sep-08 to 2014 (↓ price).....	90.00	1	Calcium Folate Ebewe
22	CARBOPLATIN (↓ price)			
	Inj 10 mg per ml, 45 ml – 1% DV Dec-09 to 2012	50.00	1	Carboplatin Ebewe
	Inj 10 mg per ml, 100 ml – 1% DV Dec-09 to 2012	105.00	1	Carboplatin Ebewe
28	DOPAMINE HYDROCHLORIDE			
	Inj 40 mg per ml, 5 ml – 1% Feb-11 to 2012	82.08	10	Max Health
	Note – Mayne’s brand of dopamine hydrochloride inj 40 mg per ml, 5 ml to be delisted 1 February 2011.			
29	DOXORUBICIN (addition of HSS)			
	Inj 10 mg – 1% Feb-11 to 2012 (↑ price)	10.00	1	Doxorubicin Ebewe
	Inj 50 mg – 1% Feb-11 to 2012 (↑ price)	40.00	1	Doxorubicin Ebewe
	Inj 100 mg – 1% Feb-11 to 2012 (↓ price)	80.00	1	Doxorubicin Ebewe
	Inj 200 mg – 1% Feb-11 to 2012 (↓ price)	150.00	1	Doxorubicin Ebewe
29	EPIRUBICIN (↓ price)			
	Inj 2 mg per ml, 50 ml – 1% DV Oct-09 to 2012	125.00	1	Epirubicin Ebewe
	Inj 2 mg per ml, 100 ml – 1% DV Oct-09 to 2012	210.00	1	Epirubicin Ebewe
30	ESCITALOPRAM			
	Tab 10 mg – 1% Feb-11 to 2013	2.65	28	Loxalate
	Tab 20 mg – 1% Feb-11 to 2013	4.20	28	Loxalate
33	GEMFIBROZIL			
	Tab 600 mg – 1% Feb-11 to 2013	14.00	60	Lipazil
34	GLYCERIN WITH SUCROSE			
	Suspension	38.00	473 ml	Ora-Sweet
34	GLYCERIN WITH SODIUM SACCHARIN			
	Suspension	38.00	473 ml	Ora-Sweet SF
38	ITRACONAZOLE			
	Cap 100 mg – 1% Feb-11 to 2013	4.25	15	Itrazole
	Note – Sporanox cap 100 mg to be delisted 1 February 2011.			

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

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

38	ISOSORBIDE MONONITRATE (↓ price) Tab long-acting 60 mg	3.94	90	Duride
39	LABETALOL (↓ price) Tab 50 mg	8.23	100	Hybloc
	Tab 100 mg	10.06	100	Hybloc
	Tab 200 mg	17.55	100	Hybloc
39	LABETALOL Tab 400 mg	34.44	100	Hybloc
	Note – Hybloc tab 400 mg to be delisted 1 February 2011.			
42	METHOTREXATE (↓ price and extension of HSS) Inj 100 mg per ml, 10 ml – 1% DV Nov-08 to 2014	25.00	1	Methotrexate Ebewe
	Inj 100 mg per ml, 50 ml – 1% DV Nov-08 to 2014	125.00	1	Methotrexate Ebewe
43	METHYLCELLULOSE Suspension	38.00	473 ml	Ora-Plus
43	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE Suspension	38.00	473 ml	Ora-Blend
43	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN Suspension	38.00	473 ml	Ora-Blend SF
45	MOXIFLOXACIN Tab 400 mg	52.00	5	Avelox
	Soln for inf 1.6 mg per ml, 250 ml	70.00	1	Avelox IV 400
45	NIFEDIPINE (↓ price) Tab long-acting 30 mg	8.56	30	Adefin XL
	Tab long-acting 60 mg	12.28	30	Adefin XL
47	OXALIPLATIN (↓ price) Inj 50 mg – 1% DV Jan-10 to 2012	55.00	1	Oxaliplatin Ebewe
	Inj 100 mg – 1% DV Jan-10 to 2012	110.00	1	Oxaliplatin Ebewe
47	PACLITAXEL (↓ price and extension of HSS) Inj 30 mg – 1% DV Oct-08 to 2014	137.50	5	Paclitaxel Ebewe
	Inj 100 mg – 1% DV Oct-08 to 2014	91.67	1	Paclitaxel Ebewe
	Inj 150 mg – 1% DV Oct-08 to 2014	137.50	1	Paclitaxel Ebewe
	Inj 300 mg – 1% DV Oct-08 to 2014	275.00	1	Paclitaxel Ebewe
	Inj 600 mg – 1% DV Oct-08 to 2014	550.00	1	Paclitaxel Ebewe
51	PROPRANOLOL (↓ price) Cap long-acting 160 mg	16.06	100	Cardinol LA
53	RIVAROXABAN Tab 10 mg	153.00	15	Xarelto
		306.00	30	Xarelto

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

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

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

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

54	SERTRALINE			
	Tab 50 mg – 1% Feb-11 to 2013	5.40	90	Arrow-Sertraline
	Tab 100 mg – 1% Feb-11 to 2013	9.60	90	Arrow-Sertraline
55	SODIUM CHLORIDE			
	Inf 0.9%	1.70	500 ml	Freeflex
		1.71	1,000 ml	Freeflex
61	VERAPAMIL HYDROCHLORIDE			
	Tab long-acting 120 mg	15.20	250	Verpamil SR

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