Pharmaceutical Management Agency

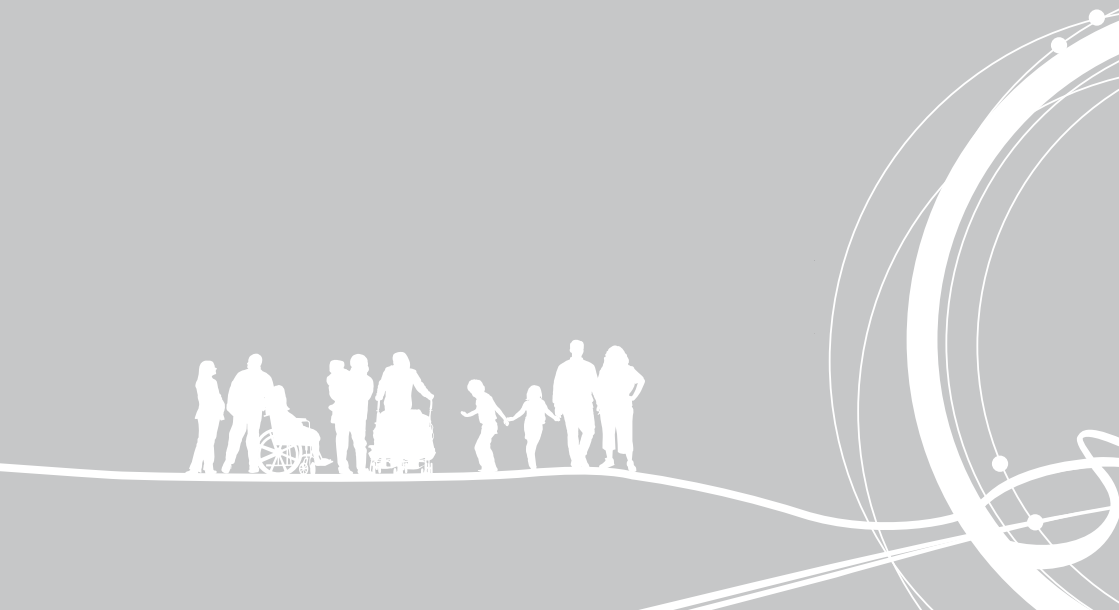
Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2012

Cumulative for January, February, March and April 2012

Section H for April 2012



Contents

Summary of PHARMAC decisions
EFFECTIVE 1 APRIL 2012

New listings (pages 20-23)

- Amino acid formula (Neocate Advance and Neocate Gold) powder 400 g OP – Special Authority – Hospital pharmacy (HP3)
- Amino acid formula without phenylalanine (PKU Anamix Junior LQ) liquid (berry, orange and unflavoured) 125 ml OP – Special Authority – Hospital pharmacy (HP3)
- Dabigatran (Pradaxa) cap 110 mg and 150 mg (blister pack)– will not be funded Close Control in amounts less than 4 weeks of treatment
- Enteral feed 1.5 kcal/ml (Nutrison Energy) liquid 1,000 ml OP - Special Authority – Hospital pharmacy (HP3)
- Ethinyloestradiol with levonorgestrel (Ava 30 ED) tab 30 μg with levonorgestrel 150 μg and 7 inert tab – Up to 84 tab available on a PSO
- High fat formula with vitamins, minerals and trace elements and low in protein and carbohydrate (KetoCal) powder (vanilla) 300 g OP – Special Authority – Hospital pharmacy (HP3)
- Lapatinib ditosylate (Tykerb) tab 250 mg – Special Authority – Retail Pharmacy
- Oral feed 1 kcal/ml (Fortisip) powder (vanilla) 900g OP – Special Authority – Hospital pharmacy (HP3)
- Paediatric enteral feed with fibre 0.75 kcal/ml (Nutrini Low Energy Multi Fibre) liquid 500 ml OP– Special Authority – Hospital pharmacy (HP3)
- Paediatric enteral feed with fibre 1.5 kcal/ml (Nutrini Energy Multi Fibre) liquid 500 ml OP– Special Authority – Hospital pharmacy (HP3)
- Pazopanib (Votrient) tab 200 mg and 400 mg – Special Authority – Retail Pharmacy
- Pramipexole hydrochloride (Dr Reddy's Pramipexole) tab 0.125 mg, 0.25 mg and 0.5 mg
- Prasugrel hydrochloride (Effient) tab 5 mg and 10 mg – Special Authority
- Preterm post-discharge infant formula (S-26 Gold Premgro) powder 400 g OP – Special Authority – Hospital pharmacy (HP3)
- Propranolol (Apo-Propranolol) tab 10 mg and 40 mg (section 29)

Changes to restrictions (pages 26-29)

- Adult products high calorie (Two Cal HN) – oral feed 2 kcal/ml – Special Authority criteria amendment
- Tiotropium bromide (Spiriva) – Special Authority criteria amendment
- Propranolol (Apo-Propanolol) tab 10 mg and 40 mg – stat dispensing reinstated
- Oxybutynin (Apo-Oxybutynin) oral liq 5 mg per 5 ml – removal of OP
- Trastuzumab (Herceptin) – Special Authority criteria amendment

Summary of PHARMAC decisions – effective 1 April 2012 (continued)

Decreased subsidy (page 38)

- Triamcinolone acetonide inj10 mg per ml, 1 ml (Kenacort-A) and 40 mg per ml, 1 ml (Kenacort-A40)
- Fludarabine phosphate (Fludara Oral) tab 10 mg
- Enteral feed 2 kcal/ml (Nutrison Concentrated) liquid 500 ml OP

Increased subsidy (page 38)

- Lithium carbonate (Priadel) tab long-acting 400 mg

Ethinyloestradiol with levonorgestrel

As a result of the tender, there will be a new brand of ethinyloestradiol with levonorgestrel tablets listed on the Pharmaceutical Schedule. Ava 30 ED (ethinyloestradiol 30 µg with levonorgestrel 150 µg and 7 inert tablets) will be supplied by Arrow Pharmaceuticals (Arrow) and will be listed from 1 April 2012 and awarded Sole Supply from 1 September 2012.

Lapatinib ditosylate and trasuzumab

From 1 April 2012, lapatinib ditosylate (Tykerb) will be funded as an alternative to trastuzumab (Herceptin) for the first line treatment of patients with HER 2 positive metastatic breast cancer. Both treatments will also be funded for patients with HER 2 positive metastatic breast cancer who experience early intolerance to their first choice treatment.

Tykerb (lapatinib ditosylate 250 mg tablets), manufactured by GSK, will be funded subject to Special Authority criteria. Lapatinib targets the HER2 receptor on breast cancer cancer cells and has a similar mode of action to trastuzumab (Herceptin). Unlike trastuzumab, which must be administered by IV infusion in hospital, lapatinib ditosylate is an orally administered tablet that patients are able to take at home.

Pazopanib

From 1 April 2012, pazopanib (Votrient) will be funded for patients with metastatic renal cell carcinoma as an alternative to currently funded sunitinib (Sutent).

Votrient (pazopanib 200 mg and 400 mg tablets), manufactured by GSK, will be funded subject to Special Authority criteria for patients with treatment naïve, or cytokine pre-treated, metastatic renal cell carcinoma. Pazopanib will also be funded for patients who experience early intolerance to sunitinib.

Propranolol

A new brand of Propranolol 10 mg and 40 mg tablets will be fully funded from 1 April 2012. The Apo-Propranolol brand, supplied by Apotex, is not currently registered with Medsafe, therefore must be supplied and prescribed in accordance with the provisions of Section 29 of the Medicines Act 1981.

Please note that stat dispensing has been reinstated for both Cardinol and Apo-Propranolol brands of propranolol 10 mg and 40 mg tablets.

Pramipexole

From 1 April 2012, pramipexole hydrochloride (Dr Reddy's Pramipexole) will be funded. Funding was initially delayed due to a delay in the production of stock for the New Zealand market. We have been notified that stock is now available of the 0.125 mg, 0.25 mg and 0.5 mg tablets.

Dabigatran – blister packs subsidised

Dabigatran (Pradaxa) 110 mg and 150 mg capsules will be fully subsidised in blister packaging from 1 April 2012. The blister packs will not be paid as an Original Pack (OP). This differs from the bottle presentation which is paid as an OP due to the short shelf life of the capsules once the bottle is opened. The bottle presentations will be delisted in the future when the supplier notifies that they have exhausted their stock.

Stock shortage of Ensure powder

PHARMAC have been notified by Abbott Laboratories that it is managing ongoing stock supply issues with Ensure powder. We have been informed that further supplies of Ensure powder will be available from mid to late April.

There are sufficient supplies of Sustagen. Please note that Sustagen does contain lactose and may not be suitable for lactose intolerant patients.

From 1 April, Fortisip powder will be funded. Fortisip powder does not contain lactose.

Please be aware that pharmacists are permitted to change to another standard supplement powder following verbal communication with the prescriber and then annotate the prescription accordingly. The prescription does not need to be sent back the prescriber.

Prasugrel

From 1 April 2012, prasugrel hydrochloride (Effient) will be fully funded subject to Special Authority criteria for patients who have undergone percutaneous coronary interventions, who require dual antiplatelet therapy (aspirin plus clopidogrel) but are clopidogrel-allergic.

Early processing of Special Authority forms

From 1 April 2012 PHARMAC has instructed the Ministry of Health, Sector Services to commence processing of new Special Authority forms on the 27th day of the month prior to the first date on which any approvals may become effective.

By enabling prescribers to apply for new or amended Special Authorities a few days prior to the subsidy or restriction change, it will then enable patients to gain subsidy for their treatment from the very first effective date.

New listings of Special Foods

From 1 April 2012, nine new Special Food products supplied by Nutricia will be funded. These products will provide new treatment options for patients requiring oral or enteral standard and paediatric supplements/feeds fibre, ketogenic diet and amino acid formula.

Tiotropium bromide – amendment of Special Authority Criteria

The Special Authority criteria for Tiotropium bromide (Spiriva) powder for inhalation will be amended from 1 April 2012. The amendment changes the way lung function is recorded in order to clarify and provide consistency between initial and renewal applications.

Oxybutynin oral liquid – removal of original pack

From 1 April 2012, the original pack (OP) dispensing rule will be removed from oxybutynin oral liquid. The supplier has confirmed that the expiry of an opened bottle of oxybutynin oral liquid is the same as for an unopened bottle (namely 36 months when stored below 25ºC).

Tender News

Sole Subsidised Supply changes – effective 1 May 2012

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ibuprofen	Tab 200 mg; 1,000 tab	Arrowcare (Arrow)
Calcium carbonate	Tab 1.25 g (500 mg elemental); 250 tab	Arrow-Calcium (Arrow)

Looking Forward

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

Possible decisions for implementation 1 May 2012

- Bimatoprost (Lumigan) eye drops 0.03%, 3 ml OP – addition of stat dispensing
- Brimonidine tartrate (AFT) eye drops 0.2%, 3.5 ml OP – addition of stat dispensing
- Brimonidine tartrate with timolol maleate (Combigan) eye drops 0.2% with timolol maleate 0.5%, 5 ml OP – addition of stat dispensing
- Brinzolamide (Azopt) eye drops 1%, 5 ml OP – addition of stat dispensing
- Dornase alfa (Pulmozyme) nebuliser soln 2.5 mg per 2.5 ml amp – price and subsidy decrease and amended eligibility criteria
- Glaucoma preparations – carbonic anhydrase inhibitors, prostaglandin analogues, and other – removing Prescribing Guideline
- Latanoprost (Hysite) eye drops 50 μg per ml, 2.5 ml – addition of stat dispensing
- Metoprolol succinate (Metoprolol-AFT CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – price and subsidy decrease
- Sunitinib (Sutent) cap 12.5 mg, 25 mg and 50 mg – amend Special Authority
- Travoprost (Travatan) eye drops 0.004%, 2.5ml OP – addition of stat dispensing
- Sodium cromoglycate (Vicrom) aerosol inhaler, 5 mg per dose CFC-free – change of brand name to Intal Forte

Sole Subsidised Supply Products – cumulative to April 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg & 100 mg	Glucobay	2012
Acetazolamide	Tab 250 mg	Diamox	2014
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2013
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amitriptyline	Tab 25 mg & 50 mg	Amitrip	2014
Amlodipine	**Tab 2.5 mg** Tab 5 mg & 10 mg	**Apo-Amlodipine** Apo-Amlodipine	**2014**
Amoxycillin	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg Grans for oral liq 250 mg per 5 ml	Ibiamox Alphamox Ospamox	2014 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
Aqueous cream	Crm	AFT	2014
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
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2014
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betamethasone valerate	Scalp app 0.1%	Beta Scalp	2012
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Bisacodyl	Tab 5 mg	Lax-Tab	2013

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Sole Subsidised Supply Products – cumulative to April 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Calamine	Crm, aqueous, BP Lotn, BP	healthE API	2012
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcitriol	Cap 0.25 μg & 0.5 μg	Airflow	2012
Calcium carbonate	Tab eff 1.75 g (1 g elemental)	Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Captopril	Tab 12.5 mg, 25 mg & 50 mg Oral liq 5 mg per ml	m-Captorpril Capoten	2013
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2013
Ceftriaxone sodium	Inj 500 mg Inj 1 g	Veracol Aspen Ceftriaxone	2013
Cephalexin monohydrate	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cefalexin Sandoz Cefalexin Sandoz	2012
Cetomacrogol	Crm BP	PSM	2013
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye drops 0.5% Eye oint 1%	Chlorafast Chlorsig	2012
Chlorhexidine gluconate	Soln 4% Handrub 1% with ethanol 70%	Orion healthE	2014 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
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	**Tab 250 mg**	**Apo-Clarithromycin**	**2014**
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	Crm 1% Vaginal crm 1% with applicator Vaginal crm 2% with applicator	Clomazol Clomazol Clomazol	2014 2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Coal tar	Soln BP	Midwest	2013
Colchicine	Tab 500 μg	Colgout	2013
Compound electrolytes	Powder for soln for oral use 4.4 g	Electral	2013
Crotamiton	Crm 10%	Itch-Soothe	2012
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2012
Cyclophosphamide	Tab 50 mg	Cycloblastin	2013
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2012
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 μg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 μg per dose	Desmopressin-PH&T	2014
Dexamethasone	Eye oint 0.1% Eye drops 0.1%	Maxidex Maxidex	2014 2013
Dexamethasone sodium phosphate	Inj 4 mg per ml, 1 ml & 2 ml	Hospira	2013
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol Maxitrol	2014
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes	Pedialyte – Fruit Pedialyte – Bubblegum Pedialyte – Plain	2013
Diclofenac sodium	Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Tab EC 25 mg & 50 mg	Voltaren Voltaren Ophtha Voltaren Diclofenac Sandoz	2014 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
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
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
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014

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Sole Subsidised Supply Products – cumulative to April 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Emulsifying ointment	Oint BP	AFT	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
Ergometrine maleate	Inj 500 μg per ml, 1 ml	DBL Ergometrine	2014
Erythromycin ethyl succinate	Tab 400 mg	E-Mycin	2012
Escitalopram	Tab 10 mg & 20 mg	Loxalate	2013
Ethinyloestradiol	Tab 10 μg	NZ Medical and Scientific	2012
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2012
Exemestane	Tab 25 mg	Aromasin	2014
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2012
Fentanyl	Transdermal patch 12.5 μg per hour, 25 μg per hour, 50 μg per hour, 75 μg per hour, 100 μg per hour	Mylan Fentanyl Patch	2013
Fentanyl citrate	Inj 50 μg per ml, 2 ml & 10 ml	Boucher and Muir	2012
Ferrous sulphate	Oral liq 30 mg per 1 ml (6 mg elemental per 1 ml)	Ferodan	2013
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Inj 250 mg, 500 mg & 1 g Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Flucloxin AFT AFT AFT	2014 2012
Fluconazole	**Cap 50 mg, 150 mg & 200 mg**	**Ozole**	**2014**
Fluorometholone	Eye drops 0.1%	FML	2012
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Fluox Fluox	2013
Flutamide	Tab 250 mg	Flutamin	2013
Fluticasone propionate	Metered aqueous nasal spray, 50 μg per dose	Flixonase Hayfever & Allergy	31/1/13
Furosemide	Inj 10 mg per ml, 2 ml Tab 40 mg	Frusemide-Claris Diurin 40	2013 2012
Fusidic acid	Crm 2% Oint 2%	Foban Foban	2013
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	31/7/12
Gemfibrozil	Tab 600 mg	Lipazil	2013
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2012
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014

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Generic Name	Presentation	Brand Name	Expiry Date*
Glycerol	Liquid	healthE	2013
Glyceryl trinitrate	TDDS 5 mg & 10 mg Tab 600 μg	Nitroderm TTS Lycinate	2014
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	Crm 1% Powder Inj 50 mg per ml, 1 ml Tab 5 mg & 20 mg	Pharmacy Health ABM Solu-Cortef Douglas	2014 2013 2012
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications)	Colifoam	2012
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2013
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2012
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2012
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab long-acting 800 mg Oral liq 100 mg per 5 ml	Brufen SR Fenpaed	2014 2013
Imiquimod	Crm 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2013
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 μg per ml, 1 ml & 2 ml	Univent Univent	2013
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
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
Ketoconazole	Shampoo 2%	Sebizole	2014
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Lignocaine hydrochloride	Viscous soln 2% Inj 1%, 5 ml & 20 ml	Xylocaine Viscous Xylocaine	2014 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
Lithium carbonate	Cap 250 mg	Douglas	2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
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
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydroclorothiazide	2014
Malathion	Liq 0.5% Shampoo 1%	A-Lices A-Lices	2013
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2012
Mercaptopurine	Tab 50 mg	Purinethol	2013
Mesalazine	Suppos 500 mg Enema 1 g per 100 ml	Asacol Pentasa	2014 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
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml Inj 62.5 mg per ml, 2 ml Inj 500 mg Inj 1 g	Solu-Medrol Solu-Medrol Solu-Medrol Solu-Medrol	2012
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014

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Generic Name	Presentation	Brand Name	Expiry Date*
Miconazole nitrate	Crm 2%	Multichem	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	Inj 5 mg per ml, 1 ml Inj 10 mg per ml, 1 ml Inj 15 mg per ml, 1 ml Inj 30 mg per ml, 1 ml Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate release 10 mg & 20 mg	DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate Arrow-Morphine LA m-Elson Sevredol	2014 2013 2012
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2013
Mucilaginous laxatives	Dry	Konsyl-D	2013
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2012
Natrexone hydrochloride	Tab 50 mg	Naltraccord	2013
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Oral suspension 10 mg per ml Tab 200 mg	Viramune Suspension Viramune	2012
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol Habitrol Habitrol	2014
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Norethisterone	Tab 5 mg Tab 350 μg	Primolut N Noriday 28	2014 2012
Nystatin	Oral liq 100,000 u per ml Cap 500,000 u Tab 500,000 u	Nilstat Nilstat Nilstat	2014 2013

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Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Dr Reddy's Ondansetron	2013
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
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	Inj 40 mg Tab 20 mg & 40 mg	Pantocid IV Dr Reddy's Pantoprazole	2014 2013
Paracetamol	**Tab 500 mg** Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	**Parafast** Ethics Paracetamol Paracare Double Strength	**2014**
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
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 & normal range	Breath-Alert	2015
Pegylated interferon alpha-2A	Inj 135 μg prefilled syringe Inj 180 μg prefilled syringe Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 135 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168 Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 112 Inj 180 μg prefilled syringe x 4 with ribavirin tab 200 mg x 168	Pegasys Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	31/12/12
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crm 5% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2014
Phenoxymethylpenicillin (Pencillin V)	Cap potassium salt 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT AFT	2013

**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 April 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2012
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2012
Pizotifen	Tab 500 μg	Sandomigran	2012
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2012
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Prednisone sodium phosphate	Oral liq 5 mg per ml	Redipred	2012
Pregnancy tests – hCG urine	Cassette	Innovacon hCG One Step Pregnancy Test	2012
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Promethazine Winthrop Elixir	2012
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinine sulphate	Tab 300 mg	Q 300	2012
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2013
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2013
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2012
Salbutamol	Oral liq 2 mg per 5 ml Nebuliser soln, 1 mg per ml, 2.5 ml Nebuliser soln, 2 mg per ml, 2.5 ml	Salapin Asthalin Asthalin	2013 2012
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratopium bromide 0.5 mg per vial, 2.5 ml	Duolin	2012
Selegiline hydrochloride	Tab 5 mg	Apo-Selegiline	2012
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2013
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
Sodium chloride	Inj 23.4%, 20 ml	Biomed	2013
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2013
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2013
Sodium cromoglycate	Eye drops 2% Nasal spray, 4%	Rexacrom Rex	2013 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 April 2012

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	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg & 100 mg	Spirotone	2013
Sumatriptan	Inj 12 mg per ml, 0.5 ml Tab 50 mg & 100 mg	Arrow-Sumatriptan Arrow-Sumatriptan	2013
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 μg	Tamsulosin-Rex	2013
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
Terazosin hydrochloride	Tab 1 mg, 2 mg & 5 mg	Arrow	2013
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2014
Testosterone undecanoate	Cap 40 mg	Arrow-Testosterone	2012
Tetracosactrin	Inj 250 μg Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	**Eye drops 0.25% & 0.5%** Tab 10 mg	**Arrow-Timolol** Apo-Timol	**2014** 2012
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex Tobrex DBL Tobramycin	2014
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Triamcinolone acetonide	Crm 0.02% Oint 0.02% 0.1% in Dental Paste USP	Aristocort Aristocort Oracort	2014
Tranexamic acid	Tab 500 mg	Cycklokapron	2013
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Tropisetron	Cap 5 mg	Navoban	2012
Tyloxapol	Eye drops 0.25%	Enuclene	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	B-PlexADE	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 April 2012

Generic Name	Presentation	Brand Name	Expiry Date*
Vitamins	Tab (BPC cap strength)	MultiADE	2013
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir Retrovir	2013
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

April 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.*

New Listings

Effective 1 April 2012

41 PRASUGREL HYDROCHLORIDE – Special Authority see SA1194 – Retail Pharmacy

Tab 5 mg	108.00	28	✔**Effient**
Tab 10 mg	120.00	28	✔**Effient**

➽ SA1194 Special Authority for Subsidy

Initial application - (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*

Initial application - (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*

Renewal - (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*

Renewal - (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*

Note: *Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

42 DABIGATRAN – Dabigatran will not be funded Close Control in amounts less than 4 weeks of treatment.

Cap 110 mg	148.00	60	✔**Pradaxa**
Cap 150 mg	148.00	60	✔**Pradaxa**

Note: This is a new listing of blister-packed capsules. Not paid OP

51 PROPRANOLOL

✻Tab 10 mg	3.65	100	✔**Apo-Propranolol** S29
✻Tab 40 mg	4.65	100	✔**Apo-Propranolol** S29

68 ETHINYLOESTRADIOL WITH LEVONORGESTREL

✻Tab 30 μg with levonorgestrel 150 μg and 7 inert tab – Up to 84 tab available on a PSO	2.45	84	✔**Ava 30 ED**

114 PRAMIPEXOLE HYDROCHLORIDE

▲Tab 0.125 mg	1.95	30	✔**Dr Reddy's Pramipexole**
▲Tab 0.25 mg	2.40	30	✔**Dr Reddy's Pramipexole**
▲Tab 0.5 mg	4.20	30	✔**Dr Reddy's Pramipexole**

149 PAZOPANIB – Special Authority see SA1190– Retail Pharmacy

Tab 200 mg	1,334.70	30	✔**Votrient**
Tab 400 mg	2,669.40	30	✔**Votrient**

➽ SA1190 Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 The patient has metastatic renal cell carcinoma; and
2 Any of the following
2.1 The patient is treatment naive; or

continued...

New Listings – effective 1 April 2012 (continued)

continued...

2.2 The patient has only received prior cytokine treatment; or
2.3 Both
2.3.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and
2.3.2 The cancer did not progress whilst on sunitinib; and
3 The patient has good performance status (WHO/ECOG grade 0-2); and
4 The disease is of predominant clear cell histology; and
5 The patient has intermediate or poor prognosis defined as :
Any of the following:
5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
5.2 Haemoglobin level < lower limit of normal; or
5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L) ; or
5.4 Interval of < 1 year from original diagnosis to the start of systemic therapy; or
5.5 Karnofsky performance score of ≤ 70; or
5.6 ≥ 2 sites of organ metastasis; and
6 Pazopanib to be used for a maximum of 3 months.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefiting from treatment.

Notes:
Pazopanib treatment should be stopped if disease progresses.
Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6

154 LAPATINIB DITOSYLATE – Special Authority see SA1191– Retail Pharmacy
Tab 250 mg ..... 1,899.00 70 ✔**Tykerb**

SA1191 Special Authority for Subsidy
Initial application – (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Either
1 All of the following:
1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
1.2 The patient has not previously received trastuzumab treatment for HER 2 positive metastatic breast cancer; and
1.3 Lapatinib not to be given in combination with trastuzumab; and
1.4 Lapatinib to be discontinued at disease progression; or
2 All of the following:
2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2.2 The patient started trastuzumab for metastatic breast cancer but discontinued trastuzumab within 3 months of starting treatment due to intolerance; and
2.3 The cancer did not progress whilst on trastuzumab; and
2.4 Lapatinib not to be given in combination with trastuzumab; and
2.5 Lapatinib to be discontinued at disease progression.

Renewal – (metastatic breast cancer) 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:

continued...

New Listings – effective 1 April 2012 (continued)

continued...

All of the following:
1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
3 Lapatinib not to be given in combination with trastuzumab; and
4 Lapatinib to be discontinued at disease progression.

184 PAEDIATRIC ENTERAL FEED WITH FIBRE 0.75 KCAL/ML – Special Authority see SA1196 – Hospital pharmacy (HP3)

Liquid	4.00	500 ml OP	✔**Nutrini Low Energy Multi Fibre**

➽ SA1196 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:
1 Child aged one to eight years; and
2 The child has a low energy requirement but normal protein and micronutrient requirements.

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:
1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

184 PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1100 – Hospital pharmacy (HP3)

Liquid	6.00	500 ml OP	✔**Nutrini Energy Multi Fibre**

189 ENTERAL FEED 1.5 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy (HP3)

Liquid	7.00	1000 ml OP	✔**Nutrison Energy**

190 ORAL FEED 1 KCAL/ML – Special Authority see SA1104 – Hospital Pharmacy (HP3)

Powder (vanilla)	9.50	900 g OP	✔**Fortisip**

194 AMINO ACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy (HP3)

Liquid (berry)	13.10	125 ml OP	✔**PKU Anamix Junior LQ**
Liquid (orange)	13.10	125 ml OP	✔**PKU Anamix Junior LQ**
Liquid (unflavoured)	13.10	125 ml OP	✔**PKU Anamix Junior LQ**

194 PRETERM POST-DISCHARGE INFANT FORMULA – Special Authority see SAQQQQ – Hospital pharmacy (HP3)

Powder	15.25	400 g OP	✔**S-26 Gold Premgro**

195 AMINO ACID FORMULA – Special Authority see SA1111 – Hospital pharmacy (HP3)

Powder (vanilla)	56.00	400 g OP	✔**Neocate Advance**
Powder (unflavoured)	56.00	400 g OP	✔**Neocate Gold**

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

New Listings – effective 1 April 2012 (continued)

197 HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE – Special Authority see SA1197 – Hospital pharmacy (HP3)

Powder (Vanilla)	35.50	300 g OP	✔ **KetoCal**

SA1197 Special Authority for Subsidy

Initial application only from a metabolic physician or paediatric neurologist. Approvals valid for 3 months for patients with intractable epilepsy, pyruvate dehydrogenase deficiency or glucose transported type-1 deficiency and other conditions requiring a ketogenic diet.

Renewal only from a metabolic physician or paediatric neurologist. Approvals valid for 2 years for patients on a ketogenic diet and the patient is benefiting from the diet.

Effective 1 March 2012

34 URSODEOXYCHOLIC ACID – Special Authority see SA1188– Retail pharmacy

Cap 250 mg	71.50	100	✔ **Ursosan**

54 ADRENALINE

Inj 1 in 10,000, 10 ml – Up to 5 inj available on a PSO	49.00	10	✔ **Aspen Adrenaline**

61 ZINC AND CASTOR OIL

Oint BP	3.83	500 g	✔ **Multichem**

81 AMOXYCILLIN CLAVULANATE

Tab amoxycillin 500 mg with potassium clavulanate 125 mg – Up to 30 tab available on a PSO	12.55	100	✔ **Curam Duo**

83 CLINDAMYCIN

Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist	9.90	16	✔ **Clindamycin ABM**

115 TETRABENAZINE

Tab 25 mg	178.00	112	✔ **Motetis**

125 RIZATRIPTAN

Tab orodispersible 10 mg	18.00	30	✔ **Rizamelt**

141 THIOTEPA – PCT only – Specialist

Inj 15 mg	CBS	1	✔ **THIO-TEPA** S29

143 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087

Inj 1 g	62.50	1	✔ **Gemcitabine Actavis** S29
Inj 200 mg	12.50	1	✔ **Gemcitabine Actavis** S29

152 OCTREOTIDE (SOMATOSTATIN ANALOGUE) – Special Authority see SA1016 – Retail pharmacy

Inj 50 μg per ml, 1 ml	19.24	5	✔ **Octreotide MaxRx**
Inj 100 μg per ml, 1 ml	36.38	5	✔ **Octreotide MaxRx**
Inj 500 μg per ml, 1 ml	131.25	5	✔ **Octreotide MaxRx**

▲ 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 March 2012 (continued)

171 PHARMACY SERVICES – May only be claimed once per patient

✻Brand switch fee	0.01	1 fee	✔**BSF Lostaar**

The Pharmacode for BSF Lostaar is 2397145
(BSF Lostaar Brand switch fee to be delisted 1 June 2012)

✻Brand switch fee	0.01	1 fee	✔**BSF Arrow-Losartan & Hydrochlorothiazide**

The Pharmacode for BSF Arrow-Losartan & Hydrochlorothiazide is 2397153
(BSF Arrow-Losartan & Hydrochlorothiazide Brand switch fee to be delisted 1 June 2012)

Effective 1 February 2012

79 CEFUROXIME SODIUM

Inj 1.5 g – Retail pharmacy-Specialist – Subsidy by endorsement	2.65	1	✔**Mylan**

Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

171 PHARMACY SERVICES – May only be claimed once per patient

✻Brand switch fee	0.01	1 fee	✔**BSF Bicalaccord**

The Pharmacode for BSF Bicalaccord is 2397137
(BSF Bicalaccord Brand switch fee to be delisted 1 May 2012)

Effective 1 January 2012

45 ATORVASTATIN – See prescribing guideline

✻Tab 10 mg	2.90	30	✔**Dr Reddy's Atorvastatin**
✻Tab 20 mg	4.36	30	✔**Dr Reddy's Atorvastatin**
✻Tab 40 mg	6.51	30	✔**Dr Reddy's Atorvastatin**
✻Tab 80 mg	9.67	30	✔**Dr Reddy's Atorvastatin**

54 GLYCERYL TRINITRATE

✻Aerosol spray 400 μg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✔**Glytrin**

79 CEFAZOLIN SODIUM – Subsidy by endorsement
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

Inj 500 mg	3.99	5	✔**AFT**
Inj 1 g	3.99	5	✔**AFT**

79 CEFUROXIME SODIUM

Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement	6.96	5	✔**m-Cefuroxime**

Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

98 SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

✻Tab 100 mg	2.66	50	
	(8.55)		Aclin
✻Tab 200 mg	3.36	50	
	(15.10)		Aclin

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
New Listings – effective 1 January 2012 (continued)			
147 TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy			
Cap 5 mg	16.00	5	✔**Temaccord**
Cap 20 mg	72.00	5	✔**Temaccord**
Cap 100 mg	350.00	5	✔**Temaccord**
Cap 250 mg	820.00	5	✔**Temaccord**
Effective 21 December 2011			
146 DOXORUBICIN – PCT only – Specialist			
Inj 200 mg	150.00	1	✔**Adriamycin**
Effective 14 December 2011			
143 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1087			
Inj 1 g	62.50	1	✔**DBL Gemcitabine**

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

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

Changes to Restrictions

Effective 1 April 2012

51 PROPRANOLOL (stat reinstated)

✻Tab 10 mg	3.65	100	✔**Apo-Propranolol** ✔**Cardinol**
✻Tab 40 mg	4.65	100	✔**Apo-Propranolol** ✔**Cardinol**

71 OXYBUTYNIN

✻ Oral liq 5 mg per 5 ml	50.40	473 ml ~~OP~~	✔**Apo-Oxybutynin**

156 TRASTUZUMAB – PCT only – Specialist – Special Authority see **SA1192** ~~1163~~

Inj 150 mg vial	1,350.00	1	✔**Herceptin**
Inj 440 mg vial	3,875.00	1	✔**Herceptin**
Inj 1 mg for ECP	9.36	1 mg	✔**Baxter**

➽ **SA1192** ~~1163~~ Special Authority for Subsidy

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

~~Both:~~ **Either**

1. All of the following:
   - **1.1** The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
   - **1.2 The patient has not previously received lapatinib treatment for HER 2 positive metastatic breast cancer; and**
   - **1.3 Trastuzumab not to be given in combination with lapatinib; and**
   - **1.4** Trastuzumab to be discontinued at disease progression**; or**
2. **All of the following:**
   - **2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and**
   - **2.2 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and**
   - **2.3 The cancer did not progress whilst on lapatinib; and**
   - **2.4 Trastuzumab not to be given in combination with lapatinib; and**
   - **2.5 Trastuzumab to be discontinued at disease progression.**

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

~~Both:~~ **All of the following**

1. The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2. The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab**; and**
3. **Trastuzumab not to be given in combination with lapatinib; and**
4. **Trastuzumab to be discontinued at disease progression.**

Initial application — (early breast cancer) 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:

All of the following:

1. The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and
2. Maximum cumulative dose of 106 mg/kg (12 months' treatment); and

continued...

Changes to Restrictions - effective 1 April 2012 (continued)

continued...

3 Any of the following:
3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

Renewal – (early breast cancer*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
~~Both~~ **All of the following:**
1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 ~~Either:~~
~~2.1 Both:~~
~~2.1.1~~ The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
3 Either:
3.1 ~~Both:~~ A**ll of the following:**
3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
3.1.2 Trastuzumab not to be given in combination with lapatinib; and
3.1.3 Trastuzumab to be discontinued at disease progression; or
3.2 All of the following:
3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
3.2.2 The cancer did not progress whilst on lapatinib; and
3.2.3 Trastuzumab not to be given in combination with lapatinib; and
3.2.4 Trastuzumab to be discontinued at disease progression; or
3.3 All of the following:
3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab**; and**
3.3.2 Trastuzumab not to be given in combination with lapatinib; and
3.3.3 Trastuzumab to be discontinued at disease progression

Note: *For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

163 TIOTROPIUM BROMIDE – Special Authority see **SA1193** ~~0872~~ – Retail pharmacy
Powder for inhalation, 18 μg per dose ..... 70.00 30 dose ✔**Spiriva**

➽ **SA1193** ~~0872~~ Special Authority for Subsidy
Initial Application from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
2 In addition to standard treatment, the patient has trialled a short acting bronchodilator ~~dose~~ of at least 40 μg ipratropium q.i.d for one month; and
3 Either:
The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:
3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
~~Actual FEV1 (litres) < 0.6 x predicted (litres)~~ **Applicant must state recent measurement of:**
4 **All of the following:**
4.1 Actual FEV_1 (litres); and
4.2 Predicted FEV_1 (litres); and
4.3 Actual FEV_1 as a % of predicted (must be below 60%); and
5 Either:

Changes to Restrictions - effective 1 April 2012 (continued)

continued...

5.1 Patient is not a smoker (for reporting purposes only); or
5.2 Patient is a smoker and has been offered smoking cessation counselling; and
6 The patient has been offered annual influenza immunisation.

Renewal from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
1 Patient is compliant with the medication; and
2 Patient has experienced improved COPD symptom control (prescriber determined); and
3 Applicant must state recent measurement of ~~FEV1 (% of predicted)~~:
All of the following:
3.1 Actual FEV_1 (litres); and
3.2 Predicted FEV_1 (litres); and
3.3 Actual FEV_1 as a % of predicted

191 ADULT PRODUCTS HIGH CALORIE
ORAL FEED 2KCAL/ML – Special Authority see **SA1195** ~~1105~~ – Hospital pharmacy [HP3]
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 (2.25) 237 ml OP Two Cal HN
ENTERAL FEED 2KCAL/ML – Special Authority see **SA1195** ~~1101~~ – Hospital pharmacy [HP3]
Liquid ..... 5.50 500 ml OP ✔**Nutrison Concentrated**
➽ **SA1195** ~~1105~~ Special Authority for Subsidy
Initial application – (Cystic fibrosis) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:
All of the following:
1 Cystic fibrosis; and
2 other lower calorie products have been tried; and
3 patient has substantially increased metabolic requirements.

Initial application – (Indications other than cystic fibrosis) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
All of the following:
1 Any of the following:
1.1 any condition causing malabsorption; or
1.2 failure to thrive; or
1.3 increased nutritional requirements; ~~and~~ **or**
1.4 fluid restricted; and
2 other lower calorie products have been tried; and
3 patient has substantially increased metabolic requirements **or is fluid restricted**.

Renewal – (Cystic fibrosis) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:
Both:
1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal – (Indications other than cystic fibrosis) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:

continued...

Changes to Restrictions - effective 1 April 2012 (continued)

continued...

1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Effective 1 March 2012

49 LOSARTAN – **brand switch fee payable**

✳ Tab 12.5 mg	2.88	90	✔**Lostaar**
✳ Tab 25 mg	3.20	90	✔**Lostaar**
✳ Tab 50 mg	5.22	90	✔**Lostaar**
Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	✔**Arrow-Losartan & Hydrochlorothiazide**
✳ Tab 100 mg	8.68	90	✔**Lostaar**

33 URSODEOXYCHOLIC ACID – Special Authority see **SA1188** ~~1003~~ – Retail pharmacy

Cap 250 mg	71.50	100	✔**Ursosan**
Cap 300 mg – For ursodeoxycholic acid oral liquid formulation refer, page 172	179.00	100	✔**Actigall**

SA1188 ~~1003~~ Special Authority for Subsidy

Initial application – **(Pregnancy/Cirrhosis)** - from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Patient diagnosed with cholestasis of pregnancy; or
2 Both:
  2.1 Primary biliary cirrhosis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and
  2.2 Patient not requiring a liver transplant (bilirubin > 170umol/l; decompensated cirrhosis)

Note: Liver biopsy is not usually required for diagnosis but is helpful to stage the disease.

Initial application – (Haematological Transplant) - from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient at risk of veno-occlusive disease or has hepatic impairment and is undergoing conditioning treatment prior to allogenic stem cell or bone marrow transplantation, and
2 Treatment for up to 13 weeks.

Renewal – **(Pregnancy/Cirrhosis)** - from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Note: Ursodeoxycholic acid is not an appropriate therapy for patients requiring a liver transplant (bilirubin > 170 micromol/l; decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure – doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation.

51 PROPRANOLOL (removal of stat)

✳ Tab 10 mg	3.55	100	✔**Cardinol**
✳ Tab 40 mg	4.65	100	✔**Cardinol**

Changes to Restrictions - effective 1 March 2012 (continued)

111 ZOLEDRONIC ACID – Special Authority see **SA1187** ~~1035~~ – Retail pharmacy
Soln for infusion 5 mg in 100 ml ..... 600.00 100 ml ✔**Aclasta**

➽ **SA1187** ~~1035~~ 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

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 ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or

1.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis); and

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

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

All of the following:

1 The patient is receiving systemic glucocorticosteriod 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 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.

continued...

Changes to Restrictions - effective 1 March 2012 (continued)

continued...

The patient ~~may not have had a~~ **must have had no more than 1** prior approval for Paget's disease within the last 12 months.

Renewal – (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Both:
1 The patient is continuing systemic glucocorticosteriod therapy (≥ 5 mg per day prednisone equivalents); and
2 The patient will not be prescribed more than one infusion in the 12-month approval period.
The patient ~~may not have had a~~ **must have had no more than 1** prior approval for underlying cause glucocorticosteroid therapy within the last 12 months.

Renewal – (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 Any of the following:
- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented BMD ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
- 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
- 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 1.4 Documented T-Score ≤ -3.0 (see Note); or
- 1.5 A 10-year risk of hip fracture ≥ 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – Osteoporosis' criteria); and

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

The patient must have had no more than 1 prior approval for underlying cause osteoporosis in the last 12 months.

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.

125	RIZATRIPTAN ~~BENZOATE~~				
	~~Wafer~~ **Tab orodispersible** 10 mg	18.00	30	✔	**Rizamelt**
		25.32	3	✔	**Maxalt Melt**

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

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

Changes to Restrictions - effective 1 February 2012

30 INSULIN GLARGINE

~~Note: Only for patients meeting one of the following criteria:~~

~~a) Type 1 diabetes; or~~

~~b) Other condition related diabetes (e.g. Cystic Fibrosis, diabetes in pregnancy, pancreatectomy patients); or~~

~~c) Type 2 diabetes after there has been unacceptable hypoglycaemic events with a 3 month trial of an insulin regimen; or~~

~~d) Type 2 diabetes who require insulin therapy and who require assistance from a carer or healthcare professional to administer their insulin injections.~~

▲Inj 100 u per ml, 10 ml ..... 63.00 1 ✔**Lantus**

▲Inj 100 u per ml, 3 ml ..... 94.50 5 ✔**Lantus**

▲Inj 100 u per ml, 3 ml disposable pen ..... 94.50 5 ✔**Lantus SoloStar**

152 BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy – **brand switch fee payable**

Tab 50 mg ..... 10.00 28 ✔**Bicalaccord**

145 BORTEZOMIB – PCT only – Specialist

➽ 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.

Note: 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.

Note: 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).

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.

Changes to Restrictions - effective 1 February 2012 (continued)

161 INHALED CORTICOSTEROIDS WITH LONG-ACTING BETA-ADRENOCEPTOR AGONISTS

SA1179 ~~0958~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

1 All of the following:

1.1 Patient is a child under the age of 12; and

~~1.2 Both:~~

~~Has, for 3 months of more, been treated with:~~

~~1.2.1 An inhaled long-acting beta adrenoceptor agonist; and~~

~~1.2.2 Inhaled corticosteroids at a dose of at least 400 μg per day beclomethasone or budesonide, or 200 μg per day fluticasone; and~~

1.2 Has been treated with inhaled corticosteroids of at least 400 μg per day beclomethasone or budesonide, or 200 μg per day fluticasone; and

1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or

2 All of the following:

2.1 Patient is over the age of 12; and

~~2.2 Both:~~

~~Has, for 3 months or more, been treated with:~~

~~2.2.1 An inhaled long-acting beta adrenoceptor agonist; and~~

~~2.2.2 Inhaled corticosteroids at a dose of at least 800 μg per day beclomethasone or budesonide, or 500 μg per day fluticasone; and~~

2.2 Has been treated with inhaled corticosteroids of at least 800 μg per day beclomethasone or budesonide, or 500 μg per day fluticasone; and

2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.

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

161 EFORMOTEROL FUMARATE – See prescribing guideline

~~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 a clear documented dispensing history for the patient. The prescription must been endorsed accordingly.~~

Powder for inhalation, 6 μg per dose, breath activated –

~~Higher subsidy of $16.90 per 60 dose with Endorsement~~ ..... 11.51 (16.90) 60 dose OP Oxis Turbuhaler

Powder for inhalation, 12 μg per dose, and monodose device .. 23.02 (35.80) 60 dose Foradil

Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.

Changes to Restrictions - effective 1 February 2012 (continued)

162 BUDESONIDE WITH EFORMOTEROL – Special Authority see **SA1179** ~~0958~~ – Retail pharmacy

~~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 a clear documented dispensing history for the patient. The prescription must been endorsed accordingly.~~

Aerosol inhaler 100 μg with eformoterol fumarate 6 μg	26.49	120 dose OP	✔**Vannair**
Powder for inhalation 100 μg with eformoterol fumarate 6 μg –			
~~Higher subsidy of $55.00 per 120 dose with Endorsement~~	55.00	120 dose OP	✔**Symbicort Turbuhaler 100/6**
Aerosol inhaler 200 μg with eformoterol fumarate 6 μg	31.25	120 dose OP	✔**Vannair**
Powder for inhalation 200 μg with eformoterol fumarate 6 μg –			
~~Higher subsidy of $60.00 per 120 dose with Endorsement~~	60.00	120 dose OP	✔**Symbicort Turbuhaler 200/6**
Powder for inhalation 400 μg with eformoterol fumarate 12 μg	60.00	60 dose OP	✔**Symbicort Turbuhaler 400/12**

~~a) Higher subsidy of $60.00 per 60 dose with Endorsement~~

a) ~~b)~~ No more than 2 dose per day

164 SODIUM CHLORIDE

Not funded for use as a nasal drop. ~~Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.~~

Soln 7%	23.50	90 ml OP	✔**Biomed**

177 SODIUM BICARBONATE

Powder BP – Only in combination	8.95	500 g	✔**Midwest**
	9.80		
	(29.50)		David Craig

Only in extemporaneously compounded omeprazole **and lansoprazole** suspension.

Effective 1 January 2012

187 Standard Supplements

SA1104 Special Authority for Subsidy

Initial application — (Children) only from a dietitian, 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 dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, 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 The treatment remains appropriate and the patient is benefiting from treatment; and

3 A nutrition goal has been set (eg reach a specific weight or BMI).

continued...

Changes to Restrictions - effective 1 January 2012 (continued)

continued...

Initial application — (Adults ~~(This category cannot be processed electronically - fax paper copy)~~) only from a dietitian, 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 dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
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.

Initial application — (Adults transitioning from hospital Discretionary Community Supply) only from a dietitian, 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 dietitian, 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 feed 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 Tempomandibular surgery.

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

continued...

Changes to Restrictions - effective 1 January 2012 (continued)

continued...

1 Is being fed via a nasogastric tube; or
2 Malignancy and is considered likely to develop malnutrition as a result; or
3 Has undergone a bone marrow transplant; or
4 Tempomandibular surgery.

Initial application — (Chronic disease OR tube feeding) only from a dietitian, 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 dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, 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.

196 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1112 – Hospital pharmacy [HP3]
Powder ..... 15.21 450 g OP ✔**Pepti Junior Gold**

➽ SA1112 Special Authority for Subsidy
Initial application — (Transition from Old Form (SA0603)) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, 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 trialled on, or transitioned to, an extensively hydrolysed formula; and
1.3 General Practitioners must include the name of the **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted; or
2 All of the following:
2.1 The patient is currently receiving funded extensively hydrolysed formula under Special Authority form SA0603; and

continued...

Changes to Restrictions - effective 1 January 2012 (continued)

continued...

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 **dietitian**, relevant specialist or vocationally registered general practitioner and the date contacted.

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Any of the following:
1 Both:
1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
1.2 Either:
1.2.1 Soy milk formula has been trialled without resolution of symptoms; or
1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing malsorption; 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 dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and
3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal — (Step Down from Amino Acid Formula) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, 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; 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 dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

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 April 2012

36 BENZYDAMINE HYDROCHLORIDE (↑ price)

Soln 0.15%	3.60	200 ml	
	(8.50)		Difflam
	9.00	500 ml	
	(17.01)		Difflam

73 TRIAMCINOLONE ACETONIDE (↓ subsidy)

Inj 10 mg per ml, 1 ml	21.90	5	✔**Kenacort-A**
Inj 40 mg per ml, 1 ml	53.79	5	✔**Kenacort-A40**

128 LITHIUM CARBONATE (↑ subsidy)

Tab long-acting 400 mg	19.20	100	✔**Priadel**

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

Tab 10 mg	433.50	20	✔**Fludara Oral**

191 ENTERAL FEED 2KCAL/ML – Special Authority see SA1195– Hospital pharmacy [HP3] (↓ subsidy)

Liquid	5.50	500 ml OP	✔**Nutrison Concentrated**

Effective 1 March 2012

28 CLARITHROMYCIN (↓ subsidy)

Tab 500 mg – Subsidy by endorsement	10.95	14	
	(23.30)		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.

54 GLYCERYL TRINITRATE (↓ subsidy)

✻ Oral pump spray 400 μg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✔**Nitrolingual Pumpspray**

62 POVIDONE IODINE (↑ price)

Antiseptic soln 10%	0.19	15 ml	
	(4.45)		Betadine
	1.28	100 ml	
	(8.25)		Betadine
Skin preparation, povidone iodine 10% with 30% alcohol	1.63	100 ml	
	(3.65)		Betadine Skin Prep

79 CEFAZOLIN SODIUM – Subsidy by endorsement (↓ subsidy)
Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

Inj 500 mg	3.99		
	(5.00)	5	Hospira
Inj 1 g	3.99		
	(8.00)	5	Hospira

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 March 2012 (continued)

79	CEFUROXIME SODIUM (↓ subsidy) Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement	6.96 (10.71)	5	Zinacef
115	ORPHENADRINE HYDROCHLORIDE (↑ subsidy) Tab 50 mg	35.15	250	✔ **Disipal**
115	TETRABENAZINE (↓ subsidy) Tab 25 mg	178.00	112	✔ **Xenazine 25**
148	TEMOZOLOMIDE – Special Authority see SA1063 – Retail pharmacy (↓ subsidy)			
	Cap 5 mg	16.00	5	✔ **Temodal**
	Cap 20 mg	72.00	5	✔ **Temodal**
	Cap 100 mg	350.00	5	✔ **Temodal**
	Cap 250 mg	820.00	5	✔ **Temodal**

Effective 1 February 2012

39	FERROUS SULPHATE WITH FOLIC ACID (↑ price)			
	✻ Tab long-acting 325 mg (105 mg elemental) with folic acid 350 μg	1.80 (4.29)	30	Ferrograd-Folic
43	SODIUM CHLORIDE (↓ subsidy) Inj 0.9%, 10 ml – Up to 5 inj available on a PSO	11.50	50	✔ **Multichem**
79	CEFACLOR MONOHYDRATE (↓ subsidy) Cap 250 mg	24.57	100	✔ **Ranbaxy-Cefaclor**
96	IBUPROFEN – Additional subsidy by Special Authority see SA1038 – Retail pharmacy (↓ subsidy)			
	✻ Tab 200 mg	12.75	1,000	✔ **Ethics Ibuprofen**
	✻ Tab 400 mg	0.77 (4.56)	30	Brufen
	✻ Tab 600 mg	1.15 (6.84)	30	Brufen
115	BENZTROPINE MESYLATE (↑ subsidy) Inj 1 mg per ml, 2 ml a) Up to 5 inj available on a PSO b) Only on a PSO	95.00	5	✔ **Cogentin**
160	FLUTICASONE (↑ subsidy, ↓ price) Powder for inhalation, 50 μg per dose	7.50	60 dose OP	✔ **Flixotide Accuhaler**
160	FLUTICASONE (↓ price)			
	Powder for inhalation, 100 μg per dose	7.50	60 dose OP	✔ **Flixotide Accuhaler**
	Powder for inhalation, 250 μg per dose	13.60	60 dose OP	✔ **Flixotide Accuhaler**

▲ 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 February 2012 (continued)

161 EFORMOTEROL FUMARATE (↓ subsidy)
Note: Repeats for eformoterol fumarate will be fully subsidised where the initial dispensing is before 1 February 2012.

Powder for inhalation, 6 μg per dose, breath activated	11.51 (16.90)	60 dose OP	Oxis Turbuhaler
Powder for inhalation, 12 μg per dose, and monodose device	23.02 (35.80)	60 dose	Foradil

162 BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 – Retail pharmacy (↑ subsidy)

Powder for inhalation 100 μg with eformoterol fumarate 6 μg	55.00	120 dose OP	✔**Symbicort Turbuhaler 100/6**
Powder for inhalation 200 μg with eformoterol fumarate 6 μg	60.00	120 dose OP	✔**Symbicort Turbuhaler 200/6**
Powder for inhalation 400 μg with eformoterol fumarate 12 μg	60.00	60 dose OP	✔**Symbicort Turbuhaler 400/12**

162 BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 – Retail pharmacy(↓ subsidy)

Aerosol inhaler 100 μg with eformoterol fumarate 6 μg	26.49	120 dose OP	✔**Vannair**
Aerosol inhaler 200 μg with eformoterol fumarate 6 μg	31.25	120 dose OP	✔**Vannair**

Effective 1 January 2012

40 FOLIC ACID (↑ subsidy)

Oral liq 50 μg per ml	24.00	25 ml OP	✔**Biomed**

53 AMILORIDE (↑ subsidy)

‡ Oral liq 1 mg per ml	30.00	25 ml OP	✔**Biomed**

53 METHYLDOPA (↑ subsidy)

❋ Tab 125 mg	14.25	100	✔**Prodopa**
❋ Tab 250 mg	15.10	100	✔**Prodopa**
❋ Tab 500 mg	23.15	100	✔**Prodopa**

53 SPIRONOLACTONE (↑ subsidy)

‡ Oral liq 5 mg per ml	30.00	25 ml OP	✔**Biomed**

54 CHLOROTHIAZIDE (↑ subsidy)

‡ Oral liq 50 mg per ml	26.00	25 ml OP	✔**Biomed**

72 DEXAMETHASONE (↑ subsidy)

Oral liq 1 mg per ml – Retail pharmacy-Specialist	45.00	25 ml OP	✔**Biomed**

Oral liq prescriptions:
1) Must be written by a Paediatrician or Paediatric Cardiologist; or
2) On the recommendation of a Paediatrician or Paediatric Cardiologist.

73 TRIAMCINOLONE ACETONIDE (↑ subsidy)

Inj 10 mg per ml, 1 ml	23.00	5	✔**Kenacort-A**
Inj 40 mg per ml, 1 ml	56.48	5	✔**Kenacort-A40**

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 January 2012 (continued)

80 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 (↓ subsidy)

Tab 250 mg	4.19	14	
	(7.75)		Klacid
	(7.75)		Klamycin

84 FLUCONAZOLE (↓ subsidy)

Cap 50 mg – Retail pharmacy-Specialist	4.77	28	
	(6.82)		Pacific
Cap 150 mg – Subsidy by endorsement	0.91	1	
	(1.30)		Pacific

a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist
b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.

Cap 200 mg – Retail pharmacy-Specialist	13.34	28	
	(19.05)		Pacific

84 TRIMETHOPRIM (↑ subsidy)

✻ Tab 300 mg – Up to 30 tab available on a PSO	8.94	50	✔**TMP**

85 METRONIDAZOLE (↑ subsidy)

Tab 200 mg – Up to 30 tab available on a PSO	10.45	100	✔**Trichozole**
Tab 400 mg	18.15	100	✔**Trichozole**

116 PARACETAMOL (↓ subsidy)

✻ Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✔**Pharmacare**

118 DOXEPIN HYDROCHLORIDE (↑ subsidy)

Cap 10 mg	6.30	100	✔**Anten**
Cap 25 mg	6.86	100	✔**Anten**
Cap 50 mg	8.55	100	✔**Anten**

119 NORTRIPTYLINE HYDROCHLORIDE (↑ subsidy)

Tab 10 mg	6.69	100	✔**Norpress**
Tab 25 mg	14.77	180	✔**Norpress**

121 CLONAZEPAM (↑ subsidy)

Tab 500 μg	6.68	100	✔**Paxam**
Tab 2 mg	12.75	100	✔**Paxam**

125 BETAHISTINE DIHYDROCHLORIDE (↑ subsidy)

✻ Tab 16 mg	10.00	84	✔**Vergo 16**

167 TIMOLOL MALEATE (↓ subsidy)

✻ Eye drops 0.25%	2.08	5 ml OP	
	(2.37)		Apo-Timop
✻ Eye drops 0.5%	2.08	5 ml OP	
	(2.29)		Apo-Timop

▲ 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 January 2012 (continued)

168 BIMATOPROST – Retail pharmacy-Specialist (↓ subsidy)
See prescribing guideline

▲Eye drops 0.03%	18.50	3 ml OP	✔**Lumigan**

169 HYPROMELLOSE (↑ price)

✱Eye drops 0.5%	2.00	15 ml OP	
	(3.92)		Methopt

Changes to Section A

Effective 1 March 2012

3 PHARMAC and the Pharmaceutical Schedule

A list of Discretionary Community Supply Pharmaceuticals, in Section H of the Pharmaceutical Schedule, identifies those products that currently are not subsidised from the Pharmaceutical Budget as Community Pharmaceuticals in Sections A to G of the Pharmaceutical Schedule but which DHBs can at their discretion fund for use in the community from their own budgets ~~without specific Hospital Exceptional Circumstances~~ **Hospital Pharmaceuticals in the Community** approval.

11 ~~*Exceptional Circumstances policies*~~

~~The purpose of the Exceptional Circumstances policies are to provide:~~

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

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

~~*Hospital Exceptional Circumstances*~~

~~If the application is first assessed but not approved under the Community Exceptional Circumstances criteria, the Exceptional Circumstances Panel may recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances.~~

~~If the application is first assessed under the Hospital Exceptional Circumstances criteria, the Exceptional Circumstances Panel may:~~

- ~~a) recommend against the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget, in which case a DHB Hospital must not fund the pharmaceutical from its own budget;~~
- ~~b) recommend the funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances, in which case a DHB Hospital may, but is not obliged to, fund the pharmaceutical from its own budget;~~
- ~~c) defer its decision until further assessment under the Community Exceptional Circumstances criteria can undertaken; or~~
- ~~d) recommend interim funding of the pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances until further assessment under the Community Exceptional Circumstances criteria can be undertaken.~~

~~Permission to fund a pharmaceutical for use in the community by a specific patient from a DHB Hospital's own budget under Hospital Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that such funding is cost-effective for the relevant DHB in the region in which the patient resides.~~

~~If the patient being treated with a pharmaceutical under Hospital Exceptional Circumstances usually resides in a district other than that within the jurisdiction of the DHB initiating the treatment, then the DHB initiating the treatment must either agree to fund any on-going treatment required once the patient has returned to his/her usual DHB, or obtain written consent from the DHB or DHBs in which the patient will reside following the commencement of treatment.~~

continued...

Changes to Section A - effective 1 March 2012 (continued)

continued...

~~Applications for Hospital Exceptional Circumstances should be made on the standard application form available from the PHARMAC website www.pharmac.govt.nz or the address below:~~

~~The Coordinator, Hospital Exceptional Circumstances Panel~~
~~PHARMAC, PO Box 10 254~~
~~Wellington~~
~~Phone: (04) 916 7521~~
~~or fax (09) 523 6870~~
~~Email: ecpanel@pharmac.govt.nz~~

12 ~~*Cancer Exceptional Circumstances*~~

~~Permission to fund a pharmaceutical for the treatment of cancer under Cancer Exceptional Circumstances will only be granted by PHARMAC where it has been demonstrated that the proposed use meets the criteria.~~

12 ~~*Community Exceptional Circumstances*~~

~~In order to qualify for Community Exceptional Circumstances approval one of the following criteria must be met:~~
~~a) the condition must be rare; or~~
~~b) the reaction to alternative funded treatment must be unusual; or~~
~~c) an unusual combination of circumstances applies.~~
~~Rare and unusual are considered to be in the order of less than 10 people nationally.~~
~~Where one of the above Community Exceptional Circumstances entry criteria is met, the application may then be further examined under supplementary criteria, assessing suitability of the pharmaceutical, clinical benefit, the cost effectiveness of the treatment, and the patient's ability to pay for the treatment. Where these documented criteria are met, a subsidy sufficient to fully fund the pharmaceutical will be made available to the specific patient on whose behalf the application was made.~~
~~Community Exceptional Circumstances funding is only available where the criteria are met and is not available for financial reasons alone.~~
~~Applications for Community Exceptional Circumstances, Hospital Exceptional Circumstances and Cancer Exceptional Circumstances should be made on the standard application form available from the PHARMAC website www.pharmac.govt.nz or the address below:~~

~~The Coordinator, Hospital Exceptional Circumstances Panel~~
~~PHARMAC, PO Box 10 254~~
~~Wellington~~
~~Phone: (04) 916 7521~~
~~or fax (09) 523 6870~~
~~Email: ecpanel@pharmac.govt.nz~~

12 **Named Patient Pharmaceutical Assessment policy**

The Named Patient Pharmaceutical Assessment (NPPA) Policy is PHARMAC's process for considering applications about named patients seeking funding for treatments not listed on the Schedule, either at all or for the named patient's clinical circumstances.

For PHARMAC to perform its legislative function of maintaining and managing a Schedule that applies consistently throughout New Zealand, the NPPA Policy will, and must, operate in a way that does not undermine the Schedule decision making process. Together, the Schedule process and the NPPA Policy, ensure there is a pathway for consideration of an individual's clinical circumstances. If an individual has a set of clinical circumstances not covered by the NPPA Policy, the Schedule decision making process is available.

It is not the purpose of the NPPA Policy to provide access to every treatment not listed on the Schedule.

There are three main pathways by which named patients can be considered for funding under the NPPA Policy. PHARMAC will exercise its discretion to determine the most appropriate pathway for an application under the NPPA Policy based on the information that is provided.

PHARMAC will assess applications that meet the prerequisites described below according to its Decision Criteria before deciding whether to approve applications for funding. The Decision Criteria will be used to assess both the individual clinical circumstances of each NPPA applicant, and the implications of each NPPA funding decision on PHARMAC's ability to carry out its legislative functions.

For more information on NPPA, or to apply, visit the PHARMAC website at http://www.pharmac.govt.nz/nppa, or call the Panel Coordinators at (04) 9167553 or (04) 9167521.

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

Changes to Section A - effective 1 March 2012 (continued)

12 ***Unusual Clinical Circumstance (UCC)***

The purpose of the Unusual Clinical Circumstances (UCC) pathway is to provide a process for consideration for funding for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule. The prerequisite requirements for UCC consideration are:

- **The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or the patient has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The patient is experiencing an indication or set of clinical circumstances that are so unusual that PHARMAC is unlikely to consider listing treatments for these on the Schedule; and**
- **Generally, PHARMAC has not already considered/is not considering, through the Schedule decision making process, the treatment for the patient's clinical circumstances, or has not considered the treatment at all.**

12 ***Urgent Assessment (UA)***

The purpose of the Urgent Assessment (UA) pathway is to provide a process for PHARMAC to consider funding treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient's clinical circumstances justify urgent assessment, prior to a decision on Schedule listing. The prerequisite requirements for UA are:

- **The patient has reasonably tried and failed all alternative funded treatments (or alternative treatments have been contraindicated, or there are no other treatments available), or the patient has experienced such serious side effects with all other relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The patient is experiencing an indication or set of clinical circumstances that may be experienced by a population group (either currently or over time); and**
- **The patient has serious clinical circumstances and not receiving the treatment within six to 12 months would lead to either a significant deterioration in a serious clinical condition or the patient would miss the opportunity for significant improvement in clinical outcome (length or quality of life); and**
- **The treatment has either not been prioritised by PHARMAC, or if it has, PHARMAC has funded the treatment under the NPPA Policy for the same clinical circumstances prior to prioritisation.**
- **PHARMAC has not declined to list, on the Schedule, this treatment for these clinical circumstances.**

12 ***Hospital Pharmaceuticals in the Community (HPC)***

The purpose of the Hospital Pharmaceuticals in the Community (HPC) pathway is to allow District Health Board hospitals to fund a medicine for a patient in the community if it would be more affordable for the DHB than paying for the treatment that would otherwise need to be provided. PHARMAC's approval is required for any such funding, given DHBs' legislative obligation to act consistently with the Schedule. The prerequisite requirements for HPC are:

- **The patient has reasonably tried and failed all alternative cheaper funded treatments (or these alternative treatments have been contraindicated) or the patient has experienced such serious side effects with all other cheaper relevant funded treatments that treatment has been ceased or cannot reasonably be continued; and**
- **The application is for a DHB hospital to fund a treatment for use in the community for a patient under the care of a DHB hospital clinician (in-patient or out-patient); and**
- **The treatment is not being used to treat a cancer; and**
- **The treatment costs less for the DHB than the most likely alternative intervention or outcome; and**
- **The treatment is being sought for a short-term episode of care (usually a maximum of three months) and is not generally for the treatment of a chronic condition.**

Changes to General Rules

Effective 1 March 2012

14 ~~"Cancer Exceptional Circumstances" means the policies and criteria administered by PHARMAC relating to the ability to fund, pharmaceuticals for the treatment of cancer that are not identified as Pharmaceutical Cancer Treatments in Sections A-H of the Pharmaceutical Schedule. "~~

15 ~~"Community Exceptional Circumstances" means the policies and criteria administered by the Exceptional Circumstances Panel relating to funding from the Community Exceptional Circumstances budget for medication, to be used in the community, in circumstances where the provision of a funded community medication is appropriate, but funding from the Pharmaceutical Budget is not able to be provided through the Pharmaceutical Schedule.~~

16 ~~"Exceptional Circumstances~~ **Named Patient Pharmaceutical Assessment Advisory** Panel" – means the panel of clinicians, appointed by the PHARMAC Board, that is responsible for ~~administering~~ **advising, within its Terms of Reference, on** ~~the policy in relation to Community Exceptional Circumstances and Hospital Exceptional Circumstances~~ **Named Patient Pharmaceutical Assessment applications and Exceptional Circumstances renewal applications submitted after 1 March 2012 (EC renewal application form located at** http://www.pharmac.govt.nz/healthpros/EC/ECForms).

16 ~~"Hospital Exceptional Circumstances" means the policies and criteria administered by the Exceptional Circumstances Panel relating to the ability to fund, from a DHB Hospital's own budget, pharmaceuticals for use in the community by a specific patient where a subsidy is not available from the Pharmaceutical Budget or under Community Exceptional Circumstances.~~

16 **"Hospital Pharmaceuticals in the Community (HPC)" – means the pathway under the Named Patient Pharmaceutical Assessment policy to allow District Health Board hospitals to fund a medicine for a patient in the community if this is more affordable for the DHB than paying for the treatment that would otherwise need to be provided.**

19 **"Unusual Clinical Circumstances (UCC)" – means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for named patients whose clinical circumstances are so unusual that PHARMAC is unlikely, for administrative reasons, to consider listing treatments for these circumstances on the Schedule.**

19 **"Urgent Assessment (UA)" – means the pathway under the Named Patient Pharmaceutical Assessment policy for funding consideration for treatments for named patients where PHARMAC is also considering or is likely to consider the treatment for Schedule listing, but the patient's clinical circumstances justify urgent assessment, prior to a decision on Schedule listing.**

23 4.4 **Pharmaceutical Cancer Treatments**

4.4.2 DHBs must only provide access to Pharmaceuticals for the treatment of cancer that are listed as Pharmaceutical Cancer Treatments in Sections A to G of the Schedule, provided that DHBs may provide access to an unlisted pharmaceutical for the treatment of cancer where that unlisted pharmaceutical:

~~a) has Cancer Exceptional Circumstances approval; or~~

a) ~~b)~~ has **Named Patient Pharmaceutical Assessment (NPPA)** ~~Community Exceptional Circumstances or Hospital Exceptional Circumstances~~ approval; or

b) ~~c)~~ is being used as part of a bona fide clinical trial which has Ethics Committee approval; or

c) ~~d)~~ is being used and funded as part of a paediatric oncology service; or

d) ~~e)~~ was being used to treat the patient in question prior to 1 July 2005.

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 April 2012

39	FERROUS SULPHATE WITH FOLIC ACID			
	✻ Tab long-acting 325 mg (105 mg elemental) with folic acid 350 μg	1.80 (4.29)	30	~~Ferrograd-Folic~~ **Ferrograd F**

Changes to Sole Subsidised Supply

Effective 1 April 2012

For the list of new Sole Subsidised Supply products effective 1 April 2012 refer to the bold entries in the cumulative Sole Subsidised Supply table pages 9-19.

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

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

Delisted Items

Effective 1 April 2012

80 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority SA1131

Tab 250 mg	4.19	14	
	(7.75)		Klacid Klamycin

84 FLUCONAZOLE

Cap 50 mg – Retail pharmacy-Specialist	4.77	28	
	(6.82)		Pacific
Cap 150 mg – Subsidy by endorsement	0.91	1	
	(1.30)		Pacific

a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist
b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.

Cap 200 mg – Retail pharmacy-Specialist	13.34	28	
	(19.05)		Pacific

116 PARACETAMOL

✻ Tab 500 mg – Up to 30 tab available on a PSO	9.38	1,000	✔Pharmacare

167 TIMOLOL MALEATE

✻ Eye drops 0.25%	2.08	5 ml OP	
	(2.37)		Apo-Timop
✻ Eye drops 0.5%	2.08	5 ml OP	
	(2.29)		Apo-Timop

Effective 1 March 2012

45 PRAVASTATIN
See prescribing guideline

Tab 10 mg	27.46	30	✔Pravachol

49 LOSARTAN

✻ Tab 12.5 mg	0.96	30	
	(10.45)		Cozaar
✻ Tab 25 mg	1.07	30	
	(10.45)		Cozaar
✻ Tab 50 mg	1.74	30	
	(8.70)		Cozaar
Tab 50 mg with hydrochlorothiazide 12.5 mg	4.89	30	
	(10.45)		Hyzaar
✻ Tab 100 mg	2.89	30	
	(10.45)		Cozaar

76 LEVOTHYROXINE

✻ Tab 100 μg	46.75	1,000	✔Synthroid

‡ Safety cap for extemporaneously compounded oral liquid preparations.

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

Delisted Items - effective 1 March 2012 (continued)

82	CIPROFLOXACIN			
	Tab 250 mg – Up to 5 tab available on a PSO	2.36	30	
		(3.35)		Rex Medical
	Tab 500 mg – Up to 5 tab available on a PSO	3.21	30	
		(4.90)		Rex Medical
	Tab 750 mg – Retail pharmacy-Specialist	5.52	30	
		(7.54)		Rex Medical
97	MEFENAMIC ACID – Additional subsidy by Special Authority see SA1038 above – Retail pharmacy			
	✻ Cap 250 mg	2.50	100	
		(18.33)		Ponstan
113	ALLOPURINOL			
	✻ Tab 100 mg	3.98	250	
		(5.44)		Apo-Allopurinol
	✻ Tab 300 mg – For allopurinol oral liquid formulation refer, page 172	4.03	100	✔Apo-Allopurinol S29
		20.15	500	✔Apo-Allopurinol S29
		3.35	100	
		(4.03)		Apo-Allopurinol
114	SELEGILINE HYDROCHLORIDE			
	✻ Tab 5 mg	16.06	100	✔Apo-Selegiline S29
116	PARACETAMOL			
	✻‡ Oral liq 120 mg per 5 ml	4.42	1,000 ml	✔Paracare Junior
	a) Up to 200 ml available on a PSO b) Not in combination			
134	MIDAZOLAM			
	Tab 7.5 mg	10.38	100	
		(25.00)		Hypnovel
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
180	CARBOHYDRATE SUPPLEMENT – Special Authority see SA1090 – Hospital pharmacy [HP3]			
	Powder	36.50	5,000 g	✔Morrex Maltodextrin
		182.50	25,000 g	✔Morrex Maltodextrin
190	ORAL FEED 1 KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3]			
	Powder (chocolate)	9.50	400 g OP	✔Ensure
	Powder (strawberry)	4.22	400 g OP	✔Ensure
	Powder (vanilla)	9.50	400 g OP	✔Ensure
190	ORAL FEED 1.5KCAL/ML – Special Authority see SA1104 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube. The prescription must be endorsed accordingly.			
	Liquid (coffee latte) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
		(1.33)		Ensure Plus

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

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

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

Delisted Items - effective 1 February 2012

45	PRAVASTATIN See prescribing guideline			
	Tab 20 mg	5.44 (42.58)	30	 Pravachol
	Tab 40 mg	9.28 (65.31)	30	 Pravachol
70	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	Tab 5 mg	5.10	30	✔Fintral
85	TERBINAFINE			
	Tab 250 mg	12.75 (25.50)	100	 Apo-Terbinafine
118	PARACETAMOL WITH CODEINE			
	✻ Tab paracetamol 500 mg with codeine phosphate 8 mg	2.45	100	✔ParaCode
144	DAUNORUBICIN – PCT only – Specialist			
	Inj 5 mg per ml, 4 ml	99.00	1	✔Mayne
152	BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy			
	Tab 50 mg	10.71	30	✔Bicalox
165	SPACER DEVICE a) Up to 20 dev available on a PSO b) Only on a PSO			
	230 ml (single patient)	4.72	1	✔Space Chamber

Effective 1 January 2012

29	OMEPRAZOLE			
	✻ Cap 10 mg	0.97	30	✔Dr Reddy's Omeprazole
	✻ Cap 20 mg	1.26	30	✔Dr Reddy's Omeprazole
	✻ Cap 40 mg	1.86	30	✔Dr Reddy's Omeprazole
39	CHARCOAL			
	✻ Tab 300 mg	7.13 (9.77)	100	 Red Seal
74	OESTRADIOL			
	✻ TDDS 25 μg per day	3.01 (10.86)	8	 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 (13.18)	8	 Estraderm TTS 50
	a) Higher subsidy of $13.18 per 8 patch with Special Authority see SA1018 b) No more than 2 patch per week			

continued...

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

Delisted Items - effective 1 January 2012 (continued)

continued...

c) Only on a prescription

✻ TDDS 100 μg per day ..... 7.05 (16.14) 8 Estraderm TTS 100

a) Higher subsidy of $16.14 per 8 patch with Special Authority see SA1018
b) No more than 2 patch per week
c) Only on a prescription

83 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 remains listed.

92 DARUNAVIR – Special Authority see SA1025 – Retail pharmacy

Tab 300 mg ..... 1,190.00 120 ✔Prezista

▲ 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 May 2012

96 IBUPROFEN – Additional subsidy by Special Authority see SA 1038 – Retail pharmacy

❋ Tab 200 mg	12.75	1,000	✔ **Ethics Ibuprofen**

38 CALCIUM CARBONATE

❋ Tab 1.25 g (500 mg elemental)	6.38	250	✔ **Calci-Tab 500**
❋ Tab 1.5 g (600 mg elemental)	7.66	250	✔ **Calci-Tab 600**

171 PHARMACY SERVICES – May only be claimed once per patient

❋ Brand switch fee	0.01	1 fee	✔ **BSF Bicalaccord**

The Pharmacode for BSF Bicalaccord is 2397137

Effective 1 June 2012

28 CLARITHROMYCIN

Tab 500 mg – Subsidy by endorsement	10.95	14	
	(23.30)		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.

54 GLYCERYL TRINITRATE

❋ Oral pump spray 400 μg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	✔ **Nitrolingual Pumpspray**

79 CEFUROXIME SODIUM

Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement	6.96	5	
	(10.71)		Zinacef

79 CEFAZOLIN SODIUM – Subsidy by endorsement

Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

Inj 500 mg	3.99	5	
	(5.00)		Hospira
Inj 1 g	3.99	5	
	(8.00)		Hospira

113 QUININE SULPHATE

❋ Tab 200 mg	15.95	250	
	(17.20)		Q 200

148 TEMOZOLOMIDE – Special Authority see SA1063 below – Retail pharmacy

Cap 5 mg	16.00	5	✔ **Temodal**
Cap 20 mg	72.00	5	✔ **Temodal**
Cap 100 mg	350.00	5	✔ **Temodal**
Cap 250 mg	820.00	5	✔ **Temodal**

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 June 2012 (continued)

171 PHARMACY SERVICES – May only be claimed once per patient

✻ Brand switch fee	0.01	1 fee	✔**BSF Lostaar**
The Pharmacode for BSF Lostaar is 2397145			
✻ Brand switch fee	0.01	1 fee	✔**BSF Arrow-Losartan & Hydrochlorothiazide**
The Pharmacode for BSF Arrow-Losartan is 2397153			

Effective 1 July 2012

50 DIGOXIN

✻ Tab 62.5 μg – Up to 30 tab available on a PSO	5.56	200	✔**Lanoxin PG**
✻ Tab 250 μg – Up to 30 tab available on a PSO	6.05	100	✔**Lanoxin**

Note – Lanoxin PG tab 62.5 μg, 240 tab pack, and Lanoxin tab 250 μg 240 tab pack, remain subsidised.

98 SULINDAC – Additional subsidy by Special Authority see SA1038 – Retail pharmacy

✻ Tab 100 mg	5.32	100	
	(17.10)		Daclin
✻ Tab 200 mg	6.72	100	
	(30.20)		Daclin

Effective 1 September 2012

34 MUCILAGINOUS LAXATIVES – Only on a prescription

✻ Sugar Free	3.31	275 g OP	
	(10.60)		Mucilax

177 PROPYLENE GLYCOL

Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.

Liq	12.00	500 ml	✔**ABM**

Effective 1 October 2012

66 CONDOMS

✻ 49 mm – Up to 144 dev available on a PSO	1.11	12	✔**Gold Knight**
	13.36	144	✔**Gold Knight**

79 CEFACLOR MONOHYDRATE

Cap 250 mg	24.57	100	✔**Cefaclor Sandoz**

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

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

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

Section H changes to Part II

Effective 1 April 2012

17	AMINO ACID FORMULA			
	Powder (vanilla)	56.00	400 g	Neocate Advance
	Powder (unflavoured)	56.00	400 g	Neocate Gold
17	AMINO ACID FORMULA WITHOUT PHENYLALANINE			
	Liquid (berry)	13.10	125 ml	PKU Anamix Junior LQ
	Liquid (orange)	13.10	125 ml	PKU Anamix Junior LQ
	Liquid (unflavoured)	13.10	125 ml	PKU Anamix Junior LQ
23	CEFACLOR MONOHYDRATE			
	Cap 250 mg	24.57	100	Ranbaxy-Cefaclor
	Note: Cefaclor Sandoz cap 250 mg to be delisted 1 June 2012			
27	DABIGATRAN			
	Cap 110 mg.	148.00	60	Pradaxa
	Cap 150 mg	148.00	60	Pradaxa
	Note: This is a new listing of blister packed capsules. New pharmacode.			
30	ENTERAL FEED 1.5 KCAL/ML			
	Liquid	7.00	1,000 ml	Nutrison Energy
30	ENTERAL FEED 2 KCAL/ML			
	Liquid	5.50	500 ml	Nutrison Concentrated
33	FLUDARABINE PHOSPHATE			
	Tab 10 mg – **1% DV Jun-12 to 2015**	433.50	20	**Fludara Oral**
37	HIGH FAT FORMULA WITH VITAMINS, MINERALS AND TRACE ELEMENTS AND LOW IN PROTEIN AND CARBOHYDRATE			
	Powder (vanilla)	35.50	300 g	KetoCal
41	LAPATINIB DITOSYLATE			
	Tab 250 mg	1,899.00	70	Tykerb
51	PROPRANOLOL			
	Tab 10 mg	3.65	100	Apo-Propranolol
	Tab 40 mg	4.65	100	Apo-Propranolol
51	PAEDIATRIC ENTERAL FEED WITH FIBRE 0.75 KCAL/ML			
	Liquid	4.00	500 ml	Nutrini Low Energy Multi Fibre

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

Section H changes to Part II - effective 1 April 2012 (continued)

51	PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML			
	Liquid	6.00	500 ml	Nutrini Energy Multi Fibre
52	PAZOPANIB			
	Tab 200 mg	1,334.70	30	Votrient
	Tab 400 mg	2,669.40	30	Votrient
54	PRAMIPEXOLE HYDROCHLORIDE			
	Tab 0.125 mg – **1% DV Jun-12 to 2013**	1.95	30	**Dr Reddy's Pramipexole**
	Tab 0.25 mg – **1% DV Jun-12 to 2013**	2.40	30	**Dr Reddy's Pramipexole**
	Tab 0.5 mg	4.20	30	Dr Reddy's Pramipexole
54	PRASUGREL HYDROCHLORIDE			
	Tab 5 mg	108.00	28	Effient
	Tab 10 mg	120.00	28	Effient
54	PREMATURE BIRTH FORMULA			
	Powder	0.75	100 ml	S26LBW Gold RTF
54	PRETERM POST-DISCHARGE INFANT FORMULA			
	Powder	15.25	400 g	S-26 Gold Premgro
60	STANDARD SUPPLEMENT ORAL FEED **POWDER** ~~1.0KCAL/ML~~ (amended chemical name)			
	Powder (chocolate)	9.50	900 g	Ensure
		10.22		Sustagen Hospital Formula
	Powder (vanilla)	9.50	900 g	Ensure
		10.22		Sustagen Hospital Formula
60	STANDARD SUPPLEMENT ORAL FEED (POWDER) (new listing)			
	Powder (vanilla)	9.50	900 g	Fortisip
63	TRIAMCINOLONE ACETONIDE (↓ price and addition of HSS)			
	Inj 10 mg per ml, 1 ml – **1% DV Jun-12 to 2014**	21.90	5	**Kenacort-A**
	Inj 40 mg per ml, 1 ml – **1% DV Jun-12 to 2014**	53.79	5	**Kenacort-A40**

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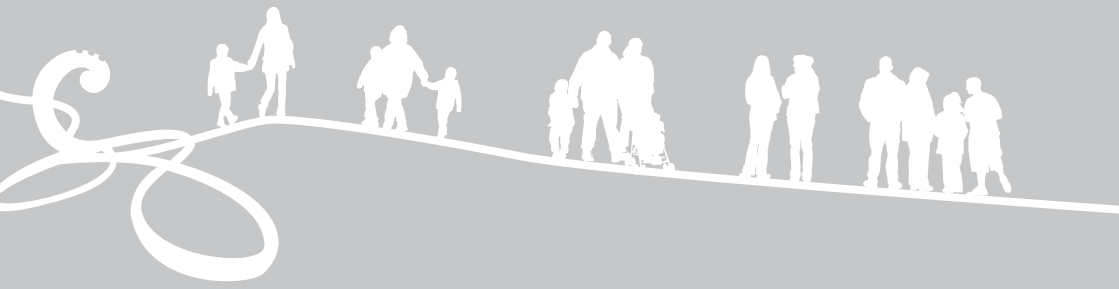

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