

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2014

Cumulative for January, February and March 2014



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2014

New listings (pages 19-21)

- Pantoprazole (Pantoprazole Actavis 20) tab EC 20 mg and (Pantoprazole Actavis 40) tab EC 40 mg
- Prazosin (Apo-Prazosin) tab 1 mg, 2 mg and 5 mg
- Sunscreen, proprietary (Marine Blue Lotion SPF 50+) lotn, 100 g OP and 200 g OP
- Pyrimethamine (Daraprim) tab 25 mg, packsize 50 tab – Special Authority - S29
- Ketoprofen (Oruvail SR) cap long-acting 200 mg, 28 cap packsize
- Cyclophosphamide (Endoxan) tab 50 mg – PCT – Retail pharmacy–Specialist – S29
- Diabetic oral feed 1kcal/ml (Sustagen Diabetic) liquid (vanilla) – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without phenylalanine (Easiphen Liquid) liquid (forest berries) – Special Authority – Hospital pharmacy [HP3] 250 ml carton, 18 OP

Changes to restrictions, chemical names and presentation (pages 22-28)

- Pantoprazole tab EC 20 mg and tab EC 40 mg – amendment to presentation description
- Blood glucose diagnostic test strip – amendment to endorsement
- Blood glucose diagnostic test strip (visually impaired) – amendment to endorsement
- Insulin syringes and needles – amendment to endorsement
- Eltrombopag (Revolade) tab 25 mg and 50 mg – amendment to Special Authority
- Coal tar (Midwest) amendment to presentation description
- Lomustine (CeeNU) cap 10 mg and 40 mg – amendment from PCT only to PCT
- Fludarabine (Fludara Oral) tab 10 mg – amendment from PCT only to PCT
- Anagerlide hydrochloride (Agrylin and Teva) cap 0.5 mg – amendment from PCT only to PCT
- Mesna (Uromitexan) tab 400 mg and 600 mg - amendment from PCT only to PCT
- Idraubicin hydrochloride (Zavedos) cap 5 mg and 10 mg – amendment from PCT only to PCT
- Procarbazine hydrochloride (Natulan) cap 50 mg – amendment from PCT only to PCT
- Montelukast (Singulair) tab 4 mg, 5 mg and 10 mg – amendment to Special Authority

Summary of PHARMAC decisions – effective 1 March 2014 (continued)

Increase in subsidy (pages 29-31)

- Sunscreen, proprietary (Hamilton Sunscreen) crm 100 g OP and (Aquasun 30+) lotn 125 ml OP

Decreased subsidy (pages 29-31)

- Cilazapril with hydrochlorothiazide (Inhibace Plus) tab 5 mg with hydrochlorothiazide 12.5 mg
- Coal tar (Midwest) soln
- Ceftriaxone (Veracol) inj 500 mg vial and (Aspen Ceftriaxone) 1 g vial
- Ropinirole hydrochloride (Ropin) tab 0.25 mg, 1 mg, 2 mg, and 5 mg
- Gabapentin (Nupentin) cap 300 mg and 400 mg
- Interferon beta-1-alpha (Avonex) inj 6 million iu prefilled syringe and inj 6 million iu per vial, and (Avonex Pen) inj 6 million iu per 0.5 ml pen injector.

Eltrombopag (Revolade) – amendment to Special Authority criteria

From 1 March 2014, the Special Authority criteria for eltrombopag will be widened to include patients with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.



Blood glucose diagnostic test strips and insulin syringes and needles – amended endorsement

From 1 March 2014, the restrictions applying to blood glucose diagnostic test strips and insulin needles and syringes will change to allow pharmacists to annotate the prescription where there is a history of dispensing of insulin or sulphonylurea (where applicable). The patient history can be either the pharmacy's own record or obtained from another source e.g. TestSafe.

Pantoprazole tender transition

Pantoprazole Actavis 20 and Pantoprazole Actavis 40 enteric coated tablets will be subsidised from 1 March 2014. There will be a subsidy reduction for the Dr Reddy's Pantoprazole brand from 1 May 2014 and sole supply of the Pantoprazole Actavis 20 and Pantoprazole Actavis 40 brands will commence on 1 August 2014.

Oruviel SR pack size changes

From 1 March 2014, a 28 capsule pack size of Oruviel SR (ketoprofen) 200 mg long-acting capsules will be subsidised. Sanofi is discontinuing the 100 capsule packsize of both 100 mg and 200 mg presentations from 1 September 2014. There will be no subsidised 100 mg long-acting capsule. Patients currently prescribed 100 mg long-acting capsules will need to discuss a suitable alternative with their prescriber.

Easiphen Liquid – change in pack size

Easiphen Liquid (forest berries) will be subsidised in packs of 18 cartons of 250 ml from 1 March 2014 to meet food labelling requirements. The 18 carton packsize will be listed as an Original Pack (OP). The single bottle packs will be delisted 1 September 2014.

New listing of sunscreen presentations

Marine Blue Lotion SPF 50+ sunscreen lotion, in pack sizes of 100 g and 200 g OP's will be subsidised from 1 March 2014. The Marine Blue Lotion SPF 30+ sunscreen lotion will be delisted from 1 September 2014. There will also be an increase in subsidy for the Hamilton Sunscreen and Aquasun 30+ sunscreen from 1 March 2014. A manufacturer's surcharge will still apply to the Hamilton Sunscreen and Aquasun 30+ sunscreens.

News in brief

- m-Captopril (**captopril**) tab 12.5 mg, 25 mg and 50 mg will be delisted from 1 March 2014 due to the pharmacy level recall of all batches.
- Endoxan S29 (**cyclophosphamide**) tab 50 mg will be listed fully funded from 1 March 2014.
- A new brand of **prazosin** (Apo-Prazosin) will be listed fully funded from 1 March 2014.
- From 1 March 2014 **pyrimethamine** (Daraprim) tab 25 mg in a 50 tablet pack size, will be listed fully funded.

Tender News

Sole Subsidised Supply changes – effective 1 April 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Alprazolam	Tab 250 mcg; 50 tab	Xanax (Pfizer)
Alprazolam	Tab 500 mcg; 50 tab	Xanax (Pfizer)
Alprazolam	Tab 1 mg; 50 tab	Xanax (Pfizer)
Aspirin	Tab 100 mg; 990 tab	Ethics Aspirin EC (Ethics)
Aspirin	Tab dispersible 300 mg; 100 tab	Ethics Aspirin (Ethics)
Ibuprofen	Oral liq 20 mg per ml; 200 ml	Fenpaed (AFT)
Ondansetron	Tab 4 mg; 50 tab	Onrex (Rex Medical)
Ondansetron	Tab 8 mg; 50 tab	Onrex (Rex Medical)
Paroxetine hydrochloride	Tab 20 mg; 90 tab	Loxamine (Mylan)
Salbutamol	Oral liq 0.4 mg per ml; 150 ml	Ventolin (GSK)
Timolol	Eye drops 0.25%, gel forming; 2.5 ml OP	Timoptol XE (MSD)
Timolol	Eye drops 0.5%, gel forming; 2.5 ml OP	Timoptol XE (MSD)

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 future implementation 1 April 2014

- Imatinib mesilate (Imatinib-AFT) tab 100 mg – new listing
- Methotrexate (Trexate) tab 2.5 mg and 10 mg – new listing
- Fluoxetine hydrochloride (Fluox) cap 20 mg and tab dispersable 20 mg, scored – subsidy decrease

Sole Subsidised Supply Products – cumulative to March 2014

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 and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2014
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
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
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
Amitriptyline	Tab 10 mg Tab 25 mg & 50 mg	Arrow-Amitriptyline Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g	Ibiamox	2014
Amoxicillin clavulanate	Grans for oral liq amoxycillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Augmentin	2015
	Grans for oral liq amoxycillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin	
	Tab 500 mg with potassium clavulanate 125 mg	Curam Duo	2014
Aqueous cream	Crn	AFT	2014
Ascorbic acid	Tab 100 mg	Cvite	2016
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Inj 600 mcg, 1 ml	AstraZeneca	2015
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5%	Betoptic	2014
	Eye drops 0.25%	Betoptic S	

*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 March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Cefuroxime sodium	Inj 750 mg	Multichem	2014
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70% Soln 4%	healthE healthE Orion	2015 2014
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014

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Sole Subsidised Supply Products – cumulative to March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Clindamycin ABM Dalacin C	2016
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Vaginal crm 1% with applicators Vaginal crm 2% with applicators Crn 1%	Clomazol	2016
		Clomazol	2014
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Crotamiton	Crn 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2014
Dexamethasone	Tab 1 mg & 4 mg Eye oint 0.1%	Douglas	2015
		Maxidex	2014
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	2014
		Maxitrol	
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Apo-Diclo	2015
		Diclax SR	
		Voltaren	2014
		Voltaren Ophtha	
		Voltaren	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg Tab 30 mg & 60 mg	Apo-Diltiazem CD Dilzem	2015
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014

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Generic Name	Presentation	Brand Name	Expiry Date*
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Domperidone	Tab 10 mg	Prokinex	2015
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
Ergometrine maleate	Inj 500 mcg per ml, 1 ml	DBL Ergometrine	2014
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab	Ava 20 ED	2014
	Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 30 ED	
Exemestane	Tab 25 mg	Aromasin	2014
Felodopine	Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg	Plendil ER Plendil ER	2015
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Filgrastim	Inj 300 mcg per 0.5 ml Inj 480 mcg per 0.5 ml	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml	AFT	2015
	Grans for oral liq 250 mg per 5 ml	Staphlex	
	Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	Flucloxin	2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg	Urex Forte	2015
	Tab 40 mg	Diurin 40	
Fusidic acid	Oint 2%	Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glipizide	Tab 5 mg	Minidiab	2015

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Sole Subsidised Supply Products – cumulative to March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Glycerol	Suppos 3.6 g	PSM	2015
Glyceryl trinitrate	Aerosol spray 400 mcg per dose TDDS 5 mg & 10 mg Tab 600 mcg	Glytrin Nitroderm TTS Lycinate	2014
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg Crm 1% Powder	Solu-Cortef Douglas Pharmacy Health ABM	2016 2015 2014
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
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	2015
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2015
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Tab 200 mg Tab long-acting 800 mg	Arrowcare Brufen SR	2014
Imiquimod	Crm 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Ketoconazole	Shampoo 2%	Sebizole	2014
Lamivudine	Oral liq 10 mg per ml; 240 ml OP Tab 100 mg	3TC Zetlam	2016 2014

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Sole Subsidised Supply Products – cumulative to March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	Tab 1.5 mg	Postinor-1	2016
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 5 ml & 20 ml Viscous soln 2%	Lidocaine-Clarix Xylocaine Viscous	2015 2014
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loratadine	Tab 10 mg	Lorafix	2016
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 & Hydrochlorothiazide	2014
Macrogol	Powder 13.125 g, sachets	Lax-Sachets	2014
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
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
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml	Depo-Medrol	2015
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2015
Mesalazine	Enema 1 g per 100 ml Suppos 500 mg	Pentasa Asacol	2015 2014
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015
Methotrexate	Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	Methotrexate Sandoz	2016

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Sole Subsidised Supply Products – cumulative to March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg 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	m-Eslon Arrow-Morphine LA DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate DBL Morphine Sulphate	2016 2014
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015

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Sole Subsidised Supply Products – cumulative to March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint)	Habitrol	2014
	Lozenge 1 mg & 2 mg	Habitrol	
	Patch 7 mg, 14 mg & 21 mg	Habitrol	
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norethisterone	Tab 350 mcg	Noriday 28	2015
	Tab 5 mg	Primolut N	2014
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2014
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml Inj 100 mcg per ml, 1 ml Inj 500 mcg per ml, 1 ml	Octreotide Max Rx	2014
Oil in water emulsion	Crm	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2014
	Powder	Midwest	
	Inj 40 mg	Dr Reddy's Omeprazole	
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Tab controlled-release 10 mg, 20 mg, 40 mg & 80 mg	Oxydone BNM	2015
	Inj 50 mg per ml, 1 ml	OxyNorm	
	Inj 10 mg per ml, 1 ml & 2 ml	Oxycodone Orion	
Oxytocin	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2015
Pamidronate disodium	Inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml & 9 mg per ml, 10 ml	Pamidronate BNM	2014
Pantoprazole	Inj 40 mg	Pantocid IV	2014
Paracetamol	Suppos 500 mg	Paracare	2015
	Tab 500 mg	Parafast	2014
	Oral liq 120 mg per 5 ml	Ethics Paracetamol	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017

*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 March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	2017
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5%	Lyderm A-Scabies	2014
	Lotn 5%		
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2015
	Inj 50 mg per ml, 1 ml	DBL Pethidine Hydrochloride	2014
	Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride	
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Allersoothe Allersoothe	2015
	Tab 10 mg & 25 mg		
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg	PyridoxADE Apo-Pyridoxine	2014
	Tab 50 mg		
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2015
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml	Peptisoothe Arrow-Ranitidine	2014
	Tab 150 mg & 300 mg		
Rifabutin	Cap 150 mg	Mycobutin	2016
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014

*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 March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Asthalin	2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Silagra	2014
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 ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spirolactone	Tab 25 mg Tab 100 mg	Spiractin Spirotone	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
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
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
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	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016
Tetracosactrin	Inj 250 mcg per ml, 1 ml ampoule Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25% & 0.5%	Arrow-Timolol	2014

*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 March 2014

Generic Name	Presentation	Brand Name	Expiry Date*
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
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A Kenacort-A40 Aristocort Aristocort Oracort	2014
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
Zidovudine [AZT]	Cap 100 mg & oral liq 10 mg per ml	Retrovir	2016
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2014
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

March changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 March 2014

27	PANTOPRAZOLE * Tab EC 20 mg 2.68	100	✓ Pantoprazole Actavis 20
	* Tab EC 40 mg 3.54	100	✓ Pantoprazole Actavis 40
52	PRAZOSIN * Tab 1 mg 5.53	100	✓ Apo-Prazosin
	* Tab 2 mg 7.00	100	✓ Apo-Prazosin
	* Tab 5 mg 11.70	100	✓ Apo-Prazosin
74	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.		
	Lotn, 3.30	100 g OP	✓ Marine Blue Lotion SPF 50+
 5.10	200 g OP	✓ Marine Blue Lotion SPF 50+
95	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy – wastage claimable – see rule 3.3.2 Tab 25 mg 36.95	50	✓ Daraprim \$29
114	KETOPROFEN * Cap long-acting 200 mg 12.07	28	✓ Oruvail SR
151	CYCLOPHOSPHAMIDE – wastage claimable – see rule 3.3.2 Tab 50 mg – PCT – Retail pharmacy-Specialist 79.00	50	✓ Endoxan \$29
205	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (vanilla) 1.78	237 ml OP	Sustagen Diabetic
	(2.10)		
217	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (forest berries), 250 ml carton 540.00	18 OP	✓ Easiphen Liquid

Effective 1 February 2014

61	ISOSORBIDE MONONITRATE * Tab long-acting 40 mg 7.50	30	✓ Ismo 40 Retard
70	DIMETHICONE * Crm 5% pump bottle 4.73	500 ml OP	✓ healthE Dimethicone 5%

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 February 2014 (continued)

82	DEXAMETHASONE PHOSPHATE Dexamethasone phosphate injection will not be funded for oral use. * Inj 4 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO25.80	10	✓ Dexamethasone-hameln
	* Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO 17.98	5	✓ Dexamethasone-hameln
121	BACLOFEN Inj 0.05 mg per ml, 1 ml ampoule - Subsidy by endorsement ... 11.55 Subsidised only for use in a programmable pump in patients where oral antispastic agents have been ineffective or have caused intolerable side effects and the prescription is endorsed accordingly. Inj 2 mg per ml, 5 ml ampoule - Subsidy by endorsement209.29 Subsidised only for use in a programmable pump in patients where oral antispastic agents have been ineffective or have caused intolerable side effects and the prescription is endorsed accordingly.	1	✓ Lioresal Intrathecal
		1	✓ Lioresal Intrathecal
129	FLUOXETINE HYDROCHLORIDE * Tab dispersible 20 mg, scored – Subsidy by endorsement2.50 Subsidised by endorsement 1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or 2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses. * Cap 20 mg1.74	30	✓ Arrow-Fluoxetine
		90	✓ Arrow-Fluoxetine
192	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....4.33 The Pharmacode for the BSF Cellcept is 2452189.	1 fee	✓ BSF Cellcept
208	ORAL ELEMENTAL FEED 0.8 KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Liquid (grapefruit), 250 ml carton 171.00 Liquid (pineapple & orange), 250 ml carton..... 171.00 Liquid (summer fruit), 250 ml carton 171.00	18 OP 18 OP 18 OP	✓ Elemental 028 Extra ✓ Elemental 028 Extra ✓ Elemental 028 Extra

Effective 1 January 2014

37	PANCREATIC ENZYME Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease94.38	100	✓ Creon 25000
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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 January 2014 (continued)

45	ELTROMBOPAG – Special Authority see SA1412 – Retail pharmacy – Wastage claimable Tab 25 mg 1,771.00 28 ✓ Revolade Tab 50 mg 3,542.00 28 ✓ Revolade
	<p>▶ SA1412 Special Authority for Subsidy</p> <p>Initial application - (idiopathic thrombocytopenic purpura – post-splenectomy) only from a haematologist. Approvals valid for 6 weeks for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1. Patient has had a splenectomy; and 2. Two immunosuppressive therapies have been trialed and failed after therapy of 3 months each (or 1 month for rituximab); and 3. Either: <ol style="list-style-type: none"> 3.1. Patient has a platelet count of $\leq 20,000$ platelets per microlitre and has evidence of active bleeding; or 3.2. Patient has a platelet count of $\leq 10,000$ platelets per microlitre. <p>Initial application - (idiopathic thrombocytopenic purpura – preparation for splenectomy) only from a haematologist. Approvals valid for 6 weeks where the patient requires eltrombopag treatment as preparation for splenectomy.</p> <p>Renewal– (idiopathic thrombocytopenic purpura – post-splenectomy) from a haematologist. Approvals valid for 12 months where the patient has obtained a response (see Note) from treatment during the initial approval or subsequent renewal periods and further treatment is required.</p> <p>Note: Response to treatment is defined as a platelet count of $> 30,000$ platelets per microlitre.</p>
53	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE * Tab 5 mg with hydrochlorothiazide 12.5 mg 10.72 100 ✓ Apo-Cilazapril/ Hydrochlorothiazide
57	DILTIAZEM HYDROCHLORIDE Cap long-acting 120 mg 1.91 30 ✓ Cardizem CD
60	ACIPIMOX * Cap 250 mg 18.75 30 ✓ Olbetam s29 S29
86	CARBIMAZOLE Tab 5 mg 10.80 100 ✓ AFT S29
90	CEFTRIAXONE – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial 1.50 1 ✓ Ceftriaxone-AFT Inj 1 g vial 5.22 5 ✓ Ceftriaxone-AFT
92	AMOXYCILLIN Cap 250 mg 16.18 500 ✓ Apo-Amoxi a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6
187	PHARMACY SERVICES - May only be claimed once per patient * Brand switch fee 4.33 1 fee ✓ BSF Oxydone BNM

The Pharmacode for BSF Oxydone BNM is 2451794.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions, Chemical Names and Presentations Effective 1 March 2014

27	PANTOPRAZOLE (amendment to presentation description)			
	* Tab EC 20 mg	2.68	100	✓ Pantoprazole Actavis 20
		1.23	28	✓ Dr Reddy's Pantoprazole
	* Tab EC 40 mg	3.54	100	✓ Pantoprazole Actavis 40
		1.54	28	✓ Dr Reddy's Pantoprazole
30	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO (amendment to restriction) The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed for a patient on with-insulin or a sulphonylurea but are on a different prescription and endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylurea; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.			
	Blood glucose test strips – Note differing brand requirements...	10.56	50 test OP	✓ CareSens ✓ CareSens N
31	BLOOD GLUCOSE TEST STRIPS (VISUALLY IMPAIRED) (amendment to restriction) The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed for a patient on with-insulin or a sulphonylurea but are on a different prescription and endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylurea; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly. SensoCard blood glucose test strips are subsidised only if prescribed for a patient who is severely visually impaired and is using a SensoCard Plus Talking Blood Glucose Monitor.			
	Blood glucose test strips	26.20	50 test OP	✓ SensoCard
31	INSULIN SYRINGES AND NEEDLES (amendment to restriction) Subsidy is available for disposable insulin syringes, needles, and pen needles if prescribed on the same form as the one used for the supply of insulin or when prescribed for an insulin patient and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 March 2014 (continued)

45	ELTROMBOPAG – Special Authority see SA1418+412 – Retail pharmacy Wastage claimable – see rule 3.3.2 Tab 25 mg 1,771.00 Tab 50 mg 3,542.00	28 28	✓ Revolade ✓ Revolade
	<p>▶ SA1418+412 Special Authority for Subsidy Initial application - (idiopathic thrombocytopenic purpura – post-splenectomy) only from a haematologist. Approvals valid for 6 weeks for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1. Patient has had a splenectomy; and 2. Two immunosuppressive therapies have been trialed and failed after therapy of 3 months each (or 1 month for rituximab); and 3. Either Any of the following: <ol style="list-style-type: none"> 3.1. Patient has a platelet count of 20,000 to 30,000 platelets per microlitre and has evidence of significant mucocutaneous bleeding; or 3.2. Patient has a platelet count of $\leq 20,000$ platelets per microlitre and has evidence of active bleeding; or 3.3. Patient has a platelet count of $\leq 10,000$ platelets per microlitre. <p>Initial application – (idiopathic thrombocytopenic purpura – preparation for splenectomy) only from a haematologist. Approvals valid for 6 weeks where the patient requires eltrombopag treatment as preparation for splenectomy. Renewal – (idiopathic thrombocytopenic purpura – post-splenectomy) from a haematologist. Approvals valid for 12 months where the patient has obtained a response (see Note) from treatment during the initial approval or subsequent renewal periods and further treatment is required. Note: Response to treatment is defined as a platelet count of $> 30,000$ platelets per microlitre.</p>		
73	COAL TAR (amendment to presentation description) Soln BP – Only in combination..... 12.55	200 ml	✓ Midwest
	Up to 10 % only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, with or without other dermatological galenicals.		
151	LOMUSTINE – PCT only – Retail pharmacy-Specialist Cap 10 mg 132.59 Cap 40 mg 399.15	20 20	✓ CeeNU ✓ CeeNU
153	FLUDARABINE PHOSPHATE – PCT only-Specialist Tab 10 mg – PCT – Retail pharmacy-Specialist 433.50	20	✓ Fludara Oral
154	ANAGRELIDE HYDROCHLORIDE – PCT only – Retail pharmacy-Specialist Cap 0.5 mg CBS	100	✓ Agrylin ✓ Teva
157	MESNA – PCT only-Specialist Tab 400 mg – PCT – Retail pharmacy-Specialist 227.50 Tab 600 mg – PCT – Retail pharmacy-Specialist 339.50	50 50	✓ Uromitexan ✓ Uromitexan
157	IDARUBICIN HYDROCHLORIDE – PCT only-Specialist Cap 5 mg – PCT – Retail pharmacy-Specialist 115.00 Cap 10 mg – PCT – Retail pharmacy-Specialist 144.50	1 1	✓ Zavedos ✓ Zavedos

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 March 2014 (continued)

158	PROCARBAZINE HYDROCHLORIDE – PCT only – Retail pharmacy -Specialist Cap 50 mg	225.00	50	✓ Natulan
185	MONTELUKAST – Special Authority see SA14211409 – Retail pharmacy Prescribing Guideline: Clinical evidence indicates that the effectiveness of montelukast is strongest when montelukast is used in short treatment courses.			
	Tab 4 mg	18.48	28	✓ Singulair
	Tab 5 mg	18.48	28	✓ Singulair
	Tab 10 mg	18.48	28	✓ Singulair

▶▶ SA14211409 Special Authority for Subsidy

Initial application — (Pre-school wheeze) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 To be used for the treatment of intermittent severe wheezing (possibly viral) **in children under 5 years**; and
- 2 The patient has had at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention.

Renewal — (Pre-school wheeze) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

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

All of the following:

- 1 Patient has been trialled with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and
- 2 Patient continues to receive optimal inhaled corticosteroid therapy; and
- 3 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

Initial application — (aspirin desensitisation) only from a clinical immunologist or allergist. Approvals valid ~~for 1~~ year **without further renewal unless notified** for applications meeting the following criteria:

All of the following:

- 1 Patient is undergoing aspirin desensitisation therapy under the supervision of a clinical immunologist or allergist; and
- 2 Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter's triad; and
- 3 Nasal polyposis, confirmed radiologically or surgically; and
- 4 Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.

Effective 1 February 2014

42	FERROUS SULPHATE (amendment to presentation description) *‡ Oral liq 30 mg (6 mg elemental) per 1 ml (6 mg elemental per 1 ml)	10.28	500 ml	✓ Ferodan
82	DEXAMETHASONE SODIUM PHOSPHATE (amendment to chemical name and presentation description) Dexamethasone sodium phosphate injection will not be funded for oral use. * Inj 4 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	25.80	10	✓ Dexamethasone-hameln
		21.50	5	✓ Hospira
	* Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	17.98	5	✓ Dexamethasone-hameln
		31.00		✓ Hospira

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
24

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 February 2014 (continued)

123	ROPINIROLE HYDROCHLORIDE (reinstate certified exemption and remove s29)			
	▲ Tab 0.25 mg	2.36	100	✓ Apo-Ropinirole S29
		6.20	84	✓ Ropin
	▲ Tab 1 mg	5.32	100	✓ Apo-Ropinirole S29
		15.95	84	✓ Ropin
	▲ Tab 2 mg	7.72	100	✓ Apo-Ropinirole S29
		24.95	84	✓ Ropin
	▲ Tab 5 mg	14.48	100	✓ Apo-Ropinirole S29
		38.00	84	✓ Ropin
127	OXYCODONE HYDROCHLORIDE (removal of Brand switch fee)			
	a) Only on a controlled drug form			
	b) See prescribing guideline			
	c) No patient co-payment payable			
	d) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg			
	—Brand switch fee payable (Pharmacode 2451794)	6.75	20	✓ Oxycodone BNM
	Tab controlled-release 20 mg			
	—Brand switch fee payable (Pharmacode 2451794)	11.50	20	✓ Oxycodone BNM
	Tab controlled-release 40 mg			
	—Brand switch fee payable (Pharmacode 2451794)	18.50	20	✓ Oxycodone BNM
	Tab controlled-release 80 mg			
	—Brand switch fee payable (Pharmacode 2451794)	34.00	20	✓ Oxycodone BNM
145	ATOMOXETINE – Special Authority see SA14160951 – Retail pharmacy			
	Cap 10 mg	107.03	28	✓ Strattera
	Cap 18 mg	107.03	28	✓ Strattera
	Cap 25 mg	107.03	28	✓ Strattera
	Cap 40 mg	107.03	28	✓ Strattera
	Cap 60 mg	107.03	28	✓ Strattera
	Cap 80 mg	139.11	28	✓ Strattera
	Cap 100 mg	139.11	28	✓ Strattera

➡ SA14160951 Special Authority for Subsidy

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

All of the following:

- 1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD 10 criteria; and
- 2 Once-daily dosing; and
- 3 Any of the following:
 - 3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or
 - 3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or
 - 3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; or
 - 3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the patient has a history of psychoses or has a first-degree relative with schizophrenia; and
- 4 The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 February 2014 (continued)

continued...

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

Note: A "subsidised formulation of a stimulant" refers to currently subsidised methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamphetamine sulphate tablets.

166	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy Dispensing pharmacy should check which brand to dispense with the prescriber if prescribed generically. Tab 500 mg – Brand switch fee payable (Pharmacode 24512189).....	25.00	50	✓ Cellcept
	Cap 250 mg – Brand switch fee payable (Pharmacode 2452189).....	25.00	100	✓ Cellcept
197	MAGNESIUM HYDROXIDE 8% MIXTURE Magnesium hydroxide paste 29% Methyl hydroxybenzoate Water		275 g 1.5 g to 1,000 ml 770 ml	
198	MAGNESIUM HYDROXIDE (amendment to presentation description) Paste 29%	22.61	500 g	✓ PSM

Effective 1 January 2014

29	BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump . Only one meter per patient will be subsidised every 5 years. Meter	40.00	1	✓ Freestyle Optium
90	CEFTRIAZONE SODIUM – Subsidy by endorsement (amendment to chemical name and presentation description) a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial	2.70 1.50	1	✓ Veracol ✓ Ceftriaxone-AFT
	Inj 1 g vial	10.49 5.22	5	✓ Aspen Ceftriaxone ✓ Ceftriaxone-AFT
97	KETOCONAZOLE (addition of Section 29) Tab 200 mg – Retail pharmacy-Specialist.....	38.12	30	✓ Nizoral S29

Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist, dermatologist, endocrinologist or oncologist

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 January 2014 (continued)

127	OXYCODONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) See prescribing guideline below			
	c) No patient co-payment payable			
	d) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 10 mg			
	– Brand switch fee payable (Pharmacode 2451794)	6.75	20	✓ Oxydone BNM
	Tab controlled-release 20 mg			
	– Brand switch fee payable (Pharmacode 2451794)	11.50	20	✓ Oxydone BNM
	Tab controlled-release 40 mg			
	– Brand switch fee payable (Pharmacode 2451794)	18.50	20	✓ Oxydone BNM
	Tab controlled-release 80 mg			
	– Brand switch fee payable (Pharmacode 2451794)	34.00	20	✓ Oxydone BNM

159	ERLOTINIB HYDROCHLORIDE – Retail pharmacy - Specialist – Special Authority SA14111044			
	Tab 100 mg	1,133.00	30	✓ Tarceva
	Tab 150 mg	1,700.00	30	✓ Tarceva

SA14111044 Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and
- 2 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
- 3 Erlotinib is to be given for a maximum of 3 months.

Either

1 All of the following:

- 1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
- 1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
- 1.3 Either
 - 1.3.1 Patient is treatment naïve; or
 - 1.3.2 Both:
 - 1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
 - 1.3.2.2 Patient has not received prior treatment with gefitinib; and
- 1.4 Erlotinib is to be given for a maximum of 3 months, or
- 2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Renewal application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 January 2014 (continued)

183	FLUTICASONE WITH SALMETEROL — Special Authority see SA1179 — Retail pharmacy Aerosol inhaler 50 mcg with salmeterol 25 mcg..... 37.48	120 dose OP	✓ Seretide
	Aerosol inhaler 125 mcg with salmeterol 25 mcg 49.69	120 dose OP	✓ Seretide
	Powder for inhalation 100 mcg with salmeterol 50 mcg – No more than 2 dose per day 37.48	60 dose OP	✓ Seretide Accuhaler
	Powder for inhalation 250 mcg with salmeterol 50 mcg – No more than 2 dose per day 49.69	60 dose OP	✓ Seretide Accuhaler
190	BIMATOPROST — Retail pharmacy — Specialist (removal of restriction) * Eye drops 0.03% 18.50	3 ml OP	✓ Lumigan
190	LATANOPROST — Retail pharmacy — Specialist (removal of restriction) * Eye drops 50 mcg per ml, 2.5 ml 1.99	2.5 ml OP	✓ Hysite
190	TRAVOPROST — Retail pharmacy — Specialist (removal of restriction) * Eye drops 0.004% 19.50	2.5 ml OP	✓ Travatan

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 2014

53	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE (↓ subsidy) * Tab 5 mg with hydrochlorothiazide 12.5 mg.....	3.00	28	✓ Inhibace Plus
73	COAL TAR (↓ subsidy) Soln – Only in combination	12.55	200 ml	✓ Midwest
	Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, with or without other dermatological galenicals.			
74	SUNSCREENS, PROPRIETARY – Subsidy by endorsement (t subsidy) Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.			
	Crm.....	3.30 (5.89)	100 g OP	Hamilton Sunscreen
	Lotn	4.13 (6.94)	125 ml OP	Aquasun 30+
90	CEFTRIAXONE – Subsidy by endorsement (↓ subsidy) a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.			
	Inj 500 mg vial	1.50 (2.70)	1	Veracol
	Inj 1 g vial	5.22 (10.49)	5	Aspen Ceftriaxone
123	ROPINIROLE HYDROCHLORIDE (↓ subsidy) ▲ Tab 0.25 mg	1.98 (6.20)	84	Ropin
	▲ Tab 1 mg	4.47 (15.95)	84	Ropin
	▲ Tab 2 mg	6.48 (24.95)	84	Ropin
	▲ Tab 5 mg	12.16 (38.00)	84	Ropin
124	ASPIRIN (t price) * Tab EC 300 mg	2.00 (8.50)	100	Aspec 300
131	GABAPENTIN – Special Authority see SA1071 – Retail pharmacy (↓ subsidy) ▲ Cap 300 mg – For gabapentin oral liquid formulation, refer page 194.....	11.00	100	✓ Nupentin
	▲ Cap 400 mg	13.75	100	✓ Nupentin
144	INTERFERON BETA-1-ALPHA – Special Authority see SA1062 (↓ subsidy) Inj 6 million iu prefilled syringe.....	1,229.91	4	✓ Avonex
	Inj 6 million iu per 0.5 ml pen injector	1,229.91	4	✓ Avonex Pen
	Inj 6 million iu per vial.....	1,229.91	4	✓ Avonex

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 February 2014

42	FERROUS SULPHATE * Tab long-acting 325 mg (105 mg elemental) († subsidy and ‡ price).....	2.06	30	✓ Ferrograd
	*‡ Oral liq 30 mg (6 mg elemental) per 1 ml (‡ subsidy).....	10.28	500 ml	✓ Ferodan
50	COMPOUND ELECTROLYTES (‡ subsidy) Powder for oral soln – Up to 10 sach available on a PSO.....	0.90	5	✓ Electral
70	UREA (‡ subsidy) * Crm 10%	1.65 (3.07)	100 g OP	Nutraplus
79	OXYTOCIN – Up to 5 inj available on a PSO (‡ subsidy) Inj 5 iu per ml, 1 ml ampoule	4.75	5	✓ Syntocinon
	Inj 10 iu per ml, 1 ml ampoule	5.98	5	✓ Syntocinon
93	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (‡ subsidy) Grans for oral liq 125 mg per 5 ml	1.64	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 250 mg per 5 ml	1.74	100 ml	✓ AFT
	a) Up to 300 ml available on a PSO b) Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2			
108	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy (‡ subsidy) Tab 150 mg	52.50 (153.60)	60	3TC
129	PAROXETINE HYDROCHLORIDE (‡ price) * Tab 20 mg	1.44	30	✓ Loxamine

Effective 1 January 2014

46	ASPIRIN (‡ subsidy) * Tab 100 mg	10.50	990	✓ Ethics Aspirin EC
63	BOSENTAN – Special Authority see SA0967 – Retail pharmacy (‡ subsidy) Tab 62.5 mg	1,500.00	60	✓ pms-Bosentan
	Tab 125 mg	1,500.00	60	✓ pms-Bosentan
77	ETHINYLOESTRADIOL WITH LEVONORGESTREL (‡ subsidy) * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tab – Up to 84 tab available on a PSO	2.65	84	✓ <u>Ava 20 ED</u>
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tab – Up to 84 tab available on a PSO	2.30	84	✓ <u>Ava 30 ED</u>
81	SODIUM CITRO-TARTRATE († subsidy) * Grans eff 4 g sachets	3.93	28	✓ Ural

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2014 (continued)

93	PHENOXYMETHYLPENICILLIN (PENICILLIN V) († subsidy)		
	Cap potassium salt 250 mg		
	– Up to 30 cap available on a PSO	11.99	50 ✓ Cilicaine VK
	Cap potassium salt 500 mg	14.45	50 ✓ Cilicaine VK
	a) Up to 20 cap available on a PSO		
	b) Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6		
97	NYSTATIN († price)		
	Tab 500,000 u	14.16 (17.09)	50 Nilstat
	Cap 500,000 u	12.81 (15.47)	50 Nilstat
114	IBUPROFEN (↓ subsidy)		
	*‡ Oral liq 20 mg per ml	1.89	200 ml ✓ Fenpaed
124	ASPIRIN († subsidy)		
	* Tab dispersible 300 mg		
	– Up to 30 tab available on a PSO	2.55	100 ✓ Ethics Aspirin
129	PAROXETINE HYDROCHLORIDE (↓ subsidy)		
	* Tab 20 mg	1.44 (2.38)	30 Loxamine
	Note: Loxamine tab 20 mg, 90 tab packsize, remains fully subsidised.		
136	ONDANSETRON (↓ subsidy)		
	* Tab 4 mg (↓ price)	3.31	30 ✓ Dr Reddy's Ondansetron
	* Tab 8 mg	1.24 (1.70)	10 Dr Reddy's Ondansetron
141	ALPRAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)		
	Tab 500 mcg	3.25 (4.10)	50 Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		
142	LORAZEPAM – Safety medicine; prescriber may determine dispensing frequency († subsidy)		
	Tab 1 mg	19.82	250 ✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		
	Tab 2.5 mg	13.49	100 ✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		
159	ERLOTINIB – Retail pharmacy-Specialist – Special Authority SA1411 (↓ subsidy)		
	Tab 100 mg	1,133.00	30 ✓ Tarceva
	Tab 150 mg	1,700.00	30 ✓ Tarceva
165	AZATHIOPRINE – Retail pharmacy-Specialist († subsidy)		
	* Inj 50 mg	126.00	1 ✓ Imuran

▲ 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 Section I

Effective 1 January 2014

225	INFLUENZA VACCINE – Hospital pharmacy [Xpharm] Inj 45 mcg in 0.5 ml syringe	90.00	10	✓ Influvac
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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 2014

46	CLOPIDOGREL * Tab 75 mg – For clopidogrel oral liquid formulation, refer page 199.....	5.87 (16.25)	90	
				Apo-Clopidogrel
52	CAPTOPRIL * Tab 12.5 mg * Tab 25 mg * Tab 50 mg	2.00 2.40 3.50	100 100 100	✓ m-Captopril ✓ m-Captopril ✓ m-Captopril
78	NORETHISTERONE WITH MESTRANOL * Tab 1 mg with mestranol 50 mcg and 7 inert tab..... a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500 b) Up to 84 tab available on a PSO	6.62 (13.80)	84	Norinyl-1/28
80	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy * Cap 400 mcg	4.05 (5.98)	30	Tamsulosin-Rex
93	PENICILLIN G BENZATHINE [BENZATHINE BENZYL PENICILLIN] Inj 1.2 mega u per 2 ml – Up to 5 inj available on a PSO.....	315.00	10	✓ Bicillin LA
138	ONDANSETRON * Tab disp 4 mg	17.18	10	✓ Zofran Zydys
165	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 50 mg – For azathioprine oral liquid formulation, refer page 199.....	18.45	100	✓ Imuran
181	LORATADINE * Tab 10 mg	1.30 (2.09)	100	Loraclear Hayfever Relief
191	PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN * Eye oint with soft white paraffin	3.63	3.5 g OP	✓ Lacri-Lube
207	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (chocolate) Liquid (strawberry) Liquid (vanilla).....	1.07 1.07 1.07 1.27	200 ml OP 200 ml OP 200 ml OP 237 ml OP	✓ Pediasure ✓ Pediasure ✓ Pediasure ✓ Pediasure

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted items – effective 1 February 2014

24	DIPHENOXYLATE HYDROCHLORIDE WITH ATROPINE SULPHATE * Tab 2.5 mg with atropine sulphate 25 mcg	3.90	100	✓ Diastop
41	CALCITRIOL *‡ Oral liq 1 mcg per ml.....	39.40	10 ml OP	✓ Rocaltrol solution
87	LEUPRORELIN Inj 3.75 mg	221.60	1	✓ Lucrin Depot
	Inj 11.25 mg	591.68	1	✓ Lucrin Depot
111	INTERFERON ALFA-2A – PCT – Retail pharmacy-Specialist a) See prescribing guideline b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist Inj 6 m iu prefilled syringe.....	62.64	1	✓ Roferon-A
	Inj 9 m iu prefilled syringe.....	93.96	1	✓ Roferon-A
138	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	14.00	60	✓ Dr Reddy's Quetiapine
	Note – Dr Reddy's Quetiapine tab 100 mg in the 90 pack size remains subsidised.			
156	DOCETAXEL – PCT only – Specialist Inj 20 mg	48.75	1	✓ Docetaxel Ebewe
	Inj 80 mg	195.00	1	✓ Docetaxel Ebewe
166	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy Tab 500 mg	25.00 (60.00)	50	✓ Myaccord Ceptolate
	Cap 250 mg	12.50 (30.00)	50	Ceptolate
		25.00	100	✓ Myaccord
188	CHLORAMPHENICOL Ear drops 0.5%.....	2.20	5 ml OP	✓ Chloromycetin
	Note – Chloramphenicol eye drops 0.5% are subsidised for use in the ear.			
192	PHARMACY SERVICES * Brand switch fee.....	4.33	1 fee	✓ BSF Oxydone BNM
214	ORAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. 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
	Note – Two Cal HN 200 ml OP packsize remains subsidised.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 January 2014

41	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	7.00	500	✓Vitala-C
41	VITAMIN B COMPLEX * Tab, strong, BPC	4.30	500	✓B-PlexADE
41	VITAMINS * Tab (BPC cap strength)	7.60	1,000	✓MultiADE
59	CHLORTALIDONE [CHLORTHALIDONE] * Tab 25 mg	4.80	30	✓Igroton S29
75	MAGNESIUM SULPHATE * Paste	2.98 (4.90)	80 g	PSM
84	OESTROGENS – See prescribing guideline * Conjugated, equine tab 300 mcg	3.01 (11.48)	28	Premarin
	* Conjugated, equine tab 625 mcg	4.12 (11.48)	28	Premarin
Note: The old Pharmacodes are being delisted; Pharmacodes 2427478 and 2427486 will remain fully funded.				
92	AMOXYCILLIN Drops 125 mg per 1.25 ml	4.00	30 ml OP	✓Ospamox Paediatric Drops
95	LINCOMYCIN – Retail pharmacy-Specialist Prescriptions must be written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist Inj 300 mg per ml, 2 ml	80.00	5	✓Lincocin
131	GABAPENTIN – Special Authority see SA1071– Retail pharmacy ▲ Cap 400 mg	14.75	100	✓Nupentin
Note: This is the blister pack presentation only. The Nupentin capsules in the bottle will remain fully funded.				
127	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) See prescribing guideline c) No patient co-payment payable d) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 10 mg	6.75 (11.14)	20	OxyContin
	Tab controlled-release 20 mg	11.50 (18.93)	20	OxyContin
	Tab controlled-release 40 mg	18.50 (33.29)	20	OxyContin
	Tab controlled-release 80 mg	34.00 (58.03)	20	OxyContin
225	INFLUENZA VACCINE – HOSPITAL PHARMACY [XPHARM] Inj	90.00	10	✓Fluvax

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 April 2014

129	PAROXETINE HYDROCHLORIDE * Tab 20 mg 1.44 Note: Loxamine tab 20 mg, 90 tab packsize, remains fully subsidised.	30	✓ Loxamine
136	ONDANSETRON * Tab 4 mg 3.31	30	✓ Dr Reddy's Ondansetron
	* Tab 8 mg 1.24 (1.70)	10	Dr Reddy's Ondansetron
137	ALPRAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)		
	Tab 250 mcg..... 2.50	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 500 mcg..... 3.25 (4.10)	50	Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg..... 5.00	50	✓ Arrow-Alprazolam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		

Effective 1 May 2014

50	COMPOUND ELECTROLYTES Powder for oral soln – Up to 10 sach available on a PSO..... 0.90	5	✓ Electral
70	UREA * Crm 10%..... 1.65 (3.07)	100 g OP	Nutraplus
79	OXYTOCIN – Up to 5 inj available on a PSO		
	Inj 5 iu per ml, 1 ml ampoule 4.75	5	✓ Syntocinon
	Inj 10 iu per ml, 1 ml ampoule 5.98	5	✓ Syntocinon
108	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy Tab 150 mg 52.50 (153.60)	60	3TC
192	PHARMACY SERVICES * Brand switch fee..... 4.33	1 fee	✓ BSF Cellcept

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be delisted – effective 1 June 2014

54	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE * Tab 5 mg with hydrochlorothiazide 12.5 mg.....	3.00	28	✓ Inhibace Plus
92	AMOXYCILLIN Cap 250 mg	16.18	500	✓ Alphamox
	a) Up to 30 cap available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6			
92	CEFTRIAXONE – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.			
	Inj 500 mg vial	1.50 (2.70)	1	Veracol
	Inj 1 g vial	5.22 (10.49)	5	Aspen Ceftriaxone
123	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg	1.98 (6.20)	84	Ropin
	▲ Tab 1 mg	4.47 (15.95)	84	Ropin
	▲ Tab 2 mg	6.48 (24.95)	84	Ropin
	▲ Tab 5 mg	12.16 (38.00)	84	Ropin

Effective 1 July 2014

37	PANCREATIC ENZYME Cap EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease.....	94.38	100	✓ Creon Forte
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Effective 1 August 2014

25	MESALAZINE Suppos 1 g	50.96	28	✓ Pentasa
	Note – The 30 suppos packsize remains subsidised.			
42	FERROUS SULPHATE * Tab long-acting 325 mg (105 mg elemental).....	5.06 (15.58)	150	Ferrograd
	Note – Ferrograd tab long-acting 325 mg (105 mg elemental) 30 tab packsize remains subsidised.			
59	SPIRONOLACTONE * Tab 25 mg	3.65	100	✓ Spirotone
61	ISOSORBIDE MONONITRATE * Tab long-acting 40 mg	7.50	30	✓ Corangin

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be delisted – effective 1 August 2014 (continued)

66	CICLOPIROX OLAMINE a) Only on a prescription b) Not in combination Soln 1%	4.36 (11.54)	20 ml OP	Batrafen
138	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 2.5 mg	2.00	28	✓ Olanzine
208	ORAL ELEMENTAL FEED 0.8KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Liquid (grapefruit)	9.50	250 ml OP	✓ Elemental 028 Extra
	Liquid (pineapple & orange)	9.50	250 ml OP	✓ Elemental 028 Extra
	Liquid (summer fruit)	9.50	250 ml OP	✓ Elemental 028 Extra

Effective 1 September 2014

52	ENALAPRIL MALEATE Tab 5 mg	0.36 5.94	30 500	✓ Acetec ✓ Acetec
	Tab 10 mg	0.44 7.33	30 500	✓ Acetec ✓ Acetec
	Tab 20 mg – For enalapril maleate oral liquid formulation, refer page 199	0.57	30	✓ Acetec
74	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Lotn	2.55 5.10	100 ml OP 200 ml OP	✓ Marine Blue Lotion SPF 30+ ✓ Marine Blue Lotion SPF 30+
Note – Marine Blue Lotion SPF 50+ will be listed from 1 March 2014.				
114	KETOPROFEN * Cap long-acting 100 mg	21.56	100	✓ Oruvail SR
	* Cap long-acting 200 mg	43.12	100	✓ Oruvail SR
217	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (forest berries)	30.00	250 ml OP	✓ Easiphen Liquid
Note – Easiphen Liquid (forest berries), 250 ml carton in an 18 OP packsize remains subsidised.				

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