

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2011

Cumulative for May, June and July 2011

Section H cumulative for April, May, June and July 2011



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Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2011

New listings (pages 18-20)

- Omeprazole (Midwest) powder 5 g – only in combination – only in extemporaneously compounded omeprazole suspension
- Pyridoxine hydrochloride (PyridoxADE) tab 25 mg – no more than 100 mg per dose – only on a prescription - no patient co-payment payable
- Dabigatran (Pradaxa) cap 75 mg, 110 mg and 150 mg, 60 cap OP – will not be funded Close Control in amounts less than 4 weeks of treatment – cap 75 mg no more than 2 cap per day
- Permethrin (Lyderm) crm 5%, 30 g OP
- Clindamycin (Dalacin C) inj phosphate 150 mg per ml, 4 ml, 10 inj pack – Retail pharmacy – Specialist
- Raloxifene hydrochloride (Evista) tab 60 mg – Special Authority – Retail pharmacy
- Teriparatide (Forteo) inj 250 µg per ml, 2.4 ml – Special Authority – Retail pharmacy
- Paracetamol with codeine (Relieve) tab paracetamol 500 mg with codeine phosphate 8 mg
- Olanzapine pamoate monohydrate (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg – Special Authority – Retail pharmacy
- Nicotine (Habitrol) gum 2 mg and 4 mg (classic, fruit and mint), 384 piece pack – up to 384 pieces of gum available on a PSO – nicotine will not be funded Close Control in amounts less than 4 weeks of treatment
- Fludarabine phosphate (Fludarabine Ebewe) inj 50 mg – PCT only – Specialist
- Mycophenolate mofetil (Ceptolate) cap 250 mg and tab 500 mg - Special Authority – Retail pharmacy

Changes to restrictions (pages 25-31)

- Fluconazole (Pacific) cap 150 mg – amended endorsement
 - Vancomycin hydrochloride (Mylan) inj 500 mg – amended presentation description and brand name change
 - Alendronate sodium (Fosamax) tab 70 mg – amended Special Authority criteria
 - Alendronate sodium with cholecalciferol (Fosamax Plus) tab 70 mg with cholecalciferol 5, 600 iu – amended Special Authority criteria
 - Zoledronic acid (Aclasta) soln for infusion 5 mg in 100 ml – amended Special Authority criteria
 - Lignocaine hydrochloride (Xylocaine Viscous) viscous soln 2% – amended presentation description
 - Nicotine (Habitrol) all strengths of patches, lozenge and gum – available on PSO
-

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

- Varenicline tartrate (Champix) tab 1 mg and 0.5 mg – amended Special Authority criteria
- Docetaxel (Docetaxel Ebewe, Taxotere and Baxter) inj 20 mg, inj 80 mg and inj 1 mg for ECP – removal of Special Authority
- Eformoterol fumarate (Oxis Turbuhaler) powder for inhalation, 6 µg per dose, breath activated – higher subsidy with endorsement
- Budesonide with eformoterol (Vannair and Symbicort Turbuhaler) all presentations – higher subsidy with endorsement
- Omeprazole suspension – change to Standard Formulae

Increased subsidy (page 44-47)

- Tetracosactrin (Synacthen Depot) inj 1 mg per ml, 1 ml
- Amoxicillin Clavulanate (Synermox) tab amoxicillin 500 mg with potassium clavulanate 125 mg
- Ketoprofen (Oruvail SR) cap long-acting 100 mg and 200 mg
- Tiaprofenic acid (Surgam) tab 300 mg

Decreased subsidy (page 44-47)

- Mesalazine (Asacol) suppos 500 mg
 - Hyoscine n-butylbromide (Gastrosoothe) tab 10 mg
 - Ranitidine hydrochloride (Arrow-Ranitidine) tab 150 mg and 300 mg
 - Ranitidine hydrochloride (Peptisoothe) oral liq 150 mg per 10 m
 - Omeprazole (Dr Reddy's Omeprazole) inj 40 mg
 - Pantoprazole (Pantocid IV) inj 40 mg
 - Gliclazide (Apo-Gliclazide) tab 80 mg
 - Docusate sodium (Laxofast 50 and 120) cap 50 mg and 120 mg
 - Triamcinolone acetonide (Oracort) 0.1% in Dental Paste USP
 - Pyridoxine hydrochloride (Apo-Pyridoxine) tab 50 mg
 - Dextrose (Biomed) inj 50%, 10 ml
 - Compound electrolytes (Enerlyte) powder for soln for oral use 5 g
 - Nicotinic acid (Apo-Nicotinic Acid) tab 50 mg and 500 mg
 - Simvastatin (Arrow-Simva) tab 10 mg, 20 mg, 40 mg and 80 mg
 - Nifedipine (Arrow-Nifedipine XR) tab long-acting 30 mg and 60 mg
 - Bendrofluazide (Arrow-Bendrofluazide) tab 2.5 mg and 5 mg
 - Glyceryl trinitrate (Nitroderm TTS) TDDS 10 mg
 - Chlorhexidine gluconate (Orion) soln 4%
 - Aqueous cream (AFT) crm 500 g
 - Emulsifying ointment (AFT) oint BP 500 g
 - Permethrin (A-Scabies) lotn 5 %
-

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

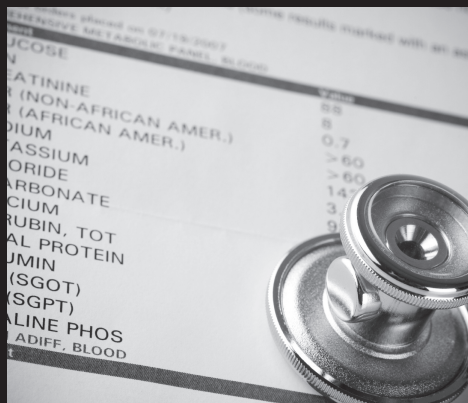
- Ketoconazole (Sebizole) shampoo 2%
- Cyproterone acetate with ethinyloestradiol (Ginet 84) tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs
- Desmopressin (Desmopressin-PH&T) nasal spray 10 µg per dose
- Doxycycline hydrochloride (Doxine) tab 100 mg
- Tobramycin (DBL Tobramycin) inj 40 mg per ml, 2 ml
- Vancomycin hydrochloride (Mylan) inj 500 mg
- Norfloxacin (Arrow-Norfloxacin) tab 400 mg
- Neostigmine (AstraZeneca) inj 2.5 mg per ml, 1 ml
- Pyridostigmine bromide (Mestinon) tab 60 mg
- Amantadine hydrochloride (Symmetrel) cap 100 mg
- Tolcapone (Tasmar) tab 100 mg
- Paracetamol (Paracare Double Strength) oral liq 250 mg per 5 ml
- Tramadol hydrochloride (Arrow-Tramadol) cap 50 mg
- Fentanyl citrate (Hospira) inj 50 µg per ml, 2 ml and 10 ml
- Citalopram hydrobromide (Arrow-Citalopram) tab 20 mg
- Zopiclone (Apo-Zopiclone) tab 7.5 mg
- Docetaxel (Docetaxel Ebewe and Baxter) ini 20 mg, 80 mg and inj 1 mg for ECP
- Anastrozole (DP-Anastrozole) tab 1 mg
- Cetirizine hydrochloride (Zetop) tab 10 mg
- Eformoterol fumarate (Oxis) powder for inhalation, 6 µg per dose, breath activated
- Budesonide with eformoterol (Vannair) aerosol inhaler 100 µg with eformoterol fumarate 6 µg and aerosol inhaler 200 µg with eformoterol fumarate 6 µg
- Budesonide with eformoterol (Symbicort Turbuhaler) powder for inhalation 100 µg with eformoterol fumarate 6 µg, powder for inhalation 200 µg with eformoterol fumarate 6 µg and powder for inhalation 400 µg with eformoterol fumarate 12 µg

Changes to Schedule subscriptions

Later this year PHARMAC will be introducing changes to the subscriptions for the Pharmaceutical Schedule publications. Subscribers will be able to receive electronic copies of the publications by e-mail free of charge whereas hard copies will attract a fee.

Annual subscription fees for hard copies of the Pharmaceutical Schedule and Updates will cost \$55.00, Section H will cost \$15.00, or a combined subscription will cost \$65.00. These fees do not represent full cost recovery, but a contribution towards the cost of printing and postage.

PHARMAC will shortly announce when the new fees will apply, and how to activate your free e-mail subscription and/or the paid hard copy subscription. Subscriptions will be managed via a secure website, links



to which will be via the PHARMAC website.

We note that in addition to e-mail and hard copy subscription the Pharmaceutical Schedule can also be freely accessed online, anytime, via the PHARMAC website. Functionality of the online Schedule continues to be improved and we welcome your suggestions for further improvement.

Varenicline (Champix) – clarification of funded treatment length

Amendments have been made to the Special Authority criteria for varenicline tartrate (Champix) tablets to make it clear that a maximum of 3 months' varenicline will be subsidised on each Special Authority approval from 1 July 2011. This was the original intent of the 3-month Special Authority approval period but it was

not previously explicitly stated on the application form.

Patients should be prescribed one starter pack and the remainder of the 12-week funded treatment course on the same prescription to avoid potential confusion.



Special Foods - substitution clarification and stock report

Ensure powder vanilla, both 400 g and 900 g tins, have arrived and we have confirmation there is sufficient stock at wholesalers.

Ensure powder chocolate 900 g is due to arrive on July 17 2011 and back orders will be filled shortly after this date.

Sustagen Hospital Formula vanilla and chocolate both remain in stock and we do not anticipate any stock issues.

Pharmacists will continue to be able to interchange and annotate prescriptions between the two powdered supplements upon verbal confirmation with the prescriber. This is intended to help reduce the burden for pharmacists as prescriptions do not need to be sent back to the prescribers, rather the change is annotated by the pharmacist and initialled once the prescriber has been contacted.

Fluconazole 150 mg – further clarification

From 1 June 2011 fluconazole 150 mg capsules were taken off specialist restriction and replaced with subsidy by endorsement. Any practitioner from 1 June 2011 has been able to prescribe one fluconazole 150 mg capsules for patients with vaginal candida albicans with endorsement.

Fluconazole 150 mg capsules will not be funded in amounts greater than one

capsule per prescription, even if prescribed by or on the recommendation of a specialist. For prescriptions greater than one 150 mg capsule written by or on the recommendation of a specialist, pharmacists are able to change to the 50 mg capsules. The prescriber does not need to be contacted as it is not a change in dose and there is no extra cost to the DHB.

Dabigatran – new listing

Dabigatran 75 mg, 110 mg and 150 mg capsules (Pradaxa) will be fully subsidised from 1 July 2011 without Special Authority restrictions. Note that dabigatran will not be funded Close Control in amounts less than 4 weeks of treatment and that there is a restriction on the 75 mg capsules of no more than 2 capsules per day. Due to the

short shelf life of the capsules once opened, Original Pack dispensing arrangements will be in place. Pradaxa will initially be provided in a bottle presentation, which has a shelf-life of 30 days once opened, but we are working with the supplier to introduce a blister packaging.

Nicotine Replacement Therapy (NRT) – addition to Practitioners Supply Order (PSO) list

All strengths and flavours (where relevant) of nicotine patches, lozenges and gum will be available on a PSO from 1 July 2011. Note that the PSO may only be used to ensure medical supplies for emergency use, teaching and demonstration purposes, and for the provision to certain patient

groups where individual prescription is not practicable. We expect the main use of NRT obtained on a PSO would be for teaching and demonstration purposes. Patients will still need to obtain prescriptions or Quit Cards for funded NRT.

Paracetamol with codeine tablets

The listing date for the Mylan brand of paracetamol 500 mg with codeine 8 mg tablets (Relieve) has been brought forward to 1 July 2011. We have been informed that Mylan's stock will be available from mid July. The delisting date of Arrow's Paracode (1 February 2012) is unchanged.

Symbicort Turbuhaler, Vannair and Oxis Turbuhaler – changes to subsidy for new patients

From 1 July 2011, a part charge will apply to all new patients prescribed budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler), and eformoterol fumarate powder for inhalation 6 µg (Oxis Turbuhaler). All current patients will

remain fully funded under a Pharmacist endorsement. Budesonide with eformoterol aerosol inhalers (Vannair) remains fully subsidised for all patients with a price and subsidy decrease from 1 July 2011.

Olanzapine depot injection – new listing

From 1 July 2011 olanzapine depot injection 210 mg, 300 mg and 405 mg (Zyprexa Relprevv) will be funded subject to Special Authority restrictions for patients with schizophrenia who are non-compliant

with oral medications and who have been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment, for 30 days or more in the last 12 months.

Osteoporosis treatments – two new listings and amendment to restrictions

Raloxifene (Evista) 60 mg tablets will be funded for patients with osteoporosis subject to Special Authority restrictions similar to those that currently apply to alendronate and zoledronic acid from 1 July 2011. Changes have also been made to the Special Authority criteria for alendronate and zoledronic acid to ensure that patients who

receive an approval for raloxifene will be able to access alendronate and zoledronic acid.

Also from 1 July 2011, teriparatide (Forteo) injection 250 µg per ml, 2.4 ml, will be funded subject to Special Authority restrictions as a last-line treatment for osteoporosis.

Docetaxel – Removal of Special Authority

From 1 July 2011 the Special Authority criteria applying to the funding of docetaxel (20 mg and 80 mg injections and 1 mg injection for extemporaneous compounding (ECP)) will be removed. Docetaxel will

remain listed as “PCT only – Specialist” pharmaceutical meaning it is only subsidised when claimed for by DHB Hospitals as a treatment for cancer

Hospital Sole Supply (HSS) expiry date

The end of June each year sees the expiry date of many sole supply contracts. This year is no different. For items listed in Part II of Section H that expire on 30 June 2011, and where there are no further changes to the listing of a product, the HSS expiry have not been reflected in this Update as they have in previous years.



Tender News

Sole Subsidised Supply changes – effective 1 August 2011

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Abacavir sulphate	Oral liq 20 mg per ml; 240 ml OP	Ziagen (GSK)
Abacavir sulphate	Tab 300 mg; 60 tab	Ziagen (GSK)
Fentanyl	Transdermal patch 12.5 µg per hour; 5 patch	Mylan Fentanyl Patch (Mylan)
Fentanyl	Transdermal patch 25 µg per hour; 5 patch	Mylan Fentanyl Patch (Mylan)
Fentanyl	Transdermal patch 50 µg per hour; 5 patch	Mylan Fentanyl Patch (Mylan)
Fentanyl	Transdermal patch 75 µg per hour; 5 patch	Mylan Fentanyl Patch (Mylan)
Fentanyl	Transdermal patch 100 µg per hour; 5 patch	Mylan Fentanyl Patch (Mylan)
Ondansetron	Tab disp 4 mg; 10 tab	Dr Reddy's Ondansetron (Dr Reddy's)
Ondansetron	Tab disp 8 mg; 10 tab	Dr Reddy's Ondansetron (Dr Reddy's)

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 August 2011

- Omeprazole (Omezol Relief) cap 10 mg, 20 mg and 40 mg – new listing
- Rituximab (Mabthera) inj – price and subsidy decrease and amend Special Authority criteria
- Venlafaxine (Arrow-Venlafaxine XR) tab 37.5 mg, 75 mg and 150 mg – new listing with existing Special Authority criteria

Sole Subsidised Supply Products – cumulative to July 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amoxycillin	Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	Alphamox Ospamox	2013 2012
Amoxycillin clavulanate	Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Curam Curam	2012
Ascorbic acid	Tab 100 mg	Vitala-C	2013
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2013
Atenolol	Tab 50 mg & 100 mg	Atenolol Tablet USP	2012
Atropine sulphate	Inj 600 µg, 1 ml	AstraZeneca	2012
Azathioprine	Tab 50 mg Inj 50 mg	Imuprine Imuran	2013
Azithromycin	Tab 500 mg	Arrow-Azithromycin	2012
Baclofen	Tab 10 mg	Pacifen	2012
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Bisacodyl	Tab 5 mg	Lax-Tab	2013
Calamine	Crn, aqueous, BP Lotn, BP	healthE API	2012
Calcitriol	Cap 0.25 µg & 0.5 µg	Airflow	2012
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captopril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetomacrogol	Crn BP	PSM	2013
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Handrub 1% with ethanol 70%	healthE	2012
Ciclopiroxolamine	Nail soln 8%	Batrafen	2012
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2013
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Inhibace Plus	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 July 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Clobetasol propionate	Crm 0.05% Oint 0.05% Scalp app 0.05%	Dermol Dermol Dermol	2012
Clonidine	TDDS 2.5 mg, 100 µg per day TDDS 5 mg, 200 µg per day TDDS 7.5 mg, 300 µg per day	Catapres-TTS-1 Catapres-TTS-2 Catapres-TTS-3	2012
Clonidine hydrochloride	Inj 150 µg per ml, 1 ml Tab 25 µg Tab 150 µg	Catapres Dixarit Catapres	2012
Clopidogrel	Tab 75 mg	Apo-Clopidogrel	2013
Clotrimazole	Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol	2013
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 µg	Colgout	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Dexamethasone	Eye drops 0.1%	Maxidex	2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2012
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2013
Diltiazem hydrochloride	Tab 30 mg & 60 mg Cap long-acting 120 mg, 180 mg & 240 mg	Dilzem Cardizem CD	31/12/11
Docusate sodium with sennosides	Tab 50 mg with total sennosides 8 mg	Laxsol	2013
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2012
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Enalapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Enalapril	2012
Enoxaparin sodium (low molecular weight heparin)	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2012
Entacapone	Tab 200 mg	Comtan	2012
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013

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Sole Subsidised Supply Products – cumulative to July 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol	Tab 10 µg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Flucloxacillin sodium	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT AFT AFT	2012
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 µg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml Tab 40 mg	Frusemide-Claris Diurin 40	2013 2012
Fusidic acid	Crn 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Glycerol	Liquid	healthE	2013
Haloperidol	Inj 5 mg per ml, 1 ml Oral liq 2 mg per ml Tab 500 µg, 1.5 mg & 5 mg	Serenace Serenace Serenace	2013
Hydrocortisone	Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg	Solu-Cortef Douglas	2013 2012
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2013
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Ibuprofen	Oral liq 100 mg per 5 ml Tab 200 mg	Fenpaed Ethics Ibuprofen	2013 2012
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013

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Sole Subsidised Supply Products – cumulative to July 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Nebuliser soln, 250 µg per ml, 1 ml & 2 ml	Univent	2013
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg	Ismo 20 Corangin	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2012
Itraconazole	Cap 100 mg	Itrazole	2013
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2013
Lamivudine	Oral liq 10 mg per ml Tab 150 mg	3TC 3TC	2013
Latanoprost	Eye drops 50 µg per ml	Hysite	2012
Letrozole	Tab 2.5 mg	Letara	2012
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/13
Lignocaine hydrochloride	Inj 1%, 5 ml & 20 ml	Xylocaine	2013
Lignocaine with prilocaine	Crm 2.5% with prilocaine 2.5% (5 g tubes) Crm 2.5% with prilocaine 2.5%; 30 g OP	EMLA EMLA	2013
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2012
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2013
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Lorapaed Loraclear Hayfever Relief	2013
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2013
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for Spacer Device	Device	Foremount Child's Silicone Mask	30/9/11
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Enema 1 g per 100 ml	Pentasa	2012
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2012
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2013 2012
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml Tab 2.5 mg & 10 mg	Hospira Methoblastin	2013 2012
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2012

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Sole Subsidised Supply Products – cumulative to July 2011

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Tab 10 mg	Metamide	2014
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2012
Mometasone furoate	Crm 0.1% Oint 0.1%	m-Mometasone m-Mometasone	2012
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph RA-Morph RA-Morph RA-Morph	2012
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg	m-Elson	2013
		Sevredol	2012
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250	2012
		Noflam 500	
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Nicotine	Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol	2014
Norethisterone	Tab 350 µg	Noriday 28	2012
Nystatin	Cap 500,000 u Tab 500,000 u	Nilstat	2013
		Nilstat	
Ondansetron	Tab 4 mg & 8 mg	Dr Reddy's Ondansetron	2013
Oxytocin	Inj 5 iu per ml, 1 ml Inj 10 iu per ml, 1 ml Inj 5 iu with ergometrine maleate 500 µg per ml, 1 ml	Syntocinon Syntocinon Syntometrine	2012
Pantoprazole	Tab 20 mg & 40 mg	Dr Reddy's Pantoprazole	2013
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

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Sole Subsidised Supply Products – cumulative to July 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	
	Inj 180 µg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys RBV Combination Pack	
Phenoxyethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg	Cilicaine VK	2013
	Grans for oral liq 125 mg per 5 ml	AFT	
	Grans for oral liq 250 mg per 5 ml	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
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
Quinine sulphate	Tab 300 mg	Q 300	2012
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml	Salapin	2013 2012
	Nebuliser soln, 1 mg per ml, 2.5 ml	Asthalin	
	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
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%	Rexacrom	2013
	Nasal spray, 4%	Rex	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 July 2011

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

July 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
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New Listings

Effective 1 July 2011

29	OMEPRAZOLE * Powder – Only in combination42.50 Only in extemporaneously compounded omeprazole suspension.	5 g	✓ Midwest
37	PYRIDOXINE HYDROCHLORIDE a) No more than 100 mg per dose b) Only on a prescription * Tab 25 mg – No patient co-payment payable2.20	90	✓ PyridoxADE
42	DABIGATRAN Dabigatran will not be funded Close Control in amounts less than 4 weeks of treatment. Cap 75 mg – No more than 2 cap per day148.00 Cap 110 mg148.00 Cap 150 mg148.00	60 OP 60 OP 60 OP	✓ Pradaxa ✓ Pradaxa ✓ Pradaxa
62	PERMETHRIN Crm 5%4.20	30 g OP	✓ Lyderm
82	CLINDAMYCIN Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy- Specialist160.00	10	✓ Dalacin C
109	RALOXIFENE HYDROCHLORIDE – Special Authority see SA1138 – Retail pharmacy Tab 60 mg53.76	28	✓ Evista

► SA1138 Special Authority for Subsidy

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

Any of the following:

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

Notes:

- BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- Evidence used by the UK National Institute for Health and Clinical Excellence (NICE) in developing its guidance indicates that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
- Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures

continued...

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
18

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New listings – effective 1 July 2011 (continued)

continued...

are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.

- d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

- 109 TERIPARATIDE – Special Authority see SA11339 – Retail pharmacy
Inj 250 µg per ml, 2.4 ml 490.00 1 ✓ **Forteo**

► SA1139 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 18 months for applications meeting the following criteria:

All of the following:

- 1 The patient has severe, established osteoporosis; and
- 2 The patient has a documented T-score less than or equal to -3.0 (see Notes); and
- 3 The patient has had two or more fractures due to minimal trauma; and
- 4 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes).

Notes:

- a) The bone mineral density (BMD) measurement used to derive the T-score must be made using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily; zoledronic acid 5 mg per year. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy.
- c) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.
- d) A maximum of 18 months of treatment (18 cartridges) will be subsidised.

- 116 PARACETAMOL WITH CODEINE
* Tab paracetamol 500 mg with codeine phosphate 8 mg 2.70 100 ✓ **Relieve**

- 128 OLANZAPINE PAMOATE MONOHYDRATE – Special Authority see SA1146 – Retail pharmacy
Inj 210 mg 280.00 1 ✓ **Zyprexa Relprev**
Inj 300 mg 460.00 1 ✓ **Zyprexa Relprev**
Inj 405 mg 560.00 1 ✓ **Zyprexa Relprev**

► SA1146 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has schizophrenia; and
- 2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
- 3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

1 Both:

- 1.1 The patient has had less than 12 months' treatment with olanzapine depot injection; 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
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New listings – effective 1 July 2011 (continued)

continued...

- 1.2 There is no clinical reason to discontinue treatment; or
 - 2 The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of olanzapine depot injection.
- Note: The patient should be monitored for post-injection syndrome for at least three hours after each injection.

137 NICOTINE

Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.

Gum 2 mg (Classic) – up to 384 pieces of gum available on a PSO	36.47	384	✓ Habitrol
Gum 2 mg (Fruit) – up to 384 pieces of gum available on a PSO	36.47	384	✓ Habitrol
Gum 2 mg (Mint) – up to 384 pieces of gum available on a PSO	36.47	384	✓ Habitrol
Gum 4 mg (Classic) – up to 384 pieces of gum available on a PSO	42.04	384	✓ Habitrol
Gum 4 mg (Fruit) – up to 384 pieces of gum available on a PSO	42.04	384	✓ Habitrol
Gum 4 mg (Mint) – up to 384 pieces of gum available on a PSO	42.04	384	✓ Habitrol

141 FLUDARABINE PHOSPHATE – PCT only – Specialist

Inj 50 mg	525.00	5	✓ Fludarabine Ebewe
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153 MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy

Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically.

Tab 500 mg	60.00	50	✓ Ceptolate
Cap 250 mg	30.00	50	✓ Ceptolate

Effective 1 June 2011

47 CILAZAPRIL

* Tab 2.5 mg	6.18	90	✓ Zapril
* Tab 5 mg	9.84	90	✓ Zapril

Note – change in pack size, and change from blister packs to bottles.

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
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84 ORNIDAZOLE

Tab 500 mg	16.50	10	✓ Arrow-Ornidazole
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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)				
116	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	Tab long-acting 10 mg	1.98	10	✓ Arrow-Morphine LA
	Tab long-acting 30 mg	3.15	10	✓ Arrow-Morphine LA
	Tab long-acting 60 mg	7.20	10	✓ Arrow-Morphine LA
	Tab long-acting 100 mg	7.85	10	✓ Arrow-Morphine LA
126	OLANZAPINE			
	Tab 2.5 mg	2.00	28	✓ Dr Reddy's Olanzapine
				✓ Olanzine
	Tab 5 mg	3.85	28	✓ Dr Reddy's Olanzapine
				✓ Olanzine
	Tab 10 mg	6.35	28	✓ Dr Reddy's Olanzapine
				✓ Olanzine
129	OLANZAPINE			
	Orodispersible tab 5 mg	6.36	28	✓ Dr Reddy's Olanzapine
				✓ Olanzine-D
	Orodispersible tab 10 mg	8.76	28	✓ Dr Reddy's Olanzapine
				✓ Olanzine-D
143	METHOTREXATE			
	* Inj 25 mg per ml, 40 ml – PCT			
	– Retail pharmacy-Specialist	25.00	1	✓ DBL Methotrexate \$29
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 \$29
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 \$29 \$29

▲ 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)		Brand or Generic Mnfr ✓ fully subsidised
	\$	Per	

New listings – 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.

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
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► 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

continued...

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

22

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New listings – effective 1 May 2011 (continued)

continued...

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:

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 |

▲ 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)

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

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

Effective 1 July 2011

83	FLUCONAZOLE Cap 150 mg –Subsidy by Endorsement	1.30	1	✓ Pacific
	a) Maximum of one cap per prescription			
	b) Patient has vaginal candida albicans and the Practitioner authorised-prescriber considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly.			
83	VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
	Inj 500 mg 50 mg per ml, 10 ml	3.58	1	✓ Mylan
108	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy Tab 70 mg	22.90	4	✓ Fosamax
	ALENDRONATE SODIUM WITH CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy Tab 70 mg with cholecalciferol 5,600 iu.....	22.90	4	✓ Fosamax Plus
<p>▶ SA1039 Special Authority for Subsidy</p> <p>Initial application — (Underlying cause – Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>Any of the following:</p> <ol style="list-style-type: none"> History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or History of two significant osteoporotic fractures demonstrated radiologically; or Documented T-Score ≤ -3.0 (see Note); or A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or Patient has had a Special Authority approval for zoledronic acid (Underlying cause - Osteoporosis) or raloxifene. <p>Initial application — (Underlying cause – glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:</p> <p>Both:</p> <ol style="list-style-type: none"> The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and Any of the following: <ol style="list-style-type: none"> The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or The patient has had a Special Authority approval for zoledronic acid (Underlying cause - glucocorticosteroid therapy). <p>Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year where the patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents).</p> <p>Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p>				

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
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Changes to Restrictions - effective 1 July 2011 (continued)

continued...

Any of the following:

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

Notes:

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

- | | | | | |
|-----|--|--------|--------|------------------|
| 109 | ZOLEDRONIC ACID – Special Authority see SA1035 – Retail pharmacy
Soln for infusion 5 mg in 100 ml | 600.00 | 100 ml | ✓ Aclasta |
|-----|--|--------|--------|------------------|

➡ SA1035 Special Authority for Subsidy

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

All of the following:

- 1 Paget's disease; and
- 2 Any of the following:
 - 2.1 Bone or articular pain; or
 - 2.2 Bone deformity; or
 - 2.3 Bone, articular or neurological complications; or
 - 2.4 Asymptomatic disease, but risk of complications; or
 - 2.5 Preparation for orthopaedic surgery; and
- 3 The patient will not be prescribed more than one infusion in the 12-month approval period.

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

Both:

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

continued...

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$ Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 July 2011 (continued)

continued...

- 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 1.4 Documented T-Score ≤ -3.0 (see Note); or
- 1.5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or **raloxifene**; and
- 2 The patient will not be prescribed more than one infusion in a 12-month period.

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

All of the following:

- 1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Any of the following:
 - 2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
 - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
 - 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy); and
- 3 The patient will not be prescribed more than one infusion in the 12-month approval period.

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

Both:

- 1 Any of the following:
 - 1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
 - 1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
 - 1.3 Symptomatic disease (prescriber determined); and
 - 2 The patient will not be prescribed more than one infusion in the 12-month approval period.
- The patient may not have had an approval in the past 12 months.

Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner.

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

Both:

- 1 The patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents); and
 - 2 The patient will not be prescribed more than one infusion in the 12-month approval period.
- The patient may not have had an approval in the past 12 months.

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

Both:

- 1 Any of the following:
 - 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
 - 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or

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)		Brand or Generic Mnfr ✓ fully subsidised
	\$	Per	

Changes to Restrictions - effective 1 July 2011 (continued)

continued...

- 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 1.4 Documented T-Score ≤ -3.0 (see Note); or
- 1.5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - Osteoporosis' criteria) **or** raloxifene; and
- 2 The patient will not be prescribed more than one infusion in a 12-month period.

Notes:

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

113	LIGNOCAINE HYDROCHLORIDE			
	Viscous soln solution 2%	55.00	200 ml	✓ Xylocaine Viscous
137	NICOTINE			
	a) Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment.			
	b) Note - New pack sizes (384 pieces) of nicotine gum (Habitrol) will be listed from 1 July 2011.			
	Patch 7 mg – up to 28 patches available on a PSO	18.13	28	✓ Habitrol
	Patch 14 mg – up to 28 patches available on a PSO	18.81	28	✓ Habitrol
	Patch 21 mg – up to 28 patches available on a PSO	19.14	28	✓ Habitrol
	Lozenge 1 mg – up to 216 lozenges available on a PSO	19.94	216	✓ Habitrol
	Lozenge 2 mg – up to 216 lozenges available on a PSO	24.27	216	✓ Habitrol
	Gum 2 mg (Classic) – up to 384 pieces of			
	gum available on a PSO	14.97	96	✓ Habitrol
		36.47	384	✓ Habitrol
	Gum 2 mg (Fruit) – up to 384 pieces of			
	gum available on a PSO	14.97	96	✓ Habitrol
		36.47	384	✓ Habitrol
	Gum 2 mg (Mint) – up to 384 pieces of			
	gum available on a PSO	14.97	96	✓ Habitrol
		36.47	384	✓ Habitrol
	Gum 4 mg (Classic) – up to 384 pieces of			
	gum available on a PSO	20.02	96	✓ Habitrol
		42.04	384	✓ Habitrol
	Gum 4 mg (Fruit) – up to 384 pieces of			
	gum available on a PSO	20.02	96	✓ Habitrol
		42.04	384	✓ Habitrol
	Gum 4 mg (Mint) – up to 384 pieces of			
	gum available on a PSO	20.02	96	✓ Habitrol
		42.04	384	✓ Habitrol

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
28

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 July 2011 (continued)

- 137 VARENICLINE TARTRATE – Special Authority see **SA1135** ~~1054~~ – Retail pharmacy
- a) Varenicline will not be funded Close Control in amounts less than 2 weeks of treatment.
- b) A maximum of 3 months' varenicline will be subsidised on each Special Authority approval.**
- | | | | |
|-------------------------------------|--------|-------|-----------|
| Tab 1 mg | 67.74 | 28 | ✓ Champix |
| | 135.48 | 56 | ✓ Champix |
| Tab 0.5 mg × 11 and 1 mg × 14 | 60.48 | 25 OP | ✓ Champix |
- **SA1135** ~~1054~~ Special Authority for Subsidy
- Initial application from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
- All of the following:
- Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
 - The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
 - Either:
 - The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
 - The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
 - The patient has not used funded varenicline in the last 12 months; and
 - Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
 - The patient is not pregnant; **and**
 - The patient will not be prescribed more than 3 months funded varenicline (see Note).**
- Renewal from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
- All of the following:
- Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
 - The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
 - The patient has not used funded varenicline in the last 12 months; and
 - Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
 - The patient is not pregnant; **and**
 - The patient will not be prescribed more than 3 months funded varenicline (see Note).**
- The patient may not have had an approval in the past 12 months.
- Note: A maximum of 3 months' varenicline will be subsidised on each Special Authority approval.**
- 144 DOCETAXEL – PCT only – Specialist – ~~Special Authority see SA0880~~
- | | | | |
|------------------------|----------|------|-------------------|
| Inj 20 mg | 48.75 | 1 | ✓ Docetaxel Ebewe |
| | 460.00 | | ✓ Taxotere |
| Inj 80 mg | 195.00 | 1 | ✓ Docetaxel Ebewe |
| | 1,650.00 | | ✓ Taxotere |
| Inj 1 mg for ECP | 2.63 | 1 mg | ✓ Baxter |
- **SA0880** Special Authority for Subsidy
- Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
- Any of the following:
- Both:
 - The patient has ovarian*, fallopian* or primary peritoneal cancer*; 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
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Changes to Restrictions - effective 1 July 2011 (continued)

continued...

Powder for inhalation 200 µg with eformoterol fumarate 6 µg – Higher subsidy of \$60.00 per 120 dose with Endorsement	45.00 (60.00)	120 dose OP	Symbicort Turbuhaler 200/6
Powder for inhalation 400 µg with eformoterol fumarate 12 µg – No more than 2 dose per day – Higher subsidy of \$60.00 per 120 dose with Endorsement	45.00 (60.00)	60 dose OP	Symbicort Turbuhaler 400/12

- 173 OMEPRAZOLE SUSPENSION
Omeprazole capsules **or powder** qs
Sodium bicarbonate powder BP 8.4 g
Water to 100 ml

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:

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
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Changes to Restrictions - effective 1 June 2011 (continued)

continued...

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**

Grans for oral liq 125 mg per 5 ml 23.12 70 ml ✓ **Klamycin**
✓ **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.

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

continued...

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

32

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 June 2011 (continued)

continued...

► **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

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	2 OP	✓ Arrow-Sumatriptan
		(80.00)		Imigran
	Maximum of 10 inj per prescription			

▲ 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)		Brand or Generic Mnfr ✓ fully subsidised
	\$	Per	

Changes to Restrictions - effective 1 June 2011 (continued)

144	BORTEZOMIB – 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 naive 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-naive symptomatic multiple myeloma; or
- 1.2 The patient has treatment-naive 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.

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 endorsement	23.30	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 amoxycillin 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.		

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

Changes to Restrictions - effective 1 May 2011 (continued)

- 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:
- all people 65 years of age and over;
 - people under 65 years of age with:
 - the following cardiovascular disease:
 - ischaemic heart disease,
 - congestive heart disease,
 - rheumatic heart disease,
 - congenital heart disease, or
 - cerebo-vascular disease;
 - the following chronic respiratory disease:
 - asthma, if on a regular preventative therapy, or
 - other chronic respiratory disease with impaired lung function;
 - diabetes;
 - chronic renal disease;
 - any cancer, excluding basal and squamous skin cancers if not invasive;
 - the following other conditions:
 - autoimmune disease,
 - immune suppression,
 - HIV,
 - transplant recipients,
 - neuromuscular and CNS diseases,
 - haemoglobinopathies,
 - children on long term aspirin, or
 - pregnancy,
- c) people under 18 years of age living within the boundaries of the Canterbury District Health Board.**
- The following conditions are excluded from funding:
- asthma not requiring regular preventative therapy,
 - 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 |
|-----------|-------|----|---------------------|

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 May 2011 (continued)

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 Zydis
Tab 8 mg	1.70	10	✓ Dr Reddy's Ondansetron
Tab disp 8 mg	2.00	10	✓ Dr Reddy's Ondansetron
	(20.43)		Zofran Zydis

► 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
- 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.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$ Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 May 2011 (continued)

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).

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.~~

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
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Changes to Restrictions - effective 1 May 2011 (continued)

continued...

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:

- 1 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
- 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:

continued...

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions - effective 1 May 2011 (continued)

continued...

- 4 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 |
- 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:

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
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Changes to Restrictions - effective 1 May 2011 (continued)

continued...

- 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
 - 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:

continued...

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

Changes to Restrictions - effective 1 May 2011 (continued)

continued...

- 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**
- 32 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

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

Changes to Restrictions - effective 1 April 2011

- 188 ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]
a) Repeats for Fortisip and Ensure Plus 237 ml OP 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) 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 ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]
a) Repeats for Fortisip Multi Fibre 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 (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
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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 July 2011

27	MESALAZINE (↓ subsidy) Suppos 500 mg	22.80	20	✓ Asacol
28	HYOSCINE N-BUTYLBROMIDE (↓ subsidy) * Tab 10 mg	1.48	20	✓ Gastrosoothe
28	RANITIDINE HYDROCHLORIDE – Only on a prescription (↓ subsidy) * Tab 150 mg	6.79	250	✓ Arrow-Ranitidine
	* Tab 300 mg	9.34	250	✓ Arrow-Ranitidine
	* Oral liq 150 mg per 10 ml	5.92	300 ml	✓ Peptisoothe
29	OMEPRAZOLE (↓ subsidy) * Inj 40 mg	28.65	5	✓ Dr Reddy's Omeprazole
29	PANTOPRAZOLE (↓ subsidy) * Inj 40 mg	6.50	1	✓ Pantocid IV
30	GLICLAZIDE (↓ subsidy) * Tab 80 mg	17.60	500	✓ Apo-Gliclazide
34	DOCUSATE SODIUM – Only on a prescription (↓ subsidy) * Cap 50 mg	2.57	100	✓ Laxofast 50
	* Cap 120 mg	3.48	100	✓ Laxofast 120
36	TRIAMCINOLONE ACETONIDE (↓ subsidy) 0.1% in Dental Paste USP	4.34	5 g OP	✓ Oracort
37	PYRIDOXINE HYDROCHLORIDE (↓ subsidy) a) No more than 100 mg per dose b) Only on a prescription * Tab 50 mg	12.16	500	✓ Apo-Pyridoxine
43	DEXTROSE (↓ subsidy) * Inj 50%, 10 ml – Up to 5 inj available on a PSO	19.50	5	✓ Biomed
44	COMPOUND ELECTROLYTES (↓ subsidy) Powder for soln for oral use 5 g – Up to 10 sach available on a PSO	2.24	10	✓ Enerlyte
44	NICOTINIC ACID (↓ subsidy) * Tab 50 mg	4.17	100	✓ Apo-Nicotinic Acid
	* Tab 500 mg	16.54	100	✓ Apo-Nicotinic Acid
45	SIMVASTATIN – See prescribing guideline (↓ subsidy) * Tab 10 mg	1.40	90	✓ Arrow-Simva 10mg
	* Tab 20 mg	1.95	90	✓ Arrow-Simva 20mg
	* Tab 40 mg	3.18	90	✓ Arrow-Simva 40mg
	* Tab 80 mg	9.31	90	✓ Arrow-Simva 80mg

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
44

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price - effective 1 July 2011 (continued)

52	NIFEDIPINE (↓ subsidy) * Tab long-acting 30 mg 8.56 * Tab long-acting 60 mg 12.28	30 30	✓ Arrow-Nifedipine XR ✓ Arrow-Nifedipine XR
53	BENDROFLUAZIDE (↓ subsidy) * Tab 2.5 mg – Up to 150 tab available on a PSO 6.48 May be supplied on a PSO for reasons other than emergency. * Tab 5 mg 9.95	500 500	✓ Arrow-Bendrofluzide ✓ Arrow-Bendrofluzide
54	GLYCERYL TRINITRATE (↓ subsidy) * TDDS 10 mg 19.50	30	✓ Nitroderm TTS
60	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy) a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln 4% 5.90	500 ml	✓ Orion
61	AQUEOUS CREAM (↓ subsidy) * Crm 1.96	500 g	✓ AFT
61	EMULSIFYING OINTMENT (↓ subsidy) * Oint BP 3.04	500 g	✓ AFT
62	PERMETHRIN (↓ subsidy) Lotn 5% 3.24	30 ml OP	✓ A-Scabies
64	KETOCONAZOLE (↓ subsidy) Shampoo 2% 3.08 a) Maximum of 100 ml per prescription b) Only on a prescription	100 ml OP	✓ Sebizole
69	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (↓ subsidy) * Tab 2 mg with ethinyloestradiol 35 µg and 7 inert tabs 3.89	84	✓ Ginet 84
73	TETRACOSACTRIN (↑ subsidy) * Inj 1 mg per ml, 1 ml 29.56	1	✓ Synacthen Depot
77	DESMOPRESSIN (↓ subsidy) ▲ Nasal spray 10 µg per dose – Retail pharmacy-Specialist 27.48	6 ml OP	✓ Desmopressin-PH&T
81	AMOXYCILLIN CLAVULANATE (↑ subsidy) Tab amoxycillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO 26.00	100	✓ Synermox
82	DOXYCYCLINE HYDROCHLORIDE (↓ subsidy) * Tab 100 mg – Up to 30 tab available on a PSO 7.95	250	✓ Doxine
83	TOBRAMYCIN (↓ subsidy) Inj 40 mg per ml, 2 ml – Subsidy by endorsement 29.32 Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.	5	✓ DBL Tobramycin

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

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

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

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

83	VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement (↓ subsidy) Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly. Inj 500 mg	3.58	1	✓ Mylan
94	NORFLOXACIN (↓ subsidy) Tab 400 mg – Maximum of 6 tab per prescription; can be waived by endorsement - Retail pharmacy – Specialist.....	15.45	100	✓ Arrow-Norfloxacin
96	KETOPROFEN (↑ subsidy) * Cap long-acting 100 mg	21.56	100	✓ Oruvail SR
	* Cap long-acting 200 mg	43.12	100	✓ Oruvail SR
96	NEOSTIGMINE (↓ subsidy) Inj 2.5 mg per ml, 1 ml	140.00	50	✓ AstraZeneca
96	PYRIDOSTIGMINE BROMIDE (↓ subsidy) ▲ Tab 60 mg	38.90	100	✓ Mestinon
97	TIAPROFENIC ACID (↑ subsidy) * Tab 300 mg	19.26	60	✓ Surgam
112	AMANTADINE HYDROCHLORIDE (↓ subsidy) ▲ Cap 100 mg	38.24	60	✓ Symmetrel
112	TOLCAPONE (↓ subsidy) ▲ Tab 100 mg	126.20	100	✓ Tasmar
114	PARACETAMOL (↓ subsidy) *‡ Oral liq 250 mg per 5 ml	6.70	1,000 ml	✓ Paracare Double Strength
	a) Up to 100 ml available on a PSO b) Not in combination			
114	TRAMADOL HYDROCHLORIDE (↓ subsidy) Cap 50 mg	4.95	100	✓ Arrow-Tramadol
115	FENTANYL CITRATE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable Inj 50 µg per ml, 2 ml	3.22 (6.10)	5	Hospira
	Inj 50 µg per ml, 10 ml	8.41 (15.65)	5	Hospira
118	CITALOPRAM HYDROBROMIDE (↓ subsidy) * Tab 20 mg	2.34	84	✓ Arrow-Citalopram
133	ZOPICLONE (↓ subsidy) Tab 7.5 mg	11.90	500	✓ Apo-Zopiclone

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

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

144	DOCETAXEL – PCT only – Specialist (↓ subsidy)			
	Inj 20 mg	48.75	1	✓ Docetaxel Ebewe
	Inj 80 mg	195.00	1	✓ Docetaxel Ebewe
	Inj 1 mg for ECP	2.63	1 mg	✓ Baxter
152	ANASTROZOLE (↓ subsidy)			
	Tab 1 mg	26.55	30	✓ DP-Anastrozole
157	CETIRIZINE HYDROCHLORIDE (↓ subsidy)			
	* Tab 10 mg	1.59	100	✓ Zetop
159	EFORMOTEROL FUMARATE – See prescribing guideline (↓ subsidy)			
	Additional subsidy by endorsement for Oxis Turbuhaler is available for patients where the initial dispensing was before 1 July 2011.			
	Pharmacists may annotate prescriptions for patients who were being prescribed Oxis Turbuhaler prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show clear documented dispensing history for the patient. The prescription must be endorsed accordingly.			
	Powder for inhalation, 6 µg per dose, breath activated			
	– Higher subsidy of \$16.90 per 60 dose with			
	Endorsement	14.60	60 dose OP	
		(16.90)		Oxis Turbuhaler
159	BUDESONIDE WITH EFORMOTEROL – Special Authority see SA0958– Retail pharmacy (↓ subsidy)			
	Additional subsidy by endorsement for budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) is available for patients where the initial dispensing was before 1 July 2011.			
	Pharmacists may annotate prescriptions for patients who were being prescribed budesonide with eformoterol powder for inhalation (Symbicort Turbuhaler) prior to 1 July 2011 in which case the prescription is deemed to be endorsed. The pharmacist must be able to show clear documented dispensing history for the patient. The prescription must be endorsed accordingly.			
	Aerosol inhaler 100 µg with eformoterol fumarate 6 µg	33.96	120 dose OP	✓ Vannair
	Powder for inhalation 100 µg with eformoterol fumarate 6 µg – Higher subsidy of \$55.00			
	per 120 dose with Endorsement	41.25	120 dose OP	
		(55.00)		Symbicort Turbuhaler 100/6
	Aerosol inhaler 200 µg with eformoterol fumarate 6 µg	40.06	120 dose OP	✓ Vannair
	Powder for inhalation 200 µg with eformoterol fumarate 6 µg – Higher subsidy of \$60.00			
	per 120 dose with Endorsement	45.00	120 dose OP	
		(60.00)		Symbicort Turbuhaler 200/6
	Powder for inhalation 400 µg with eformoterol fumarate 12 µg – No more than 2 dose per day			
	– Higher subsidy of \$60.00 per 120 dose			
	with Endorsement	45.00	60 dose OP	
		(60.00)		Symbicort Turbuhaler 400/12

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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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.....	36.00 (80.00)	2 OP	Imigran
	Maximum of 10 inj per prescription			
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
124	ONDANSETRON (↓ subsidy) Tab disp 4 mg	1.70 (17.18)	10	Zofran Zydis
	Tab disp 8 mg.....	2.00 (20.43)	10	Zofran Zydis

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
48

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price - effective 1 May 2011 (continued)

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 (1.26)	200 ml OP	Ensure Plus
	Liquid (chocolate) – Higher subsidy of \$1.26 per 200 ml			
	with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
	Liquid (fruit of the forest) – Higher subsidy of \$1.26 per 200 ml			
	with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
	Liquid (strawberry) – Higher subsidy of \$1.26 per 200 ml			
	with Endorsement.....	0.72 (1.26)	200 ml OP	Ensure Plus
	Liquid (vanilla) – Higher subsidy of \$1.26 per 200 ml			
	with Endorsement.....	0.72 (1.26)	200 ml OP	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 July 2011

83	TOBRAMYCIN Inj 40 mg per ml, 2 ml – Subsidy by endorsement	29.32	5	✓ DBL Tobramycin Mayne
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
83	VANCOMYCIN HYDROCHLORIDE – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or in the treatment of pseudomembranous colitis or for prophylaxis of endocarditis and the prescription is endorsed accordingly.			
	Inj 500 mg	5.04	1	✓ Mylan Pacific

Effective 1 May 2011

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

Changes to Section E Part I

Effective 1 July 2011

197	LIGNOCAINE HYDROCHLORIDE ✓ Inj 0.5%, 5 ml	5		
197	NICOTINE			
	✓ Patch 7 mg	28		
	✓ Patch 14 mg	28		
	✓ Patch 21 mg	28		
	✓ Lozenge 1 mg	216		
	✓ Lozenge 2 mg	216		
	✓ Gum 2 mg (Classic)	384		
	✓ Gum 2 mg (Fruit)	384		
	✓ Gum 2 mg (Mint)	384		
	✓ Gum 4 mg (Classic)	384		
	✓ Gum 4 mg (Fruit)	384		
	✓ Gum 4 mg (Mint)	384		

Changes to Section F Part II

Effective 1 May 2011

201	NERVOUS SYSTEM Lacosamide			
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Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
50

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Sole Subsidised Supply

Effective 1 July 2011

For the list of new Sole Subsidised Supply products effective 1 July 2011 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 11-17.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 July 2011

62	POVIDONE IODINE Antiseptic soln 10%	51.06	4,500 ml	✓ Betadine
110	HYALURONIDASE Inj 1,500 iu per ml	18.32 (254.92)	10	Hyalase
113	LIGNOCAINE HYDROCHLORIDE Inj 0.5%, 5 ml – Up to 5 inj available on a PSO	44.10	50	✓ Xylocaine
116	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable Cap long-acting 200 mg	17.00	10	✓ m-Eslon
137	NICOTINE Nicotine will not be funded Close Control in amounts less than 4 weeks of treatment. Patch 7 mg – Up to 28 patches available on a PSO	10.53	7	✓ Habitrol
	Patch 14 mg – Up to 28 patches available on a PSO	11.63	7	✓ Habitrol
	Patch 21 mg – Up to 28 patches available on a PSO	12.32	7	✓ Habitrol
	Lozenge 1 mg – Up to 216 lozenges available on a PSO	11.08	36	✓ Habitrol
	Lozenge 2 mg – Up to 216 lozenges available on a PSO	11.08	36	✓ Habitrol
168	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	0.01	1 fee	✓ BSF m-Captopril
	The Pharmacode for BSF m-Captopril is 2378647			

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	LABETALOL * 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	0.01	1 fee	✓ BSF Zapril
	The Pharmacode for BSF Zapril is 2378639			

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
52

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
Delisted items – effective 1 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 Zydis	
	Tab disp 8 mg	2.00	10		
		(20.43)		Zofran Zydis	

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

44	COMPOUND ELECTROLYTES				
	Powder for soln for oral use 5 g – Up to 10 sach available on a PSO	2.24	10	✓ Enerlyte	
115	FENTANYL CITRATE				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	Inj 50 µg per ml, 2 ml	3.22	5		
		(6.10)		Hospira	
	Inj 50 µg per ml, 10 ml	8.41	5		
		(15.65)		Hospira	
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	

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)				
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 (43.40)	500 ml	PSM
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
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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.			

Effective 1 January 2012

74	OESTRADIOL – See prescribing guideline			
	* TDDS 25 µg per day	3.01	8	
		(10.86)		Estraderm TTS 25
	a) Higher subsidy of \$10.86 per 8 patch with Special Authority see SA1018			
	b) No more than 2 patch per week			
	c) Only on a prescription			
	* TDDS 50 µg per day	4.12	8	
		(13.18)		Estraderm TTS 50
	a) Higher subsidy of \$13.18 per 8 patch with Special Authority see SA1018 on the preceding page			
	b) No more than 2 patch per week			
	c) Only on a prescription			
	* TDDS 100 µg per day	7.05	8	
		(16.14)		Estraderm TTS 100
	a) Higher subsidy of \$16.14 per 8 patch with Special Authority see SA1018 on the preceding page			
	b) No more than 2 patch per week			
	c) Only on a prescription			
82	CLINDAMYCIN			
	Inj phosphate 150 mg per ml, 4 ml – Retail pharmacy-			
	Specialist	16.00	1	✓ Dalacin C
	Note – Dalacin C inj phosphate 150 mg per ml, 4 ml, 10 injection pack listed 1 July 2011.			
91	DARUNAVIR – Special Authority see SA1025 – Retail pharmacy			
	Tab 300 mg	1,190.00	120	✓ Prezista

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

Section H changes to Part II

Effective 1 July 2011

17	AMANTADINE HYDROCHLORIDE (↓ price and continuation of HSS) Cap 100 mg – 1% DV Sep-11 to 2014	38.24	60	Symmetrel
17	AMOXYCILLIN CLAVULANATE (expiry of HSS and ↑ price) Tab amoxycillin 500 mg with potassium clavulanate 125 mg – 1% DV May-09 to 2011	26.00	100	Synermox
17	ANASTROZOLE (↓ price) Tab 1 mg	26.55	30	DP-Anastrozole
18	AQUEOUS CREAM (↓ price and continuation of HSS) Crm 100 g – 1% DV Sep-11 to 2014	1.23	100 g	AFT
	Note: DV Limit applies to pack sizes of 100 g or less.			
	Crm 500 g – 1% DV Sep-11 to 2014	1.96	500 g	AFT
	Note: DV Limit applies to pack sizes of greater than 100 g.			
19	AZTREONAM (new listing) Inj 1 g – 1% DV Sep-11 to 2014	131.00	5	Azactam
19	BENDROFLUAZIDE (↓ price and continuation of HSS) Tab 2.5 mg – 1% DV Sep-11 to 2014	6.48	500	Arrow-Bendrofluzide
	Tab 5 mg – 1% DV Sep-11 to 2014	9.95	500	Arrow-Bendrofluzide
21	CALCITONIN (continuation of HSS) Inj 100 u per ml, 1 ml – 1% DV Sep-11 to 2014	110.00	5	Miacalcic
23	CETIRIZINE HYDROCHLORIDE (↓ price and continuation of HSS) Tab 10 mg – 1% DV Sep-11 to 2014	1.59	100	Zetop
24	CITALOPRAM HYDROBROMIDE (↓ price and continuation of HSS) Tab 20 mg – 1% DV Sep-11 to 2014	2.34	84	Arrow-Citalopram
24	CLINDAMYCIN (new pack size) Inj phosphate 150 mg per ml, 4 ml – 1% DV Jul-10 to 2013	160.00	10	Dalacin C
	Note – Dalacin C inj, 1 injection pack, to be delisted 1 September 2011.			
27	DABIGATRAN (new listing) Cap 75 mg	148.00	60	Pradaxa
	Cap 110 mg	148.00	60	Pradaxa
	Cap 150 mg	148.00	60	Pradaxa
27	DARUNAVIR Tab 300 mg	1,190.00	120	Prezista
	Note – Prezista tab 300 mg to be delisted 1 September 2011.			
27	DESMOPRESSIN (↓ price and continuation of HSS) Nasal spray 10 µg per dose – 1% DV Sep-11 to 2014	27.48	6 ml	Desmopressin-PH&T

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 July 2011 (continued)

27	DEXAMETHASONE (new listing) Eye oint 0.1% – 1% DV Sep-11 to 2014	5.86	3.5 g	Maxidex
27	DEXTROSE (↓ price and continuation of HSS) Inj 50%, 10 ml – 1% DV Sep-11 to 2014	19.50	5	Biomed
27	DEXTROSE (new listing) Inj 50%, 50 ml – 1% DV Sep-11 to 2014	10.85	1	Biomed
27	DEXTROSE (addition of HSS) Inj 50%, 90 ml – 1% DV Sep-11 to 2014	11.25	1	Biomed
28	DICLOFENAC SODIUM (continuation of HSS) Eye drops 1 mg per ml – 1% DV Sep-11 to 2014	13.80	5 ml	Voltaren Ophtha
	Inj 25 mg per ml, 3 ml – 1% DV Sep-11 to 2014	12.00	5	Voltaren
	Suppos 12.5 mg – 1% DV Sep-11 to 2014	1.85	10	Voltaren
	Suppos 25 mg – 1% DV Sep-11 to 2014	2.22	10	Voltaren
	Suppos 50 mg – 1% DV Sep-11 to 2014	3.84	10	Voltaren
	Suppos 100 mg – 1% DV Sep-11 to 2014	6.36	10	Voltaren
28	DOCETAXEL (↓ price and continuation of HSS) Inj 20 mg – 1% DV Sep-11 to 2014	48.75	1	Docetaxel Ebewe
	Inj 80 mg – 1% DV Sep-11 to 2014	195.00	1	Docetaxel Ebewe
28	DOCUSATE SODIUM (↓ price and continuation of HSS) Cap 50 mg – 1% DV Sep-11 to 2014	2.57	100	Laxofast 50
	Cap 120 mg – 1% DV Sep-11 to 2014	3.48	100	Laxofast 120
29	DOXYCYCLINE HYDROCHLORIDE (↓ price and addition of HSS) Tab 100 mg – 1% DV Sep-11 to 2014	7.95	250	Doxine
29	EMULSIFYING OINTMENT (↓ price and continuation of HSS) Oint BP 500 g – 1% DV Sep-11 to 2014	3.04	500 g	AFT
Note: DV Limit applies to pack sizes of greater than 100 g				
30	ETOPOSIDE PHOSPHATE (new listing) Inj 100 mg (of etoposide base) – 1% DV Sep-11 to 2014	40.00	1	Etopophos
31	FLUDARABINE PHOSPHATE (new listing) Inj 50 mg – 1% DV Sep-11 to 2014	525.00	5	Fludarabine Ebewe
Note – Fludara inj 50 mg to be delisted 1 September 2011.				
33	GLICLAZIDE (↓ price and continuation of HSS) Tab 80 mg – 1% DV Sep-11 to 2014	17.60	500	Apo-Gliclazide
34	GLYCERYL TRINITRATE (continuation of HSS) Tab 600 µg – 1% DV Sep-11 to 2014	8.00	100	Lycinate
	TDDS 5 mg – 1% DV Sep-11 to 2014	16.56	30	Nitroderm TTS 5
	TDDS 10 mg – 1% DV Sep-11 to 2014 (↓ price)	19.50	30	Nitroderm TTS 10

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 July 2011 (continued)

36	HYOSCINE N-BUTYLBROMIDE (↓ price and continuation of HSS) Tab 10 mg – 1% DV Sep-11 to 2014	1.48	20	Gastrosoothe
38	KETOCONAZOLE (↓ price and continuation of HSS) Shampoo 2% – 1% DV Sep-11 to 2014	3.08	100 ml	Sebizole
38	KETOPROFEN (new listing) Cap long-acting 100 mg	21.56	100	Oruval SR
	Cap long-acting 200 mg	43.12	100	Oruval SR
40	LIGNOCAINE HYDROCHLORIDE (new listing) Viscous soln 2% – 1% DV Sep-11 to 2014	55.00	200 ml	Xylocaine Viscous
40	LOMUSTINE (new listing) Cap 10 mg – 1% DV Sep-11 to 2014	132.59	20	Ceenu
	Cap 40 mg – 1% DV Sep-11 to 2014	399.15	20	Ceenu
41	MEBEVERINE HYDROCHLORIDE (continuation of HSS) Tab 135 mg – 1% DV Sep-11 to 2014	18.00	90	Colofac
42	MESALAZINE (↓ price and addition of HSS) Suppos 500 mg – 1% DV Sep-11 to 2014	22.80	20	Asacol
43	METOCLOPRAMIDE HYDROCHLORIDE (continuation of HSS) Inj 5 mg per ml, 2 ml – 1% DV Sep-11 to 2014	4.50	10	Pfizer
45	MYCOPHENOLATE MOFETIL (new listing) Tab 500 mg	60.00	50	Ceptolate
	Cap 250 mg	30.00	50	Ceptolate
45	NAPHAZOLINE HYDROCHLORIDE (new listing) Eye drops 0.1% – 1% DV Sep-11 to 2014	4.15	15 ml	Naphcon Forte
45	NEOSTIGMINE METHYLSULPHATE (↓ price and addition of HSS) Inj 2.5 mg per ml, 1 ml – 1% DV Sep-11 to 2014	140.00	50	AstraZeneca
46	NICOTINE (new listing) Gum 2 mg (classic) – 5% DV Oct-11 to 2014	36.47	384	Habitrol
	Gum 2 mg (fruit) – 5% DV Oct-11 to 2014	36.47	384	Habitrol
	Gum 2 mg (mint) – 5% DV Oct-11 to 2014	36.47	384	Habitrol
	Gum 4 mg (classic) – 5% DV Oct-11 to 2014	42.04	384	Habitrol
	Gum 4 mg (fruit) – 5% DV Oct-11 to 2014	42.04	384	Habitrol
	Gum 4 mg (mint) – 5% DV Oct-11 to 2014	42.04	384	Habitrol
Note – Habitrol gum (classic, fruit and mint) 2 mg and 4 mg, 96 piece packs, to be delisted 1 October 2011.				
46	NIFEDIPINE (↓ price) Tab long-acting 30 mg	8.56	30	Arrow-Nifedipine XR
	Tab long-acting 60 mg	12.28	30	Arrow-Nifedipine XR
46	NORFLOXACIN (↓ price and addition of HSS) Tab 400 mg – 1% DV Sep-11 to 2014	15.45	100	Arrow-Norfloxacina

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

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

Section H page ref	Price (ex man. excl. GST) \$ Per	Brand or Generic Manufacturer
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Section H changes Part II - effective 1 July 2011 (continued)

46	NYSTATIN (continuation of HSS) Oral liq 100,000 u per ml – 1% DV Sep-11 to 2014	3.19	24 ml	Nilstat
47	OLANZAPINE PAMOATE MONOHYDRATE (new listing) Inj 210 mg	280.00	1	Zyprexa Relprevv
	Inj 300 mg	460.00	1	Zyprexa Relprevv
	Inj 405 mg	560.00	1	Zyprexa Relprevv
47	OMEPRAZOLE (new listing) Powder – 1% DV Sep-11 to 2014	42.50	5 g	Midwest
47	OMEPRAZOLE (↓ price and continuation of HSS) Inf 40 mg – 1% DV Sep-11 to 2014	19.00	5	Dr Reddy's Omeprazole
	Inj 40 mg – 1% DV Sep-11 to 2014	28.65	5	Dr Reddy's Omeprazole
48	PANTOPRAZOLE (↓ price, amended brand name and addition of HSS) Inj 40 mg – 1% DV Sep-11 to 2014	6.50	1	Pantocid IV
48	PARACETAMOL (↓ price and continuation of HSS) Oral liq 250 mg per 5 ml – 20% DV Sep-11 to 2014	6.70	1,000 ml	Paracare Double Strength
48	PARACETAMOL WITH CODEINE (new listing) Tab paracetamol 500 mg with codeine phosphate 8 mg – 1% DV Nov-11 to 2014	2.70	100	Relieve
48	PERGOLIDE (continuation of HSS) Tab 0.25 mg – 1% DV Sep-11 to 2014	48.00	100	Permax
	Tab 1 mg – 1% DV Sep-11 to 2014	170.00	100	Permax
49	PERMETHRIN (new listing) Crm 5% – 1% DV Sep-11 to 2014	4.20	30 g	Lyderm
49	PERMETHRIN (↓ price and continuation of HSS) Lotn 5% – 1% DV Sep-11 to 2014	3.24	30 ml	A-Scabies
49	POLOXAMER (continuation of HSS) Oral drops 10% – 1% DV Sep-11 to 2014	3.78	30 ml	Coloxyl
51	PROPOFOL (new listing) Inj 1%, 20 ml	7.60	5	Fresofol 1%
	Inj 1%, 50 ml	4.00	1	Fresofol 1%
	Inj 1%, 100 ml	7.60	1	Fresofol 1%
51	PYRIDOSTIGMINE BROMIDE (new listing) Tab 60 mg – 1% DV Sep-11 to 2014	38.90	100	Mestinon
51	PYRIDOXINE HYDROCHLORIDE (new listing) Tab 25 mg – 1% DV Sep-11 to 2014	2.20	90	PyridoxADE
	Tab 50 mg – 1% DV Sep-11 to 2014	12.16	500	Apo-Pyridoxine

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

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

52	RALOXIFENE HYDROCHLORIDE (new listing) Tab 60 mg	53.76	28	Evista
52	RANITIDINE HYDROCHLORIDE (↓ price and addition of HSS) Tab 150 mg – 1% DV Sep-11 to 2014 Tab 300 mg – 1% DV Sep-11 to 2014 Oral liq 150 mg per 10 ml – 1% DV Sep-11 to 2014	6.79 9.34 5.92	250 250 300 ml	Arrow-Ranitidine Arrow-Ranitidine Peptisoothe
54	SIMVASTATIN (↓ price and continuation of HSS) Tab 10 mg – 1% DV Sep-11 to 2014 Tab 20 mg – 1% DV Sep-11 to 2014 Tab 40 mg – 1% DV Sep-11 to 2014 Tab 80 mg – 1% DV Sep-11 to 2014	1.40 1.95 3.18 9.31	90 90 90 90	Arrow-Simva Arrow-Simva Arrow-Simva Arrow-Simva
56	SODIUM HYALURONATE (addition of HSS) Inj 10 ml per ml, 0.5 ml; and inj 30 mg per ml with chondroitin sulphate 40 mg per ml, 0.55 ml – 1% DV Sep-11 to 2014	74.00	1	Duovisc
57	AMINO ACID FORMULA (amended chemical name) Amino acid-based elemental formula, powder (unflavoured) Elemental formula 1 kcal/ml, powder (unflavoured) Elemental formula 1 kcal/ml, powder (vanilla)	6.00 56.00 56.00	48.5 g 400 g 400 g	Vivonex Pediatric Elecare Elecare LCP Elecare
57	CORD ORAL FEED 1.5 KCAL/ML (amended chemical name) Cord oral feed 1.5 kcal/ml, liquid (vanilla)	1.66	237 ml	Pulmocare
57	DIABETIC ENTERAL FEED 1KCAL/ML (amended chemical name) Diabetic enteral feed 1 kcal/ml, liquid (vanilla)	7.50	1,000 ml	Glucerna Select RTH
57	DIABETIC ORAL FEED 1KCAL/ML (amended chemical name) Oral feed 1 kcal/ml, liquid (vanilla)	2.10 1.88	237 ml 250 ml	Resource Diabetic Glucerna Select
57	ENTERAL FEED 1KCAL/ML (amended chemical name) Enteral feed 1 kcal/ml, liquid	1.24 2.65 5.29	250 ml 500 ml 1,000 ml	Osmolite Osmolite Osmolite RTH
57	ENTERAL FEED WITH FIBRE 1KCAL/ML (amended chemical name) Enteral feed with fibre 1 kcal/ml, liquid	1.32 2.65 5.29	237 ml 500 ml 1,000 ml	Jevity Jevity RTH Jevity RTH
57	ENTERAL FEED WITH FIBRE 1.5KCAL/ML (amended chemical name) Enteral feed with fibre 1.5 kcal/ml, liquid	1.75 7.00	250 ml 1,000 ml	Ensure Plus HN Ensure Plus RTH
57	ENTERAL/ORAL ELEMENTAL FEED 1KCAL/ML (amended chemical name) Enteral/oral elemental feed 1 kcal/ml, powder	7.50 4.40	76 g 79 g	Alitraq Vital HN

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57	FAT FREE ARGININE SUPPLEMENT (amended chemical name) Fat-free arginine supplement, powder (orange)	2.15	9.2 g	Resource Arginaid
57	ORAL ELEMENTAL FEED 1KCAL/ML (amended chemical name) Oral elemental feed 1 kcal/ml, powder (unflavoured)	4.50	80.4 g	Vivonex TEN
57	ORAL ELEMENTAL FEED 1KCAL/ML (amended chemical name) Oral elemental feed 1 kcal/ml liquid (vanilla)	4.95	237 ml	Peptamen OS 1.0
57	ORAL FEED 1.5KCAL/ML (amended chemical name) 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 (vanilla)	1.33	237 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (coffee latte)	1.33	237 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 (strawberry)	1.33	237 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (vanilla)	1.26	200 ml	Ensure Plus
	Oral feed 1.5 kcal/ml, liquid (vanilla)	1.33	237 ml	Ensure Plus
57	ORAL FEED 2KCAL/ML (amended chemical name) Oral feed 2 kcal/ml, liquid (vanilla)	2.25	237 ml	Two Cal HN
57	PAEDIATRIC ENTERAL FEED 1KCAL/ML (amended chemical name) Paediatric enteral feed 1 kcal/ml, liquid	2.68	500 ml	Pediasure RTH
57	PAEDIATRIC ORAL FEED 1KCAL/ML (amended chemical name) Paediatric oral feed 1 kcal/ml, liquid (chocolate)	1.07	200 ml	Pediasure
	Paediatric oral feed 1 kcal/ml, liquid (strawberry)	1.07	200 ml	Pediasure
	Paediatric oral feed 1 kcal/ml, liquid (vanilla)	1.07	200 ml	Pediasure
	Paediatric oral feed 1 kcal/ml, liquid (vanilla)	1.27	237 ml	Pediasure
57	PROTEIN SUPPLEMENT (amended chemical name) Protein supplement powder	8.95	227 g	Resource Beneprotein
57	RENAL ORAL FEED 2KCAL/ML (amended chemical name) Renal oral feed 2 kcal/ml, liquid (strawberry)	2.43	200 ml	Nepro
	Renal oral feed 2 kcal/ml, liquid (vanilla)	2.43	200 ml	Nepro
	Renal oral feed 2 kcal/ml, liquid (vanilla)	3.31	237 ml	Novasource Renal
57	STANDARD SUPPLEMENT ORAL FEED 1KCAL/ML (amended chemical name) Oral supplement 1 kcal/ml, powder (chocolate)	4.22	400 g	Ensure
	Oral supplement 1 kcal/ml, powder (chocolate)	9.50	900 g	Ensure
	Oral supplement 1 kcal/ml, powder (chocolate)	10.22		Sustagen Hospital Formula
	Oral supplement 1 kcal/ml, powder (strawberry)	4.22	400 g	Ensure
	Oral supplement 1 kcal/ml, powder (vanilla)	4.22	400 g	Ensure
	Oral supplement 1 kcal/ml, powder (vanilla)	9.50	900 g	Ensure
	Oral supplement 1 kcal/ml, powder (vanilla)	10.22		Sustagen Hospital Formula

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57	STANDARD SUPPLEMENT ORAL FEED 1.4KCAL/ML (amended chemical name)			
	Liquid (chocolate)	4.00	237 ml	Impact Advanced Recovery
	Liquid (vanilla)	4.00	237 ml	Impact Advanced Recovery
59	TERIPARATIDE (new listing)			
	Inj 250 µg per ml, 2.4 ml	490.00	1	Forteo
59	TETRACOSACTRIN (continuation of HSS)			
	Inj 1 mg per ml, 1 ml – 1% DV Sep-11 to 2014 (↑ price)	29.56	1	Synacthen Depot
	Inj 250 µg – 1% DV Sep-11 to 2014	177.18	10	Synacthen
59	TIAPROFENIC ACID (new listing)			
	Tab 300 mg	19.26	60	Surgam
59	TOBRAMYCIN (new listing)			
	Eye drops 0.3% – 1% DV Sep-11 to 2014	11.48	5 ml	Tobrex
	Eye oint 0.3% – 1% DV Sep-11 to 2014	10.45	3.5 g	Tobrex
59	TOBRAMYCIN (↓ price, amended brand name and addition of HSS)			
	Inj 40 mg per ml, 2 ml – 1% DV Sep-11 to 2014	29.32	5	DBL Tobramycin Mayne
59	TOLCAPONE (new listing)			
	Tab 100 mg – 1% DV Sep-11 to 2014	126.20	100	Tasmar
60	TRAMADOL HYDROCHLORIDE (↓ price and continuation of HSS)			
	Cap 50 mg – 1% DV Sep-11 to 2014	4.95	100	Arrow-Tramadol
60	TRIAMCINOLONE ACETONIDE (continuation of HSS)			
	0.1% in dental paste USP – 1% DV Sep-11 to 2014 (↓ price)	4.34	5 g	Oracort
	Crn 0.02% – 1% DV Sep-11 to 2014	6.63	100 g	Aristocort
	Oint 0.02% – 1% DV Sep-11 to 2014	6.69	100 g	Aristocort
60	TROPICAMIDE (new listing)			
	Eye drops 0.5% – 1% DV Sep-11 to 2014	7.15	15 ml	Mydracyl
	Eye drops 1% – 1% DV Sep-11 to 2014	8.66	15 ml	Mydracyl
60	VANCOMYCIN HYDROCHLORIDE (↓ price, amended brand name and presentation, and addition of HSS)			
	Inj 500 mg 50 mg per ml, 10 ml – 1% DV Sep-11 to 2014	3.58	1	Mylan Pacific
61	VERAPAMIL HYDROCHLORIDE (addition of HSS)			
	Tab 40 mg – 1% DV Sep-11 to 2014	7.01	100	Isoptin
	Tab 80 mg – 1% DV Sep-11 to 2014	11.74	100	Isoptin

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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

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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
	Inj 50 µg per ml, 10 ml – 1% DV Jul-11 to 2012	16.81	10	Boucher and Muir
	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

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

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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

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Section H changes to Part III

Effective 1 July 2011

- 67 VANCOMYCIN HYDROCHLORIDE
Inj **500 mg 50 mg per ml, 10 ml**
For any indication approved by the hospital service, with review at 6 weeks.

Effective 1 June 2011

- 64 CYCLOSPORIN
Cap 25 mgGengraf
Neoral
Cap 50 mgGengraf
Neoral
Cap 100 mgGengraf
Neoral
Oral liq 100 mg per mlGengraf
Neoral
For aplastic anaemia

Effective 1 May 2011

- 63 BACLOFEN
Inj 10 mgLioresal 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 mgDr Reddy's Ondansetron
Zofran
Tab 8 mgDr Reddy's Ondansetron
Zofran
Tab dispersible 4 mgDr Reddy's Ondansetron
Zofran
Tab dispersible 8 mgDr Reddy's Ondansetron
Zofran
For treatment of patients with hyperemesis gravidarum for the term of the pregnancy following failure of other antiemetic regimens.

Products with Hospital Supply Status (HSS) are in **bold**.
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Section H changes to Part III – 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 gEnsure

Oral feed 1.5kcal/ml liquid,

200 mlEnsure Plus

Oral feed 1.5kcal/ml liquid,

237 ml.....Ensure Plus

Oral feed 1.5kcal/ml liquid,

200 mlFortisip

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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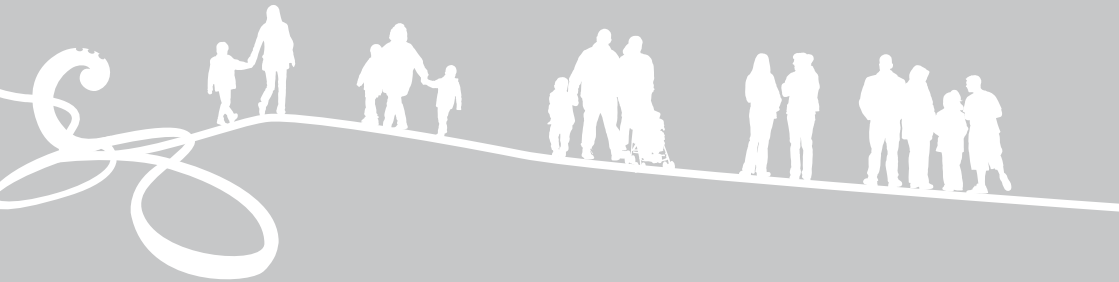
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