UPDATE 07

New Zealand
Pharmaceutical Schedule

Effective 1 August 2007

Cumulative for May, June, July and August 2007

Section H for August 2007

Investing in Health

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 AUGUST 2007

New listing (page 20)

- Dextrose with electrolytes (Pedialyte - Bubblegum, Pedialyte - Fruit and Pedialyte – Plain) 1000 ml OP
- Lopinavir with ritonavir (Kaletra) tab 200 mg with ritonavir 50 mg – Special Authority – Hospital pharmacy [HP1]
- Lignocaine with chlorhexidine gel (Pfizer) 2% with chlorhexidine 0.05%, 10 ml urethral syringes
- Ziprasidone (Zeldox) cap 20 mg, 40 mg, 60 mg and 80 mg – Subsidy by endorsement
- Exemestane (Aromasin) tab 25 mg
- Interferon beta-1-alpha (Avonex) inj 6 million iu prefilled syringe – Special Authority
- Diabetic enteral feed 1 kcal/ml liq (Resource Diabetic TF RTH) – Special Authority – Hospital pharmacy [HP3]
- Premature birth formula (S26 LBW Gold RTF) liq – Special Authority – Hospital pharmacy [HP3]

Changes to restriction (pages 23-31)

- Lopinavir with ritonavir (Kaletra) oral liq 80 mg with ritonavir 20 mg per ml – addition of OP
- Clobazam (Frisium) – removal of Retail pharmacy – Specialist
- New Antiepilepsy Drugs – removal of interchangeable Special Authority criteria
- Gabapentin (Neurontin and Nupentin) – new Special Authority criteria
- Topiramate (Topamax) – new Special Authority criteria
- Vigabatrin (Sabril) – new Special Authority criteria
- Amantadine hydrochloride (Symmetrel) – removal of Retail pharmacy – Specialist
- Apomorphine hydrochloride (Mayne) – Removal of Hospital pharmacy [HP3] – Specialist
- Entacapone (Comtan) – removal of Retail pharmacy – Specialist
- Selegiline hydrochloride (Apo-Selegiline) – removal of Retail pharmacy – Specialist
- Oxaliplatin (Eloxatin, Baxter) – amended Special Authority criteria
- Gemcitabine (Gemzar, Baxter) – amended Special Authority criteria
- Irinotecan (Camptosar, Baxter) – amended Special Authority criteria
- Anagrelide hydrochloride (Agrylin) – amended Special Authority criteria

Summary of PHARMAC decisions – effective 1 August 2007 (continued)

- Docetaxel (Taxotere, Baxter) – amended Special Authority criteria
- Paclitaxel (Taxol, Paclitaxel Ebewe, Baxter) – amended Special Authority criteria
- Thalidomide (Thalidomide Pharmion) – amended Special Authority criteria
- Vinorelbine (Vinorelbine Ebewe, Baxter) – amended Special Authority criteria
- Rituximab (Mabthera, Baxter) – amended Special Authority criteria
- Trastuzumab (Herceptin, Baxter) – amended Special Authority criteria
- Collodion flexible – added to the dermatological bases list

Decreased subsidy (page 44)

- Condoms without spermicide (Shield Blue) 144 (12 x 12 pack)
- Gabapentin (Neurontin) tab 600 mg, cap 100 mg, 300 mg and 400 mg
- Fluorouracil sodium inj 25 mg per ml, 100 ml (Mayne), Inj 50 mg per ml, 10 ml, 20 ml, 50 ml and 100 ml (Fluorouracil Ebewe)

Felodipine (Plendil ER) and metoprolol succinate (Betaloc CR)

AstraZeneca has notified PHARMAC that the proposed price increase for Plendil ER (felodipine) tablets 2.5 mg and and all strengths of Betaloc CR (metoprolol succinate) long acting tablets has been delayed until 1 October 2007. The price increase was due to be implemented on 1 September 2007.

An alternative supplier of metoprolol succinate long-acting tablets has been identified (AFT, with Metoprolol AFT-CR) and we have recently consulted on an agreement regarding its potential future listing. However, the date of listing is uncertain because the dossier that AFT has submitted to Medsafe has not been approved yet.

PHARMAC is consulting on a proposal to provide an increased subsidy for patients taking Betaloc CR, should AstraZeneca increase the price of Betaloc CR. This proposal may provide a full subsidy for patients with the following conditions:

- Heart failure;
- Angina; and,
- Heart rate control.

A copy of this proposal has been sent to all GPs and pharmacists. If you did not receive a copy please contact PHARMAC.

Accu-Chek Performa blood glucose test meter and strips

PHARMAC has become aware that the Accu-Chek Performa strips and meters (supplied by Roche Diagnostics) may be providing higher blood glucose readings compared with other strips and meters. As a result, patients who are using the Accu-Chek Performa system may be at risk of giving themselves higher doses of insulin or other therapy and risking episodes of hypoglycaemia.

The other blood glucose measuring strips and meters that are funded, Optium or Optium Xceed (supplied by Medica Pacifica) and Accu-Chek Advantage (supplied by Roche Diagnostics), are not affected by this issue.

Roche Diagnostics has written to health professionals directly and are writing to all customers who have an Accu-Chek Performa to advise that it reports a higher blood glucose level than they have experienced with Accu-Chek Advantage due to the change to plasma-based results. Accu-Chek Performa meter will report around 10-15% higher glucose than whole blood glucose readings, even though the patient's glucose levels have not changed. Roche Diagnostics has advised that there has been a positive bias identified which will result in readings 6-10% higher

in addition to results already expected in plasma-based results.

Patients have also been advised that it is important to remember that, regardless of which meter they use, they should immediately re-test any time they have a test result that seems unusual.

To address this issue, the following steps will, or have been, taken:

- Distribution of the Accu-Chek Performa system has temporarily ceased.
- Roche Diagnostics will modify the calibration of the Accu-Chek Performa test strips. It is expected that this will take approximately 12 weeks.
- Roche Diagnostics will exchange Accu-Chek Performa test strips for Accu-Chek Advantage test strips free of charge to patients.
- Since it was planned that Accu-Chek Performa system would replace the Accu-Chek Advantage system, the Accu-Chek Advantage system (meters and test strips) was to be delisted from the Pharmaceutical Schedule from 1 April 2008. The delisting date for the Accu-Chek Advantage system (both meters and test strips) will now be delayed until at least 1 July 2008.

If you have any further questions, please contact Roche Diagnostics directly, on the Accu-Chek enquiry line, 0800 80 22 99 or PHARMAC on 0800 66 00 50.

New aromatase inhibitor fully subsidised

The aromatase inhibitor exemestane (Aromasin 25 mg tablets) will be subsidised on the Pharmaceutical Schedule from 1 August 2007. Exemestane will be fully subsidised without the need for a Special Authority. Patients currently taking anastrozole (Arimidex) and letrozole (Femara) will still require a Special Authority to gain a full subsidy.

New treatment for schizophrenia

Ziprasidone (Zeldox) capsules will be subsidised as a second-line treatment for schizophrenia from 1 August 2007. Ziprasidone will be subsidised for patients suffering from schizophrenia or related psychoses after a trial of an effective dose of risperidone or quetiapine that has been discontinued because of unacceptable side effects or inadequate response. Prescribers will need to endorse the prescriptions accordingly to gain a subsidy for their patients.

New Antiepilepsy Drugs – amended Special Authority criteria

The Special Authority criteria for New Antiepilepsy Drugs (NAEDs) will be amended from 1 August 2007. The Special Authority for NAEDs (Form SA0780) will be replaced by individual Special Authorities for gabapentin, topiramate and vigabatrin.

Current Special Authority approvals will remain valid until their expiry. Practitioners will then be required to reapply on the relevant individual Special Authority application form for each medicine that is required.

Lamotrigine continues to be fully subsidised without the requirement of a Special Authority approval.

Subsidies provided for multiple brands of some pharmaceuticals

Over recent months some pharmacists have raised concerns over the possibility that they may have missed notifications of tenders because there is more than one brand of the same pharmaceutical listed on the Schedule. There are a number of such listings that are a result of various circumstance. These do not necessarily signal a transition period to delisting of other brands (e.g. citalopram, omeprazole, lamotrigine, gabapentin). Pharmacists can be assured that PHARMAC will continue to notify the implementation of any tenders in the usual way, but that we are happy to discuss any specific concerns on our freephone number (0800 66 00 50)

PCT only Special Authority applications

All Special Authorities that currently apply to "PCT only" pharmaceuticals listed in the Pharmaceutical Schedule will be amended from 1 August 2007. This change will allow for oncology and haematology registrars (and other medical practitioners) to make applications on behalf of specialists for these Pharmaceutical Cancer Treatments, and will spread the administrative requirements of the Special Authority process. Applications from medical practitioners that are not specialists may only be made on the recommendation of a relevant specialist.

News in brief

- A new formulation of Kaletra tablets (lopinavir 200 mg with ritonavir 50 mg) will be subsidised from 1 August 2007 under the existing Special Authority criteria. This presentation will replace the currently listed Kaletra capsule (lopinavir 133.3 mg with ritonavir 33.3 mg). Kaletra capsules will be delisted from 1 February 2008. Also Kaletra oral liquid will be subsidised as an original pack (OP) from 1 August 2007.
- The "Retail pharmacy-Specialist" restriction is missing from the printed version of the April 2007 Pharmaceutical Schedule for the listing of Efudix (fluorouracil sodium) cream 5%. Please note that this restriction still applies to Efudix cream. Dispensing software is correct and shows that this restriction applies to Efudix cream. This is a reminder as per the fax from PHARMAC on 27 April 2007. This error will be corrected for the 1 August 2007 Pharmaceutical Schedule.
- Over recent months there have been a number of changes for trifluoperazine tablets listed in the Pharmaceutical Schedule and it appears there is some confusion over which packs are available and subsidised.
  - The "Stelazine S29" brand, as listed in the Pharmaceutical Schedule, is the Australian registered stock of trifluoperazine tablets. This is not currently registered for use in New Zealand, but we understand that the supplier is seeking registration here. This is supplied in 100 tablet packs.
  - The "Stelazine Section 29 S29" brand, as listed in the Pharmaceutical Schedule, is in the process of being delisted. This is UK registered stock and is only sold in packs of 112 tablets. This has not been registered for use in New Zealand.
- Avonex prefilled syringes will be subsidised from 1 August 2007 under the existing access criteria for multiple sclerosis treatments. Interferon beta-1-alpha injection 6 million iu prefilled syringes (Avonex) offers an advantage to patients because they are easier to administer than the vials.
- The specialist restriction has been removed from four antiepilepsy and four antiparkinson medicines listed in the Pharmaceutical Schedule. This will reduce the need for specialist visits to access these pharmaceuticals. See pages 22-25 for full details.
- The delisting date for Apo-Acyclovir 200 mg and 400 mg tablets has been delayed until 1 September 2008. Apo-Acyclovir was due to be delisted on 1 September 2007 as part of a tender awarded to Lovir. Lovir 200 mg and 400 mg dispersible tablets will become Sole Subsidised Supply products from 1 September 2008.

All decisions related to news items are effective from 1 August unless otherwise indicated

Tender News

Sole Subsidised Supply changes – effective 1 September 2007

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Brimonidine tartrate	Eye drops 0.2%; 5 ml OP	AFT (AFT)
Bupivacaine hydrochloride	Inj 0.5%, 4 ml; 5 inj	Marcain Isobaric (AstraZeneca)
Bupivacaine hydrochloride	Inj 0.5%, 8% glucose, 4 ml; 5 inj	Marcain Heavy (AstraZeneca)
Cyclophosphamide	Tab 50 mg; 50 tab	Cycloblastin (Pfizer)
Ethinyloestradiol with norethisterone	Tab 35 μg with norethisterone 500 μg; 63 tab	Brevinor 21 (Pfizer)
Ethinyloestradiol with norethisterone	Tab 35 μg with norethisterone 1 mg; 63 tab	Brevinor 1/21 (Pfizer)
Ethinyloestradiol with norethisterone	Tab 35 μg with norethisterone 1 mg and 7 inert tab; 84 tab	Brevinor 1/28 (Pfizer)
Hyoscine N-butylbromide	Tab 10 mg; 20 tab	Gastrosoothe (AFT)
Itraconazole	Cap 100 mg; 15 cap	Sporanox (Janssen Cilag)
Levobunolol	Eye drops 0.25%; 5 ml OP	Betagan (Allergan)
Levobunolol	Eye drops 0.5%; 5 ml OP	Betagan (Allergan)
Lisinopril	Tab 5 mg; 90 tab	Arrow-Lisinopril (Arrow)
Lisinopril	Tab 10 mg; 90 tab	Arrow-Lisinopril (Arrow)
Lisinopril	Tab 20 mg; 90 tab	Arrow-Lisinopril (Arrow)
Ondansetron	Tab 4 mg; 10 tab	Zofran (GSK)
Ondansetron	Tab 8 mg; 20 tab	Zofran (GSK)
Ondansetron	Tab disp 4 mg; 10 tab	Zofran Zydis (GSK)
Ondansetron	Tab disp 8 mg; 10 tab	Zofran Zydis (GSK)
Paroxetine hydrochloride	Tab 20 mg; 30 tab	Loxamine (Pacific)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes. It may assist pharmacists to manage stock levels and keep prescribers up-to-date with proposals to change the Pharmaceutical Schedule.

Possible decisions for implementation 1 September 2007

- Aciclovir (Zovirax) eye oint 3% - removal of Retail pharmacy-Specialist restriction
- Atorvastatin (Lipitor) tab 10 mg, 20 mg and 40 mg – amended Special Authority criteria
- Betaxolol hydrochloride eye drops 0.25% (Betoptic S) and 0.5% (Betoptic) - removal of Retail pharmacy-Specialist restriction

Possible decisions for implementation 1 September 2007 (continued)

- Brimonidine tartrate (AFT and Alphagan) eye drops 0.2% - removal of Retail pharmacy-Specialist restriction
- Brimonidine tartrate with timolol maleate (Combigan) eye drops 0.2% with timolol maleate 0.5% - removal of Retail pharmacy-Specialist restriction
- Ciprofloxacin (Ciloxan) eye drops 0.3% - removal of Retail pharmacy-Specialist and Specialist must be an ophthalmologist restrictions
- Dexamethasone (Maxidex) eye oint 0.1% and eye drops 0.1% - removal of Retail pharmacy-Specialist restriction
- Dexamethasone with framycetin and gramicidin (Sofradex) ear/eye drops 500 μg with framycetin sulphate 5 mg and gramicidin 50 μg per ml - removal of Retail pharmacy-Specialist when used in the treatment of eye conditions restriction
- Dexamethasone with neomycin and polymyxin B sulphate (Maxitrol) eye oint and eye drops - removal of Retail pharmacy-Specialist restriction
- Diclofenac sodium (Voltaren Ophtha) eye drops 1 mg per ml - removal of Retail pharmacy-Specialist restriction
- Dorzolamide hydrochloride (Trusopt) eye drops 2% - removal of Retail pharmacy-Specialist restriction
- Dorzolamide hydrochloride with timolol maleate (Cosopt) eye drops 2% with timolol maleate 0.5% - removal of Retail pharmacy-Specialist restriction
- Ezetimibe (Ezetrol) tab 10 mg – amended Special Authority criteria
- Ezetimibe with simvastatin (Vytorin) tab all strengths – amended Special Authority criteria
- Fluorometholone (Flucon) eye drops 0.1% - removal of Retail pharmacy-Specialist restriction
- Gentamicin sulphate (Genoptic) eye drops 0.3% - removal of Retail pharmacy-Specialist restriction
- Levobunolol (Betagan) eye drops 0.25% and 0.5% - removal of Retail pharmacy-Specialist restriction
- Lithium carbonate (Priadel) tab long-acting 400 mg – subsidy increase
- Nitrofurantoin (Nifuran) tab 50 mg and 100 mg – subsidy increase
- Pilocarpine (Minims) eye drops 2% single dose – amended Special Authority criteria
- Prednisolone acetate eye drops 0.12% (Pred Mild) and 1% (Pred Forte) - removal of Retail pharmacy-Specialist restriction
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg – new listing

Possible decisions for implementation 1 September 2007 (continued)

- Timolol maleate eye drops 0.25% and 0.5% (Apo-Timop) and eye drops gel forming 0.25% and 0.5% (Timoptol XE) - removal of Retail pharmacy-Specialist restriction
- Tobramcyin (Tobrex) eye oint 0.3% and eye drops 0.3% - removal of Retail pharmacy-Specialist restriction
- Water, purified for inj (AstraZeneca) 5 ml and 10 ml – subsidy decrease

Sole Subsidised Supply Products – cumulative to August 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2008
Acipimox	Cap 250 mg	Olbetam	2008
Acitretin	Cap 10 mg & 25 mg	Neotigason	2008
Allopurinol	Tab 100 mg & 300 mg	Progout	2008
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Amitrip	2008
Amlodipine	Tab 5 mg & 10 mg	Calvasc	2008
Apomorphine hydrochloride	Inj 10 mg per ml, 1 ml	Mayne	2009
Amoxycillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Inj 250 mg, 500 mg & 1 g	Ranbaxy Amoxicillin Ranbaxy Amoxicillin Ibiamox	2009 2008
Applicator	Device	Ortho	2008
Aqueous cream	Cream	Multichem	2008
Ascorbic acid	Tab 100 mg	Apo-Ascorbic Acid	2009
Atenolol	Tab 50 mg & 100 mg	Loten	2009
Atropine sulphate	Inj 600 μg, 1 ml Inj 1200 μg, 1 ml Eye drops 1%	AstraZeneca AstraZeneca Atropt	2009 2008
Beclomethasone dipropionate	Metered aqueous nasal spray 50 μg Metered aqueous nasal spray 100 μg	Alanase Alanase	2009
Betamethasone valerate	Scalp app 0.1% Crm 0.1% Oint 0.1%	Beta Scalp Beta Cream Beta Ointment	2009 2008
Bezafibrate	Tab 200 mg	Fibalip	2008
Bromocriptine mesylate	Tab 2.5 mg & 10 mg	Alpha-Bromocriptine	2008
Calamine	Lotion BP Crm, aqueous, BP	ABM ABM	2009
Calcitriol	Cap 0.25 μg & 0.5 μg	Calcitriol-AFT	2009
Calcium carbonate	Tab dispersible 2.5 g Tab 1.25 g Tab 1.5 g	Calci-Tab Effervescent Calci-Tab 500 Calci-Tab 600	2008
Calcium folinate	Inj 50 mg	Calcium Folinate Ebewe	2008
Cefazolin sodium	Inj 500 mg & 1 g	m-Cefazolin	2008
Ceftriaxone sodium	Inj 500 mg & 1 g	AFT	2008
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Allerid C Razene	2008
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorsig Chlorsig	2009
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2% Soln 4%	Orion Orion Orion	2009 2008

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Sole Subsidised Supply Products – cumulative to August 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Chlorthalidone	Tab 25 mg	Hygroton	2009
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2008
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Dalacin C	2008
Clobetasol propionate	Crm 0.05% Scalp app 0.05% Oint 0.05%	Dermol Dermol Dermol	2009 2008
Clonazepam	Tab 500 μg & 2 mg	Paxam	2008
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	2008
Clonidine hydrochloride	Tab 25 μg Tab 150 μg Inj 150 μg per ml, 1 ml	Dixarit Catapres Catapres	2008
Clotrimazole	Crm 1%	Clomazol	2008
Co-trimoxazole	Oral liq sugar-free trimethoprim 40 mg and sulphamethoxazole 200 mg per 5 ml Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2008
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2009
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Valoid (AFT)	2008
Cyproterone acetate	Tab 50 mg	Siterone	2009
Dantrolene sodium	Cap 25 mg & 50 mg	Dantrium	2009
Desmopressin	Nasal spray 10 μg per dose	Desmopressin-PH&T	2008
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml Inj 4 mg per ml, 2 ml	Mayne	2009
Diaphragm	Range of sizes	Ortho All-flex & Ortho Coil	2008
Dicloflenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Apo-Diclo Apo-Diclo SR	2009
Didanosine (DDI)	Cap 125 mg, 200 mg, 250 mg & 400 mg	Videx EC	2009
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2008
Diphenoxylate hydrochloride with atropine sulphate	Tab 2.5 mg with atropine sulphate 25 μg	Diastop	2008
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2008
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2008
Emulsifying ointment BP	Ointment	AFT	2008
Enalapril	Tab 5 mg, 10 mg & 20 mg	m-Enalapril	2009

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Sole Subsidised Supply Products – cumulative to August 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Ergometrine maleate	Inj 500 μg per ml, 1 ml	Mayne	2009
Ergotamine tartrate with caffeine	Tab 1 mg with caffeine 100 mg	Cafergot	2009
Erythromycin ethyl succinate	Grans for oral liq 200 mg per 5 ml Grans for oral liq 400 mg per 5 ml	E-Mycin E-Mycin	2008
Ethambutol hydrochloride	Tab 400 mg	Myambutol	2008
Ethinyloestradiol	Tab 10 μg	New Zealand Medical and Scientific	2009
Ethinyloestradiol with norethisterone	Tab 35 μg with norethisterone 500 μg and 7 inert tab	Norimin	2008
Etoposide	Cap 50 mg & 100 mg	Vepesid	2009
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	Staphlex AFT AFT	2009
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Pacific	2008
Fluorometholone	Eye drops 0.1%	Flucon	2009
Fluphenazine decanoate	Inj 12.5 mg per 0.5 ml, 0.5 ml Inj 25 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Modecate Modecate Modecate	2008
Folic Acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2009
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2009
Gliclazide	Tab 80 mg	Apo-Gliclazide	2008
Glipizide	Tab 5 mg	Minidiab	2008
Haloperidol	Inj 5 mg per ml, 1 ml	Serenace	2009
Haloperidol decanoate	Inj 50 mg per ml, 1 ml Inj 100 mg per ml, 1 ml	Haldol Haldol Concentrate	2008
Heparinised saline	Inj 10 iu per ml, 5 ml	AstraZeneca	2009
Hydrocortisone	Tab 5 mg & 20 mg Powder 25 g	Douglas m-Hydrocortisone	2009 2008
Hydrocortisone acetate	Rectal foam 10%, CFC-Free	Colifoam	2009
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2008
Hyoscine N-butylbromide	Inj 20 mg	Buscopan	2008
Hypromellose	Eye drops 0.3% Eye drops 0.5%	Poly-Tears Methopt	2008
Ibuprofen	Tab 200 mg	I-Profen	2008
Imipramine hydrochloride	Tab 10 mg & 25 mg	Tofranil	2009
Indapamide	Tab 2.5 mg	Napamide	2009
Indomethacin	Cap 25 mg & 50 mg	Rheumacin	2008

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Sole Subsidised Supply Products – cumulative to August 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aerosol inhaler, 20 μg per dose CFC-free	Atrovent	2008
Isosorbide mononitrate	Tab long-acting 60 mg	Duride	2009
Isotretinoin	Cap 10 mg Cap 20 mg	Isotane 10 Isotane 20	2009
Ketoconazole	Shampoo 2%	Ketopine	2008
Levodopa with benserazide	Cap 50 mg with benserazide 12.5 mg Tab dispersible 50 mg with benserazide 12.5 mg Cap 100 mg with benserazide 25 mg Cap long-acting 100 mg with benserazide 25 mg Cap 200 mg with benserazide 50 mg	Madopar 62.5 Madopar Dispersible Madopar 125 Madopar HBS Madopar 250	2009
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2009
Magnesium sulphate	Inj 49.3%	Mayne	2009
Maprotiline hydrochloride	Tab 25 mg & 75 mg	Ludiomil	2009
Mesalazine	Enema 1 g per 100 ml	Pentasa	2009
Methadone hydrochloride	Powder 1 g	AFT	2009
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 5 ml Inj 100 mg per ml, 10 ml Inj 100 mg per ml, 50 ml	Methoblastin Methotrexate Ebewe Methotrexate Ebewe Methotrexate Ebewe	2009 2008
Methyldopa	Tab 125 mg, 250 mg & 500 mg	Prodopa	2008
Methylphenidate hydrochloride	Tab long-acting 20 mg Tab 5 mg & 20 mg Tab 10 mg	Rubifen SR Rubifen Rubifen	2009
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2009
Methylprednisolone aceponate	Crm 0.1% and oint 0.1%	Advantan	2009
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2008
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2008
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 1 ml Inj 500 mg & 1 g	Solu-Medrol Solu-Medrol Solu-Medrol	2009
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml	Pfizer	2008
Metoprolol tartrate	Tab long-acting 200 mg	Slow-Lopressor	2009
Metyrapone	Cap 250 mg	Metopirone	2009
Mexiletine hydrochloride	Cap 50 mg & 200 mg	Mexitil	2008
Miconazole nitrate	Crm 2%	Multichem	2008

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Sole Subsidised Supply Products – cumulative to August 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Midodrine	Tab 2.5 mg & 5 mg	Gutron	2009
Misoprostol	Tab 200 μg	Cytotec	2009
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2009
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	2009
Morphine sulphate	Inj 5 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Cap long-acting 10 mg, 30 mg, 60 mg, 100 mg & 200 mg Tab immediate release 10 mg & 20 mg	Mayne Mayne m-Eslon Sevredol	2009
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Mayne	2009
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2008
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1000 mg	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2009 2008
Nevirapine	Oral suspension 10 mg per ml	Viramune Suspension	2009
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2009
Nifedipine	Tab long-acting 20 mg	Nyefax Retard	2009
Nonoxynol-9	Jelly 2%	Gynol II	2008
Norethisterone	Tab 350 μg Tab 5 mg	Noriday 28 Primolut-N	2009 2008
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2008
Nortriptyline	Tab 10 mg & 25 mg	Norpress	2008
Nystatin	Vaginal crm 100,000 u per 5 g with applicators Oral liq 100,000 u per ml	Nilstat Nilstat	2009 2008
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	2009
Pamidronate disodium	Inj 3 mg per ml, 5 ml Inj 3 mg per ml, 10 ml Inj 6 mg per ml, 10 ml	Pamisol Pamisol Pamisol	2008
Paracetamol	Tab 500 mg Suppos 125 mg & 250 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Panadol Panadol Junior Parapaed Six Plus Parapaed	2008
Paracetamol with codeine	Tab 500 mg with 8 mg codeine	Codalgin	2008

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Sole Subsidised Supply Products – cumulative to August 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Pergolide	Tab 0.25 mg & 1 mg	Permax	2008
Perhexiline maleate	Tab 100 mg	Pexsig	2009
Pilocarpine	Eye drops 0.5%, 1%, 2%, 3%, 4% & 6%	Pilopt	2008
Poloxamer	Oral drops 10%	Coloxyl	2008
Potassium chloride	Tab long-acting 600 mg Inj 75 mg per ml, 10 ml Inj 150 mg per ml, 10 ml	Span-K AstraZeneca AstraZeneca	2009 2008
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2008
Pregnancy tests - HCG urine	Cassette	MDS Quick Card	2009
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2008
Promethazine hydrochloride	**Tab 10 mg & 25 mg**	**Allersoothe**	**2008**
Pyridoxine hydrochloride	Tab 50 mg	Apo-Pyridoxine	2009
Quinapril	Tab 5 mg, 10 mg & 20 mg	Accupril	2008
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2008
Quinine sulphate	Tab 200 mg Tab 300 mg	Q 200 Q 300	2009
Ranitidine hydrochloride	Tab 150 mg & 300 mg	Arrow Ranitidine	2008
Roxithromycin	**Tab 150 mg & 300 mg**	**Arrow-Roxithromycin**	**2009**
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg	Duolin	2009
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2009
Sodium chloride	Inj 0.9%, 5 ml & 10 ml	AstraZeneca	2009
Sodium cromoglycate	Nasal spray 4% Eye drops 2%	Rex Cromolux	2009 2008
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2009
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2008
Temazepam	Tab 10 mg	Normison	2008
Terbinafine	Tab 250 mg	Apo-Terbinafine	2008
Timolol maleate	Tab 10 mg	Apo-Timol	2009
Thiamine hydrochloride	Tab 50 mg	Apo-Thiamine	2009
Triamcinolone acetonide	Crm & Oint 0.02% Dental Paste USP 0.1%	Aristocort Oracort	2008

**Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.*

Sole Subsidised Supply Products – cumulative to August 2007

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide with gramicidin, neomycin and nystatin	Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g	Kenacomb	2009
	Oint 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 μg per g	Kenacomb	2008
Triazolam	Tab 125 μg	Hypam	2008
	Tab 250 μg	Hypam	
Trimethoprim	Tab 300 mg	TMP	2008
Trimipramine maleate	Cap 25 mg & 50 mg	Tripress	2008
Urea	Crm 10%	Nutraplus	2008
Ursodeoxycholic acid	Cap 300 mg	Actigall	2008
Vancomycin hydrochloride	Inj 50 mg per ml, 10 ml	Pacific	2008
Verapamil hydrochloride	Tab long-acting 120 mg	Verpamil SR	2008
Vincristine sulphate	Inj 1 mg per ml, 1 ml	Mayne	2009
	Inj 1 mg per ml, 2 ml	Mayne	
Vitamins	Tab (BPC cap strength)	Healtheries	2009
Vitamin B complex	Tab, strong, BPC	Apo-B-Complex	2009
Water	Purified for injection 20 ml	Multichem	2009
Zinc and castor oil	Oint BP	Multichem	2008
Zinc sulphate	Cap 220 mg	Zincaps	2008
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2008

August changes are in bold type

**Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated.*

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

New Listings

Effective 1 August 2007

44	DEXTROSE WITH ELECTROLYTES			
	Soln with electrolytes	6.66	1000 ml OP	✔**Pedialyte – Bubblegum**
				✔**Pedialyte – Fruit**
		6.78		✔**Pedialyte – Plain**
96	LOPINAVIR WITH RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Tab 200 mg with ritonavir 50 mg	735.00	120	✔**Kaletra**
104	LIGNOCAINE WITH CHLORHEXIDINE			
	Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes	43.26	10	✔**Pfizer**
118	ZIPRASIDONE – Subsidy by endorsement Ziprasidone is subsidised for patients suffering from schizophrenia or related psychoses after a trial of an effective dose of risperidone or quetiapine that has been discontinued because of unacceptable side effects or inadequate response, and the prescription is endorsed accordingly.			
	Cap 20 mg	87.88	60	✔**Zeldox**
	Cap 40 mg	164.78	60	✔**Zeldox**
	Cap 60 mg	247.17	60	✔**Zeldox**
	Cap 80 mg	329.56	60	✔**Zeldox**
134	EXEMESTANE			
	Tab 25 mg	175.00	30	✔**Aromasin**
141	INTERFERON BETA-1-ALPHA – Special Authority see SA0855			
	Inj 6 million iu prefilled syringe	1,245.13	4	✔**Avonex**
167	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3]			
	Liquid	7.50	1,000 ml OP	✔**Resource Diabetic TF RTH**
179	PREMATURE BIRTH FORMULA – Special Authority see SA0602 – Hospital pharmacy [HP3]			
	Liquid	0.75	100 ml OP	✔**S26 LBW Gold RTF**

Effective 1 July 2007

29	METFORMIN HYDROCHLORIDE			
	✳ Tab 500 mg	9.75	500	✔**Arrow-Metformin**
	✳ Tab 850 mg	8.00	250	✔**Arrow-Metformin**
35	HYDROXOCOBALAMIN			
	✳ Inj 1 mg per ml, 1 ml	10.84	3	✔**Neo-B12**
42	DIPYRIDAMOLE			
	✳ Tab 25 mg – Additional subsidy by Special Authority see SA0648 – Retail Pharmacy	0.16	84	
		(8.36)		Persantin

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

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

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

New listings - effective 1 July 2007 (continued)

44 WATER
1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or
2) On a bulk supply order; or
3) When used in the extemporaneous compounding of eye drops.

Purified for inj 5 ml – Available on a PSO	9.31	50	✔ **Multichem**
Purified for inj 10 ml – Available on a PSO	10.38	50	✔ **Multichem**

57 ISRADIPINE

Cap long-acting 2.5 mg	7.50	30	✔ **Dynacirc-SRO**
Cap long-acting 5 mg	7.85	30	✔ **Dynacirc-SRO**

67 MALATHION

Liq 0.5%	4.99	200 ml	✔ **Derbac M**

83 LEUPRORELIN – Special Authority see SA0837 – Hospital pharmacy [HP3]

Inj 7.5 mg	184.90	1	✔ **Eligard**
Inj 22.5 mg	554.70	1	✔ **Eligard**
Inj 30 mg	739.60	1	✔ **Eligard**
Inj 45 mg	1,109.40	1	✔ **Eligard**

88 BENZATHINE BENZYLPENICILLIN

Inj 1.2 mega u per 2 ml – Available on a PSO	200.00	10	✔ **Bicillin LA**

101 LEFLUNOMIDE – Special Authority see SA0635 – Retail pharmacy

Tab 10 mg	71.00	30	✔ **AFT-Leflunomide**
Tab 20 mg	97.00	30	✔ **AFT-Leflunomide**

111 LAMOTRIGINE

▲Tab dispersible 2 mg	6.74	30	✔ **Lamictal**

113 SUMATRIPTAN

Tab 50 mg	12.00	4	✔ **Sumagran**
Tab 100 mg	12.00	2	✔ **Sumagran**

142 SIROLIMUS – Special Authority see SA0866 below – Hospital pharmacy [HP3]

Tab 1 mg	813.00	100	✔ **Rapamune**
Tab 2 mg	1,626.00	100	✔ **Rapamune**
Oral liq 1 mg per ml	487.80	60 ml OP	✔ **Rapamune**

SA0866 Special Authority for Subsidy

Initial application from any medical practitioner. Approvals valid without further renewal unless notified where the drug is to be used for rescue therapy for an organ transplant recipient

Note: Rescue therapy defined as unresponsive to calcineurin inhibitor treatment as defined by refractory rejection; or intolerant to calcineurin inhibitor treatment due to any of the following:

GFR<30 ml/min; or
Rapidly progressive transplant vasculopathy; or
Rapidly progressive obstructive bronchiolitis; or
HUS or TTP; or
Leukoencepthalopathy; or
Significant malignant disease

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

New listings - effective 1 July 2007 (continued)

161 SYRUP (PHARMACEUTICAL GRADE) – Only in combination
Only in extemporaneously compounded oral mixtures.

Liq	21.75	2,000 ml	✔ **Midwest**

Effective 1 June 2007

27 OMEPRAZOLE

✳ Cap 10 mg	6.28	30	✔ **Omezol**
✳ Cap 20 mg	6.28	30	✔ **Omezol**
✳ Cap 40 mg	9.50	30	✔ **Omezol**

75 ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA0797 – Retail pharmacy

Tab 70 mg with cholecalciferol 2800 iu	35.91	4	✔ **Fosamax Plus**

99 IBUPROFEN – Additional subsidy by Special Authority see SA0291– Retail pharmacy

✳ Tab 400 mg	1.07	30	
	(4.56)		Brufen
✳ Tab long-acting 800 mg	1.50	30	
	(9.12)		Brufen Retard

130 MITOMYCIN C – PCT only – Specialist

Inj 2 mg	283.00	10	✔ **Mitomycin-C** S29
Inj 10 mg	531.30	5	✔ **Mitomycin-C** S29

165 FAT SUPPLEMENT – Special Authority see SA0580 – Hospital pharmacy [HP3]

Emulsion (neutral)	12.30	200 ml OP	✔ **Calogen**
Emulsion (strawberry)	12.30	200 ml OP	✔ **Calogen**

170 RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 – Hospital pharmacy [HP3]

Liquid	2.43	200 ml OP	✔ **Nepro (vanilla)**

Effective 1 May 2007

146 SALBUTAMOL

Nebuliser soln, 1 mg per ml, 2.5 ml – Available on a PSO	3.70	20	✔ **Asthalin**
Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85	20	✔ **Asthalin**

▲ 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 August 2007

96 LOPINAVIR WITH RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]
Oral liq 80 mg with ritonavir 20 mg per ml ..... 735.00 300 ml **OP** ✔**Kaletra**

110 CLOBAZAM ~~– Retail pharmacy-Specialist~~
Tab 10 mg ..... 9.12 50 ✔**Frisium**
‡ Safety cap for extemporaneously compounded oral liquid preparations.

111 NEW ANTIEPILEPSY DRUGS
~~**SA0780 Special Authority for Subsidy**~~
~~Initial application — (Single NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 15 months for applications meeting the following criteria:~~
~~Any of the following:~~
~~1 Was on NAED therapy before 1 September 2000; or~~
~~2 Seizures are not adequately controlled with optimal older anti-epilepsy drug treatment; or~~
~~3 Seizures are controlled adequately but who experience unacceptable side effects from older anti-epilepsy drug treatment.~~
~~Note: "Optimal older anti-epilepsy drug therapy" is defined as treatment with those older anti-epilepsy drugs which are indicated and clinically appropriate for the patient, given singly and in combination in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.~~
~~Initial application — (Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Stabilised on two NAEDs on or before 31 July 2000; or~~
~~2 Both:~~
~~2.1 A second NAED has been added; and~~
~~2.2 An attempt to withdraw one NAED has been made and was unsuccessful.~~
~~Initial application — (Neuropathic pain – gabapentin only) only from a relevant specialist, vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.~~
~~Notes: Gabapentin is not interchangeable with other NAEDs when used for treating neuropathic pain.~~
~~Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.~~
~~Renewal — (Single or Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Both:~~
~~1.1 Patient has been prescribed adequate doses of gabapentin, lamotrigine, topiramate or vigabatrin; and~~
~~1.2 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; or~~
~~2 Patient has had a previous approval but has not yet trialed monotherapy with all available NAEDs.~~
~~Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anti-convulsant therapy and have assessed quality of life from the patient's perspective.~~
~~Renewal — (Triple NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 6 months for applications meeting the following criteria:~~
~~Both:~~
~~1 Patient is on dual therapy; and~~
~~2 Patient switching from vigabatrin to another NAED.~~
~~Renewal — (Neuropathic pain – gabapentin only) only from a relevant specialist, vocationally registered general~~

continued...

Changes to Restrictions - effective 1 August 2007 (continued)

continued...

~~practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).~~
~~Notes: Gabapentin is not interchangeable with other NAEDs when used for treating neuropathic pain.~~
~~Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.~~
~~Note: Special Authority applications and reapplications for NEADs (for use in epilepsy) must be made by a neurologist or paediatric neurologist. Applications from a general physician or paediatrician will be accepted if access to neurology or paediatric neurology services is limited in the locality in which they practice.~~

112 GABAPENTIN – Special Authority see SA~~0780~~ **0873** – Retail pharmacy

▲Tab 600 mg	79.79	100	✔**Neurontin**
▲Cap 100 mg	15.67	100	✔**Neurontin**
	13.26		✔**Nupentin**
▲Cap 300 mg	47.00	100	✔**Neurontin**
	39.76		✔**Nupentin**
▲Cap 400 mg	62.66	100	✔**Neurontin**
	53.01		✔**Nupentin**

➽ **SA0873 Special Authority for Subsidy**

Initial application - (Epilepsy – new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:
Either:

1 **Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or**
2 **Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.**

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application - (Epilepsy – patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Initial application - (Neuropathic pain – new patients) from any relevant practitioner. Approvals valid for 3 months where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.

Initial application - (Neuropathic pain – patient has had an approval for gabapentin for neuropathic pain prior to 1 August 2007) from any relevant practitioner. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

Renewal - (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

continued...

Changes to Restrictions - effective 1 August 2007 (continued)

continued...

Renewal - (Neuropathic pain) from any relevant practitioner. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

Note: If the patient had an approval for gabapentin for neuropathic pain prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

112 TOPIRAMATE – Special Authority see SA~~0780~~ **0874** – Retail pharmacy

▲Tab 25 mg	51.50	60	✔**Topamax**
▲Tab 50 mg	87.54	60	✔**Topamax**
▲Tab 100 mg	148.83	60	✔**Topamax**
▲Tab 200 mg	256.82	60	✔**Topamax**
▲Sprinkle cap 15 mg	41.20	60	✔**Topamax**
▲Sprinkle cap 25 mg	51.50	60	✔**Topamax**

➽ SA0874 Special Authority for Subsidy

Initial application - (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

1 Patient has epilepsy; and

2 Either:

2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or

2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application - (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

112 VIGABATRIN – Special Authority see SA~~0780~~ **0875** – Retail pharmacy

▲Tab 500 mg	119.30	100	✔**Sabril**

➽ SA0875 Special Authority for Subsidy

Initial application - (new patients) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

All of:

1 Patient has epilepsy; and

2 Either:

continued...

Changes to Restrictions - effective 1 August 2007 (continued)

continued...

2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and
3 Either:
3.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
3.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.
Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Initial application - (patient has had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; and
2 Either:
2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or
2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; and
2 Either:
2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for the duration of treatment with vigabatrin; or
2.2 It is impractical or impossible (due to comorbid conditions) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.
Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.
If the patient had an approval for gabapentin, lamotrigine, topiramate or vigabatrin for epilepsy prior to 1 August 2007 the applicant is required to submit a fresh initial application in the first instance, not a renewal application.

115 AMANTADINE HYDROCHLORIDE ~~— Retail pharmacy Specialist~~
▲Cap 100 mg ..... 47.81 60 ✔**Symmetrel**

115 APOMORPHINE HYDROCHLORIDE ~~— Hospital pharmacy [HP3] Specialist~~
▲Inj 10 mg per ml, 1 ml ..... 50.43 5 ✔**Mayne**

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

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

Changes to Restrictions - effective 1 August 2007 (continued)

115 ENTACAPONE ~~– Retail pharmacy-Specialist~~

▲Tab 200 mg ..... 129.00 100 ✔**Comtan**

116 SELEGILINE HYDROCHLORIDE ~~– Retail pharmacy-Specialist~~

✻Tab 5 mg ..... 16.06 100 ✔**Apo-Selegiline**

125 OXALIPLATIN – PCT only – Specialist – Special Authority see SA~~0808~~ **0876**

Inj 50 mg ..... 410.00 1 ✔**Eloxatin**

Inj 100 mg ..... 800.00 1 ✔**Eloxatin**

Inj 1 mg for ECP ..... 8.80 1 mg ✔**Baxter**

➽ **SA~~0808~~ 0876 Special Authority for Subsidy**

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

Both:

1 The patient has metastatic colorectal cancer; and

2 To be used for first or second line use as part of a combination chemotherapy regimen.

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

Either:

1 The patient requires continued therapy; or

2 The tumour has relapsed and requires re-treatment.

127 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA~~0833~~ **0877**

Inj 1 g ..... 349.20 1 ✔**Gemzar**

Inj 200 mg ..... 78.00 1 ✔**Gemzar**

Inj 1 mg for ECP ..... 0.38 1 mg ✔**Baxter**

➽ **SA~~0833~~ 0877 Special Authority for Subsidy**

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

Any of the following:

1 The patient has non small cell lung carcinoma (stage IIIa, or above); or

2 The patient has advanced malignant mesothelioma*; or

3 The patient has advanced pancreatic carcinoma; or

4 The patient has ovarian, fallopian tube* or primary peritoneal carcinoma*; or

5 The patient has advanced transitional cell carcinoma of the urothelial tract (locally advanced or metastatic).

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

Either:

1 The patient requires continued therapy; or

2 The tumour has relapsed and requires re-treatment.

Note: Indications marked with a * are **U**~~n~~approved **I**~~i~~ndications.

127 IRINOTECAN – PCT only – Specialist – Special Authority see SA~~0775~~ **0878**

Inj 20 mg per ml, 2 ml ..... 124.00 1 ✔**Camptosar**

Inj 20 mg per ml, 5 ml ..... 310.00 1 ✔**Camptosar**

Inj 1 mg for ECP ..... 3.35 1 mg ✔**Baxter**

➽ **SA~~0775~~ 0878 Special Authority for Subsidy**

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

Both:

1 The patient has metastatic colorectal cancer; and

2 Either:

continued...

Changes to Restrictions - effective 1 August 2007 (continued)

continued...

2.1 To be used for first or second line use as part of a combination chemotherapy regimen; or
2.2 As single agent chemotherapy in fluropyrimidine-relapsed disease.

Renewal only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1 The patient requires continued therapy; or
2 The tumour has relapsed and requires re-treatment.

128 ANAGRELIDE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA~~0814~~ **0879**

Cap 0.5 mg ..... CBS 100 ✔**Agrylin** S29

➽ **SA~~0814~~ 0879 Special Authority for Subsidy**

Initial application only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has primary thrombocythaemia; and
2 Either:
2.1 is at high risk (previous thromboembolic disease, bleeding or platelet count >1500/ml); or
2.2 is intolerant or refractory to hydroxyurea or interferon.

Renewal only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.
Note: It is recommended that treatment with anagrelide be initiated only on the recommendation of a haematologist.

129 DOCETAXEL – PCT only – Specialist – Special Authority see SA~~0870~~ **0880**

Inj 20 mg ..... 460.00 1 ✔**Taxotere**
Inj 80 mg ..... 1,650.00 1 ✔**Taxotere**
Inj 1 mg for ECP ..... 24.82 1 mg ✔**Baxter**

➽ **SA~~0870~~ 0880 Special Authority for Subsidy**

Initial application only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
1 Both:
1.1 The patient has ovarian*, fallopian* or primary peritoneal cancer*; and
1.2 Either:
1.2.1 Has not received prior chemotherapy; or
1.2.2 Has received prior chemotherapy but has not previously been treated with taxanes; or
2 The patient has metastatic breast cancer; or
3 Both
3.1 The patient has early breast cancer; and
3.2 Docetaxel is to be given concurrently with trastuzumab; or
4 Both
4.1 The patient has non small-cell lung cancer; and
4.2 Either:
4.2.1 Has advancing disease (stage IIIa or above); or
4.2.2 Is receiving combined chemotherapy and radiotherapy; or
5 Both:
5.1 The patient has small-cell lung cancer*; and
5.2 Docetaxel is to be used as second-line therapy.

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

continued...

Changes to Restrictions - effective 1 August 2007 (continued)

continued...

1 The patient has metastatic breast cancer, non small-cell lung cancer, or small-cell lung cancer*; and
2 Either:
2.1 The patient requires continued therapy; or
2.2 The tumour has relapsed and requires re-treatment.
Note indications marked with * are **U**~~n~~approved **I**ndications.

130 PACLITAXEL – PCT only – Specialist – Special Authority see SA~~0842~~ **0881**

Inj 30 mg	100.00	1	✔**Taxol**
Inj 100 mg	333.00	1	✔**Taxol**
Inj 150 mg	461.70	1	✔**Paclitaxel Ebewe**
Inj 300 mg	895.85	1	✔**Paclitaxel Ebewe**
Inj 1 mg for ECP	3.65	1 mg	✔**Baxter**

➽ **SA~~0842~~ 0881 Special Authority for Subsidy**

Initial application only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Any of the following:
1 Both:
1.1 The patient has ovarian, fallopian* or primary peritoneal cancer*; and
1.2 Either:
1.2.1 Has not received prior chemotherapy; or
1.2.2 Has received prior chemotherapy but has not previously been treated with taxanes; or
2 The patient has metastatic breast cancer; or
3 The patient has node-positive early breast cancer; or
4 Both:
4.1 The patient has non-small cell lung cancer; and
4.2 Either:
4.2.1 The patient has advanced disease (stage IIIa or above); or
4.2.2 The patient is receiving combined chemotherapy and radiotherapy; or
5 Both:
5.1 The patient has small-cell lung cancer*; and
5.2 Paclitaxel is to be used as second-line therapy.
Renewal only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has metastatic breast cancer, non small-cell lung cancer, or small-cell lung cancer*; and
2 Either:
2.1 The patient requires continued therapy; or
2.2 The tumour has relapsed and requires re-treatment.
Note: indications marked with * are **U**~~n~~approved **I**ndications.

132 THALIDOMIDE – PCT only – Specialist – Special Authority see SA~~0817~~ **0882**
Only on a controlled drug form

Cap 50 mg	490.00	28	✔**Thalidomide Pharmion**

➽ **SA~~0817~~ 0882 Special Authority for Subsidy**

Initial application —(for new patients) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has refractory, progressive or relapsed multiple myeloma; and
2 The patient has received prior chemotherapy.
Initial application — (for patients receiving thalidomide prior to 1 January 2006) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid without further renewal

continued...

Changes to Restrictions - effective 1 August 2007 (continued)

continued...

unless notified where the patient was receiving treatment with thalidomide for multiple myeloma on or before 31 December 2005.
Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where the patient has obtained a response from treatment during the initial approval period.
Notes: Prescription must be written by **a** registered prescriber in the thalidomide risk management programme operated by the supplier.
Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.

132 VINORELBINE – PCT only – Specialist – Special Authority see SA~~0799~~ **0883**

Inj 10 mg per ml, 1 ml	42.00	1	✔**Vinorelbine Ebewe**
Inj 10 mg per ml, 5 ml	210.00	1	✔**Vinorelbine Ebewe**
Inj 1 mg for ECP	4.96	1 mg	✔**Baxter**

➽ **SA~~0799~~ 0883 Special Authority for Subsidy**
Initial application only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1 The patient has metastatic breast cancer; or
2 The patient has non-small cell lung cancer (stage IIIa, or above).
Renewal only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1 The patient requires continued therapy; or
2 The tumour has relapsed and requires re-treatment.

139 RITUXIMAB – PCT only – Specialist – Special Authority see SA~~0777~~ **0884**
See prescribing guideline on page 136

Inj 100 mg per 10 ml vial	1,195.00	2	✔**Mabthera**
Inj 500 mg per 50 ml vial	2,987.00	1	✔**Mabthera**
Inj 1 mg for ECP	6.39	1 mg	✔**Baxter**

➽ **SA~~0777~~ 0884 Special Authority for Subsidy**
Initial application — (Post-transplant) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 6 months where the patient has B-cell post-transplant lymphoproliferative disorder*.
Note: For no more than 8 treatment cycles.
Initial application — (Low-grade lymphomas) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 6 months where the patient has low grade NHL — relapsed disease following prior chemotherapy.
Note: For no more than 4 treatment cycles.
Initial application — (Large cell lymphomas) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has treatment naiive large B-cell NHL; and
2 To be used with CHOP (or alternative anthracycline containing multi-agent chemotherapy regime given with curative intent).
Note: For no more than 8 treatment cycles.
Renewal — (Low-grade lymphomas) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 The patient has had a treatment-free interval of 6 months or more; and
2 Either:

continued...

Changes to Restrictions - effective 1 August 2007 (continued)

continued...

2.1 Has B-cell post-transplant lymphoproliferative disorder*; or
2.2 Has low grade NHL – relapsed disease following prior chemotherapy.
Notes: For no more than 4 treatment cycles for low grade NHL.
Indications marked with * are **U**~~n~~unapproved **I**~~i~~ndications.

139 TRASTUZUMAB – PCT only – Specialist – Special Authority see SA~~0871~~ **0885**

Inj 150 mg vial	1,350.00	1	✔**Herceptin**
Inj 440 mg vial	3,875.00	1	✔**Herceptin**
Inj 1 mg for ECP	9.99	1 mg	✔**Baxter**

➽ **SA~~0871~~ 0885 Special Authority for Subsidy**
Initial application (metastatic breast cancer) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months where the patient has metastatic breast cancer expressing HER 2 IHC 3+ or FISH +.
Renewal (metastatic breast cancer) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 12 months where the cancer has not progressed for applications meeting the following criteria:
Both:
1 The patient has metastatic breast cancer; and
2 The cancer has not progressed.
Initial application (early breast cancer) only from a relevant specialist **or medical practitioner on the recommendation of a relevant specialist**. Approvals valid for 3 months for applicants meeting the following criteria:
All of the following:
1 The patient has early breast cancer expressing HER 2 IHC 3+ or FISH +; and
2 Maximum cumulative dose of 20mg/kg (9 weeks treatment)*; and
3 Trastuzumab is to be given concurrently with adjuvant taxane chemotherapy*; and
4 Trastuzumab is not to be given concurrently with anthracycline chemotherapy.
Notes:
Indications marked with * are Unapproved Indications.
It is recommended that for early breast cancer trastuzumab be administered concurrently with docetaxel prior to anthracyclines as per the FinHer regimen (Joensuu H, Kellokumpu-Lehtinen P, Bono P, et al. Adjuvant docetaxel or vinorelbine with or without trastuzumab for breast cancer. N Engl J Med 2006;354(8):809-20).

156 Dermatological base: The products listed in the Barrier creams and Emollients section and the Topical Corticosteroids-Plain section of the Pharmaceutical Schedule are classified as dermatological bases for the purposes of extemporaneous compounding and are the bases to which the dermatological galenicals can be added. Also the dermatological bases in the Barrier Creams and Emollients section of the Pharmaceutical Schedule can be used for diluting proprietary Topical Corticosteroid-Plain preparations.
The following products are dermatological bases:

- Aqueous cream
- Cetomacrogol cream BP
- **Collodion flexible**
- Emulsifying ointment BP
- Glycerol with paraffin and cetyl alcohol lotion
- Hydrocortisone with wool fat and mineral oil lotion
- Oil in water emulsion
- Oily cream
- Urea cream 10%
- White soft paraffin
- Wool fat with mineral oil lotion
- Zinc cream BP
- Zinc and castor oil ointment BP
- Proprietary Topical Corticosteroid-Plain preparations

Changes to Restrictions - effective 1 July 2007

41 CLOPIDOGREL – Special Authority see SA~~0847~~ **0867** – Retail pharmacy

Tab 75 mg ..... 73.38 28 ✔**Plavix**

➽ **SA~~0847~~ 0867 Special Authority for Subsidy**

Initial application - (aspirin allergic patients) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

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

2 Any of the following:

The patient has:

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

2.2 experienced an acute myocardial infarction; or

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

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

2.5 had a revascularisation procedure; or

2.6 experienced symptomatic peripheral vascular disease of a severity that has required specialist consultation.

Note

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

Initial application - (aspirin tolerant patients **and aspirin naive patients**) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Any of the following:

~~While on treatment with aspirin the~~ **The** patient has:

1 experienced an acute myocardial infarction; or

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

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

4 had a revascularisation procedure.

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

Initial application - (post stenting ~~(no renewals)~~) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid for 6 months where the patient has had a stent inserted **in the previous 4 weeks**.

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

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

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

Any of the following:

The patient has:

1 experienced an acute myocardial infarction; or

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

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

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

4 had a revascularisation procedure.

Renewal - (patients awaiting revascularisation) ~~only~~ from ~~a~~ **any** relevant ~~specialist or general~~ practitioner. Approvals valid for 6 months where the patient is ~~awaiting~~ **on a waiting list or on an active review list for** stenting, coronary artery bypass grafting, or percutaneous coronary angioplasty following acute coronary syndrome.

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

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

78 HORMONE REPLACEMENT THERAPY – SYSTEMIC

SA0312 Special Authority for Alternate Subsidy

Initial application only from an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years for applications meeting the following criteria:

Any of the following:

1 acute or significant liver disease **where oral oestrogens are contraindicated as determined by a gastroenterologist or general physician. The applicant must keep a written confirmation from such a specialist with the patient's record** ~~– a declaration must be provided from a gastroenterologist or general physician stating that oral oestrogens are contraindicated due to liver disease (Details to be attached to application);~~ or

2 oestrogen induced hypertension requiring antihypertensive therapy – documented evidence must be ~~provided~~ **kept on file** that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens ~~(Details to be attached to application);~~ or

3 hypertriglyceridaemia – documented evidence must be ~~provided~~ **kept on file** that triglyceride levels increased to at least 2 × normal triglyceride levels post oral oestrogens ~~(Details to be attached to application)~~.

Note: Prescriptions with a valid Special Authority (CHEM) number will be reimbursed at the level of the lowest priced TDDS product within the specified dose group.

Renewal only from an obstetrician, gynaecologist, general practitioner or general physician. Approvals valid for 5 years where the treatment remains appropriate and the patient is benefiting from treatment.

Prescribing Guideline HRT should be taken at the lowest dose for the shortest period of time necessary to control symptoms. Patients should be reviewed 6 monthly in line with the updated NZGG "Evidence-based Best Practice Guideline on Hormone Replacement Therapy March 2004".

80 LEVONORGESTREL

✳ Levonorgestrel - releasing intrauterine system 20μg/24 hr –
Special Authority see SA0782 – Retail pharmacy ..... 269.50 1 ✔**Mirena**

SA0782 Special Authority for Subsidy

Initial application — (No previous use) only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The patient has a clinical diagnosis of heavy menstrual bleeding; and

2 The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and

3 Either:
3.1 serum ferritin level < 16 mg/l (within the last 12 months); or
3.2 haemoglobin level < 120 g/l.

Note: Applications are not to be made for use in patients as contraception except where they meet the above criteria.

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

Initial application — (Previous use before 1 October 2002) only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 The patient had a clinical diagnosis of heavy menstrual bleeding; and
2 Patient demonstrated clinical improvement of heavy menstrual bleeding; and
3 Applicant to state date of the previous insertion ~~(Details to be attached to application)~~.
Note: Applications are not to be made for use in patients as contraception except where they meet the above criteria
Renewal only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Patient demonstrated clinical improvement of heavy menstrual bleeding; or
1.2 Previous insertion was removed or expelled within 3 months of insertion; and
2 Applicant to state date of the previous insertion ~~(Details to be attached to application)~~.

102 ETANERCEPT – Retail pharmacy-Specialist prescription – Special Authority see SA~~0667~~ **0868** – Retail pharmacy
Inj 25 mg ..... 949.96 4 ✔ **Enbrel**

➽ **SA~~0667~~ 0868 Special Authority for Subsidy**
Initial application only from a named specialist **or a 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)** ~~is less than 18 years of age at commencement of treatment;~~ and
3 Patient has had severe active polyarticular course ~~Juvenile Idiopathic Arthritis (~~JIA~~)~~ for 6 months duration or longer; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20mg/m^2 weekly **or at maximum tolerated dose**) in combination with oral corticosteroids (prednisone 0.25 mg/kg **or at maximum tolerated dose**); and
5 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-15mg/m^2 weekly **or at maximum tolerated dose**) in combination with one other disease-modifying agent; and
6 Both:
6.1 Either:
6.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 active, swollen, tender joints; or
6.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
6.2 Physician's global assessment indicating severe disease; and
7 The patient or their legal guardian consents to details of their treatment being held on a central registry and has signed a consent form outlining conditions of ongoing treatment.
Note:
A patient declaration form http://www.pharmac.govt.nz/special_authority_forms/SA0667-declaration.pdf must be signed by the legal guardian of the patient and the prescriber in the presence of a witness (over 18 years of age).
Renewal only from a named specialist **or a rheumatologist**. Approvals valid for 6 months for applications meeting the following criteria:
Both:
8 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
9 Either:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

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

9.2 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.

104 LIGNOCAINE WITH PRILOCAINE ~~HYDROCHLORIDE~~ – Special Authority see SA0323 – Hospital pharmacy [HP3]

Crm 2.5% with prilocaine ~~hydrochloride~~ 2.5%	41.00	30 g OP	✔**EMLA**
Crm 2.5% with prilocaine ~~hydrochloride~~ 2.5% (5 g tubes)	41.00	5	✔**EMLA**

111 LAMOTRIGINE

▲Tab dispersible ~~chewable/dispersible~~ 5 mg	15.00	56	✔**Arrow-Lamotrigine**
▲Tab dispersible ~~chewable/dispersible~~ 25 mg	25.50	56	✔**Arrow-Lamotrigine** ✔**Mogine**
▲Tab dispersible ~~chewable/dispersible~~ 50 mg	43.40	56	✔**Arrow-Lamotrigine** ✔**Mogine**
▲Tab dispersible ~~chewable/dispersible~~ 100 mg	74.90	56	✔**Arrow-Lamotrigine** ✔**Mogine**
▲Tab dispersible ~~chewable/dispersible~~ 200 mg	127.30	56	✔**Arrow-Lamotrigine** ✔**Mogine**

111 NEW ANTIEPILEPSY DRUGS

➽ **SA0780 Special Authority for Subsidy**

Initial application - (Single NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 15 months for applications meeting the following criteria:
Any of the following:
1 Was on NAED therapy before 1 September 2000; or
2 Seizures are not adequately controlled with optimal older anti-epilepsy drug treatment; or
3 Seizures are controlled adequately but who experience unacceptable side effects from older anti-epilepsy drug treatment.

Note: "Optimal older anti-epilepsy drug therapy" is defined as treatment with those older anti-epilepsy drugs which are indicated and clinically appropriate for the patient, given singly and in combination in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application - (Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:
Either:
1 Stabilised on two NAEDs on or before 31 July 2000; or
2 Both:
2.1 A second NAED has been added; and
2.2 An attempt to withdraw one NAED has been made and was unsuccessful.

Initial application - (Neuropathic pain - gabapentin only) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of such a specialist. Approvals valid for 2 months where the Patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant AND an anticonvulsant agent.
Notes: Gabapentin is not interchangeable with other NAEDs when used for treating neuropathic pain. Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.

Renewal - (Single or Dual NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 18 months for applications meeting the following criteria:
Either:
1 Both:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

1.1 Patient has been prescribed adequate doses of gabapentin, ~~lamotrigine~~, topiramate or vigabatrin; and
1.2 Patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life; or

2 Patient has had a previous approval but has not yet trialed monotherapy with all available NAEDs.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anti-convulsant therapy and have assessed quality of life from the patient's perspective.

Renewal - (Triple NAED Therapy) only from a paediatrician, neurologist or general physician. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient is on dual therapy; and
2 Patient switching from vigabatrin to another NAED.

Renewal - (Neuropathic pain - gabapentin only) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of such a specialist. Approvals valid for 2 years where the patient has demonstrated a marked improvement in their control of pain (prescriber determined).

Notes: Gabapentin is not interchangeable with other NAEDs when used for pain.

Vocationally registered general practitioners are a relevant specialist when recommending gabapentin for neuropathic pain.

Note: Special Authority applications and reapplications must be made by a neurologist or paediatric neurologist. Applications from a general physician or paediatrician will be accepted if access to neurology or paediatric neurology services is limited in the locality in which they practice.

112 LAMOTRIGINE ~~– Special Authority see SA0780 – Retail pharmacy~~

▲Tab dispersible 5 mg	9.64	30	✔**Lamictal**
▲Tab dispersible 25 mg	29.09	56	✔**Lamictal**
▲Tab dispersible 50 mg	47.89	56	✔**Lamictal**
▲Tab dispersible 100 mg	79.16	56	✔**Lamictal**

114 HYOSCINE (SCOPOLAMINE) – Special Authority see SA0727 – Hospital pharmacy [HP3]

Patches, 1.5 mg	9.56 (12.40)	2	Scopoderm TTS

➽ **SA0727 Special Authority for Subsidy**

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

All of the following:

1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease; and
2 Patient cannot tolerate or does not adequately respond to oral anti-nausea agents; and
3 The applicant must specify the underlying malignancy or chronic disease ~~(Details to be attached to application)~~.

Renewal from any medical practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

122 DEXAMPHETAMINE SULPHATE – Special Authority see SA0696 – Retail pharmacy

Only on a controlled drug form

Tab 5 mg	18.00	100	✔**PSM**

➽ **SA0696 Special Authority for Subsidy**

Initial application — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers form narcolepsy.

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

All of the following:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
3.1 Applicant is a specialist; or
3.2 Both:
3.2.1 Applicant is a GP and a specialist has recommended treatment; and
3.2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Initial application — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
2 Diagnosed according to DSM-IV or ICD 10 criteria.

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

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner. Approvals valid for 24 months for applications meeting the following criteria:
Either:
1 Applicant is a specialist; or
2 Both:
2.1 Applicant is a GP and a specialist has recommended treatment; and
2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Renewal — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

123 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA0696 – Retail pharmacy
Only on a controlled drug form

Tab 5 mg	3.20	30	✔ **Rubifen**
Tab 10 mg	4.29	30	✔ **Rubifen**
Tab 20 mg	7.85	30	✔ **Rubifen**
Tab long-acting 20 mg	10.95	30	✔ **Rubifen SR**

➽ **SA0696 Special Authority for Subsidy**

Initial application — (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers form narcolepsy.

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:
All of the following:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
3.1 Applicant is a specialist; or
3.2 Both:
3.2.1 Applicant is a GP and a specialist has recommended treatment; and
3.2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Initial application — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
2 Diagnosed according to DSM-IV or ICD 10 criteria.

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

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

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or general practitioner. Approvals valid for 24 months for applications meeting the following criteria:
Either:
1 Applicant is a specialist; or
2 Both:
2.1 Applicant is a GP and a specialist has recommended treatment; and
2.2 Provide name of specialist ~~(Details to be attached to application)~~.

Renewal — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

124 NALTREXONE HYDROCHLORIDE – Special Authority see SA0714 – Retail pharmacy
Tab 50 mg ..... 180.00 30 ✔**ReVia**

➽ **SA0714 Special Authority for Subsidy**

Initial application from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient is currently enrolled in a recognised comprehensive treatment programme for alcohol dependence in a service accredited against the New Zealand Alcohol and Other Drug Sector Standard or the National Mental Health Sector Standard;
and
2 Applicant works in an Alcohol & Drug Service; and
3 Applicant must include the address of the service ~~(Details to be attached to application)~~.

Renewal from any medical practitioner. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 Compliance with the medication (prescriber determined); and
2 Any of the following:
2.1 Patient is still unstable and requires further treatment; or
2.2 Patient achieved significant improvement but requires further treatment; or
2.3 Patient is well controlled but requires maintenance therapy.
The patient may not have had more than 1 prior approval in the last 12 months.

126 CAPECITABINE ~~– PCT only~~ – Specialist – Special Authority see SA~~0774~~ **0869 - Hospital pharmacy [HP1]**
Tab 150 mg ..... 115.00 60 ✔**Xeloda**
Tab 500 mg ..... 705.00 120 ✔**Xeloda**

➽ **SA~~0774~~ 0869 Special Authority for Subsidy**

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

Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Either:
~~4~~**5** The patient requires continued therapy; or

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

~~5~~**6** The tumour has relapsed and requires re-treatment.

Note indications marked with * are **U**~~n~~unapproved **I**~~i~~ndications, **#capecitabine is approved for stage III (Dukes' stage C) colon cancer**.

129 DOCETAXEL – PCT only – Specialist – Special Authority see SA~~0809~~ **0870**

Inj 20 mg	460.00	1	✔**Taxotere**
Inj 80 mg	1,650.00	1	✔**Taxotere**
Inj 1 mg for ECP	24.82	1 mg	✔**Baxter**

➽ **SA~~0809~~ 0870 Special Authority for Subsidy**

Initial application only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

1 Both:
- 1.1 The patient has ovarian, fallopian* or primary peritoneal cancer*; and
- 1.2 Either:
  - 1.2.1 Has not received prior chemotherapy; or
  - 1.2.2 Has received prior chemotherapy but have not previously been treated with taxanes; or

2 The patient has metastatic breast cancer; or

3 **Both**
- 3.1 **The patient has early breast cancer; and**
- 3.2 **Docetaxel is to be given concurrently with trastuzumab; or**

~~3~~**4** Both
- ~~3.1~~**4.1** The patient has non small-cell lung cancer; and
- ~~3.2~~**4.2** Either:
  - ~~3.2.1~~**4.2.1** Has advancing disease (stage IIIa or above); or
  - ~~3.2.2~~**4.2.2** Is receiving combined chemotherapy and radiotherapy; or

~~4~~**5** Both:
- ~~4.1~~**5.1** The patient has small-cell lung cancer*; and
- ~~4.2~~**5.2** Docetaxel is to be used as second-line therapy.

Renewal only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

~~5~~**6** The patient has metastatic breast cancer, non small-cell lung cancer, or small-cell lung cancer* and;
- ~~5.1~~**6.1** The patient requires continued therapy; or
- ~~5.2~~**6.2** The tumour has relapsed and requires re-treatment.

Note indications marked with * are Unapproved Indications.

139 TRASTUZUMAB – PCT only – Specialist – Special Authority see SA~~0778~~ **0871**

Inj 150 mg vial	1,350.00	1	✔**Herceptin**
Inj 440 mg vial	3,875.00	1	✔**Herceptin**
Inj 1 mg for ECP	9.99	1 mg	✔**Baxter**

➽ **SA~~0778~~ 0871 Special Authority for Subsidy**

Initial application **(metastatic breast cancer)** only from a relevant specialist. Approvals valid for 12 months where the patient has metastatic breast cancer expressing HER 2 **IHC** 3+ or FISH +.

Renewal **(metastatic breast cancer)** only from a relevant specialist. Approvals valid for 12 months ~~where the cancer has not progressed~~ **for applications meeting the following criteria:**

Both:

1 The patient has metastatic breast cancer; and

2 The cancer has not progressed.

Initial application (early breast cancer) only from a relevant specialist. Approvals valid for 3 months for applicants meeting the following criteria:

All of the following:

continued...

Changes to Restrictions - effective 1 July 2007 (continued)

continued...

1 The patient has early breast cancer expressing HER 2 IHC 3+ or FISH +; and
2 Maximum cumulative dose of 20mg/kg (9 weeks treatment)*; and
3 Trastuzumab is to be given concurrently with adjuvant taxane chemotherapy*; and
4 Trastuzumab is not to be given concurrently with anthracycline chemotherapy.

Notes:
Indications marked with * are Unapproved Indications.
It is recommended that for early breast cancer trastuzumab be administered concurrently with docetaxel prior to anthracyclines as per the FinHer regimen (Joensuu H, Kellokumpu-Lehtinen P, Bono P, et al. Adjuvant docetaxel or vinorelbine with or without trastuzumab for breast cancer. N Engl J Med 2006;354(8):809-20).

146 TIOTROPIUM BROMIDE – Special Authority see SA~~0758~~ **0872** Retail pharmacy

Powder for inhalation, 18 μg per dose ..... 70.00 30 dose ✔**Spiriva**

➽ **SA~~0758~~ 0872 Special Authority for Subsidy**

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

All of the following:

1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
2 In addition to standard treatment, the patient has trialled a dose of at least 40 μg ipratropium q.i.d for one month; and
3 Any of the following:
The patient's breathlessness ~~≥ grade 4~~ according to the Medical Research Council (UK) dyspnoea scale ~~(see note)~~ is:
3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
4 **Actual** FEV_1 (litres) < ~~0.4~~ **0.6** × predicted FEV_1 (litres); and
5 Either:
5.1 The patient is not a smoker (for reporting purposes only); or
5.2 The patient is a smoker and **has** been offered smoking cessation counselling; and
6 The patient has been offered annual influenza immunisation.

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

All of the following:

1 Patient is compliant with the medication; and
2 Patient has experienced improved COPD symptom control (prescriber determined); and
3 Applicant must **state** ~~supply~~ recent measurement of FEV_1 (% of predicted) ~~(Details to be attached to application)~~.

~~Note: Grade 4 = stops for breath after walking about 100 meters or after a few minutes on the level; Grade 5 = too breathless to leave the house, or breathless when dressing or undressing~~

Effective 1 June 2007

108 MIANSERIN HYDROCHLORIDE – ~~Hospital pharmacy [HP3]-Specialist prescription –~~ Special Authority see ~~SA0057~~ **SA0864** below – **Retail pharmacy** ~~Hospital pharmacy [HP3] Specialist must be a psychiatrist.~~

Tab 30 mg ..... 29.25 30 ✔**Tolvon**

➽ **SA~~0057~~ 0864 Special Authority for Subsidy**

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

Both:

1 Depression; and

continued...

Changes to Restrictions - effective 1 June 2007 (continued)

continued...

2 ~~Any of the following:~~ **Either:**
~~2.1 Both:~~
~~2.1.1 Failed trials with other antidepressants; and~~
~~2.1.2 Patient has been maintained on mianserin prior to December 1993; or~~
2.1~~2~~ Co-existent bladder neck obstruction; or
2.2~~3~~ Cardiovascular disease.

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

109 PAROXETINE HYDROCHLORIDE
Tab 20 mg ~~– Higher subsidy of up to $35.02 per 30 with Endorsement~~ ..... 5.90 (35.02) 30 ✔**Loxamine** Aropax

~~Additional subsidy by endorsement is available for patients who:~~
~~1) were taking paroxetine hydrochloride on February 2001; or~~
~~2) have previously responded to treatment with paroxetine hydrochloride; or~~
~~3) have had a trial of fluoxetine and have had to discontinue due to~~
~~a) inability to tolerate the drug due to side effects; or~~
~~b) failed to respond to an adequate dose and duration of treatment; or~~
~~4) have contraindications to fluoxetine (eg pre-existing significant levels of nausea, breastfeeding, potential drug interactions).~~
~~The prescription must be endorsed accordingly.~~

120 BUSPIRONE HYDROCHLORIDE – Special Authority see ~~SA0055~~ **SA0863** – **Retail pharmacy** ~~Hospital pharmacy [HP3]~~
Month Restriction
Tab 5 mg ..... 7.00 100 ✔**Pacific Buspirone**
Tab 10 mg ..... 7.00 100 ✔**Pacific Buspirone**

➽ **SA~~0055~~ 0863 Special Authority for Subsidy**

Initial application ~~only from a psychiatrist, geriatrician or respiratory specialist~~ **from any relevant practitioner**. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 For use only as an anxiolytic; and
2 Other agents are contraindicated or have failed.

Renewal ~~only from a psychiatrist, geriatrician or respiratory specialist~~ **from any relevant practitioner**. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Effective 1 May 2007

53 CANDESARTAN – Special Authority see SA**0862** ~~0706~~ below – Retail pharmacy
✻ Tab 4 mg – No more than 1.5 tab per day ..... 16.22 30 ✔**Atacand**
✻ Tab 8 mg – No more than 1.5 tab per day ..... 19.30 30 ✔**Atacand**
✻ Tab 16 mg – No more than 1 tab per day ..... 23.54 30 ✔**Atacand**
✻ Tab 32 mg – No more than 1 tab per day ..... 38.50 30 ✔**Atacand**

➽ **SA0862 ~~0706~~ Special Authority for Subsidy**

Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1 Both:
1.1 Patient with congestive heart failure; and
1.2 Either:
1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or

continued...

Changes to Restrictions - effective 1 May 2007 (continued)

continued...

1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

2 All of the following:
2.1 Patient with raised blood pressure; and
2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and
2.3 Either:
2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

~~**Renewal – (Previous approval has expired)** only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

54 LOSARTAN – Special Authority see SA**0862** ~~0706~~ below – Retail pharmacy

✳ Tab 12.5 mg	23.84	30	✔**Cozaar**
✳ Tab 50 mg	31.79	30	✔**Cozaar**
✳ Tab 100 mg	35.40	30	✔**Cozaar**

➽ **SA0862** ~~**0706**~~ **Special Authority for Subsidy**

Initial application only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Both:
1.1 Patient with congestive heart failure; and
1.2 Either:
1.2.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
1.2.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years; or

2 All of the following:
2.1 Patient with raised blood pressure; and
2.2 Use of fully funded beta blockers or diuretics are contraindicated; or not well tolerated; or insufficient to control blood pressure adequately at appropriate doses; and
2.3 Either:
2.3.1 Has been treated with, and cannot tolerate, two ACE inhibitors, due to persistent cough; or
2.3.2 Has experienced angioedema on an ACE inhibitor at any time in the past or who have experienced angioedema (even if not using an ACE inhibitor) in the last 2 years.

~~**Renewal – (Previous approval has expired)** only from a relevant specialist or general practitioner. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.~~

80 OESTRADIOL WITH LEVONORGESTREL – See prescribing guideline on page 78

✳ Tab 2 mg with 75 μg levonorgestrel (**36** ~~12~~) and tab 2 mg oestradiol (**48** ~~16~~)	16.20	84	✔**Nuvelle**

113 CYCLIZINE HYDROCHLORIDE – ~~Additional subsidy by Special Authority see SA0178 below – Retail pharmacy~~

Tab 50 mg	1.99	10	✔**Nausicalm**

➽ ~~**SA0178 Special Authority for Manufacturers Price**~~

~~**Initial application** from any medical practitioner. Approvals valid for 6 months where the patient is terminally ill and requires control of nausea and vomiting.~~

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

Changes to Restrictions - effective 1 May 2007 (continued)

121 MIDAZOLAM

Inj 1 mg per ml, 5 ml ~~– Special Authority see SA0050 below – Hospital pharmacy [HP3]~~ ..... 12.65 10 ✔**Hypnovel**

Inj 5 mg per ml, 3 ml ~~– Special Authority see SA0050 below – Hospital pharmacy [HP3]~~ ..... 14.00 5 ✔**Hypnovel**

~~**SA0050 Special Authority for Subsidy**~~

~~**Initial application** only from a relevant specialist. Approvals valid for 2 years where the patient is terminally ill.~~

~~**Renewal** only from a relevant specialist. Approvals valid for 2 years where the patient is terminally ill.~~

130 MITOMYCIN C – PCT only – Specialist

Inj 2 mg ..... 28.30 1 ✔**Mitomycin-C** S29

Inj 10 mg ..... 106.26 1 ✔**Mitomycin-C** S29

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 August 2007

24	SODIUM ALGINATE (↑ price)			
	✻ Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg - peppermint flavour	1.80 (7.97)	60	Gaviscon Double Strength
	✻ Oral liq 500 mg with sodium bicarbonate 267 mg per 10 ml (aniseed)	1.50 (7.65)	500 ml	Gaviscon
34	SENNA – Only on a prescription (↑ price)			
	✻ Tab, standardised	2.17 (6.16)	100	Senokot
35	CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price)			
	✻ Adhesive gel 8.7% with cetalkonium chloride 0.01%	2.06 (4.85)	15 g OP	Bonjela
44	DEXTROSE WITH ELECTROLYTES (↓ price)			
	Soln with electrolytes	6.66	946 ml OP	✔ **Pedialyte Fruit**
70	CONDOMS WITHOUT SPERMICIDE (↓ subsidy)			
	✻ Condoms, proprietary – Available on a PSO Note: this is the 12 x 12 pack.	14.84	144	✔ **Shield Blue**
112	GABAPENTIN – Special Authority see SA0873 – Retail pharmacy (↓ subsidy)			
	▲ Tab 600 mg	79.79	100	✔ **Neurontin**
	▲ Cap 100 mg	15.67	100	✔ **Neurontin**
	▲ Cap 300 mg	47.00	100	✔ **Neurontin**
	▲ Cap 400 mg	62.66	100	✔ **Neurontin**
127	FLUOROURACIL SODIUM (↓ subsidy)			
	Inj 25 mg per ml, 100 ml – PCT only – Specialist	13.55	1	✔ **Mayne**
	Inj 50 mg per ml, 10 ml – PCT only – Specialist	4.95	1	✔ **Fluorouracil Ebewe**
	Inj 50 mg per ml, 20 ml – PCT only – Specialist	8.60	1	✔ **Fluorouracil Ebewe**
	Inj 50 mg per ml, 50 ml – PCT only – Specialist	21.50	1	✔ **Fluorouracil Ebewe**
	Inj 50 mg per ml, 100 ml – PCT only – Specialist	43.00	1	✔ **Fluorouracil Ebewe**

Effective 1 July 2007

24	LOPERAMIDE HYDROCHLORIDE – Available on a PSO (↓ subsidy)			
	✻ Tab 2 mg	11.50	400	✔ **Nodia**
25	FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE (↓ subsidy)			
	Oint 950 μg, with fluocortolone pivalate 920 μg, and cinchocaine hydrochloride 5 mg per g	6.35	30 g OP	✔ **Ultraproct**
	Suppos 630 μg, with fluocortolone pivalate 610 μg, and cinchocaine hydrochloride 1 mg	2.66	12	✔ **Ultraproct**

▲ 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 July 2007 (continued)

26	FAMOTIDINE – Only on a prescription (↑ subsidy)			
	✻ Tab 20 mg	9.20	250	✔ **Famox**
	✻ Tab 40 mg	12.90	250	✔ **Famox**
34	BISACODYL – Only on a prescription (↓ subsidy)			
	✻ Tab 5 mg	5.09	200	✔ **Lax-Tabs**
36	CHOLECALCIFEROL (↓ subsidy)			
	✻ Tab 1.25 mg (50,000 iu) – Maximum of 12 tab per prescription	10.35	12	✔ **Cal-d-Forte**
41	CLOPIDOGREL – Special Authority see SA0867 – Retail pharmacy (↓ subsidy)			
	Tab 75 mg	73.38	28	✔ **Plavix**
52	DOXAZOSIN MESYLATE (↑ subsidy)			
	✻ Tab 2 mg	14.20	250	✔ **Dosan**
	✻ Tab 4 mg	17.70	250	✔ **Dosan**
57	PROPRANOLOL (↑ subsidy)			
	✻ Tab 10 mg	3.55	100	✔ **Cardinol**
	✻ Tab 40 mg	4.65	100	✔ **Cardinol**
	✻ Cap long-acting 160 mg	16.90	100	✔ **Cardinol LA**
58	FRUSEMIDE (↓ subsidy)			
	✻ Inj 10 mg per ml, 2 ml – Available on a PSO	29.50	50	✔ **Mayne**
61	FUSIDIC ACID (↓ subsidy)			
	Crm 2 % a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination	3.95	15 g OP	✔ **Foban**
	Oint 2 % a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination	3.95	15 g OP	✔ **Foban**
63	DIFLUCORTOLONE VALERATE (↑ price)			
	Crm 0.1%	8.97 (15.23)	50 g OP	Nerisone
	Fatty oint 0.1%	8.97 (15.23)	50 g OP	Nerisone
	Oint 0.1%	8.97 (15.23)	50 g OP	Nerisone
64	HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (↑ subsidy)			
	✻ Crm 1% with miconazole nitrate 2%	2.20	15 g OP	✔ **Micreme H**
65	CETOMACROGOL (↓ subsidy)			
	✻ Cream BP	3.50	500 g	✔ **PSM**

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 July 2007 (continued)

66 POVIDONE IODINE (↑ price)

Skin preparation, povidone iodine 10% with 70% alcohol	8.13	500 ml	
	(18.09)		Orion
	1.63	100 ml	
	(5.86)		Orion

67 MALDISON (↓ subsidy)

Shampoo 1%	2.83	30 ml OP	✔**A-Lices**

67 PERMETHRIN (↑ subsidy)

1) Should be strictly reserved for use as second line therapy in:
   1) patients unable to tolerate the other medications, such as infants, young children and patients with allergies or eczema;
   2) cases of scabies which are resistent to gamma benzene hexachloride and resistant to malathion.
2) Verification of drug resistance is dependent on the persistence of the condition after treatment. In order to establish whether there is drug resistance, the following criteria should be fulfilled:
   1) a definite diagnosis of scabies should be made;
   2) it should be ascertained that the medication was administered properly;
   3) the possibility of reinfestation should have been excluded.

Crm 5%	4.20	30 g OP	✔**Lyderm**

74 CLOTRIMAZOLE (↓ subsidy)

✻ Vaginal crm 1% with applicator(s)	1.45	35 g OP	✔**Clomazol**

81 MEDROXYPROGESTERONE ACETATE (↓ price)

✻ Tab 200 mg – Retail pharmacy-Specialist	78.06	30	✔**Provera**

83 GOSERELIN ACETATE – Special Authority see SA0839 – Hospital pharmacy [HP3] (↓ subsidy)

Inj 3.6 mg	221.60	1	✔**Zoladex**
Inj 10.8 mg	554.70	1	✔**Zoladex**

88 AMOXYCILLIN (↓ subsidy)

Cap 250 mg – Available on a PSO	17.30	500	✔**Apo-Amoxi**
Cap 500 mg	27.25	500	✔**Apo-Amoxi**

99 NEOSTIGMINE (↓ subsidy)

Inj 2.5 mg per ml, 1 ml	20.30	50	✔**AstraZeneca**

100 INDOMETHACIN (↑ subsidy)

✻ Cap long-acting 75 mg	13.30	100	✔**Rheumacin SR**
✻ Suppos 100 mg	14.50	30	✔**Arthrexin**

102 ETANERCEPT – Retail pharmacy-Specialist prescription – Special Authority see SA0868 – Retail pharmacy (↑ subsidy)

Inj 25 mg	949.96	4	✔**Enbrel**

104 LIGNOCAINE HYDROCHLORIDE (↓ subsidy)

Inj 0.5% , 5 ml – Available on a PSO	44.10	50	✔**Xylocaine**

Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.

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

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

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
Changes to Subsidy and Manufacturer's Price - effective 1 July 2007 (continued)				
104	LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0323 – Hospital pharmacy [HP3] (↓ subsidy)			
	Crm 2.5% with prilocaine 2.5%	41.00	30 g OP	✔**EMLA**
	Crm 2.5% with prilocaine 2.5% (5 g tubes)	41.00	5	✔**EMLA**
104	PARACETAMOL (↑ subsidy)			
	❋ Suppos 500 mg	20.50	50	✔**Paracare**
105	CODEINE PHOSPHATE (↓ subsidy)			
	Tab 15 mg	6.65	100	✔**PSM**
	Tab 30 mg	9.75	100	✔**PSM**
	Tab 60 mg	19.65	100	✔**PSM**
107	PETHIDINE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab 50 mg	3.00	10	✔**PSM**
	Tab 100 mg	4.00	10	✔**PSM**
109	FLUOXETINE HYDROCHLORIDE (↑ subsidy)			
	❋ Cap 20 mg	4.95	90	✔**Fluox**
110	PARALDEHYDE (↑ subsidy)			
	❋ Inj 5 ml	62.37	5	✔**AFT**
112	LAMOTRIGINE (↓ subsidy)			
	▲Tab dispersible 25 mg	29.09	56	✔**Lamictal**
	▲Tab dispersible 50 mg	47.89	56	✔**Lamictal**
	▲Tab dispersible 100 mg	79.16	56	✔**Lamictal**
116	LITHIUM CARBONATE (↑ subsidy)			
	Cap 250 mg	7.22	100	✔**Douglas**
120	BUSPIRONE HYDROCHLORIDE – Special Authority see SA0863 – Retail pharmacy (↑ subsidy)			
	Month Restriction			
	Tab 5 mg	28.00	100	✔**Pacific Buspirone**
	Tab 10 mg	17.00	100	✔**Pacific Buspirone**
121	NITRAZEPAM – Month Restriction (↑ price)			
	Tab 5 mg	2.00	100	
		(4.65)		Nitrados
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
121	OXAZEPAM – Month Restriction (↑ price)			
	Tab 10 mg	1.98	100	
		(5.50)		Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 15 mg	2.45	100	
		(7.60)		Ox-Pam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
125	CISPLATIN – PCT only – Specialist (↓ subsidy)			
	Inj 1 mg for ECP	0.47	1 mg	✔**Baxter**

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 July 2007 (continued)

130	PACLITAXEL – PCT only – Specialist – Special Authority see SA0842 (↓ subsidy)			
	Inj 150 mg	461.70	1	✔**Paclitaxel Ebewe**
	Inj 300 mg	895.85	1	✔**Paclitaxel Ebewe**
141	INTERFERON BETA-1-ALPHA – Special Authority see SA0855 (↑ subsidy)			
	Inj 6 million iu per vial	1,245.13	4	✔**Avonex**
144	LORATADINE (↓ subsidy)			
	✻Oral liq 1 mg per ml	3.65	100 ml	✔**Lorapaed**
146	IPRATROPIUM BROMIDE (↓ subsidy)			
	Nebuliser soln, 250 μg per ml, 1 ml – Available on a PSO	4.30	20	✔**Ipratropium Steri-Neb**
	Nebuliser soln, 250 μg per ml, 2 ml – Available on a PSO	5.25	20	✔**Ipratropium Steri-Neb**
146	SALBUTAMOL (↓ subsidy)			
	‡ Oral liq 2 mg per 5 ml	2.25	150 ml	✔**Salapin**
	Nebuliser soln, 1 mg per ml, 2.5 ml – Available on a PSO	3.70	20	
		(4.83)		Ventolin Nebules
	Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85	20	
		(5.10)		Ventolin Nebules
152	BRIMONIDINE TARTRATE – Retail pharmacy-Specialist (↓ price)			
	✻Eye Drops 0.2%	8.95	5 ml OP	✔**Alphagan**
160	CODEINE PHOSPHATE (↑ price)			
	Powder – Only in combination	12.62	5 g	
		(25.46)		Douglas
		63.09	25 g	
		(84.20)		Douglas

a) Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric.
b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.

Effective 1 June 2007

26	HYOSCINE N-BUTYLBROMIDE (↓ subsidy)			
	✻Tab 10 mg	6.65	100	
		(10.85)		Buscopan
45	CHOLESTYRAMINE WITH ASPARTAME (↑ price)			
	Sachets 4 g with aspartame	19.25	50	
		(28.88)		Questran-Lite
53	LISINOPRIL (↓ subsidy)			
	✻Tab 5 mg	2.78	30	
		(4.91)		Prinivil
	✻Tab 10 mg	3.16	30	
		(7.14)		Prinivil
	✻Tab 20 mg	3.91	30	
		(10.10)		Prinivil

▲ 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

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical

Changes to Subsidy and Manufacturer's Price - effective 1 June 2007 (continued)

72	ETHINYLOESTRADIOL WITH NORETHISTERONE (↓ price)					
	✻ Tab 35 μg with norethisterone 1 mg – Available on a PSO	6.62		63		✔**Brevinor 1/21**
	✻ Tab 35 μg with norethisterone 1 mg and 7 inert tab – Available on a PSO	6.62		84		✔**Brevinor 1/28**
	✻ Tab 35 μg with norethisterone 500 μg – Available on a PSO	6.62		63		✔**Brevinor 21**
91	ITRACONAZOLE – Hospital pharmacy [HP3]-Specialist (↓ subsidy)					
	Cap 100 mg	23.70		15		✔**Sporanox**
92	ACICLOVIR (↓ subsidy)					
	✻ Tab dispersible 200 mg	7.13		90		
		(48.75)				Zovirax
		7.92		100		
		(10.00)				Acicvir
92	ACICLOVIR (↓ subsidy)					
	✻ Tab dispersible 400 mg	28.46		240		
		(36.00)				Acicvir
92	ACICLOVIR (↓ subsidy)					
	✻ Tab dispersible 800 mg	21.09		100		
		(26.70)				Acicvir
92	VALACICLOVIR (↓ subsidy)					
	Tab 500 mg	1.58		10		
		(54.63)				Valtrex
		4.74		30		
		(163.80)				Valtrex
104	BUPIVACAINE HYDROCHLORIDE (↓ subsidy)					
	Inj 0.5%, 4ml	29.35		5		✔**Marcain Isobaric**
	Inj 0.5%, 8% glucose, 4 ml	24.50		5		✔**Marcain Heavy**
109	PAROXETINE HYDROCHLORIDE (↑ subsidy)					
	Tab 20 mg	5.90		30		
		(35.02)				Aropax
114	ONDANSETRON – Hospital pharmacy [HP3]-Specialist (↓ subsidy)					
	a) Maximum of 12 tab per prescription					
	b) Maximum of 6 tab per dispensing					
	c) Not more than one prescription per month.					
	Tab 4 mg	17.18		10		✔**Zofran**
	Tab disp 4 mg	17.18		10		✔**Zofran Zydis**
	Tab 8 mg	33.89		20		✔**Zofran**
	Tab disp 8 mg	20.43		10		✔**Zofran Zydis**
148	BUDESONIDE (↑ price)					
	Metered aqueous nasal spray, 50 μg per dose	2.35		200 dose OP		
		(2.95)				Butacort Aqueous
	Metered aqueous nasal spray, 100 μg per dose	2.61		200 dose OP		
		(3.30)				Butacort Aqueous

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

(B) – Subject only to part (b) of the definition of "DV Pharmaceutical"

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 June 2007 (continued)

152	BRIMONIDINE TARTRATE – Retail pharmacy-Specialist (↓ subsidy)			
	✳ Eye Drops 0.2%	8.95	5 ml OP	
		(14.00)		Alphagan

Effective 1 May 2007

39	ERYTHROPOIETIN ALPHA – Special Authority see SA0626 – Hospital pharmacy [HP3] (↓ subsidy)			
	Inj human recombinant 1,000 u pre-filled syringe	60.82	6	
		(162.90)		Eprex
	Inj human recombinant 2,000 u, pre-filled syringe	121.63	6	
		(325.80)		Eprex
	Inj human recombinant 3,000 u, pre-filled syringe	182.45	6	
		(455.34)		Eprex
	Inj human recombinant 4,000 u, pre-filled syringe	243.67	6	
		(572.40)		Eprex
	Inj human recombinant 10,000 u, pre-filled syringe	608.16	6	
		(1,322.82)		Eprex
69	SUNSCREENS, PROPRIETARY – Retail pharmacy-Specialist (↓ price)			
	Lotn	4.80	125 ml OP	
		(8.82)		Aquasun Sensitive SPF 30+
79	OESTRADIOL (↓ price)			
	✳ TDDS 3.9 mg (releases 50 μg of oestradiol per day)	4.12	4	
		(32.50)		Femtran 50
	a) Higher subsidy of $13.18 per 4 with Special Authority see SA0312			
	b) No more than 1 patch per week			
	c) Only on a prescription			
79	OESTRADIOL (↑ price)			
	✳ TDDS 7.8 mg (releases 100 μg of oestradiol per day)	7.05	4	
		(35.00)		Femtran 100
	a) Higher subsidy of $16.14 per 4 with Special Authority see SA0312			
	b) No more than 1 patch per week			
	c) Only on a prescription			
88	ROXITHROMYCIN (↓ subsidy)			
	Tab 150 mg	9.50	50	
		(14.95)		Romicin
	Tab 300 mg	18.00	50	✔**Romicin**
101	LEFLUNOMIDE – Special Authority see SA0635 below – Retail pharmacy (↓ subsidy)			
	Tab 10 mg	79.27	30	✔**Arava**
	Tab 20 mg	108.60	30	✔**Arava**
	Tab 100 mg	54.44	3	✔**Arava**
155	SODIUM CALCIUM EDETATE (↑ price)			
	✳ Inj 200 mg per ml, 5 ml	53.31	6	
		(156.71)		Calcium Disodium Versenate

▲ 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 May 2007 (continued)

144	PROMETHAZINE HYDROCHLORIDE (↓ subsidy)			
	✻ Tab 25 mg	2.25	25	
		(8.51)		Phenergan
		4.50	50	
		(14.47)		Phenergan

Changes to General Rules

Effective 1 July 2007

17 Part I

Interpretations and definitions

"Unapproved Indication" means, for a Pharmaceutical, an indication for which it is not approved under the Medicines Act 1981.

22 4.5.1 DHBs must provide access to Pharmaceutical Cancer Treatments **by funding their** ~~for~~ use in the treatment of cancers in their DHB hospitals, and/or in association with Outpatient services provided in their DHB hospitals.

4.5.5 Some indications for Pharmaceutical Cancer Treatments listed in the Schedule **are Unapproved Indications.** ~~have not been approved by Medsafe, but~~ **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. As far as reasonably practicable, these **Unapproved i**Indications are marked in the Schedule. However, PHARMAC makes no representations and gives no guarantee as to the accuracy of this information. Practitioners prescribing Pharmaceutical Cancer Treatments for such ~~u~~**U**napproved **i**Indications should:

(a) be aware of and comply with their obligations under section**s 25 and** 29 of the Medicines Act 1981, **as applicable**, and otherwise under the Medicines 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 i**Indication ~~for which it is not approved~~.

23 **4.6 Practitioners prescribing unapproved Pharmaceuticals**

Practitioners should, where possible, prescribe Pharmaceuticals that are approved under the Medicines Act 1981. However, the access criteria under which a Pharmaceutical is listed on the Pharmaceutical Schedule may:

(a) in some case, explicitly permit Government funded access to a Pharmaceutical that is not approved under the Medicines Act 1981 or for an Unapproved Indication; or

(b) not explicitly preclude Government funded access to a Pharmaceutical when it is used for an Unapproved Indication;

Accordingly, if Practitioners are planning on prescribing an unapproved Pharmaceutical or a Pharmaceutical for an Unapproved Indication, Practitioners 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 or a Pharmaceutical for an Unapproved Indication.

Practitioners should be aware that simply by listing a Pharmaceutical on the Pharmaceutical Schedule PHARMAC makes no representations about whether that Pharmaceutical has any form of approval or consent under, or whether the supply or use of the Pharmaceutical otherwise complies with, the Medicines Act 1981. Further, the Pharmaceutical Schedule does not constitute an advertisement, advertising material or a medical advertisement as defined in the Medicines Act or otherwise.

4.~~7~~**6** Amendment to Schedule

PHARMAC may amend the terms of the Schedule from time to time by notice in writing given in such manner as PHARMAC thinks fit, and in accordance with such protocols as agreed with the Pharmacy Guild of New Zealand (Inc) from time to time.

4.~~8~~**7** Conflict in Provisions

If any rules in Section B-G of this Schedule conflict with the rules in Section A, the rules in Sections B-G apply.

Changes to Brand Name

Effective 1 July 2007

104 LIGNOCAINE HYDROCHLORIDE

Inj 0.5% , 5 ml – Available on a PSO ..... 44.10 | 50 | ✔ **Xylocaine ~~0.5%~~**
Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.

Inj 1% 5 ml – Available on a PSO ..... 42.00 | 50 | ✔ **Xylocaine ~~1.0%~~**
Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.

Inj 1% 20 ml – Available on a PSO ..... 23.50 | 5 | ✔ **Xylocaine ~~1.0%~~**
Only if prescribed on prescription for a dialysis patient or child with rheumatic fever or on a PSO for emergency use.

104 LIGNOCAINE WITH PRILOCAINE – Special Authority see SA0323– Hospital pharmacy [HP3]

Crm 2.5% with prilocaine 2.5% ..... 41.00 | 30 g OP | ✔ **EMLA ~~Emla~~**

Crm 2.5% with prilocaine 2.5% (5 g tubes) ..... 41.00 | 5 | ✔ **EMLA ~~Emla~~**

110 PARALDEHYDE

✻ Inj 5 ml..... 62.37 | 5 | ~~Mayne~~ ✔ **AFT**

146 IPRATROPIUM BROMIDE

Nebuliser soln, 250 μg per ml, 1 ml – Available on a PSO ..... 4.30 | 20 | ✔ **~~Steri-Neb~~ Ipratropium Steri-Neb**

Nebuliser soln, 250 μg per ml, 2 ml – Available on a PSO ..... 5.25 | 20 | ✔ **~~Steri-Neb~~ Ipratropium Steri-Neb**

Effective 1 June 2007

106 METHADONE HYDROCHLORIDE

a) Only on a controlled drug form
b) No patient co-payment payable
c) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).
d) For methadone hydrochloride oral liquid refer, page 159

Inj 10 mg per ml, 1 ml ..... 26.00 | 5 | ✔ **AFT** ~~Mayne~~

106 MORPHINE SULPHATE

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

Suppos 10 mg ..... 11.08 | 12 | ✔ **Martindale** ~~Baxter~~ S29

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 May 2007

69	SUNSCREENS, PROPRIETARY – Retail pharmacy-Specialist			
	Lotn	4.80 (8.82)	125 ml OP	**Aquasun Sensitive SPF 30+** ~~Aquabloc 30+~~
101	PENICILLAMINE – Retail pharmacy-Specialist			
	Tab 125 mg	61.93	100	✔**D-Penamine (S29)**
	Tab 250 mg	98.98	100	✔**D-Penamine (S29)**
130	MITOMYCIN C – PCT only – Specialist			
	Inj 2 mg	28.30	1	✔**Mitomycin-C** ~~Kyowa~~ S29
	Inj 10 mg	106.26	1	✔**Mitomycin-C** ~~Kyowa~~ S29

Changes to Sole Subsidised Supply

Effective 1 August 2007

For the list of new Sole Subsidised Supply products effective 1 August 2007 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 12-18.

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

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

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

Delisted Items

Effective 1 August 2007

25	OILY PHENOL			
	✻ Inj 5%, 5 ml	71.71	5	✔ Mayne
43	DEXTROSE			
	✻ Inj 50%, 90 ml – Available on a PSO	135.00	12	✔ Biomed
43	SODIUM BICARBONATE			
	Inj 8.4%, 10 ml – Not in combination	111.20	10	✔ Pharmalab S29
69	SUNSCREENS, PROPRIETARY – Retail pharmacy-Specialist			
	Oint	5.00	14 g OP	
		(15.00)		R V Paque
87	CEPHRADINE – Hospital pharmacy [HP3]			
	Cap 250 mg	14.50	24	✔ Velosef
	Cap 500 mg	19.85	24	✔ Velosef
	Inj 500 mg – Subsidy by endorsement	16.78	5	✔ Velosef
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 1 g – Subsidy by endorsement	31.59	5	✔ Velosef
	Only if prescribed for a dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
88	ROXITHROMYCIN			
	Tab 150 mg	9.50	50	
		(14.95)		Romicin
	Tab 300 mg	18.00	50	✔ Romicin
90	COLISTIN SULPHOMETHATE – Hospital pharmacy [HP3]-Specialist – Subsidy by endorsement			
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
	Inj 150 mg	49.54	1	✔ Colymycin-M
91	ETHAMBUTOL – Retail pharmacy-Specialist			
	No patient co-payment payable			
	✻ Tab 400 mg	19.60	100	✔ Myambutol
	Note – the 100 tab pack has been replaced by the 56 tab pack			
99	DICLOFENAC SODIUM			
	✻ Tab long-acting 75 mg – Additional subsidy by Special Authority see SA0291– Retail pharmacy	32.67	500	✔ Diclax SR
117	PIMOZIDE – Retail pharmacy-Specialist			
	Tab 2 mg	14.72	50	✔ Orap
144	PROMETHAZINE HYDROCHLORIDE			
	✻ Tab 10 mg	1.19	25	
		(6.58)		Phenergan
		2.37	50	
		(8.58)		Phenergan
	✻ Tab 25 mg	2.25	25	
		(8.51)		Phenergan
		4.50	50	
		(14.47)		Phenergan

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

S29 Unapproved medicine supplied under Section 29

‡ safety cap reimbursed

Sole Subsidised Supply

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

Delisted Items - effective 1 August 2007 (continued)

178 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA0733 on the preceding page – Hospital pharmacy [HP3]
See prescribing guideline
Liquid (grapefruit) ..... 22.50 — 250 ml OP — ✔Easiphen Liquid

Effective 1 July 2007

37 CALCIUM CARBONATE
✻Tab 1.25 g ..... 4.50 — 100 — ✔Osteo~500

80 OESTRADIOL WITH LEVONORGESTREL – See prescribing guideline on page 78
✻Tab 2 mg with 75 μg levonorgestrel (12) and tab 2 mg oestradiol (16) ..... 5.40 — 28 — ✔Nuvelle

105 FENTANYL – Special Authority see SA0743– Retail pharmacy
a) Only on a controlled drug form
b) No patient co-payment payable

Transdermal patch 2.5 mg, 25 μg per hour	55.23	5	✔Durogesic
Transdermal patch 5 mg, 50 μg per hour	100.52	5	✔Durogesic
Transdermal patch 7.5 mg, 75 μg per hour	139.18	5	✔Durogesic
Transdermal patch 10 mg, 100 μg per hour	171.22	5	✔Durogesic

118 TRIFLUOPERAZINE HYDROCHLORIDE
Tab 1 mg ..... 9.83 (10.22) — 112 — Stelazine Section 29 S29

153 CARBACHOL – Retail pharmacy-Specialist
✻Eye drops 3% ..... 6.99 — 15 ml OP — ✔Isopto Carbachol

154 PHENYLEPHRINE HYDROCHLORIDE
✻Eye drops 0.12% ..... 3.25 — 15 ml OP — ✔Isopto Frin

154 POLYVINYL ALCOHOL WITH POVIDONE
✻Eye drops 1.4% with povidone 0.6% ..... 3.62 — 15 ml OP — ✔Tears Plus

166 ORAL SUPPLEMENT 1KCAL/ML – Special Authority see SA0583 – Hospital pharmacy [HP3]
Powder (vanilla) ..... 11.50 — 900 g OP — ✔Nutridrink

Effective 1 June 2007

28 INSULIN NEUTRAL
▲Inj animal (pork) 100 u per ml, 10 ml ..... 25.26 — 10 ml OP — ✔Actrapid

28 INSULIN ISOPHANE
▲Inj animal (pork) 100 u per ml ..... 25.26 — 10 ml OP — ✔Insulatard

28 INSULIN ISOPHANE WITH INSULIN NEUTRAL
▲Inj animal (pork) 100 u per ml, 10 ml ..... 25.26 — 10 ml OP — ✔Mixtard 30

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

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

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

Delisted Items - effective 1 June 2007 (continued)

35	HYDROXOCOBALAMIN			
	✻Inj 1 mg per ml, 1 ml	10.84	3	✔Neo-Cytamen
37	CALCIUM CARBONATE			
	✻Tab 1.5 g	3.55	60	✔Osteo~600
44	WATER			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Purified for inj 20 ml – Available on a PSO	7.56	30	
		(21.00)		Pharmacia
86	PYRANTEL EMBONATE			
	Oral liq 50 mg per ml	2.52	15 ml	
		(4.45)		Combantrin
107	DESIPRAMINE HYDROCHLORIDE – Hospital pharmacy [HP3]			
	Tab 25 mg	32.32	50	
		(36.62)		Pertofran
114	METOCLOPRAMIDE HYDROCHLORIDE			
	✻‡Oral liq 5 mg per 5 ml	2.74	100 ml	
		(5.20)		Maxolon
148	SODIUM CROMOGLYCATE			
	Nasal spray, 4%	13.50	22 ml OP	✔Rynacrom Forte

Effective 1 May 2007

36	CALCITRIOL – Retail pharmacy-Specialist			
	✻Cap 0.25 μg	13.45	100	
		(52.63)		Rocaltrol
	✻Cap 0.5 μg	24.95	100	
		(87.98)		Rocaltrol
88	AMOXYCILLIN			
	Grans for oral liq 125 mg per 5 ml – Available on a PSO	1.00	100 ml	
		(1.08)		Ospamox
	Grans for oral liq 250 mg per 5 ml – Available on a PSO	1.27	100 ml	
		(1.38)		Ospamox
113	CYCLIZINE HYDROCHLORIDE			
	Tab 50 mg	1.26	10	
		(4.20)		Marzine
125	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 15 ml	30.00	1	✔Mayne
	Inj 10 mg per ml, 45 ml	75.00	1	✔Mayne

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

Delisted Items - effective 1 May 2007 (continued)

132	VINORELBINE – PCT only – Specialist – Special Authority see SA0799			
	Inj 10 mg per ml, 1 ml	141.00	1	✔Navelbine
	Inj 10 mg per ml, 5 ml	560.00	1	✔Navelbine
143	DEXTROCHLORPHENIRAMINE MALEATE			
	✳ Tab 2 mg	1.51	30	
		(6.72)		Polaramine

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

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

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

Items to be Delisted

Effective 1 September 2007

26	HYOSCINE N-BUTYLBROMIDE			
	✻ Tab 10 mg	6.65	100	
		(10.85)		Buscopan
53	LISINOPRIL			
	✻ Tab 5 mg	2.78	30	
		(4.91)		Prinivil
	✻ Tab 10 mg	3.16	30	
		(7.14)		Prinivil
	✻ Tab 20 mg	3.91	30	
		(10.10)		Prinivil
92	ACICLOVIR			
	✻ Tab dispersible 200 mg	7.13	90	✔ **Lovir**
		(48.75)		Zovirax
		7.92	100	
		(10.00)		Acicvir
92	ACICLOVIR			
	✻ Tab dispersible 400 mg	28.46	240	
		(36.00)		Acicvir
92	ACICLOVIR			
	✻ Tab dispersible 800 mg	21.09	100	
		(26.70)		Acicvir
92	VALACICLOVIR			
	Tab 500 mg	1.58	10	
		(54.63)		Valtrex
		4.74	30	
		(163.80)		Valtrex
109	PAROXETINE HYDROCHLORIDE			
	Tab 20 mg	5.90	30	
		(35.02)		Aropax
152	BRIMONIDINE TARTRATE – Retail pharmacy-Specialist			
	✻ Eye Drops 0.2%	8.95	5 ml OP	✔ **Alphagan**

Effective 1 October 2007

146	SALBUTAMOL			
	Nebuliser soln, 1 mg per ml, 2.5 ml – Available on a PSO	3.70	20	
		(4.83)		Ventolin Nebules
	Nebuliser soln, 2 mg per ml, 2.5 ml – Available on a PSO	3.85	20	
		(5.10)		Ventolin Nebules

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

Items to be Delisted - effective 1 November 2007

100	TIAPROFENIC ACID – Additional subsidy by Special Authority see SA0291 on page 99 – Retail pharmacy			
	✻ Cap long-acting 300 mg	3.77	56	
		(17.51)		Surgam SA

Effective 1 December 2007

27	TRIPOTASSIUM DICITRATOBISMUTHATE			
	Tab 120 mg	38.00	112	✔**De-nol**
59	ADRENALINE			
	Inj 1 in 1,000, 1 ml – Available on a PSO	12.50	5	✔**AstraZeneca**
		90.00	50	✔**AstraZeneca**
99	IBUPROFEN – Additional subsidy by Special Authority see SA0291 above – Retail pharmacy			
	✻ Tab 400 mg	1.78	50	
		(7.60)		Brufen
	✻ Tab long-acting 800 mg	3.01	60	
		(18.24)		Brufen Retard
118	THIORIDAZINE HYDROCHLORIDE			
	Tab 100 mg	17.14	90	✔**Aldazine**
155	CHARCOAL			
	✻ Oral liq 50 g per 300 ml – Only on a PSO	19.95	300 ml OP	✔**Carbosorb**
165	FAT SUPPLEMENT – Special Authority see SA0580 – Hospital pharmacy [HP3]			
	Emulsion (neutral)	15.38	250 ml OP	✔**Calogen**
	Emulsion (strawberry)	15.38	250 ml OP	✔**Calogen**
170	RENAL ORAL FEED 2KCAL/ML – Special Authority see SA0587 – Hospital pharmacy [HP3]			
	Liquid	2.88	237 ml OP	✔**Nepro (vanilla)**
179	PREMATURE BIRTH FORMULA – Special Authority see SA0602 – Hospital pharmacy [HP3]			
	Powder	7.41	400 g OP	✔**S26LBW Gold**
179	PREMATURE BIRTH FORMULA – Special Authority see SA0602 – Hospital pharmacy [HP3]			
	Powder	0.98	120 g OP	✔**Similac Special Care**

Effective 1 January 2008

35	HYDROXOCOBALAMIN			
	✻ Inj 1 mg per ml, 1 ml	10.84	5	✔**Goldshield** S29
42	DIPYRIDAMOLE			
	✻ Tab 25 mg – Additional subsidy by Special Authority see SA0648 – Retail Pharmacy	0.19	100	
		(9.95)		Persantin

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

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

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

Items to be Delisted - effective 1 January 2008 (continued)

89	DICLOXACILLIN			
	Grans for oral liq 125 mg per 5 ml	3.55 (4.10)	100 ml	Diclocil
	Inj 500 mg	5.45	5	✔**Diclocil**
	Inj 1 g	7.54	5	✔**Diclocil**
110	CARBAMAZEPINE			
	❋ Tab 200 mg	14.53	100	✔**Teril**
118	THIORIDAZINE HYDROCHLORIDE			
	Tab 10 mg	6.88	90	✔**Aldazine**

Effective 1 February 2008

70	CONDOMS WITHOUT SPERMICIDE			
	❋ Condoms, proprietary – Available on a PSO	14.84	144	✔**Shield Blue**
	Note: this is the 144 pack. The 12 x 12 pack will continue to be listed fully subsidised			
96	LOPINAVIR WITH RITONAVIR – Special Authority see SA0779 – Hospital pharmacy [HP1]			
	Cap 133.3 mg with ritonavir 33.3 mg	735.00	180	✔**Kaletra**
118	THIORIDAZINE HYDROCHLORIDE			
	Tab 25 mg	7.85	90	✔**Aldazine**
127	FLUOROURACIL SODIUM			
	Inj 500 mg per 10 ml – PCT – Retail pharmacy-Specialist	28.75	5	✔**Mayne**
	Inj 50 mg per ml, 20 ml – PCT only – Specialist	52.31	5	✔**Mayne**
	Inj 50 mg per ml, 50 ml – PCT only – Specialist	26.16	1	✔**Mayne**
147	THEOPHYLLINE			
	❋ Tab long-acting 350 mg	29.28	100	✔**Nuelin-SR**
167	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA0594 – Hospital pharmacy [HP3]			
	Liquid	7.50	1,000 ml OP	✔**Resource Diabetic RTH**

Effective 1 July 2008

31	GLUCOSE BLOOD DIAGNOSTIC TEST METER – Subsidy by endorsement A diagnostic blood glucose test meter is subsidised for patients who begin insulin or sulphonylurea therapy after 1 March 2005. Only one meter per patient. No further prescriptions will be subsidised. The prescription must be endorsed accordingly.			
	Meter	19.00	1	✔**Accu-Chek Advantage**

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 July 2008 (continued)

32 GLUCOSE DEHYDROGENASE

The number of test strips available on a prescription is restricted to 50 unless:

1) Prescribed with insulin or a sulphonylurea but are on a different prescription and the prescription is endorsed accordingly; or
2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
3) Prescribed for a pregnant woman with diabetes and endorsed accordingly.

Blood/glucose test strips	22.00	50 test OP	✔ **Accu-Chek Advantage**

Effective 1 September 2008

92 ACICLOVIR

✻ Tab 200 mg	7.92	100	✔ **Apo-Acyclovir**
✻ Tab 400 mg	11.86	100	✔ **Apo-Acyclovir**

▲ 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

Contracted Pharmaceutical Description	Brand	Price ($) (ex man. excl. GST)	Per	DV Limit	DV Limit applies from	DV Pharmaceutical

Section H changes to Part II

Effective 1 August 2007

EXEMESTANE						
Tab 25 mg	Aromasin	175.00	30			
FLUOROURACIL SODIUM (↓ price and addition of HSS)						
Inj 25 mg per ml 100 ml	**Mayne**	13.55	1	1%	Oct-07	(B)
Inj 50 mg per ml, 10 ml	**Fluorouracil Ebewe**	4.95	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 20 ml	**Fluorouracil Ebewe**	8.60	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 50 ml	**Fluorouracil Ebewe**	21.50	1	1%	Oct-07	Mayne
Inj 50 mg per ml, 100 ml	**Fluorouracil Ebewe**	43.00	1	1%	Oct-07	(B)

Note – Mayne's brand of Fluorouracil sodium inj 50 mg per ml, 10 ml, 20 ml and 50 ml to be delisted 1 October 2007

GABAPENTIN (↓ price)						
Cap 100 mg	Neurontin	15.67	100			
Cap 300 mg	Neurontin	47.00	100			
Cap 400 mg	Neurontin	62.66	100			
Tab 600 mg	Neurontin	79.79	100			
~~HYDROXOCOBALAMIN~~ (Delisted effective 1 August 2007)						
~~Inj 1 mg per ml, 1 ml~~	~~Neo-Cytamen~~	~~10.84~~	~~3~~			
IBUPROFEN						
Oral liq 100 mg per 5 ml	**Fenpaed**	3.49	200 ml	1%	Oct-07	Nurofen
LOPINAVIR WITH RITONAVIR						
Tab 200 mg with ritonavir 50 mg	Kaletra	735.00	120			
Oral liq 80 mg with ritonavir 20 mg per ml	Kaletra	735.00	300 ml			
MESNA (addition of HSS)						
Inj 100 mg per ml, 4 ml	**Uromitexan**	109.63	15	1%	Oct-07	(B)
Inj 100 mg per ml, 10 ml	**Uromitexan**	251.73	15	1%	Oct-07	(B)
OXYCODONE HYDROCHLORIDE						
Tab controlled-release 5 mg	OxyContin	7.51	20			
ZIPRASIDONE						
Cap 20 mg	Zeldox	87.88	60			
Cap 40 mg	Zeldox	164.78	60			
Cap 60 mg	Zeldox	247.17	60			
Cap 80 mg	Zeldox	329.56	60			

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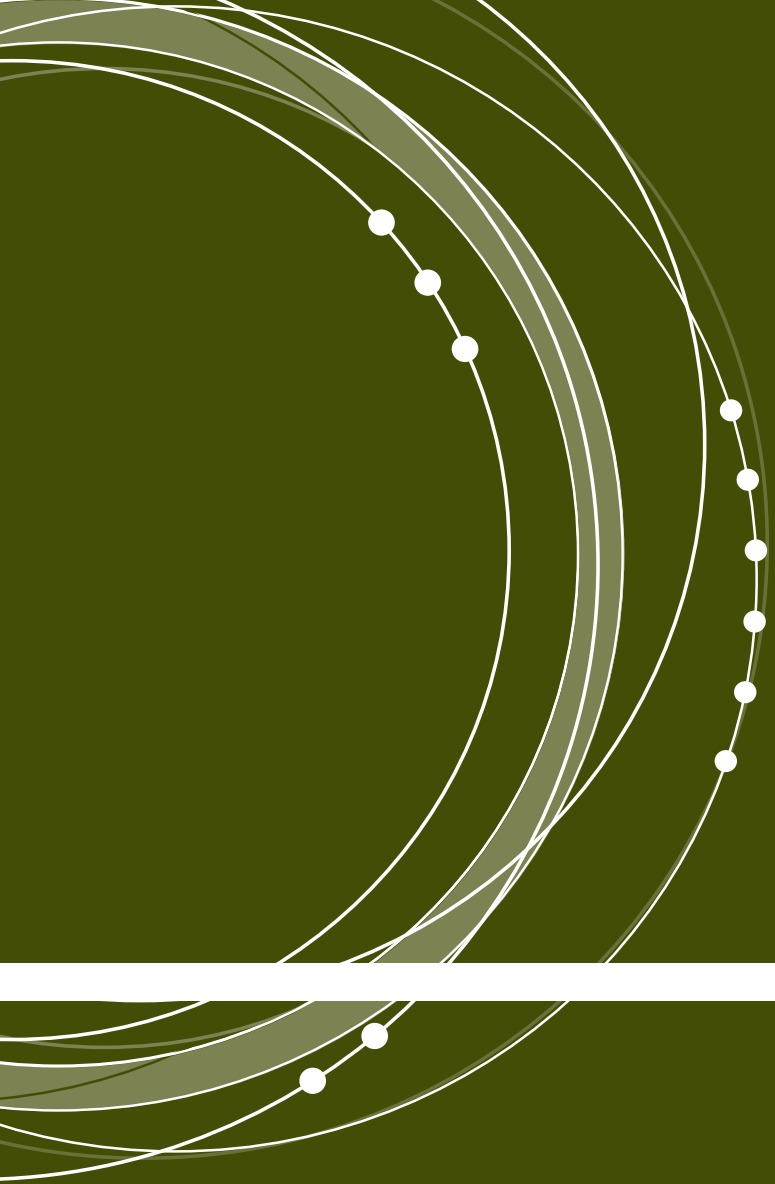

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