



Acute Health Services Division

Hospital Circular

Distribution: Public Hospitals

Subject: Highly Specialised Drugs Program - Erythropoietin & Neoral

Purpose:

The purpose of this circular is to advise hospitals involved with the Highly Specialised Drugs Program of new formulations of Erythropoietin to be subsidised under the Program, including start date and agreed prices, and new prices for Cyclosporin Neoral.

There has been recent advice from the Commonwealth that a subsidy will be available for new formulations of Erythropoietin. Details of the new formulations which includes form, price and start date are detailed below:

Erythropoietin

Injection,	2,000 units in 0.5 mL pre-filled syringe,	6 items per pack	\$272.00
Injection,	3,000 units in 0.3 mL pre-filled syringe,	6 items per pack	\$351.00
Injection,	4,000 units in 0.4 mL pre-filled syringe,	6 items per pack	\$477.00
Injection,	10,000 units in 1 mL pre-filled syringe,	6 items per pack	\$1,037.00

Clinical Indications

For the treatment of anaemia requiring transfusion, associated with chronic renal failure, where treatment is initiated in a hospital with a renal dialysis unit.

Effective Date: 1 February 1997

Note: The previous formulations continue to be subsidised under the Highly Specialised Drugs Program with no change in price.

The Commonwealth has also advised that there will be a price reduction for Cyclosporin Neoral brand as detailed below:

Cyclosporin Neoral

Capsule,	25mg,	50 items per pack	\$ 80.02
Capsule,	50mg,	50 items per pack	\$160.00
Capsule,	100mg,	50 items per pack	\$320.00
Oral soln,	100mg/ml,	1 item per pack	\$336.85

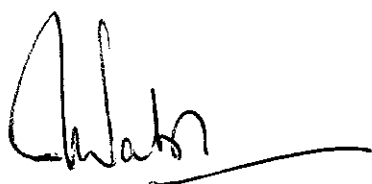
Effective Date: 1 March 1997

CORRECTION

The Hospital circular dated 27/9/96, Publication number 18/1996, indicated that the **Sandimmun brand of Cyclosporin** would not be available from 1 February 1997. The Commonwealth has since advised us that this brand of Cyclosporin **will** continue to be available in the following formulations:

Ampoules,	50mg/ml,	10 items per pack	\$ 54.10
Ampoules,	250mg/5ml,	10 items per pack	\$257.95

Please find attached the relevant pages to revise Appendix 3 of the Commonwealth/State Highly Specialised Drugs Program Guidelines which are included in *Conditions for Commonwealth/State Programs (October 1993; Publication 93/0068)* and as a revised stand alone document dated December 1994 (Publication no: 94/0154). Please update your documents as necessary. Also find attached, updated claim forms for Erythropoietin, Cyclosporin (Neoral) and Cyclosporin (Sandimmun), which are updates for Appendix 8 of the above document.



DR MICHAEL WALSH
DIRECTOR, ACUTE HEALTH SERVICES

Appendix 3:

Agreed Prices

Drug & dose form information	Pack size	Agreed Price	
1996/97			
		Per Pack	Per Item
Apomorphine			
Injection, 10mg in 1 ml amp	5	\$28.00	\$5.6000
Clarithromycin			
Tablet, 250mg	100	\$199.80	\$1.9980
Tablet, 500mg	100	\$389.60	\$3.8960
Clozapine			
Tablet, 25mg	100	\$72.00	\$0.7200
Tablet, 100mg	100	\$270.00	\$2.7000
Cyclosporin (Sandimmun)			
<i>Oral solution and capsules to be discontinued by 31 January 1997</i>			
Oral Solution 50ml	1	\$368.75	\$368.7500
Capsules, 25mg	50	\$87.60	\$1.7520
Capsules, 50mg	50	\$175.15	\$3.5030
Capsules, 100mg	50	\$350.30	\$7.0060
<i>The following formulations will continue after 31 January 1997</i>			
Ampoules, 50mg/ml	10	\$54.10	\$5.4100
Ampoules, 250mg/5ml	10	\$257.95	\$25.7950
Desferrioxamine			
Powder, 500mg	10	\$108.27	\$10.8270
Didanosine (DDI)			
Powder, 2g (paediatric soln)	1	\$47.97	\$47.9700
Tablet, 25mg	60	\$35.98	\$0.5997
Tablets, 100mg	60	\$143.92	\$2.3987
Dornase Alpha (Pulmozyme)			
Sol for inhalation, 2.5mg/2.5ml	30	\$1,125.00	\$37.5000
Erythropoietin			
Vials, 2,000u	6	\$272.00	\$45.3333
Vials, 4,000u	6	\$467.00	\$77.8333
Vials, 10,000u	6	\$1,067.00	\$177.8333
Sol for inj., 2,000u/0.5ml	6	\$272.00	\$45.3333
Sol for inj., 3,000u/0.3ml	6	\$351.00	\$58.5000
Sol for inj., 4,000u/0.4ml	6	\$447.00	\$74.5000
Sol for inj., 10,000/1ml	6	\$1,037.00	\$172.8333
Filgrastim			
Vial 300mcg/ml 1ml	10	\$1,504.00	\$150.4000
Vial 480mcg/ml 1.6ml	10	\$2,407.00	\$240.7000
Ganciclovir			
Powder, 500mg	1	\$57.71	\$57.7100
Capsule, 250mg	84	\$540.00	\$6.4286
Indinavir Sulphate (Crixivan)			
Capsule, 200 mg (base)	360	\$455.00	\$1.2639
Capsule, 400mg (base)	180	\$455.00	\$2.5278

Appendix 3:

Agreed Prices

Drug & dose form information	Pack size	Agreed Price	
		Per Pack	Per Item
1996/97			
Interferon Alpha 2A			
Sol for inj. 3,000,000 iu/mL sin use	3	\$87.48	\$29.1600
Sol for inj. 4.5,000,000 iu/mL sin use	3	\$131.22	\$43.7400
Sol for inj. 6,000,000 iu/mL sin use	3	\$174.96	\$58.3200
Sol for inj. 9,000,000 iu/mL sin use	3	\$262.44	\$87.4800
Vials, 18,000,000iu	5	\$874.80	\$174.9600
Interferon Alpha 2B			
Vials, 3,000,000iu	5	\$145.80	\$29.1600
Vials, 5,000,000iu	5	\$243.00	\$48.6000
Vials, 9,000,000iu	5	\$437.40	\$87.4800
Vials, 10,000,000iu	5	\$486.00	\$97.2000
Sol for inj, 10,000,000iu/ml	5	\$486.00	\$97.2000
Sol for inj, 25,000,000iu/5ml	5	\$1,215.00	\$243.0000
Interferon Gamma 1B			
Soln for subcut inj. 3,000,000iu 100 micrograms/0.5mL.	6	\$991.00	\$165.1667
Lamivudine (3TC)			
Tablet, 150mg	60	\$314.00	\$5.2333
Oral solution 10mg/mL, 240mL	1	\$83.73	\$83.7300
Lenograstim			
Vial, 263mcg/1 ml	1	\$128.36	\$128.3600
Neoral (Cyclosporin)			
Capsule, 25mg.	50	\$80.02	\$1.6004
Capsule, 50mg	50	\$160.00	\$3.2000
Capsule, 100mg	50	\$320.00	\$6.4000
Solution, 100mg/mL, 50mL	1	\$336.85	\$336.8500
Rifabutin			
Capsule, 150mg	30	\$147.00	\$4.9000
Ritonavir (Norvir)			
Capsule, 100mg	84	\$106.17	\$1.2639
Saquinavir Mesylate (Invirase)			
Capsule, 200mg	270	\$602.00	\$2.2296
Sodium Foscarnet			
Infusion, 2.4%, 250ml	6	\$395.00	\$65.8333
Infusion, 2.4%, 500ml	6	\$660.00	\$110.0000
Stavudine (Zerit)			
Capsule, 15mg	60	\$250.00	\$4.1667
Capsule, 20mg	60	\$280.00	\$4.6667
Capsule, 30mg	60	\$333.68	\$5.5613
Capsule, 40mg	60	\$444.90	\$7.4150
Zalcitabine (DDC)			
Tablet 375 micrograms	100	\$193.75	\$1.9375
Tablet 750 microgram	100	\$242.18	\$2.4218
Zidovudine (AZT)			
Capsules, 100mg	100	\$247.24	\$2.4724
Capsules, 250mg	40	\$247.24	\$6.1810
Syrup, 200ml	1	\$49.45	\$49.4500

HIGHLY SPECIALISED DRUGS PROGRAM

Claim Form
For the Period from to

Cyclosporin (Sandimmun)

Patient Information	Number of Patients*
Community Patients	

Dispensing Information			
Dosage form, Strength	Number of Items Dispensed	Cost per Item	Expenditure
Ampoules, 50mg/ml		\$5.4100	
Ampoules, 250mg/5ml		\$25.7950	
Total Expenditure			

I certify that the Cyclosporin (Sandimmun) claimed was dispensed to community patients who met the Highly Specialised Drugs Program's criteria, including PBAC clinical indications and that the amount claimed is correct.

AUTHORISING SIGNATURE:

DATE:

NAME OF SIGNATORY:

CONTACT PHONE NO:

POSITION:

HOSPITAL:

CAMPUS:

***Number of patients represents total number of individual patients who received supply of highly specialised drugs in quarter, NOT number of occasions of dispensing.**

HIGHLY SPECIALISED DRUGS PROGRAM

Claim Form
For the Period from to

Cyclosporin (Neoral)

1. Organ or tissue transplant recipients & Psoriasis

Patient Information	Number of Patients*
Community Patients	

Dispensing Information			
Dosage form, Strength	Number of Items Dispensed	Cost per Item	Expenditure
Solution, 100mg/ml., 50ml		\$336.8500	
Capsules, 25 mg		\$1.6004	
Capsules, 50mg		\$3.2000	
Capsules, 100mg		\$6.4000	
Total Expenditure			

2. Rheumatoid arthritis

NOTE: A condition of funding is that patient numbers be supplied for this indication

Patient Information	Number of Patients*
Community Patients	

Dispensing Information			
Dosage form, Strength	Number of Items Dispensed	Cost per Item	Expenditure
Solution, 100mg/ml., 50ml		\$336.8500	
Capsules, 25 mg		\$1.6004	
Capsules, 50mg		\$3.2000	
Capsules, 100mg		\$6.4000	
Total Expenditure			

I certify that the Cyclosporin (Neoral) claimed was dispensed to community patients who met the Highly Specialised Drugs Program's criteria, including PBAC clinical indications and that the amount claimed is correct.

AUTHORISING SIGNATURE:

DATE:

NAME OF SIGNATORY:

CONTACT PHONE NO:

POSITION:

HOSPITAL:

CAMPUS:

*Number of patients represents total number of individual patients who received supply of highly specialised drugs in quarter, NOT number of occasions of dispensing.

Commonwealth/State Guidelines A-8 Claim Form 5

HIGHLY SPECIALISED DRUGS PROGRAM

Claim Form
For the Period from to

Erythropoietin

Patient Information	Number of Patients*
Community Patients	

Dispensing Information			
Dosage Form, Strength	Number of Items Dispensed	Cost per Item	Expenditure
Vials, 2,000u		\$45.3333	
Vials, 4,000u		\$77.8333	
Vials, 10,000u		\$177.8333	
Sol for inj., 2,000/0.5mL		\$45.3333	
Sol for inj., 3,000/0.3mL		\$58.5000	
Sol for inj., 4,000/0.4mL		\$74.5000	
Sol for inj., 10,000/1mL		\$172.8333	
Total Expenditure			

I declare that the Erythropoietin claimed was dispensed to community patients who met the Highly Specialised Drugs Program's criteria, including PBAC clinical indications, and that the quantity is correct.

AUTHORISING SIGNATURE: _____ DATE: _____

NAME OF SIGNATORY: _____

CONTACT PHONE NO: _____

POSITION: _____

HOSPITAL: _____ CAMPUS: _____

*Number of patients represents total number of individual patients who received supply of highly specialised drugs in quarter, NOT number of occasions of dispensing.