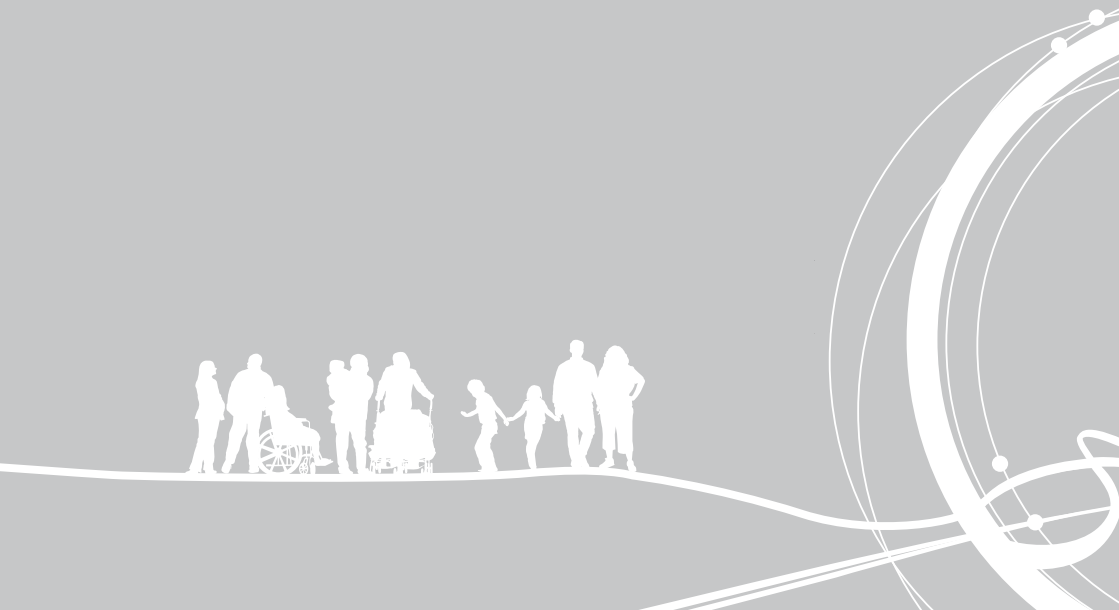
Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 September 2011

Section H cumulative for August and September 2011



Contents

Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2011

New listings (page 21)

- Pravastatin (Cholvastin) tab 20 mg and 40 mg – Special Authority – Retail pharmacy
- Candesartan (Candestar) tab 4 mg, 8 mg, 16 mg and 32 mg – Special Authority – Retail pharmacy – maximum daily doses apply
- Finasteride (Rex Medical) tab 5 mg – Special Authority – Retail pharmacy
- Levothyroxine (Synthroid) tab 100 μg, 90 tab pack
- Terbinafine (Dr Reddy's Terbinafine) tab 250 mg
- Mefenamic acid (Ponstan) cap 250 mg, 50 cap pack – additional subsidy by Special Authority – Retail pharmacy
- Bicalutamide (Bicalaccord) tab 50 mg – Special Authority – Retail pharmacy

Changes to restrictions (pages 22-33)

- Budesonide (Entocort CIR) cap 3 mg – amended Special Authority criteria
- Benzylpenicillin sodium (Penicillin G) inj 600 mg – amended presentation description
- Adalimumab inj 40 mg per 0.8 ml prefilled pen and syringe (HumiraPen and Humira) – amended Special Authority criteria
- Etanercept (Enbrel) inj 25 mg, and 50 mg autoinjector and prefilled syringe – amended Special Authority criteria
- Olanzapine (Zyprexa) tab 2.5 mg, 5 mg and 10 mg – Special Authority removed
- Olanzapine (Zyprexa Zydis) wafer 5 mg and 10 mg – Special Authority removed
- Thalidomide cap 50 mg (Thalidomide Pharmion and Thalomid) and cap 100 mg (Thalomid) – removal of only on a controlled drug form

Increased subsidy (pages 34-36)

- Hyoscine n-butylbromide (Buscopan) inj 20 mg, 1 ml
- Zinc sulphate (Zincaps) cap 137.4 mg (50 mg elemental)
- Clotrimazole (Clomazol) crm 1%, 20 g OP
- Miconazole nitrate (Multichem) crm 2%, 15 g OP
- Hydrocortisone (Pharmacy Health) crm 1%, 500 g
- Hydrocortisone (ABM) powder, 25 g
- Tar with triethanolamine lauryl sulphate and fluorescein (Pinetarsol) soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml and 1,000 ml
- Ergometrine maleate (DBL Ergometrine) inj 500 μg per ml, 1 ml
- Norethisterone (Primolut N) tab 5 mg

- Mebendazole (De-Worm) tab 100 mg
- Amoxycillin (Ibiamox) inj 250 mg, 500 mg and 1 g
- Benzylpenicillin sodium (penicillin G) (Sandoz) inj 600 mg
- Flucloxacillin sodium (Flucloxin) inj 250 mg, 500 mg and 1 g
- Procaine penicillin (Cilicaine) inj 1.5 mega u
- Morphine sulphate (DBL Morphine Sulphate) inj 5 mg per ml, 1 ml; 10 mg per ml, 1 ml; 15 mg per ml, 1 ml; and 30 mg per ml, 1 ml
- Pethidine hydrochloride (DBL Pethidine Hydrochloride) inj 50 mg per ml, 1 ml and 2 ml
- Lithium carbonate (Douglas) cap 250 mg
- Temazepam (Normison) tab 10 mg
- Cyclophosphamide (Endoxan) inj 1 g and 2 g
- Calcium folinate (DBL Leucovorin Calcium) tab 15 mg
- Cetirizine hydrochloride (Cetirizine – AFT) oral liq 1 mg per ml
- Aminophylline (DBL Aminophylline) inj 25 mg per ml, 10 ml
- Acetazolamide (Diamox) tab 250 mg
- Carbohydrate supplement (Polycal) powder

Decreased subsidy (pages 34-36)

- Calcium carbonate (Calsource) tab eff 1.75 g (1 g elemental)
- Imiquimod (Aldara) crm 5%
- Olanzapine (Zyprexa) tab 2.5 mg, 5 mg and 10 mg
- Olanzapine (Zyprexa Zydis) wafer 5 mg and 10 mg
- Fludarabine phosphate (Baxter) inj 50 mg for ECP

Legislation changes impact on the Pharmaceutical Schedule

The Medicines Amendment Regulations 2011 and the Misuse of Drugs Amendment Act 2011 recently became law which resulted in the following changes to the Pharmaceutical Schedule.

Brand substitution

Pharmacists may now substitute an alternative brand of a prescribed medicine provided:

- There are no clinical reasons why the substitution should not occur
- The prescriber has not marked the prescription with a statement such as "no brand substitution permitted", and
- The pharmacist records details of the brand substitution on the prescription and informs the patient of the change of brand.

The Pharmaceutical Schedule rule 4.6 has been amended accordingly. Please see page 37 for information.

Thalidomide reclassification

Thalidomide has been reclassified as a prescription medicine. Prescriptions for thalidomide should now be on a standard prescription form and no longer need to be prescribed on the triplicate controlled drug prescription form. The subsidy for thalidomide remains unchanged.

Candesartan – new brand listed

A new brand of candesartan will be subsidised from 1 September 2011. Candestar 4 mg, 8 mg, 16 mg and 32 mg tablets will be subsidised subject to the same Special Authority and maximum daily dose restrictions as the Atacand brand of candesartan.

The Atacand brand will continue to be listed in Section B of the Pharmaceutical Schedule subject to its current subsidy and current restrictions.

Zyprexa and Zyprexa Zydis brands of olanzapine – removal of Special Authorities and subsidy reduction

The Special Authority for subsidy for the Zyprexa brand of olanzapine tablets and the Zyprexa Zydis brand of olanzapine wafers will be removed from 1 September 2011. This will mean that all brands of olanzapine listed in the Pharmaceutical Schedule will be able to be accessed without a Special Authority for subsidy.

The subsidy for all strengths of Zyprexa tablets and Zyprexa Zydis wafers will be reduced from 1 September 2011 to the same level as the other funded brands of olanzapine.

Please note that Eli Lilly has advised that it will not be decreasing the price of Zyprexa and Zyprexa Zydis, so dispensings of these brands will incur a manufacturer's surcharge from 1 September 2011.

Omezol Relief capsules

There have been some enquiries with regard to dispensing Omezol Relief (omeprazole) capsules which require breaking of an original 90 capsule pack. The advice received from Mylan New Zealand Ltd is as follows:

Dispensing into quantities less than 90 capsules — Dispense capsules into bottles similar to those provided by Mylan and include one of the desiccants from the original pack. It is recommended patients do not store the dispensed capsules for longer than the prescription period.

Advise patients that the capsules should be kept in the dispensed bottle, whether in Mylan's original container or the container used by the pharmacy, with the lid tightly closed until it is time to take them. The capsules should be stored in a cool, dry place and not in the bathroom or kitchen.

Budesonide 3 mg capsules – wider access

The Special Authority that applies to budesonide 3 mg capsules (Entocort CIR) will be amended from 1 September 2011. Budesonide 3 mg capsules will be funded for patients with microscopic colitis, patients with Crohn's disease who have psychiatric problems or with relapse during pregnancy, and patients with Gut Graft vs Host disease (GVHD). The Special Authority approval period has also been lengthened from 3 to 6 months.

The restriction that permitted patients to have only 1 prior approval in the last year will be removed from 1 September 2011.

Litak injection delist now revoked

Litak (cladribine) 2 mg per ml, 5 ml injection was to be delisted from the Pharmaceutical Schedule from 1 September 2011. This decision has now been revoked to cover an out-of-stock on Leustatin injection 1 mg per ml, 10 ml. Litak will continue to be subsidised under its current subsidy restrictions of PCT only – Specialist. Litak is an unapproved medicine in New Zealand and is supplied under Section 29 of the Medicines Act 1981.

Ensure powder 400 g pack size discontinuation

Abbott Nutrition has notified the discontinuation of all flavours of the 400 g pack size of Ensure powder. Ensure powder 900 g pack size in chocolate and vanilla will remain available and subsidised. The 400 g pack size will be delisted from the Pharmaceutical Schedule from 1 March 2012.

Ensure Plus 237 ml can, coffee latte flavour, has also been discontinued by Abbott Nutrition and will be delisted from the Pharmaceutical Schedule from 1 March 2012.

Diabetes Nurse Prescribers' prescriptions

The demonstration site project for diabetes nurse prescribing moves into its evaluation phase after September 2011. However, the twelve named Diabetes Nurse Prescribers will continue to be able to prescribe after September and have their prescriptions subsidised. They will continue to prescribe under the collaborative framework with Diabetes Specialists. The current list of medicines they are able to prescribe will not change. We will publish further information on the result of the evaluation as it comes to hand.

News in Brief

- Synthroid (**levothyroxine**) 100 µg tablets will be supplied in a 90 tablet pack size from 1 September 2011. The 1,000 tablet pack size will be delisted from 1 March 2012. Pack sizes for the remaining strengths of Synthroid will also change over the coming months.
- The listing date of Mylan New Zealand Ltd's **ciprofloxacin** 250 mg, 500 mg and 750 mg tablets, Cipflox, has been delayed from 1 September 2011 until 1 October 2011. All strengths of Rex Medical's ciprofloxacin tablets will continue to be listed and fully subsidised until 1 December 2011 when they will be reference priced to Cipflox. Rex Medical's ciprofloxacin tablets will now be delisted on 1 March 2012.
- Dr Reddy's brand of **terbinafine** 250 mg tablets will be subsidised from 1 September 2011 and will now be subsidised in a 14 tablet pack, at a price and subsidy of $1.78 per pack. PHARMAC has previously notified that this brand would be subsidised in a 28 tablet pack.
- Mylan New Zealand Ltd's **cefuroxime sodium** 1.5 g injection will now be listed in Part II of Section H of the Pharmaceutical Schedule from 1 February 2012. This had previously been incorrectly notified as 1 January 2012. Zinacef 1.5 g injection will now be delisted from Part II of Section H of the Pharmaceutical Schedule on 1 April 2012. In addition, Mylan's cefuroxime sodium 1.5 g injection will be listed in Section B of the Pharmaceutical Schedule from 1 February 2012 at a price and subsidy of $2.65 per injection.
- Due to a delay in the production of stock for the New Zealand market, the listing of all strengths of **pramipexole hydrochloride** (Dr Reddy's pramipexole) tablets will be delayed from 1 September 2011 until further notice.

Named Specialist for antiretrovirals

Below is a list of currently approved named Specialists that the Ministry of Health has approved to prescribe HIV antiretroviral agents in New Zealand

Auckland
Dr Sunita Azariah
Dr Emma Best
Dr Simon Briggs
Dr Rod Ellis-Pegler
Dr Rick Franklin
Dr Rupert Handy
Dr Jacqueline Hilton
Dr David Holland
Dr Joan Ingram
Prof. Diana Lennon
Dr Mitzi Nisbet
Dr Nicky Perkins
Dr Murray Reid
Dr Stephen Ritchie
Dr Sally Roberts
Dr Simon Rowley
Dr Mark Thomas
Dr Leslie Voss
Dr Liz Wilson

Hamilton
Dr Graham Mills
Dr Jane Morgan

Tauranga
Dr Massimo Giola
Dr Katherine Grimwade

Napier
Dr Andrew Burns
Dr Richard Meech

Palmerston North
Dr Anne Robertson

Wellington
Dr Tim Blackmore
Dr Nigel Raymond
Dr Richard Steele

Nelson
Dr Richard Everts

Christchurch
Dr Stephen Chambers
Dr Sarah Metcalf
Dr Alan Pithie
Dr Tony Walls

Dunedin
Dr Geoffery Clover
Dr Igor Melnychuk

Tender News

Sole Subsidised Supply changes – effective 1 October 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amantadine hydrochloride	Cap 100 mg; 60 cap	Symmetrel (Novartis)
Aqueous cream	Crm; 500 g	AFT (AFT)
Bendrofluazide	Tab 2.5 mg; 500 tab	Arrow-Bendrofluazide (Arrow)
Bendrofluazide	Tab 5 mg; 500 tab	Arrow-Bendrofluazide (Arrow)
Betaxolol hydrochloride	Eye drops 0.5%; 5 ml OP	Betoptic (Pharmaco)
Betaxolol hydrochloride	Eye drops 0.25%; 5 ml OP	Betoptic S (Pharmaco)
Calcitonin	Inj 100 iu per ml, 1 ml; 5 inj	Miacalcic (Novartis)
Cetirizine hydrochloride	Tab 10 mg; 100 tab	Zetop (Arrow)
Chlorhexidine gluconate	Soln 4%; 500 ml	Orion (Orion)
Citalopram hyrobromide	Tab 20 mg; 84 tab	Arrow-Citalopram (Arrow)
Compound electrolytes	Powder for soln for oral use 4.4 g; 5 sach	Electral (Arrow)
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 μg and 7 inert tabs; 84 tab	Ginet 84 (Rex Medical)
Desmopressin	Nasal spray 10 μg per dose; 6 ml OP	Desmopressin-PH&T (AFT)
Dexamethasone	Eye oint 0.1%; 3.5 g OP	Maxidex (Alcon)
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g; 3.5 g OP	Maxitrol (Alcon)
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g; 5 ml OP	Maxitrol (Alcon)
Dextrose	Inj 50%, 10 ml; 5 inj	Biomed (Biomed)
Diclofenac sodium	Inj 25 mg per ml, 3 ml; 5 inj	Voltaren (Novartis)
Diclofenac sodium	Eye drops 1 mg per ml; 5 ml	Voltaren Ophtha (Novartis)
Diclofenac sodium	Suppos 12.5 mg; 10 supp	Voltaren (Novartis)
Diclofenac sodium	Suppos 25 mg; 10 supp	Voltaren (Novartis)
Diclofenac sodium	Suppos 50 mg; 10 supp	Voltaren (Novartis)
Diclofenac sodium	Suppos 100 mg; 10 supp	Voltaren (Novartis)
Docusate sodium	Cap 50 mg; 100 cap	Laxofast 50 (Arrow)
Docusate sodium	Cap 120 mg; 100 cap	Laxofast 120 (Arrow)
Doxycycline hydrochloride	Tab 100 mg; 250 tab	Doxine (Mylan)
Emulsifying ointment	Oint BP; 500 g	AFT (AFT)
Fentanyl citrate	Inj 50 μg per ml, 2 ml; 10 inj	Boucher and Muir (Goldshield)
Fentanyl citrate	Inj 50 μg per ml, 10 ml; 10 inj	Boucher and Muir (Goldshield)
Gliclazide	Tab 80 mg; 500 tab	Apo-Gliclazide (Apotex)

Sole Subsidised Supply changes effective 1 October 2011 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Glyceryl trinitrate	TDDS 5 mg; 30 patch	Nitroderm TTS (Novartis Consumer)
Glyceryl trinitrate	TDDS 10 mg; 30 patch	Nitroderm TTS (Novartis Consumer)
Glyceryl trinitrate	Tab 600 μg; 100 tab	Lycinate (Aspen)
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil; 250 ml	DP Lotn HC (Douglas)
Hyoscine N-butylbromide	Tab 10 mg; 20 tab	Gastrosoothe (AFT)
Ketoconazole	Shampoo 2%; 100 ml OP	Sebizole (Douglas)
Lignocaine hydrochloride	Viscous soln 2%; 200 ml OP	Xylocaine Viscous (AstraZeneca)
Lodoxamide trometamol	Eye drops 0.1%; 10 ml OP	Lomide (Alcon)
Mebeverine hydrochloride	Tab 135 mg; 90 tab	Colofac (Solvay)
Mesalazine	Suppos 500 mg; 20 supp	Asacol (Baxter)
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml; 10 inj	Pfizer (Pfizer)
Naphazoline hydrochloride	Eye drops 0.1%; 15 ml OP	Naphcon Forte (Pharmaco)
Neostigmine	Inj 2.5 mg per ml, 1 ml; 50 inj	AstraZeneca (Astra)
Nicotine	Gum 2 mg (Mint); 384 piece	Habitrol (Novartis Consumer)
Nicotine	Gum 2 mg (Classic); 384 piece	Habitrol (Novartis Consumer)
Nicotine	Gum 2 mg (Fruit); 384 piece	Habitrol (Novartis Consumer)
Nicotine	Gum 4 mg (Mint); 384 piece	Habitrol (Novartis Consumer)
Nicotine	Gum 4 mg (Classic); 384 piece	Habitrol (Novartis Consumer)
Nicotine	Gum 4 mg (Fruit); 384 piece	Habitrol (Novartis Consumer)
Nicotinic acid	Tab 50 mg; 100 tab	Apo-Nicotinic Acid (Apotex)
Nicotinic acid	Tab 500 mg; 100 tab	Apo-Nicotinic Acid (Apotex)
Norfloxacin	Tab 400 mg; 100 tab	Arrow-Norfloxacin (Arrow)
Nystatin	Oral liq 100,000 u per ml; 24 ml OP	Nilstat (Aspen)
Omeprazole	Powder; 5 g	Midwest (MidWest)
Omeprazole	Inj 40 mg; 5 inj	Dr Reddy's Omeprazole (Dr Reddy's)
Pantoprazole	Inj 40 mg; 1 inj	Pantocid IV (API)
Paracetamol	Oral liq 250 mg per 5 ml; 1000 ml	Paracare Double Strength (API)
Pergolide	Tab 0.25 mg; 100 tab	Permax (Aspen)
Pergolide	Tab 1 mg; 100 tab	Permax (Aspen)

Sole Subsidised Supply changes effective 1 October 2011 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Permethrin	Crm 5%; 30 g OP	Lyderm (API)
Permethrin	Lotn 5%; 30 ml OP	A-Scabies (AFT)
Poloxamer	Oral drops 10%; 30 ml OP	Coloxyl (Aspen)
Pyridostigmine bromide	Tab 60 mg; 100 tab	Mestinon (Mylan)
Pyridostigmine bromide	Tab 60 mg; 200 tab	Mestinon (Mylan)
Pyridoxine hydrochloride	Tab 25 mg; 90 tab	PyridoxADE (Goldshield)
Pyridoxine hydrochloride	Tab 50 mg; 100 tab	Apo-Pyridoxine (Apotex)
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml; 300 ml	Peptisoothe (AFT)
Ranitidine hydrochloride	Tab 150 mg; 250 tab	Arrow-Ranitidine (Arrow)
Ranitidine hydrochloride	Tab 300 mg; 250 tab	Arrow-Ranitidine (Arrow)
Simvastatin	Tab 10 mg; 90 tab	Arrow-Simva 10mg (Arrow)
Simvastatin	Tab 20 mg; 90 tab	Arrow-Simva 20mg (Arrow)
Simvastatin	Tab 40 mg; 90 tab	Arrow-Simva 40mg (Arrow)
Simvastatin	Tab 80 mg; 90 tab	Arrow-Simva 80mg (Arrow)
Tetracosactrin	Inj 250 μg; 10 inj	Synacthen (Novartis)
Tetracosactrin	Inj 1 mg per ml 1 ml; 1 inj	Synacthen Depot (Novartis)
Tobramycin	Eye oint 0.3%; 3.5 g OP	Tobrex (Alcon)
Tobramycin	Inj 40 mg per ml, 2 ml; 5 inj	DBL Tobramycin (Hospira)
Tobramycin	Eye drops 0.3%; 5 ml OP	Tobrex (Alcon)
Tolcapone	Tab 100 mg; 100 tab	Tasmar (Valeant)
Tramadol hydrochloride	Cap 50 mg; 100 cap	Arrow-Tramadol (Arrow)
Triamcinolone acetonide	Crm 0.02%; 100 g OP	Aristocort (Aspen)
Triamcinolone acetonide	Oint 0.02%; 100 g OP	Aristocort (Aspen)
Triamcinolone acetonide	0.1% in Dental Paste USP; 5 g OP	Oracort (AFT)
Tropicamide	Eye drops 1%; 15 ml OP	Mydriacyl (Alcon)
Tropicamide	Eye drops 0.5%; 15 ml OP	Mydriacyl (Alcon)
Tyloxapol	Eye drops 0.25%; 15 ml OP	Enuclene (Alcon)
Vancomycin hydrochloride	Inj 500 mg; 1 inj	Mylan (Mylan)
Verapamil hydrochloride	Tab 40 mg; 100 tab	Isoptin (Abbott)
Verapamil hydrochloride	Tab 80 mg; 100 tab	Isoptin (Abbott)
Zopiclone	Tab 7.5 mg; 500 tab	Apo-Zopiclone (Apotex)

Looking Forward

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

Possible decisions for implementation 1 October 2011

- Acitretin (Novatretin) cap 10 mg and 25 mg – new listing with existing Special Authority
- Budesonide (Budenocort) powder for inhalation 200 μg per dose and 400 μg per dose – subsidy decrease
- Losartan (Lostaar) tab 12.5 mg, 25 mg, 50 mg and 100 mg – new listing with existing Special Authority
- Losartan (Arrow Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazine 12.5 mg – new listing with existing Special Authority
- Sunitinib (Sutent) cap 12.5 mg, 25 mg and 50 mg – amended Special Authority criteria
- Trastuzumab inj 150 mg vial and 440 mg vial (Herceptin), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Sole Subsidised Supply Products – cumulative to September 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Abacabir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amoxycillin	Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	Alphamox Ospamox	2013 2012
Amoxycillin clavulanate	Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam Curam	2012
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 μg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crm, aqueous, BP Lotn, BP	healthE API	2012
Calcitriol	Cap 0.25 μg & 0.5 μg	Airflow	2012
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captorpril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
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
Cetomacrogol	Crm BP	PSM	2013
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70%	healthE	2012
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013

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Sole Subsidised Supply Products – cumulative to September 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	2013
Clobetasol propionate	Crm 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonidine	TDDS 2.5 mg, 100 μg per day TDDS 5 mg, 200 μg per day TDDS 7.5 mg, 300 μg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 μg per ml, 1 ml Tab 25 μg Tab 150 μg	Catapres Dixarit Catapres	2012
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol	2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 μg	Colgout	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2012
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
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

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Sole Subsidised Supply Products – cumulative to September 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinyloestradiol	Tab 10 μg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Fentanyl	Transdermal patch 12.5 μg per hour, 25 μg per hour, 50 μg per hour, 75 μg per hour, 100 μg per hour	Mylan Fentanyl Patch	2013
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT AFT AFT	2012
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 μg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml Tab 40 mg	Frusemide-Claris Diurin 40	2013 2012
Fusidic acid	Crm 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Glycerol	Liquid	healthE	2013
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	Solu-Cortef Douglas	2013 2012
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2013
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012

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Sole Subsidised Supply Products – cumulative to September 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Ibuprofen	Oral liq 100 mg per 5 ml	Fenpaed	2013
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	**Aqueous nasal spray, 0.03%, 15 ml OP** Nebuliser soln, 250 μg per ml, 1 ml & 2 ml	**Univent** Univent	**2013**
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Itrazole	2013
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 μg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5% (5 g tubes) Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012

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Sole Subsidised Supply Products – cumulative to September 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg	Hospira Methoblastin	2013 2012
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012
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	Tab 10 mg	Metamide	2014
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crm 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg	m-Elson Sevredol	2013 2012
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Natrexone hydrochloride	**Tab 50 mg**	**Naltraccord**	**2013**
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Nicotine	Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol	2014
Norethisterone	Tab 350 μg	Noriday 28	2012
Nystatin	Cap 500,000 u Tab 500,000 u	Nilstat Nilstat	2013
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
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
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013

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Sole Subsidised Supply Products – cumulative to September 2011

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratopium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013

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Sole Subsidised Supply Products – cumulative to September 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2% Nasal spray, 4%	Rexacrom Rex	2013 2012
Somatropin	Inj cartridge 16 iu (5.3 mg) Inj cartridge 36 iu (12 mg)	Genotropin Genotropin	31/12/12
Sotalol	Tab 80 mg & 160 mg	Mylan	2012
Spacer Device	230 ml, autoclavable & single patient	Space Chamber	30/9/11
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	**Inj 12 mg per ml, 0.5 ml** Tab 50 mg & 100 mg	**Arrow-Sumatriptan** Arrow-Sumatriptan	**2013**
Tamoxifen citrate	**Tab 20 mg**	**Genox**	**2014**
Tamsulosin hydrochloride	Cap 400 μg	Tamsulosin-Rex	2013
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Timolol maleate	Tab 10 mg	Apo-Timol	2012
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Tropisetron	Cap 5 mg	Navoban	2012
Vitamin B complex	Tab, strong, BPC	B-PlexADE	2013
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013

September changes in bold

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

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

New Listings

Effective 1 September 2011

45	PRAVASTATIN – Special Authority see SA0932 – Retail pharmacy See prescribing guideline			
	Tab 20 mg	5.44	30	✔ **Cholvastin**
	Tab 40 mg	9.28	30	✔ **Cholvastin**
48	CANDESARTAN – Special Authority see SA0933 – Retail pharmacy			
	❋ Tab 4 mg – No more than 1.5 tab per day	48.66	90	✔ **Candestar**
	❋ Tab 8 mg – No more than 1.5 tab per day	57.90	90	✔ **Candestar**
	❋ Tab 16 mg – No more than 1 tab per day	70.62	90	✔ **Candestar**
	❋ Tab 32 mg – No more than 1 tab per day	115.50	90	✔ **Candestar**
70	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	Tab 5 mg	5.10	30	✔ **Rex Medical**
76	LEVOTHYROXINE			
	❋ Tab 100 μg	4.21	90	✔ **Synthroid**
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
84	TERBINAFINE			
	Tab 250 mg	1.78	14	✔ **Dr Reddy's Terbinafine**
96	MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 – Retail pharmacy			
	❋ Cap 250 mg	1.25	50	
		(9.16)		Ponstan
153	BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy			
	Tab 50 mg	10.00	28	✔ **Bicalaccord**

▲ 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 September 2011

26 BUDESONIDE

Cap 3 mg – Special Authority see **SA1155** ~~0913~~

– Retail pharmacy ..... 166.50 90 ✔**Entocort CIR**

➽ **SA1155** ~~0913~~ Special Authority for Subsidy

Initial application – (Crohn's disease) from any relevant practitioner. Approvals valid for **6** ~~3~~ months for applications meeting the following criteria:

Both:

1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and

2 Any of the following:

2.1 Diabetes; or

2.2 Cushingoid habitus; or

2.3 Osteoporosis where there is significant risk of fracture; or

2.4 Severe acne following treatment with conventional corticosteroid therapy**; or**

2.5 History of severe psychiatric problems associated with corticosteroid treatment; or

2.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or

2.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated).

Initial application – (collagenous and lymphocytic colitis (microscopic colitis)) from any relevant practitioner. Approvals valid for 6 months for patients with diagnosis of microscopic colitis (collagenous or lymphocytic colitis) by colonoscopy with biopsies.

Initial application – (gut graft versus host disease) from any relevant practitioner. Approvals valid for 6 months for patients with gut graft versus host disease following allogenic bone marrow transplantation* Note: Indication marked with * is an Unapproved Indication.

Renewal from any relevant practitioner. Approvals valid for **6** ~~3~~ months where the treatment remains appropriate and the patient is benefiting from treatment.

~~The patient may not have had more than 1 prior approval in the last year.~~

Note: Clinical trials for Entocort CIR use beyond three months demonstrated no improvement in relapse rate.

81 BENZYLPENICILLIN SODIUM (PENICILLIN G)

~~Inj 1 mega u~~ **Inj 600 mg** – Up to 5 inj available

on a PSO ..... 11.50 10 ✔**Sandoz**

98 ADALIMUMAB – Special Authority see **SA1156** ~~1059~~ – 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**

➽ **SA1156** ~~1059~~ 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

continued...

Changes to Restrictions - effective 1 September 2011 (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~~ **and** hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 ~~Either~~ **Any of the following:**

2.5.1 Patient has tried and not responded to at least three months **of oral or parenteral methotrexate in combination with** ~~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 of oral or parenteral methotrexate in combination with intramuscular gold; or**

2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate 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:

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

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

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

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

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

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

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

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for 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 **the following** ~~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) **measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right);** 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.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure 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

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

65-74 years - Male: 4.0 cm; Female: 4.0 cm
75+ years - Male: 3.0 cm; Female: 2.5 cm

Initial application - (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
- 1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
  - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or

2 All of the following:
- 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
- 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 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~~ **15** ~~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 **3 to** 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:

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

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

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

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

Renewal — (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
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 had "whole body" severe chronic plaque psoriasis at the start of treatment; 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 had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; 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 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

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

Renewal - (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Either:
2.1 Following **3 to** 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%~~ **30%** 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

102 ETANERCEPT – Special Authority see **SA1157** ~~1060~~ – Retail pharmacy

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

➽ **SA1157** ~~1060~~ 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/m^2 weekly or at the maximum tolerated dose) in combination with **either** oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose)~~; and~~ **or a full trial of serial intra-articular corticosteroid injections; 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/m^2 weekly or at the maximum tolerated dose) in combination with one other disease-modifying agent; and~~
5~~6~~ Both:
5~~6~~.1 Either:
5~~6~~.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 ~~active~~, swollen, tender joints; or
5~~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
5~~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

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

2 All of the following:
2.1 Patient has had severe and active erosive rheumatoid arthritis for six months duration or longer; and
2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with ~~at least two of the following (triple therapy):~~ sulphasalazine, ~~prednisone at a dose of at least 7.5 mg per day, azathioprine, intramuscular gold, or~~ **and** hydroxychloroquine sulphate (at maximum tolerated doses); and
2.5 ~~Either~~ **Any of the following:**
2.5.1 Patient has tried and not responded to at least three months **of oral or parenteral methotrexate in combination with** ~~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 of oral or parenteral methotrexate in combination with intramuscular gold; or**
2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate 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

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

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

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

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

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

Either:

1 Both:

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

1.2 Either:

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

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

2 All of the following:

2.1 Patient has a confirmed diagnosis of ankylosing spondylitis 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 **the following** ~~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) **measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right);** 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.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure 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

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or

2 All of the following:
2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.3 Patient has tried and not responded to at least three months of sulphasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
2.4 Either:
2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least ~~20~~ **15** ~~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, 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 **3 to** 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 **3 to** 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 in doses no greater than 50 mg ever 7 days.

continued...

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

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

1 Either:
  1.1 Applicant is a dermatologist; or
  1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 Either:
  2.1 Both:
    2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; 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 had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; 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: A 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 **3 to** 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%~~ **30%** 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.

Changes to Restrictions - effective 1 September 2011 (continued)

128 OLANZAPINE

Tab 2.5 mg – ~~Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~ 2.00 | 28 | ✔**Dr Reddy's Olanzapine** ✔**Olanzine**

(51.07) Zyprexa

Tab 5 mg – ~~Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~ 3.85 | 28 | ✔**Dr Reddy's Olanzapine** ✔**Olanzine**

(101.21) Zyprexa

Tab 10 mg – ~~Special Authority (Zyprexa brand only) see SA0741 below – Retail pharmacy~~ 6.35 | 28 | ✔**Dr Reddy's Olanzapine** ✔**Olanzine**

(204.49) Zyprexa

~~SA0741 Special Authority for Subsidy~~

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

~~Any of the following:~~

~~1 Patient presents with first episode schizophrenia or related psychoses; or~~

~~2 Both:~~

~~2.1 Patient suffering from schizophrenia and related psychoses or acute mania in bipolar disorder who is likely to benefit from antipsychotic treatment; and~~

~~2.2 Either:~~

~~2.2.1 An effective dose of risperidone had been trialled and has been discontinued because of unacceptable side effects; or~~

~~2.2.2 An effective dose of risperidone had been trialled and has been discontinued because of inadequate clinical response after 4 weeks; or~~

~~3 The patient has suffered from an acute episode of schizophrenia or bipolar mania and has been treated with olanzapine short-acting intra-muscular injection.~~

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

~~Note: Initial prescriptions to be written by psychiatrists or psychiatric registrars and subsequent prescriptions can be written by General Practitioners.~~

131 OLANZAPINE

Wafer 5 mg – ~~Special Authority see SA0739 – Retail pharmacy~~ 6.36 | 28

(102.19) Zyprexa Zydis

Wafer 10 mg – ~~Special Authority see SA0739 – Retail pharmacy~~ 8.76 | 28

(204.37) Zyprexa Zydis

~~SA0739 Special Authority for Subsidy~~

~~Initial application only from a psychiatrist. Approvals valid for 1 year for applications meeting the following criteria:~~

~~All of the following:~~

~~1 The patient meets the current criteria for standard olanzapine tablets; and~~

~~2 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; or the patient is non-adherent to oral therapy with standard olanzapine tablets; and~~

~~3 The patient is under direct supervision for administration of medicine.~~

continued...

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

Changes to Restrictions - effective 1 September 2011 (continued)

continued...

~~Renewal only from a psychiatrist. Approvals valid for 1 year for applications meeting the following criteria:~~
~~Both:~~
~~1 The patient is unable to take standard olanzapine tablets, or once stabilized refuses to take olanzapine tablets; and~~
~~2 The patient is under direct supervision for administration of medicine.~~
~~Note: Initial prescriptions to be written by psychiatrists and subsequent prescriptions can be written by psychiatric registrars or General Practitioners.~~

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

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

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

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

Changes to Subsidy and Manufacturer's Price

Effective 1 September 2011

28 HYOSCINE N-BUTYLBROMIDE (↑ subsidy)
✻ Inj 20 mg, 1 ml – Up to 5 inj available on a PSO ..... 9.57 5 ✔ **Buscopan**

38 CALCIUM CARBONATE (↓ subsidy)
✻ Tab eff 1.75 g (1 g elemental) ..... 6.21 30 ✔ **Calsource**

39 ZINC SULPHATE (↑ subsidy)
✻ Cap 137.4 mg (50 mg elemental) ..... 11.00 100 ✔ **Zincaps**

42 PROTAMINE SULPHATE (↑ price)
✻ Inj 10 mg per ml, 5 ml 22.40 10
(95.87) Artex

57 CLOTRIMAZOLE (↑ subsidy)
✻ Crm 1% ..... 0.54 20 g OP ✔ **Clomazol**
a) Only on a prescription
b) Not in combination

58 MICONAZOLE NITRATE (↑ subsidy)
✻ Crm 2% ..... 0.46 15 g OP ✔ **Multichem**
a) Only on a prescription
b) Not in combination

59 HYDROCORTISONE (↑ subsidy)
✻ Crm 1% – Only on a prescription ..... 14.00 500 g ✔ **Pharmacy Health**
✻ Powder – Only in combination ..... 44.00 25 g ✔ **ABM**
Up to 5% in a dermatological base (not proprietary Topical Corticosteriod – Plain) with or without other dermatological galenicals.

60 BETAMETHASONE VALERATE WITH FUSIDIC ACID (↑ price)
Crm 0.1% with fusidic acid 2%. ..... 3.49 15 g OP
(10.45) Fucicort
a) Maximum of 15 g per prescription
b) Only on a prescription

64 TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription (↑ subsidy)
✻ Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium ..... 3.05 500 ml ✔ **Pinetarsol**
5.82 1,000 ml ✔ **Pinetarsol**

65 IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy (↓ subsidy)
Crm 5% ..... 62.00 12 ✔ **Aldara**

70 ERGOMETRINE MALEATE (↑ subsidy)
Inj 500 μg per ml, 1 ml – Up to 5 inj available on a PSO ..... 31.00 5 ✔ **DBL Ergometrine**

76 NORETHISTERONE (↑ subsidy)
✻ Tab 5 mg – Up to 30 tab available on a PSO ..... 26.50 100 ✔ **Primolut N**

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 2011 (continued)

79	MEBENDAZOLE – Only on a prescription (↑ subsidy)			
	Tab 100 mg	24.19	24	✔**De-Worm**
81	AMOXYCILLIN (↑ subsidy)			
	Inj 250 mg	12.96	10	✔**Ibiamox**
	Inj 500 mg	15.08	10	✔**Ibiamox**
	Inj 1 g – Up to 5 inj available on a PSO	21.94	10	✔**Ibiamox**
81	BENZYLPENICILLIN SODIUM (PENICILLIN G) (↑ subsidy)			
	Inj 600 mg – Up to 5 inj available on a PSO	11.50	10	✔**Sandoz**
82	FLUCLOXACILLIN SODIUM (↑ subsidy)			
	Inj 250 mg	10.86	10	✔**Flucloxin**
	Inj 500 mg	11.32	10	✔**Flucloxin**
	Inj 1 g – Up to 5 inj available on a PSO	14.28	10	✔**Flucloxin**
82	PROCAINE PENICILLIN (↑ subsidy)			
	Inj 1.5 mega u – Up to 5 inj available on a PSO	123.50	5	✔**Cilicaine**
117	MORPHINE SULPHATE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Morphine Sulphate**
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.79	5	✔**DBL Morphine Sulphate**
	Inj 15 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.01	5	✔**DBL Morphine Sulphate**
	Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.30	5	✔**DBL Morphine Sulphate**
118	PETHIDINE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Pethidine Hydrochloride**
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.83	5	✔**DBL Pethidine Hydrochloride**
127	LITHIUM CARBONATE (↑ subsidy)			
	Cap 250 mg	9.42	100	✔**Douglas**
128	OLANZAPINE (↓ subsidy)			
	Tab 2.5 mg	2.00	28	
		(51.07)		Zyprexa
	Tab 5 mg	3.85	28	
		(101.21)		Zyprexa
	Tab 10 mg	6.35	28	
		(204.49)		Zyprexa

▲ 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 2011 (continued)

131 OLANZAPINE (↓ subsidy)

Wafer 5 mg	6.36	28	
	(102.19)		Zyprexa Zydis
Wafer 10 mg	8.76	28	
	(204.37)		Zyprexa Zydis

135 TEMAZEPAM (↑ subsidy)

Tab 10 mg	1.27	25	✔ **Normison**

‡ Safety cap for extemporaneously compounded oral liquid preparations.

141 CYCLOPHOSPHAMIDE (↑ subsidy)

Inj 1 g – PCT – Retail pharmacy-Specialist	26.70	1	✔ **Endoxan**
Inj 2 g – PCT only – Specialist	56.90	1	✔ **Endoxan**

142 CALCIUM FOLINATE (↑ subsidy)

Tab 15 mg – PCT – Retail pharmacy-Specialist	82.45	10	✔ **DBL Leucovorin Calcium**

143 FLUDARABINE PHOSPHATE – PCT only – Specialist (↓ subsidy)

Inj 50 mg for ECP	105.00	50 mg OP	✔ **Baxter**

159 CETIRIZINE HYDROCHLORIDE (↑ subsidy)

❋‡ Oral liq 1 mg per ml	3.52	200 ml	✔ **Cetirizine - AFT**

164 AMINOPHYLLINE (↑ subsidy)

❋ Inj 25 mg per ml, 10 ml – Up to 5 inj available on a PSO	53.75	5	✔ **DBL Aminophylline**

166 FUSIDIC ACID (↑ price)

Eye drops 1%	4.50	5 g OP	
	(11.52)		Fucithalmic

168 ACETAZOLAMIDE (↑ subsidy)

❋ Tab 250 mg	17.03	100	✔ **Diamox**

180 CARBOHYDRATE SUPPLEMENT – Special Authority see SA1090 – Hospital pharmacy [HP3] (↑ subsidy)

Powder	5.29	400 g OP	✔ **Polycal**

Changes to General Rules

Effective 1 September 2011

25 4.6 Substitution

Where a Practitioner has prescribed a brand of a Community Pharmaceutical that has no Subsidy or has a Manufacturer's Price that is greater than the Subsidy and there is an alternative fully subsidised Community Pharmaceutical available, a Contractor may dispense the fully subsidised Community Pharmaceutical, ~~subject to~~ **unless either or both of the following circumstances apply:**

a) ~~the Contractor having received a general Authority to Substitute from the Practitioner in relation to the particular medicine or medicines in general; or~~ **there is a clinical reason why substitution should not occur; or**

b) ~~the Practitioner having indicated their Authority to Substitute on the prescription; or~~ **the prescriber has marked the prescription with a statement such as 'no brand substitution permitted'.**

~~c) the Practitioner having given their Authority to Substitute in relation to the particular prescription.~~

Such an Authority to Substitute is valid whether or not there is a financial implication for the Pharmaceutical Budget.

When dispensing a subsidised alternative brand, the Contractor must annotate and **sign** ~~initial~~ the prescription **and inform the patient of the brand change**.

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

Changes to Brand Name

Effective 1 September 2011

59	HYDROCORTISONE			
	✻ Crm 1% – Only on a prescription	14.00	500 g	✔**Pharmacy Health** ~~PSM~~
70	ERGOMETRINE MALEATE			
	Inj 500 μg per ml, 1 ml – Up to 5 inj available on a PSO	31.00	5	✔**DBL Ergometrine** ~~Mayne~~
117	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Morphine Sulphate** ~~Mayne~~
	Inj 10 mg per ml, 1 ml – Up to 5 inj available on a PSO	4.79	5	✔**DBL Morphine Sulphate** ~~Mayne~~
	Inj 15 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.01	5	✔**DBL Morphine Sulphate** ~~Mayne~~
	Inj 30 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.30	5	✔**DBL Morphine Sulphate** ~~Mayne~~
118	PETHIDINE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	5.51	5	✔**DBL Pethidine Hydrochloride** ~~Mayne~~
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	5.83	5	✔**DBL Pethidine Hydrochloride** ~~Mayne~~
142	CALCIUM FOLINATE			
	Tab 15 mg – PCT – Retail pharmacy-Specialist	82.45	10	✔**DBL Leucovorin Calcium** ~~Mayne~~
164	AMINOPHYLLINE			
	✻ Inj 25 mg per ml, 10 ml – Up to 5 inj available on a PSO.	53.75	5	✔**DBL Aminophylline** ~~Mayne~~

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

Changes to Sole Subsidised Supply

Effective 1 September 2011

For the list of new Sole Subsidised Supply products effective 1 September 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 14-20.

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

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

Delisted Items

Effective 1 September 2011

41 CLOPIDOGREL
Tab 75 mg ..... 5.05 28 ✔Apo-Clopidogrel
Note – Apo-Clopidogrel tab 75 mg, 90 tablet pack, remains subsidised.

49 DIGOXIN
✻ Tab 62.5 μg – Up to 30 tab available on a PSO ..... 6.94 250 ✔Lanoxin PG
Note – Lanoxin PG tab 62.5 μg, 240 tablet pack, remains subsidised.

64 SULPHUR
Precipitated – Only in combination ..... 6.50 100 g ✔ABM
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer, page 171
2) With or without other dermatological galenicals.

80 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131
Tab 250 mg ..... 5.53 10 ✔Klacid
Note – Klacid tab 250 mg, 14 tablet pack, remains subsidised.

92 RITONAVIR – Special Authority see SA1025 – Retail pharmacy
Cap 100 mg ..... 121.27 84 ✔Norvir

97 NAPROXEN SODIUM
✻ Tab 275 mg ..... 5.69 120 ✔Sonaflam

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

139 NALTREXONE HYDROCHLORIDE – Special Authority see SA0909 – Retail pharmacy
Tab 50 mg ..... 123.00 30 ✔ReVia

143 ~~CLADRIBINE – PCT only – Specialist~~
~~Inj 2 mg per ml, 5 ml ..... 873.00 1 ✔Litak S29~~
Note – Litak inj 2 mg per ml, 5 ml delist has been revoked. Litak will remain subsidised.

155 TAMOXIFEN CITRATE
✻ Tab 20 mg 5.25 60
(6.66) Tamoxifen Sandoz

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

177 METHYL HYDROXYBENZOATE
Powder ..... 10.00 25 g ✔ABM

177 SODIUM BICARBONATE
Powder BP – Only in combination ..... 9.80 500 g ✔ABM
(11.99) Biomed
Only in extemporaneously compounded omeprazole suspension.

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

Items to be Delisted

Effective 1 March 2012

45 PRAVASTATIN – Special Authority see SA0932 – Retail pharmacy
See prescribing guideline

Tab 10 mg	27.46	30	✔ **Pravachol**

76 LEVOTHYROXINE

❋ Tab 100 μg	46.75	1,000	✔ **Synthroid**

‡ Safety cap for extemporaneously compounded oral liquid preparations.
Note – Synthroid tab 100 μg, 90 tab pack, listed 1 September 2011.

96 MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

❋ Cap 250 mg	2.50	100	
	(18.33)		Ponstan

112 ALLOPURINOL

❋ Tab 300 mg	4.03	100	✔ **Apo-Allopurinol S29** S29
	20.15	500	✔ **Apo-Allopurinol S29** S29

113 SELEGILINE HYDROCHLORIDE

❋ Tab 5 mg	16.06	100	✔ **Apo-Selegiline S29** S29

135 MIDAZOLAM
Note: Midazolam injection will be funded if prescribed for intranasal administration for use in palliative care. Note that only the Hypnovel brand is currently indicated for intranasal administration.

Tab 7.5 mg	10.38	100	
	(25.00)		Hypnovel

‡ Safety cap for extemporaneously compounded oral liquid preparations

180 CARBOHYDRATE SUPPLEMENT – Special Authority see SA1090 – Hospital pharmacy [HP3]

Powder	36.50	5,000 g	✔ **Morrex Maltodextrin**
	182.50	25,000 g	✔ **Morrex Maltodextrin**

190 ORAL FEED 1 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]

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

191 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]
a) Note - Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011.
b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.
Liquid (coffee latte) – Higher subsidy of up to $1.33 per

237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus

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

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

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

Section H changes to Part II

Effective 1 September 2011

16 ACETAZOLAMIDE (↑ price and addition of HSS)
Tab 250 mg – **1% DV Nov-11 to 2014** ..... 17.03 100 **Diamox**

17 AMINOPHYLLINE (↑ price, amended brand name and addition of HSS)
Inj 25 mg per ml, 10 ml – **1% DV Nov-11 to 2014** ..... 53.75 5 **DBL Aminophylline** ~~Mayne~~

17 AMOXYCILLIN (↑ price and addition of HSS)
Inj 250 mg – **1% DV Nov-11 to 2014** ..... 12.96 10 **Ibiamox**
Inj 500 mg – **1% DV Nov-11 to 2014** ..... 15.08 10 **Ibiamox**
Inj 1 g – **1% DV Nov-11 to 2014** ..... 21.94 10 **Ibiamox**

19 BACILLUS CALMETTE-GUERIN (BCG) VACCINE (addition of note)
Note: Subsidised only for bladder cancer.
Note: Any BCG injection containing equal to or greater than 500 million CFU is considered a DV Pharmaceutical.
Inj 2-8 × 100 milliion CFU – **1% DV Jan-11 to 2013** ..... 187.37 1 **OncoTICE**

19 BENZYLPENICILLIN SODIUM **(PENICILLIN G)** (amended chemical and presentation descriptions, ↑ price and addition of HSS)
Inj **600 mg** ~~1 mega u~~ – **1% DV Nov-11 to 2014** ..... 11.50 10 **Sandoz**

20 BICALUTAMIDE
Tab 50 mg – **1% DV Nov-11 to 2014** ..... 10.00 28 **Bicalaccord**
Note – Bicalox tab 50 mg to be delisted 1 November 2011

21 BUPIVACAINE HYDROCHLORIDE WITH ADRENALINE
Inj 0.25% with 1:400,000 adrenaline, 20 ml –
1% DV Nov-11 to 2014 (new listing) ..... 135.00 5 **Marcain with Adrenaline**
Inj 0.5% with 1:200,000 adrenaline, 20 ml –
1% DV Nov-11 to 2014 (↓ price and addition of HSS) ..... 115.00 5 **Marcain with Adrenaline**
Note: Marcain with Adrenaline inj 0.25% with 1:400,000 of adrenaline, 10 ml to be delisted 1 November 2011

21 BUPIVACAINE HYDROCHLORIDE WITH FENTANYL (↑ price and addition of HSS)
Inf 0.125% with 2 μg fentanyl per ml, 100 ml bag
– **1% DV Nov-11 to 2014** ..... 210.00 10 **Bupafen**
Inf 0.125% with 2 μg fentanyl per ml, 200 ml bag
– **1% DV Nov-11 to 2014** ..... 210.00 10 **Bupafen**
Inj 0.125% with 2 μg fentanyl per ml, 15 ml prefilled
syringe – **1% DV Nov-11 to 2014** ..... 72.00 10 **Biomed**
Inj 0.125% with 2 μg fentanyl per ml, 20 ml prefilled
syringe – **1% DV Nov-11 to 2014** ..... 92.00 10 **Biomed**

21 CALCIUM CARBONATE (↓ price and addition of HSS)
Tab eff 1.75 g (1 g elemental) – **1% DV Nov-11 to 2014** ..... 6.21 30 **Calsource**

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

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

22	CALCIUM FOLINATE (↑ price, amended brand name and addition of HSS)			
	Tab 15 mg – **1% DV Nov-11 to 2014**	82.45	10	**DBL Leucovorin Calcium** ~~Mayne~~
22	CANDESARTAN			
	Tab 4 mg	48.66	90	Candestar
	Tab 8 mg	57.90	90	Candestar
	Tab 16 mg	70.62	90	Candestar
	Tab 32 mg	115.50	90	Candestar
23	CEFOTAXIME			
	Inj 1 g – **1% DV Nov-11 to 2014**	15.58	10	**DBL Cefotaxime**
	Note: Cefotaxime Sandoz inj 1 g to be delisted 1 November 2011			
23	CETIRIZINE HYDROCHLORIDE (↑ price and addition of HSS)			
	Oral liq 1 mg per ml – **1% DV Nov-11 to 2014**	3.52	200 ml	**Cetirizine - AFT**
24	CLADRIBINE			
	Inj 2 mg per ml, 5 ml	873.00	1	Litak
25	CLOTRIMAZOLE (↑ price and addition of HSS)			
	Crm 1% – **1% DV Nov-11 to 2014**	0.54	20 g	**Clomazol**
26	CYCLOPHOSPHAMIDE (↑ price and addition of HSS)			
	Inj 1 g – **1% DV Nov-11 to 2014**	26.70	1	**Endoxan**
	Inj 2 g – **1% DV Nov-11 to 2014**	56.90	1	**Endoxan**
27	DALTEPARIN SODIUM (pack size change)			
	Inj 12,500 iu per 0.5 ml prefilled syringe	169.00	10	Fragmin
	Inj 15,000 iu per 0.6 ml prefilled syringe	210.00	10	Fragmin
	Inj 18,000 iu per 0.72 ml prefilled syringe	250.00	10	Fragmin
	Note – Fragmin inj prefilled syringe 12,500 iu per 0.5 ml, 15,000 iu per 0.6 ml and 18,000 iu per 0.72 ml, 5 inj pack, to be delisted 1 November 2011			
29	EMULSIFYING OINTMENT			
	Oint BP 100 g – **1% DV Nov-11 to 2014**	1.95	100 g	**Jaychem**
	Note: AFT emulsifying oint BP 100 g to be delisted 1 November 2011			
30	ERGOMETRINE MALEATE (↑ price, amended brand name and addition of HSS)			
	Inj 500 μg per ml, 1 ml – **1% DV Nov-11 to 2014**	31.00	5	**DBL Ergometrine** ~~Mayne~~
32	FINASTERIDE			
	Tab 5 mg – **1% DV Nov-11 to 2014**	5.10	30	**Rex Medical**
	Note – Fintral tab 5 mg to be delisted 1 November 2011			
32	FLUCLOXACILLIN SODIUM (↑ price and addition of HSS)			
	Inj 250 mg – **1% DV Nov-11 to 2014**	10.86	10	**Flucloxin**
	Inj 500 mg – **1% DV Nov-11 to 2014**	11.32	10	**Flucloxin**
	Inj 1 g – **1% DV Nov-11 to 2014**	14.28	10	**Flucloxin**

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

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

34	FUSIDIC ACID (↑ price)			
	Eye drops 1%	11.52	5 g	Fucithalmic
36	HYDROCORTISONE (↑ price and addition of HSS)			
	Powder – **1% DV Nov-11 to 2014**	44.00	25 g	**ABM**
36	HYDROCORTISONE (↑ price, amended brand name and addition of HSS)			
	Crm 1%, 500 g – **1% DV Nov-11 to 2014**	14.00	500 g	**Pharmacy Health** ~~PSM~~
	Note: DV Limit applies to pack sizes of greater than 100 g.			
37	HYOSCINE N-BUTYLBROMIDE (↑ price and addition of HSS)			
	Inj 20 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	9.57	5	**Buscopan**
37	IMIQUIMOD (↓ price and addition of HSS)			
	Crm 5%, sachet – **1% DV Nov-11 to 2014**	62.00	12	**Aldara**
42	LITHIUM CARBONATE			
	Cap 250 mg – **1% DV Nov-11 to 2014**	9.42	100	**Douglas**
42	MEBENDAZOLE (↑ price and addition of HSS)			
	Tab 100 mg – **1% DV Nov-11 to 2014**	24.19	24	**De-Worm**
45	MICONAZOLE NITRATE (↑ price and addition of HSS)			
	Crm 2% – **1% DV Nov-11 to 2014**	0.46	15 g	**Multichem**
46	MORPHINE SULPHATE (↑ price, amended brand name and addition of HSS)			
	Inj 5 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.51	5	**DBL Morphine Sulphate** ~~Mayne~~
	Inj 10 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	4.79	5	**DBL Morphine Sulphate** ~~Mayne~~
	Inj 15 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.01	5	**DBL Morphine Sulphate** ~~Mayne~~
	Inj 30 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.30	5	**DBL Morphine Sulphate** ~~Mayne~~
47	NORETHISTERONE (↑ price and addition of HSS)			
	Tab 5 mg – **1% DV Nov-11 to 2014**	26.50	100	**Primolut N**
49	ORAL FEED 1.5KCAL/ML			
	Liquid (coffee latte)	1.33	237 ml	Ensure Plus
	Note: Ensure Plus (coffee latte) to be delisted 1 November 2011			

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

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

51	PETHIDINE HYDROCHLORIDE (↑ price, amended brand name and addition of HSS)			
	Inj 50 mg per ml, 1 ml – **1% DV Nov-11 to 2014**	5.51	5	**DBL Pethidine Hydrochloride** ~~Mayne~~
	Inj 50 mg per ml, 2 ml – **1% DV Nov-11 to 2014**	5.83	5	**DBL Pethidine Hydrochloride** ~~Mayne~~
52	PRAVASTATIN			
	Tab 20 mg – **1% DV Nov-11 to 2014**	5.44	30	**Cholvastin**
	Tab 40 mg – **1% DV Nov-11 to 2014**	9.28	30	**Cholvastin**
52	PROCAINE PENICILLIN (↑ price and addition of HSS)			
	Inj 1.5 mega u – **1% DV Nov-11 to 2014**	123.50	5	**Cilicaine**
53	PROPOFOL (↓ price)			
	Inj 1%, 20 ml	7.60	5	Provive MCT-LCT 1%
	Inj 1%, 50 ml	4.00	1	Provive MCT-LCT 1%
	Inj 1%, 100 ml	7.60	1	Provive MCT-LCT 1%
57	SODIUM CHLORIDE (↓ price and addition of HSS)			
	Soln 0.9% for irrigation, 30 ml – **1% DV Nov-11 to 2014**	19.50	30	**Pfizer**
58	STANDARD SUPPLEMENT ORAL FEED 1.0KCAL/ML			
	Powder (chocolate)	4.22	400 g	Ensure
	Powder (strawberry)	4.22	400 g	Ensure
	Powder (vanilla)	4.22	400 g	Ensure
	Note: Ensure powder chocolate, strawberry and vanilla 400 g to be delisted 1 November 2011			
59	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN (↑ price and addition of HSS)			
	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium – **1% DV Nov-11 to 2014**	3.05	500 ml	**Pinetarsol**
		5.82	1,000 ml	**Pinetarsol**
59	TEMAZEPAM (↑ price and addition of HSS)			
	Tab 10 mg – **1% DV Nov-11 to 2014**	1.27	25	**Normison**
59	TERBINAFINE			
	Tab 250 mg – **1% DV Nov-11 to 2014**	1.78	14	**Dr Reddy's Terbinafine**
	Note – Apo-Terbinafine tab 250 mg to be delisted 1 November 2011			
63	ZINC SULPHATE (↑ price and addition of HSS)			
	Cap 137.4 mg (50 mg elemental) – **1% DV Nov-11 to 2014**	11.00	100	**Zincaps**

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 August 2011				
17	AMLODIPINE (↓ price and addition of HSS)			
	Tab 5 mg – **1% DV Oct-11 to 2014**	2.65	100	**Apo-Amlodipine**
	Tab 10 mg – **1% DV Oct-11 to 2014**	4.15	100	**Apo-Amlodipine**
23	CEFOTAXIME (↑ price and addition of HSS)			
	Inj 500 mg – **1% DV Oct-11 to 2014**	1.90	1	**Cefotaxime Sandoz**
23	CEFTAZIDIME (↓ price and addition of HSS)			
	Inj 500 mg – **1% DV Oct-11 to 2014**	2.37	1	**Fortum**
23	CEFTAZIDIME			
	Inj 1 g – **1% DV Oct-11 to 2014**	3.25	1	**DBL Ceftazidime**
	Inj 2 g – **1% DV Oct-11 to 2014**	6.49	1	**DBL Ceftazidime**
	Note: Fortum inj 1 g and 2 g to be delisted 1 October 2011.			
25	CLARITHROMYCIN			
	Inj 500 mg – **1% DV Oct-11 to 2014**	30.00	1	**Klacid**
27	DAUNORUBICIN			
	Inj 5 mg per ml, 4 ml	99.00	1	Mayne
	Note: Daunorubiin inj 5 mg per ml, 4 ml to be delisted 1 October 2011			
28	DIPYRIDAMOLE (addition of HSS)			
	Tab long-acting 150 mg – **1% DV Oct-11 to 2014**	11.52	60	**Pytazen SR**
31	FACTOR EIGHT INHIBITORS BYPASSING AGENT			
	Inj 500 U	1,640.00	1	FEIBA
	Inj 1,000 U	3,280.00	1	FEIBA
32	FLUCONAZOLE (amended presentation description and brand name)			
	Powder for oral suspension ~~oral liq~~ 10 mg per ml	34.56	35 ml	Diflucan ~~POS~~
37	IBUPROFEN			
	Tab long-acting 800 mg – **1% DV Oct-11 to 2014**	8.12	30	**Brufen SR**
39	IRON POLYMALTOSE (↓ price and addition of HSS)			
	Inj 50 mg per ml, 2 ml – **1% DV Oct-11 to 2014**	19.90	5	**Ferrum H**
45	METRONIDAZOLE			
	Inj 500 mg, 100 ml	2.46	1	Baxter
45	MOMETASONE FUROATE			
	Lotn 0.1%	4.80	30 ml	Elocon
	Note: Elocon lotn 0.1% to be delisted 1 August 2011			
48	OMEPRAZOLE			
	Cap 10 mg – **1% DV Oct-11 to 2014**	2.91	90	**Omezol Relief**
	Cap 20 mg – **1% DV Oct-11 to 2014**	3.78	90	**Omezol Relief**
	Cap 40 mg – **1% DV Oct-11 to 2014**	5.57	90	**Omezol Relief**
	Note: Dr Reddy's Omeprazole cap 10 mg, 20 mg and 40 mg to be delisted 1 October 2011			

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

Section H page ref		Price (ex man. excl. GST) $	Per	Brand or Generic Manufacturer
Section H changes Part II - effective 1 August 2011 (continued)				
48	ONDANSETRON (↑ DV limit)			
	Tab disp 4 mg – **5% DV May-11 to 2013**	1.70	10	**Dr Reddy's Ondansetron**
	Tab disp 8 mg – **5% DV May-11 to 2013**	2.00	10	**Dr Reddy's Ondansetron**
50	PARACETAMOL WITH CODEINE (brand name change)			
	Tab paracetamol 500 mg with codeine phosphate 8 mg – **1% DV Nov-11 to 2014**	2.70	100	**Paracetamol + Codeine (Relieve)** ~~Relieve~~
54	RECOMBINANT FACTOR VIII			
	Inj 2,000 IU	1,900.00	1	Advate
	Inj 3,000 IU	2,850.00	1	Advate
54	RECOMBINANT FACTOR IX			
	Inj 250 IU	310.00	1	BeneFIX
	Inj 500 IU	620.00	1	BeneFIX
	Inj 1,000 IU	1,240.00	1	BeneFIX
	Inj 2,000 IU	2,480.00	1	BeneFIX
54	RETEPLASE			
	Inj 10 iu vial	1,850.00	2	Rapilysin
	Note: Rapilysin to be delisted 1 October 2011			
55	RITUXIMAB (↓ price)			
	Inj 100 mg per 10 ml vial	1,075.50	2	Mabthera
	Inj 500 mg per 50 ml vial	2,688.30	1	Mabthera
62	VENLAFAXINE			
	Tab 37.5 mg	18.64	28	Arrow-Venlafaxine XR
	Tab 75 mg	37.27	28	Arrow-Venlafaxine XR
	Tab 150 mg	45.68	28	Arrow-Venlafaxine XR

Section H changes to Part III

Effective 1 September 2011

67 SPECIAL FOOD SUPPLEMENT

~~Powder 1kcal/ml, 400 g~~	~~Ensure~~
Powder 1kcal/ml, 900 g	Sustagen Hospital Formula Ensure
Liquid 1.5kcal/ml, 200 ml	Ensure Plus Fortisip
Liquid 1.5kcal/ml, 237 ml	Ensure Plus
Liquid 1.5kcal/ml with fibre, 200 ml	Fortisip Multi Fibre

For use in community/non-hospitalised patients for 10 days prior to hospitalisation and 30 days following discharge.

Section H changes to General Rules

Effective 1 August 2011

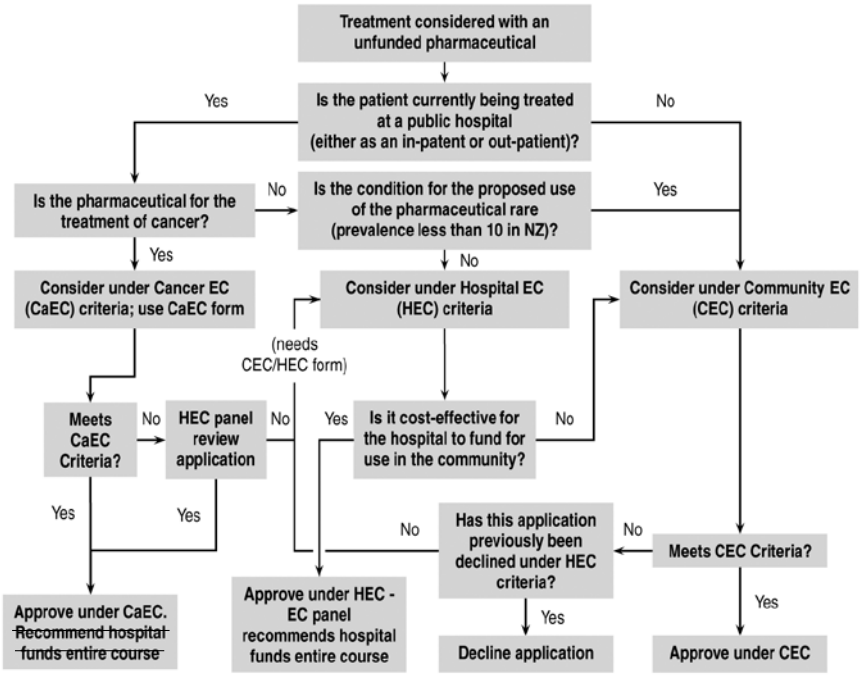
8 Exceptional Circumstances policies

The purpose of the Exceptional Circumstances policies are to provide:

- funding from within the **Pharmaceutical Budget** ~~Community Exceptional Circumstances budget~~ for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule ("Community Exceptional Circumstances"); or
- an assessment process for the DHB Hospitals to determine whether they can fund medication, to be used in the community, in circumstances where the medication is neither a Community Pharmaceutical nor a Discretionary Community Supply Pharmaceutical and where the patient does not meet the criteria for Community Exceptional Circumstances ("Hospital Exceptional Circumstances"); or
- **funding from the Pharmaceutical Budget for** ~~an assessment process for DHB Hospitals to determine whether they can fund~~ pharmaceuticals for the treatment of cancer in their DHB Hospitals, or in association with Outpatient services provided in their DHB hospitals, in circumstances where the pharmaceutical is not identified as a Pharmaceutical Cancer Treatment ("Cancer Exceptional Circumstances") in Sections A-H of the Pharmaceutical Schedule.

Upon receipt of an application for approval for Community Exceptional Circumstances or Hospital Exceptional Circumstances, the Exceptional Circumstances Panel first decides whether an application will be assessed initially under the Community Exceptional Circumstances criteria or the Hospital Exceptional Circumstances criteria. Cancer Exceptional Circumstances is a separate process.

9



Section H changes to General Rules - effective 1 August 2011 (continued)

10 "Cancer Exceptional Circumstances" means the policies and criteria administered by PHARMAC relating to the ability to fund~~, from a DHB hospital's own budget,~~ pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical Cancer Treatments in Sections A-H of the Pharmaceutical Schedule.

11 "Pharmaceutical Budget" means the pharmaceutical budget set for PHARMAC by the Crown for the subsidised supply of Community Pharmaceuticals **and Pharmaceutical Cancer Treatments including for named patients in exceptional circumstances.**

11 "Pharmaceutical Cancer Treatment" means Pharmaceuticals for the treatment of cancer, listed in Sections A to G of the Schedule and identified therein as a "PCT" or "PCT only" Pharmaceutical that DHBs must **provide access to** ~~fund, from their own budgets,~~ for use in their hospitals, and/or in association with Outpatient services provided in their DHB Hospitals, in relation to the treatment of cancers.

14 Pharmaceutical Cancer Treatments

8.1 DHBs are obliged to ~~fund~~ **provide access to** Pharmaceutical Cancer Treatments in accordance with the ~~October~~ **September** 2001 direction from the Minister of Health.

14 Pharmaceutical Cancer Treatments

8.5 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule are Unapproved Indications. Some of these formed part of the October 2001 direction from the Minister of Health as to pharmaceuticals and indications for which DHBs must provide ~~funding~~ **access**. As far as reasonably practicable, these Unapproved Indications are marked in the Schedule. However, PHARMAC makes no representation and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for such Unapproved Indications should:

a) be aware of and comply with their obligations under sections 25 and 29 of the Medicines Act 1981, as applicable, and otherwise under that Act and the Medicines Regulations 1984;
b) be aware of and comply with their obligations under the Health and Disability Commissioner's Code of Consumer Rights, including the requirement to obtain informed consent from the patient (PHARMAC recommends that Practitioners obtain written consent); and
c) exercise their own skill, judgment, expertise and discretion, and make their own prescribing decisions with respect to the use of an unapproved Pharmaceutical Cancer Treatment or a Pharmaceutical Cancer Treatment for an Unapproved Indication.

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Pharmaceuticals and brands

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Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

Pharmaceutical Management Agency
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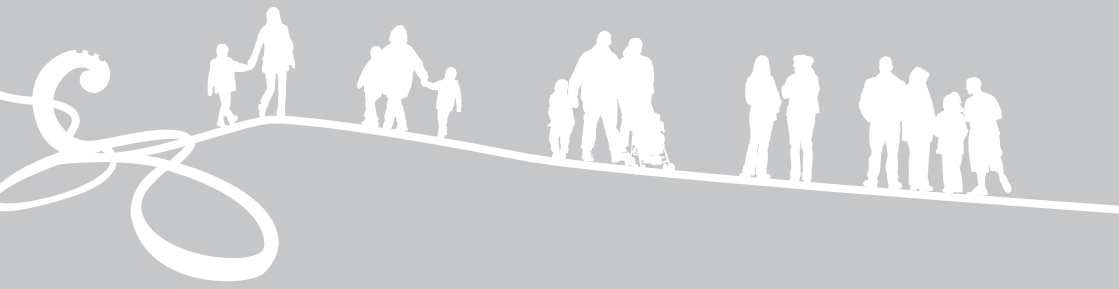

New Zealand Government

PHARMAC
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