

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2011

Cumulative for May and June 2011

Section H cumulative for April, May and June 2011



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Summary of PHARMAC decisions

EFFECTIVE 1 JUNE 2011

New listings (pages 20-21)

- Cilazapril (Zapril) tab 2.5 mg and 5 mg
- Triclosan (Pharmacy Health) soln 1%, 500 ml OP – maximum of 500 ml per prescription – subsidy by endorsement
- Ornidazole (Arrow-Ornidazole) tab 500 mg
- Morphine sulphate (Arrow-Morphine LA) tab long-acting 10 mg, 30 mg, 60 mg and 100 mg – only on a controlled drug form – no patient co-payment payable
- Olanzapine (Dr Reddy's Olanzapine and Olanzine) tab 2.5 mg, 5 mg and 10 mg
- Olanzapine (Dr Reddy's Olanzapine and Olanzine-D) orodispersible tab 5 mg and 10 mg
- Methotrexate (DBL Methotrexate) inj 25 mg per ml, 40 ml – PCT – Retail pharmacy-Specialist – Section 29
- Bortezomib inj 1 mg (Velcade) and inj 1 mg for ECP, 1 mg (Baxter) – PCT only – Specialist – Special Authority
- Doxorubicin (DBL Doxorubicin) inj 50 mg – PCT only – Specialist – Section 29
- Paclitaxel (Anzatax) inj 150 mg and 300 mg – PCT only – Specialist

Changes to restrictions (pages 24-27)

- Azithromycin (Arrow-Azithromycin) tab 500 mg – amended Special Authority criteria
- Clarithromycin (Klacid and Klamycin) tab 250 mg and grans for oral liq 125 mg per 5 ml – amended Special Authority criteria
- Fluconazole (Pacific) cap 150 mg – removal of Retail pharmacy-Specialist, addition of subsidy by endorsement, and only 1 cap subsidised per prescription
- Pegylated interferon alpha-2A (Pegasys and Pegasys RBV Combination Pack) inj prefilled syringe with or without ribavirin – amended Special Authority criteria
- Sumatriptan (Arrow-Sumatriptan and Imigran) inj 12 mg per ml, 0.5 ml – removal of Retail pharmacy-Specialist
- Bortezomib inj 1 mg and 3.5 mg (Velcade), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (page 36)

- Sodium fluoride (PSM) tab 1.1 mg (0.5 mg elemental)

Decreased subsidy (page 36)

- Sumatriptan (Imigran) inj 12 mg per ml, 0.5 ml
- Naltrexone hydrochloride (ReVia) tab 500 mg

Summary of PHARMAC decisions – effective 1 June 2011 (continued)

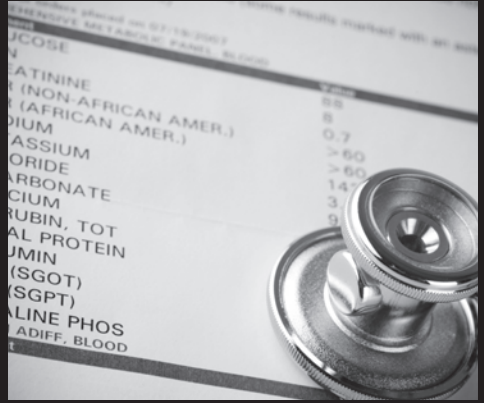
- Tamoxifen citrate (Tamoxifen Sandoz) tab 20 mg
- Ipratropium bromide (Apo-Ipravent) aqueous nasal spray, 0.3%, 30 ml OP

Medicines Regulations changes – not yet in force

Medsafe has advised us that the proposed changes to the Medicines Regulations described in the March edition of Medsafe's Prescriber Update are not yet in force. This means that the maximum period of supply is still three months for prescription medicines except oral contraceptives which is six months.

The Ministry of Health will inform healthcare professionals of the date the changes will come into force.

Further information about the proposed changes to the Medicines Regulations



is available from Medsafe at: <http://www.medsafe.govt.nz/profs/PUArticles/ChangestoMedicinesRegulations.htm>

Olanzapine – new listings

Two new brands of olanzapine tablets and orodispersible tablets will be subsidised from 1 June 2011. Dr Reddy's Olanzapine and Olanzine tablets 2.5 mg, 5 mg and 10 mg, and Dr Reddy's Olanzapine and Olanzine-D orodispersible tablets 5 mg and 10 mg, will be listed without restriction and will not require a Special Authority to attain subsidy.

The Zyprexa and Zyprexa Zydys brands will continue to be listed in Section B of the

Pharmaceutical Schedule subject to their current Special Authority restrictions until 1 September 2011 when their subsidy will be reduced to the level of the generic brands and the Special Authorities will be removed.

Olanzine and Olanzine-D will have Hospital Supply Status from 1 August 2011 to 30 June 2013, with a 5% discretionary variance limit. There is no planned sole supply arrangement for the community market at this time.



Various changes to infections group restrictions

A range of restriction changes to products listed in the Infections therapeutic group will come into effect from 1 June 2011.

These are as follows:

- amendment of the Special Authority applying to **clarithromycin** tab 250 mg and grans for oral liquid 125 mg per 5 ml to align it with current practice for this treatment;
- amendment of the Special Authority applying to **pegylated interferon alpha-2A with or without ribavirin** injection to allow for delays in initiation of therapy;
- replacement of the Retail pharmacy-Specialist restriction applying to **fluconazole**

150 mg capsules with an endorsement requirement, meaning that a specialist recommendation will no longer be required by prescribers. The endorsement is for patients with vaginal candida albicans and must be endorsed by the prescriber. Only one capsule will be subsidised per prescription. The Retail pharmacy-Specialist restriction will remain on fluconazole 50 mg and 200 mg capsules; and

- amendment of the Special Authority applying to **azithromycin** tab 500 mg to allow subsidy for prophylaxis of Bronchiolitis Obliterans Syndrome post lung transplant.

Morphine sulphate long-acting tablets – brand name change

The LA-Morph brand of morphine sulphate long-acting tablets, previously supplied by Douglas Pharmaceuticals, will be supplied by Arrow Pharmaceuticals from 1 June 2011 under a new brand name, Arrow-Morphine LA. Arrow-Morphine LA has been awarded the Sole Subsidised Supply tender for both

the community and hospitals markets until 30 June 2013. Pharmacies can continue to claim for the product supplied as LA-Morph until 31 October 2011 and this brand will remain listed in the Schedule until then.

Arrow-Morphine LA is supplied in blisters rather than bottles.



Sumatriptan injection – removal of Specialist restriction

The “Retail pharmacy-Specialist” restriction that currently applies to sumatriptan injection will be removed from 1 June 2011. The “Maximum of 10 injections per prescription” restriction will remain.

Cilazapril now available in bottles

The Zapril brand of cilazapril 2.5 mg and 5 mg tablets will be supplied, and subsidised, in bottles rather than blister packs from 1 June 2011. The number of tablets per pack has also changed from 30 to 90 tablets. The 30-tablet blister pack size will be delisted

from the Pharmaceutical Schedule from 1 December 2011.

Cilazapril 0.5 mg tablets remain unchanged as it is already supplied in bottles.

Ornidazole – new listing

The Arrow brand of ornidazole 500 mg tablets, Arrow-Ornidazole, will be subsidised from 1 June 2011; however Arrow-Ornidazole will not be available until 13 June 2011. Roche Products (NZ) Limited, the

current supplier of ornidazole tablets in New Zealand under the brand name Tiberall, has notified PHARMAC that it is discontinuing its product. Supplies of Tiberall are low.

Alternative brands of Oncology Products listed

Sandoz, the supplier of Ebewe branded Pharmaceutical Cancer Treatments has notified PHARMAC that is currently experiencing supply shortages on some of its Ebewe branded Hospital Supply Status products. As a precautionary measure Sandoz is supplying alternative brands of some pharmaceuticals to the market at equivalent pricing to its Ebewe products.

These alternative products (DBL Doxorubicin Inj 50 mg, DBL Methotrexate Inj 25 mg per ml, 40 ml and Anzatax (paclitaxel) Inj 150 mg and 300 mg) will be listed from 1 June 2011 to enable claiming by DHBs when used in-hospital for the treatment of cancer. DBL Methotrexate Inj 25 mg per ml, 40 ml will also be funded for non cancer indications in the community.

Tender News

Sole Subsidised Supply changes – effective 1 July 2011

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|------------------------------|-------------------------------|---|
| Amitriptyline | Tab 25 mg; 100 tab | Amitrip (Mylan) |
| Amitriptyline | Tab 50 mg; 100 tab | Amitrip (Mylan) |
| Doxazosin mesylate | Tab 2 mg; 500 tab | Apo-Doxazosin (Apotex) |
| Doxazosin mesylate | Tab 4 mg; 500 tab | Apo-Doxazosin (Apotex) |
| Exemestane | Tab 25 mg; 30 tab | Aromasin (Pfizer) |
| Isosorbide mononitrate | Tab 20 mg; 100 tab | Ismo 20 (Riemser) |
| Isosorbide mononitrate | Tab long-acting 40 mg; 30 tab | Corangin (Novartis) |
| Metoclopramide hydrochloride | Tab 10 mg; 100 tab | Metamide (Mylan) |
| Nicotine | Lozenge 1 mg; 216 piece | Habitrol (Novartis Consumer) |
| Nicotine | Lozenge 2 mg; 216 piece | Habitrol (Novartis Consumer) |
| Nicotine | Patch 7 mg; 28 patch | Habitrol (Novartis Consumer) |
| Nicotine | Patch 14 mg; 28 patch | Habitrol (Novartis Consumer) |
| Nicotine | Patch 21 mg; 28 patch | Habitrol (Novartis Consumer) |

Looking Forward

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

Possible decisions for implementation 1 July 2011

- Dabigatran (Pradaxa) cap 75 mg, 110 mg and 150 mg – new listing without Special Authority – 75 mg cap maximum of 2 caps subsidised per day
- Hyaluronidase (Hyalase) inj 1,500 iu per ml – delist
- Ketoprofen (Oruvail SR) cap long-acting 100 mg and 200 mg – subsidy increase
- Nicotine (Habitrol) gum (classic, fruit, mint) 2 mg and 4 mg – 384 piece packs – new listing
- Olanzapine pamoate monohydrate (Zyprexa Relprew) inj 210 mg, 300 mg and 405 mg – new listing with Special Authority criteria
- Omeprazole (Midwest) powder, 5 g – new listing – Only in combination – Only in extemporaneously compounded omeprazole suspension
- Omeprazole suspension – amended Standard Formulae
- Pyridoxine hydrochloride (PyridoxADE) tab 25 mg – new listing

Possible decisions for implementation 1 July 2011 (continued)

- Raloxifene hydrochloride (Evista) tab 60 mg – new listing with Special Authority criteria
- Tiaprofenic acid (Surgam) tab 300 mg – subsidy increase
- Teriparatide (Forteo) inj 250 µg per ml – new listing
- Eformoterol fumarate (Oxis Turbuhaler) - price and subsidy decrease
- Budesonide with eformoterol (Symbicort Turbuhaler and Vannair all strengths)
- price and subsidy decrease

Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--------------------------|--------------|
| Acarbose | Tab 50 mg & 100 mg | Glucobay | 2012 |
| Acetazolamide | Tab 250 mg | Diamox | 2011 |
| Aciclovir | Tab dispersible 200 mg, 400 mg & 800 mg | Lovir | 2013 |
| Allopurinol | Tab 100 mg & 300 mg | Apo-Allopurinol | 2011 |
| Amantadine hydrochloride | Cap 100 mg | Symmetrel | 2011 |
| Amlodipine | Tab 5 mg & 10 mg | Apo-Amlodipine | 2011 |
| Amoxicillin | Cap 250 mg & 500 mg | Alphamox | 2013 |
| | Grans for oral liq 250 mg per 5 ml | Ospamox | 2012 |
| | Drops 125 mg per 1.25 ml | Ospamox Paediatric Drops | 2011 |
| | Inj 250 mg, 500 mg & 1 g | Ibiamox | |
| Amoxicillin clavulanate | Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml | Curam | 2012 |
| | Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml | Curam | |
| | Tab amoxicillin 500 mg with potassium clavulanate 125 mg | Synermox | 2011 |
| Aqueous cream | Crn 500 g | AFT | 2011 |
| Ascorbic acid | Tab 100 mg | Vitala-C | 2013 |
| Aspirin | Tab 100 mg | Ethics Aspirin EC | 2013 |
| | Tab dispersible 300 mg | Ethics Aspirin | |
| Atenolol | Tab 50 mg & 100 mg | Atenolol Tablet USP | 2012 |
| Atropine sulphate | Inj 600 µg, 1 ml | AstraZeneca | 2012 |
| Azathioprine | Tab 50 mg | Imuprine | 2013 |
| | Inj 50 mg | Imuran | |
| Azithromycin | Tab 500 mg | Arrow-Azithromycin | 2012 |
| Baclofen | Tab 10 mg | Pacifen | 2012 |
| Bendrofluazide | Tab 2.5 mg & 5 mg | Arrow-Bendrofluazide | 2011 |
| Benzylpenicillin sodium (Penicillin G) | Inj 1 mega u | Sandoz | 2011 |
| Betamethasone valerate | Scalp app 0.1% | Beta Scalp | 2012 |
| Bezafibrate | Tab 200 mg | Fibalip | 2011 |
| Bicalutamide | Tab 50 mg | Bicalox | 2011 |
| Bisacodyl | Tab 5 mg | Lax-Tab | 2013 |
| Brimonidine tartrate | Eye drops 0.2% | AFT | 2011 |
| Calamine | Crn, aqueous, BP Lotn, BP | healthE API | 2012 |

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

Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------------|--|--|--------------|
| Calcitonin | Inj 100 iu per ml, 1 ml | Miacalcic | 2011 |
| Calcitriol | Cap 0.25 µg & 0.5 µg | Airflow | 2012 |
| Calcium carbonate | Tab 1.25 g (500 mg elemental) Tab 1.5 g (600 mg elemental) Tab eff 1.7 g (1 g elemental) | Calci-Tab 500 Calci-Tab 600 Calsource | 2011 |
| Calcium folinate | Inj 50 mg | Calcium Folate Ebewe | 2011 |
| Captopril | Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml | m-Captopril Capoten | 2013 |
| Cefaclor monohydrate | Grans for oral liq 125 mg per 5 ml | Ranbaxy-Cefaclor | 2013 |
| Cefazolin sodium | Inj 500 mg & 1 g | Hospira | 2011 |
| Ceftriaxone sodium | Inj 500 mg Inj 1 g | Veracol Aspen Ceftriaxone | 2013 |
| Cefuroxime sodium | Inj 750 mg & 1.5 g | Zinacef | 2011 |
| Cephalexin monohydrate | Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml | Cefalexin Sandoz Cefalexin Sandoz | 2012 |
| Cetirizine hydrochloride | Tab 10 mg Oral liq 1 mg per ml | Zetop Cetirizine-AFT | 2011 |
| Cetomacrogol | Crn BP | PSM | 2013 |
| Chloramphenicol | Eye drops 0.5% Eye oint 1% | Chlorafast Chlorsig | 2012 |
| Chlorhexidine gluconate | Handrub 1% with ethanol 70% Soln 4% | healthE Orion | 2012 2011 |
| Ciclopiroxolamine | Nail soln 8% | Batrafen | 2012 |
| Cilazapril | Tab 0.5 mg, 2.5 mg & 5 mg | Zapril | 2013 |
| Cilazapril with hydrochlorothiazide | Tab 5 mg with hydrochlorothiazide 12.5 mg | Inhibace Plus | 2013 |
| Ciprofloxacin | Tab 250 mg, 500 mg & 750 mg | Rex Medical | 2011 |
| Citalopram | Tab 20 mg | Arrow-Citalopram | 2011 |
| Clobetasol propionate | Crn 0.05% Oint 0.05% Scalp app 0.05% | Dermol Dermol Dermol | 2012 |
| Clonazepam | Tab 500 µg & 2 mg | Paxam | 2011 |
| Clonidine | TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day | Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3 | 2012 |
| Clonidine hydrochloride | Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg | Catapres Dixarit Catapres | 2012 |
| Clopidogrel | Tab 75 mg | Apo-Clopidogrel | 2013 |

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Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--------------------------|--------------|
| Clotrimazole | Vaginal crm 1% with applicator Vaginal crm 2% with applicator Crm 1% | Clomazol | 2013 |
| | | Clomazol | |
| | | Clomazol | 2011 |
| Coal tar | Soln BP | Midwest | 2013 |
| Colchicine | Tab 500 µg | Colgout | 2013 |
| Crotamiton | Crm 10% | Itch-Soothe | 2012 |
| Cyclizine hydrochloride | Tab 50 mg | Nausicalm | 2012 |
| Cyclophosphamide | Tab 50 mg | Cycloblastin | 2013 |
| Cyproterone acetate | Tab 50 mg & 100 mg | Siterone | 2012 |
| Cyproterone acetate with ethinyloestradiol | Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs | Ginet 84 | 2011 |
| Desmopressin | Nasal spray 10 µg per dose | Desmopressin-PH&T | 2011 |
| Dexamethasone | Eye drops 0.1% | Maxidex | 2013 |
| Dexamethasone sodium phosphate | Inj 4 mg per ml, 1 ml & 2 ml | Hospira | 2013 |
| Dextrose | Inj 50%, 10 ml | Biomed | 2011 |
| Dextrose with electrolytes | Soln with electrolytes | Pedialyte – Fruit | 2013 |
| | | Pedialyte – Bubblegum | |
| | | Pedialyte – Plain | |
| Diclofenac sodium | Tab EC 25 mg & 50 mg Eye drops 1 mg per ml Inj 25 mg per ml, 3 ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg | Diclofenac Sandoz | 2012 |
| | | Voltaren Ophtha | 2011 |
| | | Voltaren | |
| | | Voltaren | |
| Dihydrocodeine tartrate | Tab long-acting 60 mg | DHC Continus | 2013 |
| Diltiazem hydrochloride | Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg | Dilzem | 31/12/11 |
| | | Cardizem CD | |
| Dipyridamole | Tab long-acting 150 mg | Pytazen SR | 2011 |
| Docusate sodium | Cap 50 mg Cap 120 mg | Laxofast 50 | 2011 |
| | | Laxofast 120 | |
| Docusate sodium with sennosides | Tab 50 mg with total sennosides 8 mg | Laxsol | 2013 |
| Donepezil hydrochloride | Tab 5 mg & 10 mg | Donepezil-Rex | 2012 |
| Emulsifying ointment | Oint BP | AFT | 2011 |
| Enalapril | Tab 5 mg, 10 mg & 20 mg | Arrow-Enalapril | 2012 |
| Enoxaparin sodium (low molecular weight heparin) | Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg | Clexane | 2012 |
| Entacapone | Tab 200 mg | Comtan | 2012 |

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Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|------------------------------|---|------------------------------|--------------|
| Erythromycin ethyl succinate | Tab 400 mg | E-Mycin | 2012 |
| | Grans for oral liq 200 mg per 5 ml | E-Mycin | 2011 |
| | Grans for oral liq 400 mg per 5 ml | E-Mycin | |
| Escitalopram | Tab 10 mg & 20 mg | Loxalate | 2013 |
| Ethinylloestradiol | Tab 10 µg | NZ Medical and Scientific | 2012 |
| Etidronate disodium | Tab 200 mg | Arrow-Etidronate | 2012 |
| Felodipine | Tab long-acting 5 mg | Felo 5 ER | 2012 |
| | Tab long-acting 10 mg | Felo 10 ER | |
| Ferrous sulphate | Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml) | Ferodan | 2013 |
| Finasteride | Tab 5 mg | Fintral | 2011 |
| Flucloxacillin sodium | Cap 250 mg & 500 mg | AFT | 2012 |
| | Grans for oral liq 125 mg per 5 ml | AFT | |
| | Grans for oral liq 250 mg per 5 ml | AFT | 2011 |
| | Inj 250 mg, 500 mg & 1 g | Flucloxin | |
| Fluconazole | Cap 50 mg, 150 mg & 200 mg | Pacific | 2011 |
| Fludarabine phosphate | Inj 50 mg | Fludara | 2011 |
| | Tab 10 mg | Fludara Oral | |
| Fluorometholone | Eye drops 0.1% | FML | 2012 |
| Fluoxetine hydrochloride | Cap 20 mg | Fluox | 2013 |
| | Tab dispersible 20 mg, scored | Fluox | |
| Flutamide | Tab 250 mg | Flutamin | 2013 |
| Fluticasone propionate | Metered aqueous nasal spray, 50 µg per dose | Flixonase Hayfever & Allergy | 31/1/13 |
| Furosemide | Inj 10 mg per ml, 2 ml | Frusemide-Claris | 2013 |
| | Tab 40 mg | Diurin 40 | 2012 |
| Fusidic acid | Crn 2% | Foban | 2013 |
| | Oint 2% | Foban | |
| Gabapentin | Cap 100 mg, 300 mg & 400 mg | Nupentin | 31/7/12 |
| Gemfibrozil | Tab 600 mg | Lipazil | 2013 |
| Gentamicin sulphate | Inj 40 mg per ml, 2 ml | Pfizer | 2012 |
| Gliclazide | Tab 80 mg | Apo-Gliclazide | 2011 |
| Glipizide | Tab 5 mg | Minidiab | 2011 |
| Glycerol | Liquid | healthE | 2013 |
| Glyceryl trinitrate | Tab 600 µg | Lycinate | 2011 |
| | Oral pump spray 400 µg per dose | Nitrolingual Pumpspray | |
| | TDDS 5 mg & 10 mg | Nitroderm TTS | |

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Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--------------------------------------|----------------------|
| Haloperidol | Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg | Serenace Serenace Serenace | 2013 |
| Hydrocortisone | Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg Powder Crn 1%, 500 g | Solu-Cortef Douglas ABM PSM | 2013 2012 2011 |
| Hydrocortisone acetate | Rectal foam 10%, CFC-free (14 applications) | Colifoam | 2012 |
| Hydrocortisone with miconazole | Crn 1% with miconazole nitrate 2% | Micreme H | 2013 |
| Hydrocortisone with wool fat and mineral oil | Lotn 1% with wool fat hydrous 3% and mineral oil | DP Lotn HC | 2011 |
| Hydroxocobalamin | Inj 1 mg per ml, 1 ml | ABM Hydroxocobalamin | 2012 |
| Hydroxychloroquine sulphate | Tab 200 mg | Plaquenil | 2012 |
| Hypromellose | Eye drops 0.5% | Methopt | 2011 |
| Hysocine N-butylbromide | Inj 20 mg, 1 ml Tab 20 mg | Buscopan Gastrosoothe | 2011 |
| Ibuprofen | Oral liq 100 mg per 5 ml Tab 200 mg | Fenpaed Ethics Ibuprofen | 2013 2012 |
| Indapamide | Tab 2.5 mg | Dapa-Tabs | 2013 |
| Ipratropium bromide | Nebuliser soln, 250 µg per ml, 1 ml & 2 ml | Univent | 2013 |
| Iron polymaltose | Inj 50 mg per ml, 2 ml | Ferrum H | 2011 |
| Isotretinoin | Cap 10 mg & 20 mg | Oratane | 2012 |
| Itraconazole | Cap 100 mg | Itrazole | 2013 |
| Ketoconazole | Shampoo 2% | Sebizole | 2011 |
| Lactulose | Oral liq 10 g per 15 ml | Laevolac | 2013 |
| Lamivudine | Oral liq 10 mg per ml Tab 150 mg | 3TC 3TC | 2013 |
| Latanoprost | Eye drops 50 µg per ml | Hysite | 2012 |
| Letrozole | Tab 2.5 mg | Letara | 2012 |
| Levonorgestrel | Subdermal implant (2 x 75 mg rods) | Jadelle | 31/12/13 |
| Lignocaine hydrochloride | Inj 1%, 5 ml & 20 ml | Xylocaine | 2013 |
| Lignocaine with prilocaine | Crn 2.5% with prilocaine 2.5% (5 g tubes) Crn 2.5% with prilocaine 2.5%; 30 g OP | EMLA EMLA | 2013 |
| Lisinopril | Tab 5 mg, 10 mg & 20 mg | Arrow-Lisinopril | 2012 |
| Loperamide hydrochloride | Cap 2 mg | Diamide Relief | 2013 |

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Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|--|----------------------|
| Loratadine | Oral liq 1 mg per ml Tab 10 mg | Lorapaed Loraclear Hayfever Relief | 2013 |
| Lorazepam | Tab 1 mg & 2.5 mg | Ativan | 2013 |
| Malathion | Liq 0.5% Shampoo 1% | A-Lices A-Lices | 2013 |
| Mask for Spacer Device | Device | Foremount Child's Silicone Mask | 30/9/11 |
| Mebendazole | Tab 100 mg | De-Worm | 2011 |
| Mebeverine hydrochloride | Tab 135 mg | Colofac | 2011 |
| Megestrol acetate | Tab 160 mg | Apo-Megestrol | 2012 |
| Mercaptopurine | Tab 50 mg | Purinethol | 2013 |
| Mesalazine | Enema 1 g per 100 ml | Pentasa | 2012 |
| Metformin hydrochloride | Tab immediate-release 500 mg & 850 mg | Apotex | 2012 |
| Methadone hydrochloride | Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml | Methatabs Biodone Biodone Forte Biodone Extra Forte | 2013 2012 |
| Methotrexate | Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg Inj 100 mg per ml, 10 ml & 50 ml | Hospira Methoblastin Methotrexate Ebewe | 2013 2012 2011 |
| Methyldopa | Tab 125 mg, 250 mg & 500 mg | Prodopa | 2011 |
| Methylprednisolone | Tab 4 mg & 100 mg | Medrol | 2012 |
| Methylprednisolone acetate | Inj 40 mg per ml, 1 ml | Depo-Medrol | 2011 |
| Methylprednisolone acetate with lignocaine | Inj 40 mg per ml with lignocaine 1 ml | Depo-Medrol with Lidocaine | 2011 |
| Methylprednisolone sodium succinate | Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g | Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol | 2012 |
| Metoclopramide hydrochloride | Inj 5 mg per ml, 2 ml | Pfizer | 2011 |
| Miconazole nitrate | Crn 2% | Multichem | 2011 |
| Moclobemide | Tab 150 mg & 300 mg | Apo-Moclobemide | 2012 |
| Mometasone furoate | Crn 0.1% Oint 0.1% | m-Mometasone m-Mometasone | 2012 |
| Morphine hydrochloride | Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml | RA-Morph RA-Morph RA-Morph RA-Morph | 2012 |

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Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--------------------------|--------------|
| Morphine sulphate | Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg | m-Elson | 2013 |
| | Tab immediate release 10 mg & 20 mg | Sevredol | 2012 |
| | Inj 10 mg per ml, 1 ml | Mayne | 2011 |
| | Inj 30 mg per ml, 1 ml | Mayne | |
| Morphine tartrate | Inj 80 mg per ml, 1.5 ml & 5 ml | Hospira | 2013 |
| Mucilaginous laxatives | Dry | Konsyl-D | 2013 |
| Naproxen | Tab 250 mg | Noflam 250 | 2012 |
| | Tab 500 mg | Noflam 500 | |
| Nevirapine | Oral suspension 10 mg per ml | Viramune Suspension | 2012 |
| | Tab 200 mg | Viramune | |
| Norethisterone | Tab 350 µg | Noriday 28 | 2012 |
| | Tab 5 mg | Primolut N | 2011 |
| Nortriptyline hydrochloride | Tab 10 mg & 25 mg | Norpress | 2011 |
| Nystatin | Cap 500,000 u | Nilstat | 2013 |
| | Tab 500,000 u | Nilstat | |
| | Oral liq 100,000 u per ml, 24 ml OP | Nilstat | 2011 |
| Omeprazole | Cap 10 mg, 20 mg & 40 mg | Dr Reddy's Omeprazole | 2011 |
| | Inj 40 mg | Dr Reddy's Omeprazole | |
| Ondansetron | Tab 4 mg & 8 mg | Dr Reddy's Ondansetron | 2013 |
| Oxytocin | Inj 5 iu per ml, 1 ml | Syntocinon | 2012 |
| | Inj 10 iu per ml, 1 ml | Syntocinon | |
| | Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml | Syntometrine | |
| Pamidronate disodium | Inj 3 mg per ml, 5 ml | Pamisol | 2011 |
| | Inj 3 mg per ml, 10 ml | Pamisol | |
| | Inj 6 mg per ml, 10 ml | Pamisol | |
| Pantoprazole | Tab 20 mg & 40 mg | Dr Reddy's Pantoprazole | 2013 |
| Paracetamol | Tab 500 mg | Pharmacare | 2011 |
| | Oral liq 120 mg per 5 ml | Paracare Junior | |
| | Oral liq 250 mg per 5 ml | Paracare Double Strength | |
| Paracetamol with codeine | Tab paracetamol 500 mg with codeine phosphate 8 mg | ParaCode | 2011 |
| Paraffin liquid with soft white paraffin | Eye oint with soft white paraffin | Lacri-Lube | 2013 |
| Paroxetine hydrochloride | Tab 20 mg | Loxamine | 2013 |
| Peak Flow Meter | Low range and Normal range | Breath-Alert | 30/9/11 |

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

Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--------------------------------------|--|---------------------------------------|--------------|
| Pegylated interferon alpha-2A | Inj 135 µg prefilled syringe | Pegasys | 31/12/12 |
| | Inj 180 µg prefilled syringe | Pegasys | |
| | Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 | Pegasys RBV Combination Pack | |
| | Inj 135 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 | Pegasys RBV Combination Pack | |
| | Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 112 | Pegasys RBV Combination Pack | |
| | Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168 | Pegasys RBV Combination Pack | |
| Pergolide | Tab 0.25 mg & 1 mg | Permax | 2011 |
| Permethrin | Lotn 5% | A-Scabies | 2011 |
| Phenoxyethylpenicillin (Pencillin V) | Cap potassium salt 250 mg & 500 mg | Cilicaine VK | 2013 |
| | Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml | AFT AFT | |
| Pindolol | Tab 5 mg, 10 mg & 15 mg | Apo-Pindolol | 2012 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Pizaccord | 2012 |
| Pizotifen | Tab 500 µg | Sandomigran | 2012 |
| Poloxamer | Oral drops 10% | Coloxyl | 2011 |
| Polyvinyl alcohol | Eye drops 1.4% | Vistil | 2011 |
| | Eye drops 3% | Vistil Forte | |
| Potassium chloride | Tab long-acting 600 mg | Span-K | 2012 |
| Prednisone | Tab 1 mg, 2.5 mg, 5 mg & 20 mg | Apo-Prednisone | 2011 |
| Prednisone sodium phosphate | Oral liq 5 mg per ml | Redipred | 2012 |
| Pregnancy tests – hCG urine | Cassette | Innovacon hCG One Step Pregnancy Test | 2012 |
| Procaine penicillin | Inj 1.5 mega u | Cilicaine | 2011 |
| Promethazine hydrochloride | Oral liq 5 mg per 5 ml | Promethazine Winthrop Elixir | 2012 |
| | Tab 10 mg & 25 mg | Allersoothe | 2011 |
| Quinapril | Tab 5 mg, 10 mg & 20 mg | Accupril | 2011 |
| Quinapril with hydrochlorothiazide | Tab 10 mg with hydrochlorothiazide 12.5 mg | Accuretic 10 | 2011 |
| | Tab 20 mg with hydrochlorothiazide 12.5 mg | Accuretic 20 | |
| Quinine sulphate | Tab 300 mg | Q 300 | 2012 |
| Rifabutin | Cap 150 mg | Mycobutin | 2013 |
| Ropinirole hydrochloride | Tab 0.25 mg, 1 mg, 2 mg & 5 mg | Ropin | 2013 |
| Roxithromycin | Tab 150 mg & 300 mg | Arrow-Roxithromycin | 2012 |

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

Sole Subsidised Supply Products – cumulative to June 2011

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|------------------------------|--------------|
| Salbutamol | Oral liq 2 mg per 5 ml | Salapin | 2013 |
| | Nebuliser soln, 1 mg per ml, 2.5 ml | Asthalin | 2012 |
| | Nebuliser soln, 2 mg per ml, 2.5 ml | Asthalin | |
| Salbutamol with ipratropium bromide | Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml | Duolin | 2012 |
| Selegiline hydrochloride | Tab 5 mg | Apo-Selegiline | 2012 |
| Sertraline | Tab 50 mg & 100 mg | Arrow-Sertraline | 2013 |
| Simvastatin | Tab 10 mg | Arrow-Simva 10 mg | 2011 |
| | Tab 20 mg | Arrow-Simva 20 mg | |
| | Tab 40 mg | Arrow-Simva 40 mg | |
| | Tab 80 mg | Arrow-Simva 80 mg | |
| Sodium chloride | Inj 23.4%, 20 ml | Biomed | 2013 |
| Sodium citrate with sodium lauryl sulphoacetate | Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml | Micolette | 2013 |
| Sodium citro-tartrate | Grans effervescent 4 g sachets | Ural | 2013 |
| Sodium cromoglycate | Eye drops 2% Nasal spray, 4% | Rexacrom | 2013 |
| | | Rex | 2012 |
| Somatropin | Inj cartridge 16 iu (5.3 mg) | Genotropin | 31/12/12 |
| | Inj cartridge 36 iu (12 mg) | Genotropin | |
| Sotalol | Tab 80 mg & 160 mg | Mylan | 2012 |
| Spacer Device | 230 ml, autoclavable & single patient | Space Chamber | 30/9/11 |
| Spironolactone | Tab 25 mg & 100 mg | Spirotone | 2013 |
| Sumatriptan | Tab 50 mg & 100 mg | Arrow-Sumatriptan | 2013 |
| Tamsulosin hydrochloride | Cap 400 µg | Tamsulosin-Rex | 2013 |
| Tar with triethanolamine lauryl sulphate and fluorescein | Soln 2.3% | Pinetarsol | 2011 |
| Temazepam | Tab 10 mg | Normison | 2011 |
| Terazosin hydrochloride | Tab 1 mg, 2 mg & 5 mg | Arrow | 2013 |
| Terbinafine | Tab 250 mg | Apo-Terbinafine | 2011 |
| Testosterone cypionate | Inj long-acting 100 mg per ml, 10 ml | Depo-Testosterone | 2011 |
| Testosterone undecanoate | Cap 40 mg | Arrow-Testosterone | 2012 |
| Tetracosactrin | Inj 250 µg | Synacthen Synacthen Depot | 2011 |
| | Inj 1 mg per ml, 1 ml | | |
| Timolol maleate | Tab 10 mg | Apo-Timol | 2012 |
| | Eye drops 0.25% & 0.5% | Apo-Timop | 2011 |
| Tramadol hydrochloride | Cap 50 mg | Arrow-Tramadol | 2011 |
| Tranexamic acid | Tab 500 mg | Cycklokapron | 2013 |

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

Sole Subsidised Supply Products – cumulative to June 2011

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

June changes in bold

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 June 2011

| | | | |
|-----|---|------------------------|---|
| 47 | CILAZAPRIL * Tab 2.5 mg 6.18 * Tab 5 mg 9.84 Note – change in pack size, and change from blister packs to bottles. | 90 90 | ✓ Zapril ✓ Zapril |
| 61 | TRICLOSAN – Subsidy by endorsement a) Maximum of 500 ml per prescription b) a) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or b) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly Soln 1% 4.50 | 500 ml OP | ✓ Pharmacy Health |
| 84 | ORNIDAZOLE Tab 500 mg 16.50 | 10 | ✓ Arrow-Ornidazole |
| 116 | MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable Tab long-acting 10 mg 1.98 Tab long-acting 30 mg 3.15 Tab long-acting 60 mg 7.20 Tab long-acting 100 mg 7.85 | 10 10 10 10 | ✓ Arrow-Morphine LA ✓ Arrow-Morphine LA ✓ Arrow-Morphine LA ✓ Arrow-Morphine LA |
| 126 | OLANZAPINE Tab 2.5 mg 2.00 Tab 5 mg 3.85 Tab 10 mg 6.35 | 28 28 28 | ✓ Dr Reddy's Olanzapine ✓ Olanzine ✓ Dr Reddy's Olanzapine ✓ Olanzine ✓ Dr Reddy's Olanzapine ✓ Olanzine |
| 129 | OLANZAPINE Orodispersible tab 5 mg 6.36 Orodispersible tab 10 mg 8.76 | 28 28 | ✓ Dr Reddy's Olanzapine ✓ Olanzine-D ✓ Dr Reddy's Olanzapine ✓ Olanzine-D |
| 143 | METHOTREXATE * Inj 25 mg per ml, 40 ml – PCT – Retail pharmacy-Specialist 25.00 | 1 | ✓ DBL Methotrexate |

S29

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

New listings – effective 1 June 2011 (continued)

| | | | | |
|-----|---|--------|------|--------------------------|
| 144 | BORTEZOMIB – PCT only – Specialist – Special Authority SA1127 | | | |
| | Inj 1 mg | 540.70 | 1 | ✓ Velcade |
| | Inj 1 mg for ECP | 594.77 | 1 mg | ✓ Baxter |
| 145 | DOXORUBICIN – PCT only – Specialist | | | |
| | Inj 50 mg | 40.00 | 1 | ✓ DBL Doxorubicin S29 |
| 146 | PACLITAXEL – PCT only – Specialist | | | |
| | Inj 150 mg | 137.50 | 1 | ✓ Anzatax |
| | Inj 300 mg | 275.00 | 1 | ✓ Anzatax |

Effective 9 May 2011

| | | | | |
|-----|--------------------|------|-----|-----------------------|
| 111 | ALLOPURINOL | | | |
| | * Tab 300 mg | 4.03 | 100 | ✓ Apo-Allopurinol S29 |

Effective 1 May 2011

| | | | | |
|-----|--|--------|-----|--------------------|
| 44 | COMPOUND ELECTROLYTES | | | |
| | Powder for soln for oral use 4.4 g – Up to 10 sach available on a PSO | 1.12 | 5 | ✓ Electral |
| 49 | DIGOXIN | | | |
| | * Tab 250 µg – Up to 30 tab available on a PSO | 14.52 | 240 | ✓ Lanoxin |
| 115 | FENTANYL CITRATE | | | |
| | a) Only on a controlled drug form | | | |
| | b) No patient co-payment payable | | | |
| | Inj 50 µg per ml, 2 ml | 6.43 | 10 | ✓ Boucher and Muir |
| | Inj 50 µg per ml, 10 ml | 16.81 | 10 | ✓ Boucher and Muir |
| 121 | LACOSAMIDE – Special Authority see SA1125 – Retail pharmacy | | | |
| | ▲ Tab 50 mg | 25.04 | 14 | ✓ Vimpat |
| | ▲ Tab 100 mg | 50.06 | 14 | ✓ Vimpat |
| | | 200.24 | 56 | ✓ Vimpat |
| | ▲ Tab 150 mg | 75.10 | 14 | ✓ Vimpat |
| | | 300.40 | 56 | ✓ Vimpat |
| | ▲ Tab 200 mg | 400.55 | 56 | ✓ Vimpat |

▶ SA1125 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Patient has partial-onset epilepsy; and
- 2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam and any two of carbamazepine, lamotrigine and phenytoin sodium (see Note).

Note: "Optimal treatment" is defined as treatment which is 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. Women of childbearing age are not required to have a trial of sodium valproate.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New listings – effective 1 May 2011 (continued)

continued...

Renewal from any relevant practitioner. Approvals valid for 24 months where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).

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.

136 MODAFINIL – Special Authority see SA1126 – Retail pharmacy
Tab 100 mg 72.50 30 ✓ **Modavigil**

▶ SA1126] Special Authority for Subsidy

Initial application only from a neurologist or respiratory specialist. Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

- 1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
- 2 Either:
 - 2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
 - 2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
- 3 Either:
 - 3.1 An effective dose of a subsidised formulation of methylphenidate or dexamphetamine has been trialled and discontinued because of intolerable side effects; or
 - 3.2 Methylphenidate and dexamphetamine are contraindicated.

Note: Modafinil will not be subsidised for hypersomnia associated with any condition other than narcolepsy.

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

144 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127
Inj 3.5 mg 1,892.50 1 ✓ **Velcade**
Inj 1 mg for ECP 1,892.50 3.5 mg OP ✓ **Baxter**

▶ SA1127] Special Authority for Subsidy

Initial application – treatment-naïve multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Either:
 - 1.1 The patient has treatment-naïve symptomatic multiple myeloma; or
 - 1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis; and
- 2 Maximum of 9 treatment cycles.

Initial application – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 The patient has relapsed or refractory multiple myeloma; or
 - 1.2 The patient has relapsed or refractory systemic AL amyloidosis; and
- 2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and
- 3 The patient has not had prior publicly funded treatment with bortezomib; and
- 4 Maximum of 4 treatment cycles.

Renewal – relapsed/refractory multiple myeloma/amyloidosis - only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

continued...

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

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

New listings – effective 1 May 2011 (continued)

continued...

Both:

- 1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and
- 2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Note: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

| | | | | |
|-----|---|----------|-----------|------------------------------|
| 147 | THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 Only on a controlled drug form Cap 100 mg | 1,008.00 | 28 | ✓ Thalomid |
| 183 | PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3] Liquid (strawberry) | 1.60 | 200 ml OP | ✓ Fortini |
| | Liquid (vanilla) | 1.60 | 200 ml OP | ✓ Fortini |
| 183 | PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy [HP3] Liquid (chocolate) | 1.60 | 200 ml OP | ✓ Fortini Multi Fibre |
| | Liquid (strawberry) | 1.60 | 200 ml OP | ✓ Fortini Multi Fibre |
| | Liquid (vanilla) | 1.60 | 200 ml OP | ✓ Fortini Multi Fibre |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions

Effective 1 June 2011

- 80 AZITHROMYCIN – Subsidy by endorsement; can be waived by Special Authority see **SA1130 0964**
- a) Maximum of 2 tab per prescription; can be waived by Special Authority see **SA1130 0964**
 - b) Up to 8 tab available on a PSO
 - c) Subsidised only if prescribed for patients with uncomplicated urethritis or cervicitis proven or presumed to be due to chlamydia trachomatis and their sexual contacts and prescription or PSO is endorsed accordingly; can be waived by Special Authority see **SA1130 0964**.
- Tab 500 mg 5.95 2 OP ✓ **Arrow-Azithromycin**

➔ **SA1130 0964** Special Authority for Waiver of Rule

Initial application – (**cystic fibrosis**) only from a respiratory specialist or paediatrician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 The applicant is part of multidisciplinary team experienced in the management of cystic fibrosis; and
- 2 The patient has been definitively diagnosed with cystic fibrosis*; and
- 3 The patient has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram negative organisms as defined by two positive respiratory tract cultures at least three months apart*; and
- 4 The patient has negative cultures for non-tuberculous mycobacteria.

Note: Caution is advised if using azithromycin as an antibiotic in the treatment of cystic fibrosis patients with pneumonia. Testing for non-tuberculosis mycobacteria should occur annually.

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

Initial application – (bronchiolitis obliterans syndrome) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has received a lung transplant; and
- 2 Azithromycin is to be used for prophylaxis of bronchiolitis obliterans syndrome*; and
- 3 The applicant is experienced in managing patients who have received a lung transplant.

Renewal – (bronchiolitis obliterans syndrome) only from a relevant specialist. Application valid without further renewal, unless notified, for applications meeting the following criteria:

Both

- 1 The patient remains well and free from bronchiolitis obliterans syndrome*; and
- 2 The applicant is experienced in managing patients who have received a lung transplant.

Indications marked with * are Unapproved Indications.

- 80 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority **SA1131 0988**
- Tab 250 mg 7.75 14 ✓ **Klacid**
✓ **Klamycin**
- Grans for oral liq 125 mg per 5 ml 23.12 70 ml ✓ **Klacid**

➔ **SA1131 0988** Special Authority for Waiver of Rule

Initial application - (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years for applications meeting the following criteria:

Either: Any of the following

- 1 Mycobacterium Avium Intracellulare Complex infections in patient with AIDS; or
 - 12 Atypical and drug-resistant mycobacterial infection; or
 - 2 Mycobacterium tuberculosis infection where there is drug-resistance or intolerance to standard pharmaceutical agents.
- 3 All of the following:
- 3.1 Prophylaxis against disseminated Mycobacterium Avium Intracellulare Complex infection; and
 - 3.2 HIV infection; and
 - 3.3 CD4 count ≤ 50 cells/mm³.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

Renewal - (Mycobacterial infections) only from a respiratory specialist, infectious disease specialist or paediatrician. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

| | | | | |
|----|--|----------|------|-----------------------------------|
| 83 | FLUCONAZOLE Cap 150 mg – Retail Pharmacy Specialist Subsidy by endorsement..... | 1.30 | 1 | ✓ Pacific |
| | a) Maximum of one cap per prescription | | | |
| | b) Patient has vaginal candida albicans and the authorised prescriber considers that a topical imidazole is not recommended and the prescription is endorsed accordingly. | | | |
| 93 | PEGYLATED INTERFERON ALPHA-2A – Special Authority see SA1134 0952 – Retail pharmacy See prescribing guideline | | | |
| | Inj 135 µg prefilled syringe | 362.00 | 1 | ✓ Pegasys |
| | | 1,448.00 | 4 | ✓ Pegasys |
| | Inj 180 µg prefilled syringe | 450.00 | 1 | ✓ Pegasys |
| | | 1,800.00 | 4 | ✓ Pegasys |
| | Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112 | 1,799.68 | 1 OP | ✓ Pegasys RBV Combination Pack |
| | Inj 135 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168 | 1,975.00 | 1 OP | ✓ Pegasys RBV Combination Pack |
| | Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 112 | 2,059.84 | 1 OP | ✓ Pegasys RBV Combination Pack |
| | Inj 180 µg prefilled syringe × 4 with ribavirin tab 200 mg × 168 | 2,190.00 | 1 OP | ✓ Pegasys RBV Combination Pack |

▶ SA1134 0952 Special Authority for Subsidy

Initial application - (chronic hepatitis C - genotype 1, 4, 5 or 6 infection or co-infection with HIV) from any specialist. Approvals valid for ~~48 weeks~~ **18 months** for applications meeting the following criteria:

Both:

1 Either:

1.1 Patient has chronic hepatitis C, genotype 1, 4, 5 or 6 infection; or

1.2 Patient has chronic hepatitis C and is co-infected with HIV; and

2 maximum of 48 weeks therapy

Note

- Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.

- Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml

Initial application - (chronic hepatitis C - genotype 2 or 3 infection without co-infection with HIV) from any specialist. Approvals valid for ~~6~~ **12 months for applications meeting the following criteria:**

Both:

1 where ~~p~~ Patient has chronic hepatitis C, genotype 2 or 3 infection; and

2 maximum of 6 months therapy

Initial application - (Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for ~~48 weeks~~ **18 months** for applications meeting the following criteria:

All of the following:

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

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

- 2 Patient is Hepatitis B treatment-naïve; and
- 3 ALT > 2 times Upper Limit of Normal; and
- 4 HBV DNA < 10 log¹⁰ IU/ml; and
- 5 Either:
 - 5.1 HBeAg positive; or
 - 5.2 serum HBV DNA = 2,000 units/ml and significant fibrosis (= Metavir Stage F2); and
- 6 Compensated liver disease; and
- 7 No continuing alcohol abuse or intravenous drug use; and
- 8 Not co-infected with HCV, HIV or HDV; and
- 9 Neither ALT nor AST > 10 times upper limit of normal; and
- 10 No history of hypersensitivity or contraindications to pegylated interferon; **and**
- 11 maximum of 48 weeks therapy**

Notes:

- Approved dose is 180 µg once weekly.
- The recommended dose of Pegylated Interferon-alpha 2a is 180 µg once weekly.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon-alpha 2a dose should be reduced to 135 mcg once weekly.
- In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
- Pegylated Interferon-alpha 2a is not approved for use in children.

| | | | | |
|-----|---|------------------|------|---------------------------------------|
| 123 | SUMATRIPTAN Inj 12 mg per ml, 0.5 ml — Retail pharmacy —Specialist..... | 36.00 (80.00) | 2 OP | ✓ Arrow-Sumatriptan Imigran |
| | Maximum of 10 inj per prescription | | | |
| 144 | BOREZOMIB – PCT only – Specialist – Special Authority see SA1127 | | | |
| | Inj 1 mg | 540.70 | 1 | ✓ Velcade |
| | Inj 3.5 mg | 1,892.50 | 1 | ✓ Velcade |
| | Inj 1 mg for ECP | 594.77 | 1 mg | ✓ Baxter |

➔ SA1127 Special Authority for Subsidy

Initial application — (Treatment naïve multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Either:
 - 1.1 The patient has treatment-naïve symptomatic multiple myeloma; or
 - 1.2 The patient has treatment-naïve symptomatic systemic AL amyloidosis*[†]; and
- 2 Maximum of 9 treatment cycles.

Indications marked with * are Unapproved Indications.

Initial application — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 The patient has relapsed or refractory multiple myeloma; or
 - 1.2 The patient has relapsed or refractory systemic AL amyloidosis*[†]; and
- 2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis*[†]; and
- 3 The patient has not had prior publicly funded treatment with bortezomib; and
- 4 Maximum of 4 further treatment cycles.

Indications marked with * are Unapproved Indications.

continued...

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

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

Changes to Restrictions - effective 1 June 2011 (continued)

continued...

Renewal — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

Both:

1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and

2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).

Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either:

a) a known therapeutic chemotherapy regimen and supportive treatments; or

b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments.

Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.

Effective 1 May 2011

28 CLARITHROMYCIN
Tab 500 mg – Subsidy by endorsement23.30 14 ✓ **Klamycin**

a) **Maximum of 14 tab per prescription**

b) Subsidised only if prescribed for helicobacter pylori eradication and prescription is endorsed accordingly.

Note: the prescription is considered endorsed if clarithromycin is prescribed in conjunction with a proton pump inhibitor and either amoxicillin or metronidazole.

b) ~~if the prescription is for clarithromycin 250 mg tablets and the prescription is dispensed from 23 February 2011 and the prescription is endorsed accordingly.~~

95 INFLUENZA VACCINE – Hospital pharmacy [Xpharm]

A) is available 1 March until vaccine supplies are exhausted each year for patients who meet the following criteria, as set by the Ministry of Health:

a) all people 65 years of age and over;

b) people under 65 years of age with:

i) the following cardiovascular disease:

1) ischaemic heart disease,

2) congestive heart disease,

3) rheumatic heart disease,

4) congenital heart disease, or

5) cerebo-vascular disease;

ii) the following chronic respiratory disease:

1) asthma, if on a regular preventative therapy, or

2) other chronic respiratory disease with impaired lung function;

iii) diabetes;

iv) chronic renal disease;

v) any cancer, excluding basal and squamous skin cancers if not invasive;

vi) the following other conditions:

a) autoimmune disease,

b) immune suppression,

c) HIV,

d) transplant recipients,

e) neuromuscular and CNS diseases,

f) haemoglobinopathies,

g) children on long term aspirin, or

h) pregnancy,

c) **people under 18 years of age living within the boundaries of the Canterbury District Health Board.**

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

The following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
- b) hypertension and/or dyslipidaemia without evidence of end-organ disease,
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Influenza Vaccine does not fall within the definition Community Pharmaceutical as it is not funded directly from the Pharmaceutical Budget. Pharmacists are unable to claim for the dispensing of influenza vaccine from the Funder.

| | | | |
|-----------|-------|----|---------------------|
| Inj | 90.00 | 10 | ✓Fluarix ✓Fluvax |
|-----------|-------|----|---------------------|

124 ONDANSETRON

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

| | | | |
|---------------------|---------|----|-----------------------------|
| Tab 4 mg | 5.10 | 30 | ✓ Dr Reddy's Ondansetron |
| Tab disp 4 mg | 1.70 | 10 | ✓ Dr Reddy's Ondansetron |
| | (17.18) | | Zofran Zydys |
| Tab 8 mg | 1.70 | 10 | ✓ Dr Reddy's Ondansetron |
| Tab disp 8 mg | 2.00 | 10 | ✓ Dr Reddy's Ondansetron |
| | (20.43) | | Zofran Zydys |

▶ SA0887 Special Authority for Waiver of Rule

Initial application from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.

Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is undergoing prolonged treatment with highly emetogenic chemotherapy and/or highly emetogenic radiation therapy for the treatment of malignancy.

147 THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 0882

Only on a controlled drug form

| | | | |
|------------------|----------|----|--------------------------|
| Cap 50 mg | 490.00 | 28 | ✓Thalidomide Pharmion |
| | 504.00 | | ✓Thalomid |
| Cap 100 mg | 1,008.00 | 28 | ✓Thalomid |

▶ SA1124 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:

Either:

1. The patient has multiple myeloma; or
2. The patient has systemic AL amyloidosis*.

Both:

1. The patient has refractory, progressive or relapsed multiple myeloma; and

continued...

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

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

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

~~2 The patient has received prior chemotherapy.~~

Note: Indication marked with * is an Unapproved Indication.

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 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.

185 STANDARD SUPPLEMENTS

▶ SA1104 | Special Authority for Subsidy

Initial application — (Children) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 Any of the following:
 - 2.1 The patient has a condition causing malabsorption; or
 - 2.2 The patient has failure to thrive; or
 - 2.3 The patient has increased nutritional requirements; and
- 3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal — (Children) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner.

Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 All of the following:
 - 1.1 The patient is under 18 years of age; and
 - 1.2 The treatment remains appropriate and the patient is benefiting from treatment; and
 - 1.3 A nutrition goal has been set (eg reach a specific weight or BMI); ~~and~~
- 2 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Adults) only from a relevant specialist or vocationally registered general practitioner.

Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Any of the following:

Patient is Malnourished

 - 1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 1.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and
- 2 Any of the following:

Patient has not responded to first-line dietary measures over a 4 week period by:

 - 2.1 Increasing their food intake frequency (eg snacks between meals); or
 - 2.2 Using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or
 - 2.3 Using over the counter supplements (e.g. Complan); and
- 3 A nutrition goal has been set (e.g. to reach a specific weight or BMI).

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

Renewal — (Adults) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner.

Approvals valid for 6 months for applications meeting the following criteria:

~~Both~~ All of the following:

- 1 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 2 Any of the following:
 - Patient is Malnourished
 - 2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 2.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and
- 3 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
- 2 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 3 Any of the following:
 - Patient is Malnourished
 - 3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 3.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Specific medical condition) only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Is undergoing a bone marrow transplant; or
- 4 ~~Temporomandibular~~ **Temporomandibular** joint surgery.

Renewal — (Specific medical condition) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

~~Both:~~

- 4 Any of the following:
 - 1.1 Is being fed via a nasogastric tube; or
 - 1.2 Malignancy and is considered likely to develop malnutrition as a result; or
 - 1.3 Has undergone a bone marrow transplant; or
 - 1.4 ~~Temporomandibular~~ **Temporomandibular** joint surgery; and
- 2 ~~General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application — (Chronic disease OR tube feeding) only from a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or

continued...

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

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

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or
- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions.

Renewal — (Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

† Any of the following:

- 1.1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 1.2 Cystic Fibrosis; or
- 1.3 Liver disease; or
- 1.4 Chronic Renal failure; or
- 1.5 Inflammatory bowel disease; or
- 1.6 Chronic obstructive pulmonary disease with hypercapnia; or
- 1.7 Short bowel syndrome; or
- 1.8 Bowel fistula; or
- 1.9 Severe chronic neurological conditions; ~~and~~

~~2—General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.~~

189 ORAL FEED 1.5KCAL/ML (TETRAPAK) – Special Authority see SA1104 – Hospital pharmacy [HP3]

a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011.

b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.

Repeats for Ensure Plus, 200 ml OP, will be subsidised to the same subsidy level as prior to 1 April 2011 where the initial dispensing was before 1 April 2011.

| | | | |
|---|--------|-----------|-------------|
| Liquid (banana) | | | |
| – Higher subsidy of \$1.26 per 200 ml with Endorsement..... | 0.72 | 200 ml OP | |
| | (1.26) | | Ensure Plus |
| Liquid (chocolate) | | | |
| – Higher subsidy of \$1.26 per 200 ml with Endorsement..... | 0.72 | 200 ml OP | |
| | (1.26) | | Ensure Plus |
| Liquid (fruit of the forest) | | | |
| – Higher subsidy of \$1.26 per 200 ml with Endorsement..... | 0.72 | 200 ml OP | |
| | (1.26) | | Ensure Plus |
| Liquid (strawberry) | | | |
| – Higher subsidy of \$1.26 per 200 ml with Endorsement..... | 0.72 | 200 ml OP | |
| | (1.26) | | Ensure Plus |
| Liquid (vanilla) | | | |
| – Higher subsidy of \$1.26 per 200 ml with Endorsement..... | 0.72 | 200 ml OP | |
| | (1.26) | | Ensure Plus |

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions - effective 1 May 2011 (continued)

| | | | | |
|-----|---|-------|-----------|--------------------|
| 193 | AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy [HP3] | | | |
| | Powder | 6.00 | 48.5 g OP | ✓Vivonex Pediatric |
| | | 56.00 | 400 g OP | ✓Neocate |
| | | | | ✓Neocate LCP |
| | Powder (tropical) | 56.00 | 400 g OP | ✓Neocate Advance |
| | Powder (unflavoured) | 56.00 | 400 g OP | ✓Elecare |
| | | | | ✓Elecare LCP |
| | | | | ✓Neocate Advance |
| | Powder (vanilla) | 56.00 | 400 g OP | ✓Elecare |

► SA1111 Special Authority for Subsidy

Initial Application – Transition from Old Form (SA0603). Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient is currently receiving funded amino acid formula under Special Authority form SA0603, and
- 2 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and,
- 3 The outcome of the assessment is that the infant continues to require an amino acid infant formula.
- 4 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following: Both:

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and, An assessment as to whether the infant can be transitioned to a cows milk protein formula or an extensively hydrolysed formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula.
- 3 General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.

| | | | | |
|-----|---|-------|----------|--------------------|
| 194 | EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3] | | | |
| | Powder | 15.21 | 450 g OP | ✓Pepti Junior Gold |
| | | 19.01 | | ✓Pepti Junior |

► SA1112 Special Authority for Subsidy

Initial Application – Transition from Old Form (SA0603). Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 All of the following:
 - 1.1 The infant is currently receiving funded amino acid formula under Special Authority form SA0603, and
 - 1.2 The infant is to be assessed as to whether they can transition to an extensively hydrolysed infant formula, and

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

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

Changes to Restrictions - effective 1 May 2011 (continued)

- 1.3 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.**
- 2 **All of the following:**
 - 2.1 **The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603, and**
 - 2.2 **An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and,**
 - 2.3 **The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula, and**
 - 2.4 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.**

Initial application only from a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Both:
 - 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
 - 1.2 Either:
 - 1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
 - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malabsorption; or
- 7 Chylous ascite; or
- 8 Chylothorax; or
- 9 Cystic fibrosis; or
- 10 Proven fat malabsorption; or
- 11 Severe intestinal motility disorders causing significant malabsorption; or
- 12 Intestinal failure.

Renewal only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following: Both:

- 1 **An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and, Assessment as to whether the infant can be transitioned to a cows milk protein formula has been undertaken; and**
- 2 **The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and**
- 3 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and date contacted.**

Renewal – Step Down from Amino Acid Formula. Applications only from a relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 **The infant is currently receiving funded amino acid formula under Special Authority form SA0603, and**
- 2 **The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and,**
- 3 **General Practitioners must include the name of the relevant specialist or vocationally registered general practitioner and the date contacted.**

▲ 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 April 2011

| | | | | |
|-----|--|--------|-----------|----------------------|
| 188 | <p>ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]</p> <p>a) Repeats for Fortisip and Ensure Plus 237 ml OP will be fully subsidised where the initial dispensing was before 1 April 2011.</p> <p>b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.</p> | | | |
| | Liquid (banana) – Higher subsidy of \$1.26 per 200 ml with | | | |
| | Endorsement | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip |
| | Liquid (chocolate) – Higher subsidy of up to \$1.33 per 237 ml | | | |
| | with Endorsement..... | 0.85 | 237 ml OP | |
| | | (1.33) | | Ensure Plus |
| | | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip |
| | Liquid (coffee latte) – Higher subsidy of up to \$1.33 per | | | |
| | 237 ml with Endorsement | 0.85 | 237 ml OP | |
| | | (1.33) | | Ensure Plus |
| | Liquid (strawberry) – Higher subsidy of up to \$1.33 per | | | |
| | 237 ml with Endorsement | 0.85 | 237 ml OP | |
| | | (1.33) | | Ensure Plus |
| | | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip |
| | Liquid (toffee) – Higher subsidy of \$1.26 per 200 ml with | | | |
| | Endorsement | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip |
| | Liquid (tropical fruit) – Higher subsidy of \$1.26 per 200 ml | | | |
| | with Endorsement..... | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip |
| | Liquid (vanilla) – Higher subsidy of up to \$1.33 per 237 ml | | | |
| | with Endorsement..... | 0.85 | 237 ml OP | |
| | | (1.33) | | Ensure Plus |
| | | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip |
| 189 | <p>ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]</p> <p>a) Repeats for Fortisip Multi Fibre will be fully subsidised where the initial dispensing was before 1 April 2011.</p> <p>b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.</p> | | | |
| | Liquid (chocolate) – Higher subsidy of \$1.26 per 200 ml with | | | |
| | Endorsement | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip Multi Fibre |
| | Liquid (strawberry) – Higher subsidy of \$1.26 per 200 ml with | | | |
| | Endorsement | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip Multi Fibre |
| | Liquid (vanilla) – Higher subsidy of \$1.26 per 200 ml with | | | |
| | Endorsement | 0.72 | 200 ml OP | |
| | | (1.26) | | Fortisip Multi Fibre |

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

Changes to Restrictions - effective 1 April 2011 (continued)

| | | | |
|-----|--|--------------------------|------------|
| 190 | ORAL FEED 2KCAL/ML – Special Authority see SA1105 – Hospital pharmacy [HP3] | | |
| | a) Repeats for Two Cal HN will be fully subsidised where the initial dispensing was before 1 April 2011. | | |
| | b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly. | | |
| | Liquid (vanilla) – Higher subsidy of \$2.25 per 237 ml with | | |
| | Endorsement | 1.14 237 ml OP (2.25) | Two Cal HN |

▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber. * Three months or six months, as applicable, dispensed all-at-once

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 2011

| | | | | |
|-----|--|------------------|----------|------------------|
| 38 | SODIUM FLUORIDE (↑ subsidy) Tab 1.1 mg (0.5 mg elemental)..... | 5.00 | 100 | ✓PSM |
| 123 | SUMATRIPTAN (↓ subsidy) Inj 12 mg per ml, 0.5 ml..... Maximum of 10 inj per prescription | 36.00 (80.00) | 2 OP | Imigran |
| 136 | NALTREXONE HYDROCHLORIDE – Special Authority SA0909 – Retail pharmacy (↓ subsidy) Tab 50 mg | 123.00 | 30 | ✓ReVia |
| 152 | TAMOXIFEN CITRATE (↓ subsidy) * Tab 20 mg | 5.25 (6.66) | 60 | Tamoxifen Sandoz |
| 162 | IPRATROPIUM BROMIDE (↓ subsidy) Aqueous nasal spray, 0.03% | 8.06 (12.66) | 30 ml OP | Apo-Ipravent |

Effective 1 May 2011

| | | | | |
|-----|---|-----------------------------------|----------------------|--------------------------------|
| 34 | MUCILAGINOUS LAXATIVES WITH STIMULANTS (↑ price) * Dry..... | 2.41 (8.72) 6.02 (17.32) | 200 g OP 500 g OP | Normacol Plus Normacol Plus |
| 44 | COLESTIPOL HYDROCHLORIDE (↑ subsidy) Sachets 5 g | 20.00 | 30 | ✓Colestid |
| 90 | ABACAVIR SULPHATE – Special Authority see SA1025 – Retail pharmacy (↓ subsidy) Tab 300 mg | 229.00 | 60 | ✓Ziagen |
| | Oral liq 20 mg per ml..... | 50.00 | 240 ml OP | ✓Ziagen |
| 108 | ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) Tab 70 mg | 22.90 | 4 | ✓Fosamax |
| 108 | ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) Tab 70 mg with cholecalciferol 5,600 iu..... | 22.90 | 4 | ✓Fosamax Plus |
| 111 | DANTROLENE SODIUM (↑ price) * Cap 25 mg | 32.96 (65.00) | 100 | Dantrium |
| | * Cap 50 mg | 51.70 (77.00) | 100 | Dantrium |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price - effective 1 May 2011 (continued)

| | | | | |
|-----|---|---------|-----------|--------------|
| 124 | ONDANSETRON (↓ subsidy) | | | |
| | Tab disp 4 mg | 1.70 | 10 | |
| | | (17.18) | | Zofran Zydis |
| | Tab disp 8 mg..... | 2.00 | 10 | |
| | | (20.43) | | Zofran Zydis |
| 189 | ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] (↓ price and ↑ alternate subsidy) | | | |
| | a) Repeats for Fortisip and Ensure Plus will be fully subsidised where the initial dispensing was before 1 April 2011. | | | |
| | b) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly. | | | |
| | Liquid (banana) – Higher subsidy of \$1.26 per 200 ml | | | |
| | with Endorsement..... | 0.72 | 200 ml OP | |
| | | (1.26) | | Ensure Plus |
| | Liquid (chocolate) – Higher subsidy of \$1.26 per 200 ml | | | |
| | with Endorsement..... | 0.72 | 200 ml OP | |
| | | (1.26) | | Ensure Plus |
| | Liquid (fruit of the forest) – Higher subsidy of \$1.26 per 200 ml | | | |
| | with Endorsement..... | 0.72 | 200 ml OP | |
| | | (1.26) | | Ensure Plus |
| | Liquid (strawberry) – Higher subsidy of \$1.26 per 200 ml | | | |
| | with Endorsement..... | 0.72 | 200 ml OP | |
| | | (1.26) | | Ensure Plus |
| | Liquid (vanilla) – Higher subsidy of \$1.26 per 200 ml | | | |
| | with Endorsement..... | 0.72 | 200 ml OP | |
| | | (1.26) | | Ensure Plus |

Note: Additional subsidy by endorsement and repeats will now be fully subsidised for the tetrapaks

▲ 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 Brand Name

Effective 1 May 2011

| | | | | |
|----|---|---------|-----|---------------------------|
| 96 | KETOPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy | | | |
| | * Cap long-acting 100 mg | 6.72 | 100 | |
| | | (21.56) | | Oruvail SR 400 |
| | * Cap long-acting 200 mg | 13.44 | 100 | |
| | | (43.12) | | Oruvail SR 200 |

Changes to Section F Part II

Effective 1 May 2011

201 NERVOUS SYSTEM
Lacosamide

Changes to Sole Subsidised Supply

Effective 1 June 2011

For the list of new Sole Subsidised Supply products effective 1 June 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 10-19.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 June 2011

| | | | | |
|-----|---|------------------|-----------|--------------|
| 34 | LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml..... | 6.65 | 1,000 ml | ✓ Duphalac |
| 37 | ALPHA TOCOPHERYL ACETATE – Special Authority see SA0915 – Retail pharmacy Water solubilised soln 156 iu/ml, with calibrated Dropper..... | 18.30 | 50 ml OP | ✓ Micelle E |
| 51 | LABELALOL * Tab 400 mg | 34.44 | 100 | ✓ Hybloc |
| 75 | DYDROGESTERONE Tab 10 mg | 15.40 (16.75) | 28 | Duphaston |
| 144 | BORTEZOMIB – PCT only – Specialist – Special Authority see SA1127 Inj 1 mg for ECP..... | 1,892.50 | 3.5 mg OP | ✓ Baxter |
| 168 | PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... The Pharmacode for BSF Zapril is 2378639 | 0.01 | 1 fee | ✓ BSF Zapril |

Effective 1 May 2011

| | | | | |
|-----|---|-----------------|-------|-----------------------|
| 33 | PANCREATIC ENZYME Cap 8,000 USP u lipase, 30,000 USP u amylase, 30,000 USP u protease..... | 85.00 | 250 | ✓ Cotazym ECS |
| 84 | ITRACONAZOLE – Retail pharmacy-Specialist Cap 100 mg | 4.25 (23.70) | 15 | Sporanox |
| 124 | ONDANSETRON Tab 4 mg | 1.70 (17.18) | 10 | Zofran |
| | Tab 8 mg | 3.40 (33.89) | 20 | Zofran |
| 127 | RISPERIDONE Tab 0.5 mg | 1.17 | 20 | ✓ Ridal |
| | Note – Ridal tab 0.5 mg, 60 tab pack, remains subsidised. | | | |
| 168 | PHARMACY SERVICES - May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Apo-Clopidogrel is 2378655 | 0.01 | 1 fee | ✓ BSF Apo-Clopidogrel |

▲ 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 August 2011

| | | | | | |
|-----|---------------------|---------|----|--------------|--|
| 124 | ONDANSETRON | | | | |
| | Tab disp 4 mg | 1.70 | 10 | | |
| | | (17.18) | | Zofran Zydys | |
| | Tab disp 8 mg | 2.00 | 10 | | |
| | | (20.43) | | Zofran Zydys | |

Effective 1 September 2011

| | | | | | |
|-----|---|---------|----------|------------------|---------|
| 123 | SUMATRIPTAN | | | | |
| | Inj 12 mg per ml, 0.5 ml | 36.00 | 2 OP | | |
| | | (80.00) | | Imigran | |
| | Maximum of 10 inj per prescription | | | | |
| 136 | NALTREXONE HYDROCHLORIDE – Special Authority SA0909 – Retail pharmacy | | | | |
| | Tab 50 mg | 123.00 | 30 | | ✓ ReVia |
| 152 | TAMOXIFEN CITRATE | | | | |
| | * Tab 20 mg | 5.25 | 60 | | |
| | | (6.66) | | Tamoxifen Sandoz | |
| 162 | IPRATROPIUM BROMIDE | | | | |
| | Aqueous nasal spray, 0.03% | 8.06 | 30 ml OP | | |
| | | (12.66) | | Apo-Ipravent | |

Effective 1 November 2011

| | | | | | |
|----|--|---------|------------|--|------------------------|
| 32 | BLOOD GLUCOSE DIAGNOSTIC TEST STRIP | | | | |
| | 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 | 10.82 | 25 test OP | | ✓ Optium 5 second test |
| 33 | PANCREATIC ENZYME | | | | |
| | Tab EC 1,900 BP u lipase, 1,700 BP u amylase, 110 BP u protease | 32.46 | 300 | | ✓ Pancrex V |
| 39 | IPECACUANHA | | | | |
| | * Tincture | 41.20 | 500 ml | | PSM |
| | | (43.40) | | | |

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

Items to be delisted - effective 1 November 2011 (continued)

| | | | | |
|-----|--|----------------|-------------|-------------------|
| 44 | DIGOXIN * Tab 250 µg – Up to 30 tab available on a PSO | 15.13 | 250 | ✓ Lanoxin |
| 63 | SALICYLIC ACID Powder – Only in combination | 15.00 | 500 g | ✓ ABM |
| | 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible, | | | |
| | 2) With or without other dermatological galenicals. | | | |
| | 3) Maximum 20 g or 20 ml per prescription when prescribed with white soft paraffin or collodion flexible. | | | |
| 63 | SULPHUR Precipitated – Only in combination | 6.35 (9.25) | 100 g | PSM |
| | 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain | | | |
| | 2) With or without other dermatological galenicals. | | | |
| 114 | BUPRENORPHINE HYDROCHLORIDE – Only on a controlled drug form Inj 0.3 mg per ml, 1 ml | 7.42 (9.38) | 5 | Temgesic |
| 161 | SALBUTAMOL WITH IPRATROPIUM BROMIDE Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose | 13.50 | 200 dose OP | ✓ Combivent |
| 163 | SULPHACETAMIDE SODIUM * Eye drops 10% | 4.41 | 15 ml OP | ✓ Bleph 10 |
| 192 | AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – [HP3] | | | Hospital pharmacy |
| | Liquid (berry) | 15.65 | 62.5 ml OP | ✓ Lophlex LQ |
| | | 31.20 | 125 ml OP | ✓ Lophlex LQ |
| | Liquid (citrus) | 15.65 | 62.5 ml OP | ✓ Lophlex LQ |
| | | 31.20 | 125 ml OP | ✓ Lophlex LQ |
| | Liquid (orange)..... | 15.65 | 62.5 ml OP | ✓ Lophlex LQ |
| | | 31.20 | 125 ml OP | ✓ Lophlex LQ |
| | Infant formula | 174.72 | 400 g OP | ✓ XP Analog LCP |

Effective 1 December 2011

| | | | | |
|----|---|-------|-----|-------------------|
| 33 | PANCREATIC ENZYME Tab EC 5,600 BP u lipase, 5,000 BP u amylase, 330 BP u protease | 58.44 | 300 | ✓ Pancrex V Forte |
| | Cap 8,000 BP u lipase, 9,000 BP u amylase, 430 BP u protease | 67.26 | 300 | ✓ Pancrex V |

▲ 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 December 2011 (continued)

| | | | | | |
|-----|---|---------|----------|-----------------------|----------|
| 47 | CILAZAPRIL | | | | |
| | * Tab 2.5 mg | 2.06 | 30 | ✓ Zapril | |
| | * Tab 5 mg | 3.28 | 30 | ✓ Zapril | |
| | Note – Zapril tab 2.5 mg and 5 mg, 90 tab packs remain listed. | | | | |
| 51 | METOPROLOL TARTRATE | | | | |
| | * Tab 100 mg | 10.90 | 30 | ✓ Lopresor | |
| | Note – Lopresor tab 100 mg 60 tab pack remains listed. | | | | |
| 97 | SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy | | | | |
| | * Tab 200 mg | 3.36 | 50 | | |
| | | (15.87) | | | Clinoril |
| 194 | EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3] | | | | |
| | Powder | 19.01 | 450 g OP | ✓ Pepti Junior | |
| | Note – Pepti Junior Gold powder 450 g OP remains listed. | | | | |

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

Section H changes to Part II

Effective 1 June 2011

| | | | | |
|----|---|--------|--------|--------------------------|
| 20 | BORTEZOMIB Inj 1 mg | 540.70 | 1 | Velcade |
| 24 | GILAZAPRIL Tab 0.5 mg | 2.20 | 30 | Inhibace |
| | Tab 2.5 mg | 4.10 | 28 | Inhibace |
| | Tab 5 mg | 6.01 | 28 | Inhibace |
| | Note – Inhibace delisted 1 June 2011 | | | |
| 29 | DOXORUBICIN Inj 50 mg | 40.00 | 1 | DBL Doxorubicin |
| 42 | METHOTREXATE Inj 25 mg per ml, 40 ml | 25.00 | 1 | DBL Methotrexate |
| 45 | MORPHINE SULPHATE Tab long-acting 10 mg – 1% DV Aug-11 to 2013 | 1.98 | 10 | Arrow-Morphine LA |
| | Tab long-acting 30 mg – 1% DV Aug-11 to 2013 | 3.15 | 10 | Arrow-Morphine LA |
| | Tab long-acting 60 mg – 1% DV Aug-11 to 2013 | 7.20 | 10 | Arrow-Morphine LA |
| | Tab long-acting 100 mg – 1% DV Aug-11 to 2013 | 7.85 | 10 | Arrow-Morphine LA |
| 47 | OLANZAPINE Tab 2.5 mg – 5% DV Aug-11 to 2013 | 2.00 | 28 | Olanzine |
| | Tab 5 mg – 5% DV Aug-11 to 2013 | 3.85 | 28 | Olanzine |
| | Tab 10 mg – 5% DV Aug-11 to 2013 | 6.35 | 28 | Olanzine |
| | Orodispersible tab 5 mg – 5% DV Aug-11 to 2013 | 6.36 | 28 | Olanzine-D |
| | Orodispersible tab 10 mg – 5% DV Aug-11 to 2013 | 8.76 | 28 | Olanzine-D |
| | Note – Zyprexa tab 2.5 mg, 5 mg and 10 mg and Zyprexa Zydys wafer 5 mg and 10 mg to be delisted 1 August 2011 | | | |
| 47 | ORNIDAZOLE Tab 500 mg | 16.50 | 10 | Arrow-Ornidazole |
| 48 | PACLITAXEL Inj 150 mg | 137.50 | 1 | Anzatax |
| | Inj 300 mg | 275.00 | 1 | Anzatax |
| 60 | TRICLOSAN Soln 1% | 4.50 | 500 ml | Pharmacy Health |

Effective 1 May 2011

| | | | | |
|----|--|--------|--------|---------------|
| 16 | ABACAVIR SULPHATE Tab 300 mg – 1% DV Jul-11 to 2014 | 229.00 | 60 | Ziagen |
| | Oral liq 20 mg per ml – 1% DV Jul-11 to 2014 | 50.00 | 240 ml | Ziagen |
| 16 | ALENDRONATE SODIUM (↓ price) Tab 70 mg | 22.90 | 4 | Fosamax |

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

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

| | | | | |
|---|---|----------|----------|--|
| 16 | ALENDRONATE SODIUM WITH CHOLECALCIFEROL (↓ price) Tab 70 mg with cholecalciferol 5,600 iu..... | 22.90 | 4 | Fosamax Plus |
| 20 | BLOOD GLUCOSE DIAGNOSTIC TEST STRIP Blood glucose test strips | 10.82 | 25 test | Optium 5 second test |
| Note: Optium 5 second test 25 test to be delisted 1 July 2011 | | | | |
| 20 | BORTEZOMIB Inj 3.5 mg | 1,892.50 | 1 | Velcade |
| 23 | CEFTRIAXONE SODIUM Inj 1 g – 1% DV May-11 to 2013 | 10.49 | 5 | Aspen Ceftriaxone |
| Note: HSS reinstated from 1 May 2011 | | | | |
| 26 | DANTROLENE SODIUM (↑ price) Cap 25 mg | 65.00 | 100 | Dantrium |
| | Cap 50 mg | 77.00 | 100 | Dantrium |
| 31 | FENTANYL CITRATE Inj 50 µg per ml, 2 ml – 1% DV Jul-11 to 2012 | 6.43 | 10 | Boucher and Muir Boucher and Muir |
| | Inj 50 µg per ml, 10 ml – 1% DV Jul-11 to 2012 | 16.81 | 10 | |
| Note: Hospira 50 µg per ml, 2 ml and 10 ml to be delisted 1 July 2011 | | | | |
| 39 | LACOSAMIDE Tab 50 mg | 25.04 | 14 | Vimpat |
| | Tab 100 mg | 50.06 | 14 | Vimpat |
| | | 200.24 | 56 | Vimpat |
| | Tab 150 mg | 75.10 | 14 | Vimpat |
| | | 300.40 | 56 | Vimpat |
| | Tab 200 mg | 400.55 | 56 | Vimpat |
| 46 | OCTREOTIDE Inj 50 µg per ml, 1 ml..... | 43.50 | 5 | Sandostatin |
| | Inj 100 µg per ml, 1 ml..... | 81.00 | 5 | Sandostatin |
| | Inj 500 µg per ml, 1 ml..... | 399.00 | 5 | Sandostatin |
| Note: Sandostatin 50 µg per 1 ml, 100 µg per 1 ml and 500 µg per 1 ml to be delisted 1 May 2011 | | | | |
| 54 | SALBUTAMOL WITH IPRATROPIUM BROMIDE Aerosol inhaler, 100 µg with ipratropium bromide, 20 µg per dose..... | 13.50 | 200 dose | Combivent |
| Note: Combivent aerosol inhaler to be delisted 1 July 2011 | | | | |
| 54 | SALICYLIC ACID Powder | 15.00 | 500 g | ABM |
| Note: ABM salicylic acid to be delisted 1 July 2011 | | | | |
| 57 | SPECIAL FOOD SUPPLEMENT (↓ price) Oral feed 1.5 kcal/ml, liquid (banana) | 1.26 | 200 ml | Ensure Plus |
| | Oral feed 1.5 kcal/ml, liquid (chocolate) | 1.26 | 200 ml | Ensure Plus |
| | Oral feed 1.5 kcal/ml, liquid (fruit of the forest)..... | 1.26 | 200 ml | Ensure Plus |
| | Oral feed 1.5 kcal/ml, liquid (vanilla) | 1.26 | 200 ml | Ensure Plus |

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

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

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

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

| | | | | |
|----|--|----------|----------|-------------------|
| 58 | TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN (price correction) Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium – 1% DV Dec-08 to 2011 | 5.54 | 1,000 ml | Pinetarsol |
| 59 | THALIDOMIDE Cap 100 mg | 1,008.00 | 28 | Thalomid |

Effective 1 April 2011

| | | | | |
|----|--|--------|-----|--|
| 17 | AMITRIPTYLINE (↓ price) Tab 25 mg – 1% DV Jun-11 to 2014 | 1.85 | 100 | Amitrip |
| | Tab 50 mg – 1% DV Jun-11 to 2014 | 3.60 | 100 | Amitrip |
| 17 | AMPHOTERICIN B Lozenges 10 mg | 5.86 | 20 | Fungilin |
| 21 | BUSULPHAN Tab 2 mg | 59.50 | 100 | Myleran |
| 28 | DOPAMINE HYDROCHLORIDE (brand name change) Inj 40 mg per ml, 5 ml – 1% DV Feb-11 to 2012 | 82.08 | 10 | Martindale Max Health |
| 28 | DOXAZOSIN MESYLATE (↓ price) Tab 2 mg – 1% DV Jun-11 to 2014 | 8.23 | 500 | Apo-Doxazosin |
| | Tab 4 mg – 1% DV Jun-11 to 2014 | 12.40 | 500 | Apo-Doxazosin |
| 30 | EXEMESTANE (↓ price) Tab 25 mg – 1% DV Jun-11 to 2014 | 22.57 | 30 | Aromasin |
| 31 | FLUDROCORTISONE ACETATE (↑ price) Tab 100 µg | 14.32 | 100 | Florinef |
| 38 | ISOSORBIDE MONONITRATE Tab 20 mg – 1% DV Jun-11 to 2014 (↓ price) | 17.10 | 100 | Ismo-20 |
| | Tab long-acting 40 mg – 1% DV Jun-11 to 2014 (new listing) ... | 7.50 | 30 | Corangin |
| 43 | METOCLOPRAMIDE HYDROCHLORIDE (↓ price) Tab 10 mg – 1% DV Jun-11 to 2014 | 3.95 | 100 | Metamide |
| 43 | METOPROLOL SUCCINATE Tab long-acting 23.75 mg | 2.18 | 30 | Myloc CR |
| | Tab long-acting 47.5 mg | 2.74 | 30 | Myloc CR |
| | Tab long-acting 95 mg | 4.71 | 30 | Myloc CR |
| | Tab long-acting 190 mg | 8.51 | 30 | Myloc CR |
| 45 | NALTREXONE HYDROCHLORIDE Tab 50 mg – 1% DV Jun-11 to 2013 | 123.00 | 30 | Naltraccord |

Note: ReVia Tab 50 mg to be delisted 1 June 2011

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

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

| | | | | |
|----|--|--------|--------|--------------------------|
| 45 | NICOTINE | | | |
| | Lozenge 1 mg – 5% DV Jul-11 to 2014 | 19.94 | 216 | Habitrol |
| | Lozenge 2 mg – 5% DV Jul-11 to 2014 | 24.27 | 216 | Habitrol |
| | Patch 7 mg – 5% DV Jul-11 to 2014 | 18.13 | 28 | Habitrol |
| | Patch 14 mg – 5% DV Jul-11 to 2014 | 18.81 | 28 | Habitrol |
| | Patch 21 mg – 5% DV Jul-11 to 2014 | 19.14 | 28 | Habitrol |
| | Note: Habitrol patch 7 mg, 14 mg, and 21 mg, 7 patch pack size, and lozenge 1 mg and 2 mg, 36 lozenge pack size, to be delisted 1 July 2011. | | | |
| 46 | NICOTINE | | | |
| | Gum 2 mg (Fruit)..... | 14.97 | 96 | Habitrol |
| | Gum 2 mg (Mint)..... | 14.97 | 96 | Habitrol |
| | Gum 2 mg (Classic) | 14.97 | 96 | Habitrol |
| | Gum 4 mg (Fruit)..... | 20.02 | 96 | Habitrol |
| | Gum 4 mg (Mint)..... | 20.02 | 96 | Habitrol |
| | Gum 4 mg (Classic)..... | 20.02 | 96 | Habitrol |
| | Note: Habitrol 2 mg and 4 mg Classic, Mint and Fruit to be delisted 1 October 2011. | | | |
| 56 | SOTALOL | | | |
| | Inj 10 mg per ml, 4 ml..... | 65.39 | 5 | Sotacor |
| 58 | SUMATRIPTAN | | | |
| | Inj 12 mg per ml, 0.5 ml – 1% DV Jun-11 to 2013 | 36.00 | 2 OP | Arrow-Sumatriptan |
| 58 | TAMOXIFEN CITRATE (↓ price) | | | |
| | Tab 20 mg – 1% DV Jun-11 to 2014 | 8.75 | 100 | Genox |
| | Note: Tamoxifen Sandoz tab 20 mg to be delisted 1 June 2011 | | | |
| 59 | THALIDOMIDE | | | |
| | Cap 50 mg..... | 504.00 | 28 | Thalomid |
| 62 | TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ price) | | | |
| | Ear drops 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 µg per g..... | 5.16 | 7.5 ml | Kenacomb |
| 62 | ZOLEDRONIC ACID | | | |
| | Soln for infusion 5 mg in 100 ml..... | 600.00 | 100 ml | Aclasta |

Section H changes to Part III**Effective 1 June 2011**

| | | | |
|----|------------------------------|---------|--|
| 64 | CYCLOSPORIN | | |
| | Cap 25 mg | Gengraf | |
| | | Neoral | |
| | Cap 50 mg | Gengraf | |
| | | Neoral | |
| | Cap 100 mg..... | Gengraf | |
| | | Neoral | |
| | Oral liq 100 mg per ml | Gengraf | |
| | | Neoral | |
| | For aplastic anaemia | | |

Effective 1 May 2011

| | | | |
|----|--|------------------------|--|
| 63 | BACLOFEN | | |
| | Inj 10 mg..... | Lioresal Intrathecal | |
| | Indefinite supply for patients with severe chronic spasticity of cerebral origin or due to multiple sclerosis, spinal cord injury or spinal cord disease, where oral antispastic agents have failed or have caused unacceptable side effects. | | |
| 66 | ONDANSETRON | | |
| | Tab 4 mg..... | Dr Reddy's Ondansetron | |
| | | Zofran | |
| | Tab 8 mg..... | Dr Reddy's Ondansetron | |
| | | Zofran | |
| | Tab dispersible 4 mg | Dr Reddy's Ondansetron | |
| | | Zofran | |
| | Tab dispersible 8 mg..... | Dr Reddy's Ondansetron | |
| | | Zofran | |
| | For treatment of patients with hyperemesis gravidarum for the term of the pregnancy following failure of other antiemetic regimens. | | |

Effective 1 April 2011

| | | | |
|----|---|----------------------------------|--|
| 66 | SPECIAL FOOD SUPPLEMENT | | |
| | Oral supplement 1kcal/ml, | | |
| | powder, 900 g..... | Sustagen Hospital Formula | |
| | Oral supplement 1kcal/ml, | | |
| | powder, 400 g..... | Ensure | |
| | Oral supplement 1kcal/ml, | | |
| | powder, 900 g | Ensure | |
| | Oral feed 1.5kcal/ml liquid, | | |
| | 200 ml | Ensure Plus | |
| | Oral feed 1.5kcal/ml liquid, | | |
| | 237 ml..... | Ensure Plus | |
| | Oral feed 1.5kcal/ml liquid, | | |
| | 200 ml | Fortisip | |
| | Oral feed with fibre 1.5kcal/ml | | |
| | liquid, 200 ml..... | Fortisip Multi Fibre | |
| | For use in community/non-hospitalised patients for 10 days prior to hospitalisation and 30 days following discharge. | | |

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Pharmaceuticals and brands

A

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