

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2014

Cumulative for January, February, March and April 2014



Contents

Summary of PHARMAC decisions effective 1 April 2014	3
Disipal – discontinuation	4
Imatinib mesilate – brand change	4
Diltiazem supply issue and Schedule changes	5
Dispensing Named Patient Pharmaceutical Assessment (NPPA) pharmaceuticals	5
Insulin pump consumables prescriptions.....	5
Methotrexate tablet brand change.....	5
Zopiclone 30 tablet pack size delisting.....	6
Azathioprine tablet brand change.....	6
Olbetam – remove s29	6
News in brief.....	6
Tender News.....	7
Looking Forward	7
Sole Subsidised Supply Products cumulative to April 2014	8
New Listings.....	19
Changes to Restrictions, Chemical Names and Presentations	23
Changes to Subsidy and Manufacturer’s Price.....	30
Changes to Section I	33
Delisted Items	34
Items to be Delisted	38
Index.....	42

Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2014

New listings (pages 19-22)

- Diltiazem hydrochloride (Cardizem CD) cap long-acting 180 mg and 240 mg
- Imipramine hydrochloride (Tofranil) tab 10 mg
- Maprotiline hydrochloride (Ludiomil) tab 25 mg
- Methotrexate (Trexate) tab 2.5 mg and 10 mg – PCT – Retail pharmacy – Specialist
- Imatinib mesilate (Imatinib-AFT) cap 100 mg – no patient co-payment payable
- Azathioprine (Azamun) tab 50 mg – Retail pharmacy – Specialist
- Oral feed (powder) (Ensure) powder (chocolate) 850 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions, chemical names and presentation (pages 23-29)

- Diltiazem hydrochloride cap long-acting 180 mg and 240 mg – removal of Stat
- Diltiazem hydrochloride tab 30 mg and 60 mg – removal of Stat
- Acipimox (Olbetam) cap 250 mg – removal of s29
- Oxycodone hydrochloride – removal of Prescribing Guidelines

Decreased subsidy (pages 30-33)

- Dexamethasone phosphate (Hospira) inj 4 mg per ml, 1 ml ampoule and 2 ml ampoule
- Fluoxetine hydrochloride (Fluox) cap 20 mg
- Betahistine dihydrochloride (Vergo 16) tab 16 mg
- Prochlorperazine (Antinaus) tab 5 mg

Disipal – discontinuation

Disipal (orphenadrine hydrochloride) 50 mg tablets will be delisted from 1 November 2014 due to supplier discontinuation. The supplier has advised that stock available in the country has an expiry date of October 2014. The following funded pharmaceuticals could be considered as suitable alternatives – benzotropine mesylate 2 mg tablets (Benztrop) and procyclidine hydrochloride 5 mg tablets (Kemadrin).



Imatinib mesilate – brand change

From 1 April 2014, a new brand of imatinib mesilate 100 mg capsules, Imatinib-AFT, will be listed in the Pharmaceutical Schedule fully subsidised without restriction. Imatinib-AFT is not registered for the treatment of Gastrointestinal Stromal Tumour (GIST).

Previously, the Glivec brand was funded subject to Special Authority criteria for patients with Chronic Myeloid Leukaemia (CML) or Gastrointestinal Stromal Tumour (GIST) and their Glivec was sent directly to them by PHARMAC. After 1 April 2014, the Glivec brand will be funded, subject to Special Authority criteria, for patients with Gastrointestinal Stromal Tumour (GIST) only and their Glivec will continue to be sent directly to them by PHARMAC.

All other patients will need to change to the Imatinib-AFT brand to continue to receive fully funded imatinib and will need to pick up their imatinib (Imatinib-AFT brand) directly from a community pharmacy. All CML patients with a current Special Authority approval had 2 months' supply of Glivec delivered to them on 26 March 2014.

PHARMAC has contacted the community pharmacies that have been nominated by CML patients or that have NPPA patients with further details about the change.

Only the Imatinib-AFT brand can be dispensed and claimed from a community pharmacy. There will be no patient co-payment for imatinib dispensed from community pharmacy for at least the duration of 2014.

Pharmacies will receive a Brand Switch Fee between 1 July 2014 and 1 October 2014 for dispensing Imatinib-AFT 100 mg capsules.

Diltiazem supply issue and Schedule changes

Apotex has advised PHARMAC of supply issues with all presentations of its diltiazem hydrochloride long-acting capsules. From 1 April 2014, the following changes will be made to the Pharmaceutical Schedule to address this issue:

- Cardizem CD long-acting capsules 180 mg and 240 mg will be listed fully subsidised.
 - Stat dispensing will be removed temporarily from all presentations of diltiazem hydrochloride, tablets and long-acting capsules.
 - Sole Subsidised Supply will be suspended on the Apo-Diltiazem CD brand of diltiazem hydrochloride 180 mg and 240 mg long-acting capsules.
-

Dispensing Named Patient Pharmaceutical Assessment (NPPA) pharmaceuticals

When a pharmaceutical has been approved for funding via NPPA, a pharmacy is nominated to dispense the pharmaceutical. The pharmacy is notified that it has been nominated via a letter from the Ministry of Health (this letter also confirms the duration of the approval, the maximum dosage and the funding approved, excluding GST, for the duration). If a patient changes pharmacy, the new pharmacy should advise PHARMAC (0800 66 00 50 option 3 or email nppa@pharmac.govt.nz) of the change before dispensing the medicine.

PHARMAC will then be able to confirm the details of the approval.

Insulin pump consumables prescriptions

A reminder that the default dispensing period for all insulin pump consumable products (infusion sets, cartridges) is monthly. These products should only be dispensed stat (3 months at one time) when Access Exemption (Section F, Part II) applies.

Methotrexate tablet brand change

The Trexate brand of methotrexate 2.5 mg and 10 mg tablets will be subsidised from 1 April 2014. There will be a subsidy reduction for the Methoblastin brand from 1 June 2014. From 1 September 2014 the Trexate brand will commence Sole Supply. A Brand Switch Fee will apply and patient information leaflets to support the change will be available to download from www.pharmaonline.co.nz.

Zopiclone 30 tablet pack size delisting

The 30 tablet pack size of Apo-Zopiclone 7.5 mg tablets will be delisted and Sole Subsidised Supply will be reinstated for the 500 tablet pack size from 1 May 2014. The 30 tablet pack size was listed temporarily from 1 November 2012.

Azathioprine tablet brand change

The Azamun brand of azathioprine 50 mg tablets will be subsidised from 1 April 2014. There will be a subsidy reduction for the Imuprine and Imuran brands from 1 June 2014 and Sole Supply of the Azamun brand will commence on 1 September 2014.

Olbetam – remove s29

Olbetam s29 (acipimox 250 mg capsules) was temporarily listed from 1 January 2014 to cover a potential supply issue. This product is now approved and is no longer required to be prescribed and supplied in accordance with section 29 of the Medicines Act 1981. “s29” and the s29 symbol will be removed from the listing from 1 April 2014.

News in brief

- A 100 tab pack size Tofranil (**imipramine hydrochloride**) tab 10 mg will be listed temporarily from 1 April 2014.
- A 30 tab pack size of Ludiomil (**maprotiline hydrochloride**) tab 25 mg will be listed temporarily from 1 April 2014.
- Apo-Bromocriptine (**bromocriptine**) cap 5 mg will be delisted from 1 October 2014 due to supplier discontinuation.
- **Pergolide** (Permax) tab 0.25 mg and 1 mg will be delisted from 1 September 2014 due to supplier discontinuation.
- Ensure Plus **oral feed 1.5 kcal/ml** (strawberry) liquid, 237 ml pack size will be delisted from 1 October 2014 due to supplier discontinuation.
- An 850 g pack size for Ensure **oral feed powder** (chocolate) will be listed from 1 April 2014. The 900 g pack size will be delisted from 1 October 2014.

Tender News

Sole Subsidised Supply changes – effective 1 May 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Compound electrolytes	Powder for oral soln; 10 sachets	Enerlyte (Multichem)
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml; 500 ml	Ferodan (Mylan)
Lactulose	Oral liq 10 g per 15 ml; 500 ml	Laevolac (Douglas)
Lamivudine	Tab 150 mg; 60 tab	Lamivudine Alphapharm (Mylan)
Oxytocin	Inj 5 iu per ml, 1 ml ampoule; 5 inj Inj 10 iu per ml, 1 ml ampoule; 5 inj	Oxytocin BNM (Boucher)
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml; 100 ml Grans for oral liq 250 mg per 5 ml; 100 ml	AFT (AFT)
Urea	Crmm 10%; 100 g OP	healthE Urea Cream (Jaychem)
Zopiclone	Tab 7.5 mg; 500 tab	Apo-Zopiclone (Apotex)

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 May 2014

- Amoxicillin (Apo-Amoxi) cap 500 mg – new listing
- Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg – amendment to Special Authority
- Paliperidone (Invega Sustenna) inj 25 mg, 50 mg, 75 mg, 100 mg and 150 mg syringe – Special Authority – new listing
- Risperidone (Risperdal Consta) inj 25 mg, 37.5 mg and 50 mg vial – amendment to Special Authority and price decrease
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – new listing

Sole Subsidised Supply Products – cumulative to April 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
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
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
Amoxycillin	Inj 250 mg, 500 mg & 1 g	Ibiamox	2014
Amoxycillin 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
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	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

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
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

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
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 Crm 1%	Clomazol Clomazol	2016 2014
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Crotamiton	Crm 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 Maxidex	2015 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 Maxitrol	2014
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 Diclax SR Voltaren Voltaren Ophtha Voltaren	2015 2014
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
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 Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 20 ED Ava 30 ED	2014
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 Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	AFT Staphlex Flucloxin	2015 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 Tab 40 mg	Urex Forte Diurin 40	2015
Fusidic acid	Oint 2%	Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glipizide	Tab 5 mg	Minidiab	2015
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 Crn 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	Oral liq 20 mg per ml Tab 200 mg Tab long-acting 800 mg	Fenpaed Arrowcare Brufen SR	2016 2014
Imiquimod	Crn 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

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Ketoconazole	Shampoo 2%	Sebizole	2014
Lamivudine	Oral liq 10 mg per ml; 240 ml OP Tab 100 mg	3TC Zetlam	2016 2014
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

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	m-Eslon	2016
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	
	Inj 5 mg per ml, 1 ml	DBL Morphine Sulphate	2014
	Inj 10 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 15 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate	
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

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2015 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 Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab 4 mg & 8 mg	Onrex	2016
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 Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	Oxydone BNM OxyNorm Oxycodone Orion	2015
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 Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Parafast Ethics Paracetamol Paracare Double Strength	2015 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 April 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
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
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% Lotn 5%	Lyderm A-Scabies	2014
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml	PSM DBL Pethidine Hydrochloride DBL Pethidine Hydrochloride	2015
	Inj 50 mg per ml, 2 ml		2014
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

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2016
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Ventolin Asthalin	2016 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	Arrow-Simva 10mg	2014
	Tab 20 mg	Arrow-Simva 20mg	
	Tab 40 mg	Arrow-Simva 40mg	
	Tab 80 mg	Arrow-Simva 80mg	
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	Hyl-Fresh	2016
Spacer device	800 ml	Volumatic	2015
	230 ml (single patient)	Space Chamber Plus	
Spironolactone	Tab 25 mg	Spiractin	2016
	Tab 100 mg	Spirotone	
Sulphasalazine	Tab 500 mg	Salazopyrin	2016
	Tab EC 500 mg	Salazopyrin EN	
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2016
	Inj 12 mg per ml, 0.5 ml cartridge		
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

*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 2014

Generic Name	Presentation	Brand Name	Expiry Date*
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%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP Eye drops 0.25% & 0.5%	Timoptol XE	2016
		Arrow-Timolol	2014
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

April 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 April 2014

57	DILTIAZEM HYDROCHLORIDE			
	Cap long-acting 180 mg	7.56	30	✓Cardizem CD
	Cap long-acting 240 mg	10.22	30	✓Cardizem CD
128	IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 10 mg	10.96	100	✓Tofranil
128	MAPROTILINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	7.52	30	✓Ludiomil
154	METHOTREXATE			
	* Tab 2.5 mg – PCT – Retail pharmacy-Specialist.....	3.82	30	✓Trexate
	* Tab 10 mg – PCT – Retail pharmacy-Specialist.....	26.25	50	✓Trexate
160	IMATINIB MESILATE			
	* Cap 100 mg – no patient co-payment payable	298.90	60	✓Imatinib-AFT
	Note: Imatinib-AFT is not registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA0643.			
165	AZATHIOPRINE – Retail pharmacy-Specialist			
	* Tab 50 mg			
	– For azathioprine oral liquid formulation refer,	13.22	100	✓Azamun
212	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3]			
	Powder (chocolate)	13.00	850 g OP	✓Ensure

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.			
	Lotion,	3.30	100 g OP	✓Marine Blue Lotion SPF 50+
		5.10	200 g OP	✓Marine Blue Lotion SPF 50+

▲ 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 2014 (continued)

95	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy – wastage claimable – see rule 3.3.2 Tab 25 mg	36.95	50	✓ Daraprim S29
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 S29
205	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (vanilla).....	1.78	237 ml OP (2.10)	Sustagen Diabetic
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%
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 PSO	25.80	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	1	✓ Lioresal Intrathecal
	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 endorsement	209.29	1	✓ Lioresal Intrathecal
	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.			
129	FLUOXETINE HYDROCHLORIDE * Tab dispersible 20 mg, scored – Subsidy by endorsement	2.50	30	✓ Arrow-Fluoxetine
	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 mg	1.74	90	✓ Arrow-Fluoxetine

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy 20

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

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

New Listings – effective 1 February 2014 (continued)

192	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓BSF Cellcept
	The Pharmacode for the BSF Cellcept is 2452189.			
208	ORAL ELEMENTAL FEED 0.8 KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Liquid (grapefruit), 250 ml carton	171.00	18 OP	✓Elemental 028 Extra
	Liquid (pineapple & orange), 250 ml carton.....	171.00	18 OP	✓Elemental 028 Extra
	Liquid (summer fruit), 250 ml carton	171.00	18 OP	✓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 protease.....	94.38	100	✓Creon 25000
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

▶ SA1412] 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:

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:
 - 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.

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.

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

▲ 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 January 2014 (continued)

90	<p>CEFTRIAXONE – Subsidy by endorsement</p> <p>a) Up to 5 inj available on a PSO</p> <p>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.</p> <p>Inj 500 mg vial 1.50 1</p> <p>Inj 1 g vial 5.22 5</p>		<p>✓ Ceftriaxone-AFT</p> <p>✓ Ceftriaxone-AFT</p>
92	<p>AMOXYCILLIN</p> <p>Cap 250 mg 16.18 500</p> <p>a) Up to 30 cap available on a PSO</p> <p>b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6</p>		<p>✓ Apo-Amoxi</p>
187	<p>PHARMACY SERVICES - May only be claimed once per patient</p> <p>* Brand switch fee..... 4.33</p>	<p>1 fee</p>	<p>✓ BSF Oxydone BNM</p>

The Pharmacode for BSF Oxydone BNM is 2451794.

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 April 2014

57	DILTIAZEM HYDROCHLORIDE (removal of stat)			
	Tab 30 mg	4.60	100	✓ Dilzem
	Tab 60 mg			
	– For diltiazem hydrochloride oral liquid formulation refer,	8.50	100	✓ Dilzem
	Cap long-acting 180 mg	7.56	30	✓ Cardizem CD
		47.67	500	✓ Apo-Diltiazem CD
	Cap long-acting 240 mg	10.22	30	✓ Cardizem CD
		63.58	500	✓ Apo-Diltiazem CD
60	ACIPIMOX (removal of section 29)			
	* Cap 250 mg	18.75	30	✓ Olbetam s29 s29
127	OXYCODONE HYDROCHLORIDE (remove Prescribing Guideline)			
	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			
	Prescribing Guideline			
	Prescribers should note that oxycodone is significantly more expensive than long-acting morphine sulphate and clinical advice suggests that it is reasonable to consider this as a second-line agent to be used after morphine.			

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

▲ 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 March 2014 (continued)

- 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.**

- 45 ELTROMBOPAG – Special Authority see SA14181412 – Retail pharmacy
Wastage claimable – see rule 3.3.2
- | | | | |
|-----------------|----------|----|-------------------|
| Tab 25 mg | 1,771.00 | 28 | ✓ Revolade |
| Tab 50 mg | 3,542.00 | 28 | ✓ Revolade |

➡ SA14181412 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:

1. Patient has had a splenectomy; and
2. Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
3. **Either Any of the following:**
 - 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.

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.

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 March 2014 (continued)

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	20	✓CeeNU
	Cap 40 mg	399.15	20	✓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	50	✓Uromitexan
	Tab 600 mg – PCT – Retail pharmacy-Specialist	339.50	50	✓Uromitexan
157	IDARUBICIN HYDROCHLORIDE –PCT only-Specialist			
	Cap 5 mg – PCT – Retail pharmacy-Specialist	115.00	1	✓Zavedos
	Cap 10 mg – PCT – Retail pharmacy-Specialist	144.50	1	✓Zavedos
158	PROCARBAZINE HYDROCHLORIDE – PCT only – Retail pharmacy-Specialist			
	Cap 50 mg	225.00	50	✓Natulan
185	MONTELUKAST – Special Authority see SA1421+409 – 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

➡ SA1421+409 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 trialed 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.

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 March 2014 (continued)

continued...

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
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	✓ 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

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)

145	ATOMOXETINE – Special Authority see SA1416095† – 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

➔ SA1416095† | 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.

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

▲ 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

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	CEFTRIAXONE 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	✓ Veracol ✓ Ceftriaxone-AFT
	Inj 1 g vial	10.49	5	✓ Aspen Ceftriaxone ✓ Ceftriaxone-AFT
		5.22		
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			
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

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)

159	ERLOTINIB HYDROCHLORIDE – Retail pharmacy - Specialist – Special Authority SA1411+044		
	Tab 100 mg	1,133.00	30 ✓ Tarceva
	Tab 150 mg	1,700.00	30 ✓ Tarceva
	<p>▶ SA1411+044 Special Authority for Subsidy</p> <p>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:</p> <p>All of the following:</p> <p>1 Patient has advanced, unresectable, Non Small Cell Lung Cancer (NSCLC); and</p> <p>2 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and</p> <p>3 Erlotinib is to be given for a maximum of 3 months.</p> <p>Either</p> <p>1 All of the following:</p> <p>1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and</p> <p>1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and</p> <p>1.3 Either</p> <p>1.3.1 Patient is treatment naïve; or</p> <p>1.3.2 Both:</p> <p>1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and</p> <p>1.3.2.2 Patient has not received prior treatment with gefitinib; and</p> <p>1.4 Erlotinib is to be given for a maximum of 3 months, or</p> <p>2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.</p> <p>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.</p>		
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

▲ 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 April 2014

82	DEXAMETHASONE PHOSPHATE (↓ subsidy) 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 PSO	12.90 (21.50)	5	Hospira
	* Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	17.98 (31.00)	5	Hospira
129	FLUOXETINE HYDROCHLORIDE (↓ subsidy) * Cap 20 mg	1.62 (2.70)	84	Fluox
135	BETAHISTINE DIHYDROCHLORIDE (↓ subsidy) * Tab 16 mg	4.95	84	✓ Vergo 16
136	PROCHLORPERAZINE (↓ subsidy) * Tab 5 mg – Up to 30 tab available on a PSO	9.75	500	✓ Antinaus

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..... Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, with or without other dermatological galenicals.	12.55	200 ml	✓ Midwest
74	SUNSCREENS, PROPRIETARY – Subsidy by endorsement († subsidy) Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Crm..... Lotn	3.30 (5.89) 4.13 (6.94)	100 g OP 125 ml OP	Hamilton Sunscreen 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) 5.22 (10.49)	1 5	Veracol Aspen Ceftriaxone

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 (continued)

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 (↑ 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

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			

▲ 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 2014 (continued)

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	ETHINYLLOESTRADIOL 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	✓ Ava 20 ED
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tab – Up to 84 tab available on a PSO	2.30	84	✓ Ava 30 ED
81	SODIUM CITRO-TARTRATE (↑ subsidy) * Grans eff 4 g sachets	3.93	28	✓ Ural
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

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 2014 (continued)

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

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
-----	--	-------	----	------------

▲ 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 April 2014

129	PAROXETINE HYDROCHLORIDE * Tab 20 mg	1.44	30	✓ Loxamine
136	ONDANSETRON * Tab 4 mg	3.31	30	✓ Dr Reddy's Ondansetron
	* Tab 8 mg	1.24 (1.70)		Dr Reddy's Ondansetron
	* Tab disp 4 mg	0.68	4	✓ Dr Reddy's Ondansetron
Note – Dr Reddy's Ondansetron tab dispersible 4 mg in the 10 pack size remains subsidised.				
141	ALPRAZOLAM – Safety medicine; prescriber may determine dispensing frequency 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.			
151	CYCLOPHOSPHAMIDE Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ Cycloblastin
182	BUDESONIDE Powder for inhalation, 200 mcg per dose.....	15.20	200 dose OP	✓ Budenocort
	Powder for inhalation, 400 mcg per dose.....	25.60	200 dose OP	✓ Budenocort
184	SALBUTAMOL ‡ Oral liq 400 mcg per ml	1.99	150 ml	✓ Salapin

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	2.00	100	✓ m-Captopril
	* Tab 25 mg	2.40	100	✓ m-Captopril
	* Tab 50 mg	3.50	100	✓ m-Captopril
78	NORETHISTERONE WITH MESTRANOL * Tab 1 mg with mestranol 50 mcg and 7 inert tab.....	6.62 (13.80)	84	Norinyl-1/28
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500			
	b) Up to 84 tab available on a PSO			

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 (continued)

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)	1.07	200 ml OP	✓ Pediasure
	Liquid (strawberry)	1.07	200 ml OP	✓ Pediasure
	Liquid (vanilla)	1.07	200 ml OP	✓ Pediasure
		1.27	237 ml OP	✓ Pediasure

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.

▲ 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 2014 (continued)

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	50	✓ Myaccord	
		(60.00)		Ceptolate	
	Cap 250 mg	12.50	50		
		(30.00)		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	237 ml OP		
		(2.25)		Two Cal HN	
	Note – Two Cal HN 200 ml OP packsize remains subsidised.				

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	✓ Igron S29	
75	MAGNESIUM SULPHATE				
	* Paste	2.98	80 g		
		(4.90)		PSM	
84	OESTROGENS – See prescribing guideline				
	* Conjugated, equine tab 300 mcg	3.01	28		
		(11.48)		Premarin	
	* Conjugated, equine tab 625 mcg	4.12	28		
		(11.48)		Premarin	
	Note: The old Pharmacodes are being delisted; Pharmacodes 2427478 and 2427486 will remain fully funded.				

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
36

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

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

Delisted Items – effective 1 January 2014 (continued)

92	AMOXICILLIN Drops 125 mg per 1.25 ml	4.00	30 ml OP	✓ Ospamox Paediatric Drops
95	LINCAMYCIN – 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 May 2014

38	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml.....	7.68	1,000 ml	✓Laevolac
	Note – Laevolac oral liq 10 g per 15 ml in the 500 ml pack size remains listed.			
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
145	ZOPICLONE Tab 7.5 mg	1.90	30	✓Apo-Zopiclone
	Note – Apo-Zopiclone in the 500 tab pack size remains listed.			
192	PHARMACY SERVICES * Brand switch fee.....	4.33	1 fee	✓BSF Cellcept

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

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 2014 (continued)

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
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 PSO	12.90 (21.50)	5	Hospira
	* Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	17.98 (31.00)	5	Hospira
129	FLUOXETINE HYDROCHLORIDE			
	* Tab dispersible 20 mg, scored – Subsidy by endorsement	2.50	30	✓ Fluox
	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 mg	1.62 (2.70)	84	Fluox

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

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

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

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

Items to be delisted – effective 1 August 2014 (continued)

61	ISOSORBIDE MONONITRATE * Tab long-acting 40 mg	7.50	30	✓ Corangin
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)..... Liquid (pineapple & orange)..... Liquid (summer fruit).....	9.50 9.50 9.50	250 ml OP 250 ml OP 250 ml OP	✓ Elemental 028 Extra ✓ Elemental 028 Extra ✓ 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 43.12	100 100	✓ Oruvail SR ✓ Oruvail SR
122	PERGOLIDE ▲ Tab 0.25 mg	48.00 170.00	100 100	✓ Permax ✓ Permax
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.			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Effective 1 October 2014

122	BROMOCRIPTINE MESYLATE * Cap 5 mg	60.43	100	✓ Apo-Bromocriptine
208	RENAL ORAL FEED 2KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid (apricot)..... Liquid (caramel)	2.88 2.88	125 ml OP 125 ml OP	✓ Renilon 7.5 ✓ Renilon 7.5
Note – Renilon 7.5 liquid (apricot) and (caramel), 125 ml in 4 OP pack size remain listed.				
212	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (chocolate)	13.00	900 g OP	✓ Ensure
213	ORAL FEED 1.5KCAL/ML – Special Authority see SA1228 – 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 (strawberry) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement	0.85 (1.33)	237 ml OP	Ensure Plus

Effective 1 November 2014

123	ORPHENADRINE HYDROCHLORIDE Tab 50 mg	35.15	250	✓ Disipal
-----	---	-------	-----	-----------

▲ 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

Index

Pharmaceuticals and brands

Symbols

3TC 32, 38

A

Acetec 40
Acipimox 21, 23
Agrylin 25
Alphamox 38
Alprazolam 33, 34
Aminoacid formula without phenylalanine 20, 40
Amoxicillin 22, 37, 38
Anagrelide hydrochloride 25
Antinaus 30
Apo-Amoxi 22
Apo-Bromocriptine 41
Apo-Cilazapril/Hydrochlorothiazide 21
Apo-Clopidogrel 34
Apo-Diltiazem CD 23
Apo-Prazosin 19
Apo-Ropinirole 26
Apo-Zopiclone 38
Aquasun 30+ 30
Arrow-Alprazolam 33, 34
Arrow-Fluoxetine 20
Ascorbic acid 36
Aspec 300 31
Aspen Ceftriaxone 28, 30, 38
Aspirin 31, 32
Ativan 33
Atomoxetine 27
Ava 20 ED 32
Ava 30 ED 32
Avonex 31
Avonex Pen 31
Azamun 19
Azathioprine 19, 33, 35

B

Baclofen 20
Batrafen 40
Benzathine benzylpenicillin 35
Betahistine dihydrochloride 30
Bicillin LA 35
Bimatoprost 29
Blood glucose diagnostic test strip 23
Blood glucose test strips (visually impaired) 24
Blood ketone diagnostic test meter 28
Bosentan 32
B-PlexADE 36
Bromocriptine mesylate 41
BSF Cellcept 21, 38
BSF Oxydone BNM 22, 36
Budenocort 34

Budesonide 34

C

Calcitriol 35
Captopril 34
Carbimazole 21
Cardizem CD 19, 21, 23
CareSens 23
CareSens N 23
CeeNU 25
Ceftriaxone 22, 28, 30, 38
Ceftriaxone-AFT 22, 28
Cellcept 27
Ceptolate 36
Chloramphenicol 36
Chloromycetin 36
Chlortalidone [chlorthalidone] 36
Ciclopirox olamine 40
Cilazapril with hydrochlorothiazide 21, 30, 38
Cilicaine VK 32
Clopidogrel 34
Coal tar 25, 30
Compound electrolytes 31, 38
Corangin 40
Creon 25000 21
Creon Forte 39
Cycloblastin 34
Cyclophosphamide 20, 34

D

Daraprim s29 20
Dexamethasone-hameln 20, 26
Dexamethasone phosphate 20, 26, 30, 39
Diabetic oral feed 1kcal/ml 20
Diastop 35
Diltiazem hydrochloride 19, 21, 23
Dilzem 23
Dimethicone 20
Diphenoxylate hydrochloride
with atropine sulphate 35
Disipal 41
Docetaxel 36
Docetaxel Ebewe 36
Dr Reddy's Ondansetron 33, 34
Dr Reddy's Pantoprazole 23
Dr Reddy's Quetiapine 35

E

Easiphen Liquid 20, 40
Electral 31, 38
Elemental O28 Extra 21, 40
Eltrombopag 21, 24
Enalapril maleate 40
Endoxan s29 20

Index

Pharmaceuticals and brands

Ensure	19, 41	Lincomycin	37
Ensure Plus	41	Lioresal Intrathecal	20
Erlotinib	29, 33	Lomustine	25
Ethics Aspirin	32	Loraclear Hayfever Relief	35
Ethics Aspirin EC	32	Loratadine	35
Ethinylestradiol with levonorgestrel	32	Lorazepam	33
F		Loxamine	32, 33, 34
Fenpaed	32	Lucrin Depot	35
Ferodan	26, 31	Ludiomil	19
Ferrograd	31, 39	Lumigan	29
Ferrous sulphate	26, 31, 39	M	
Fludarabine phosphate	25	Magnesium hydroxide	27
Fludara Oral	25	Magnesium hydroxide 8% mixture	27
Fluox	30, 39	Magnesium sulphate	36
Fluoxetine hydrochloride	20, 30, 39	Maprotiline hydrochloride	19
Fluticasone with salmeterol	29	Marine Blue Lotion SPF 30+	40
Fluvax	37	Marine Blue Lotion SPF 50+	19
Freestyle Optium	28	m-Captopril	34
G		Mesalazine	39
Gabapentin	31, 37	Mesna	25
H		Methotrexate	19
Hamilton Sunscreen	30	Montelukast	25
healthE Dimethicone 5%	20	MultiADE	36
Hysite	29	Myaccord	36
I		Mycophenolate mofetil	27, 36
Ibuprofen	32	N	
Idarubicin hydrochloride	25	Natulan	25
Igroton	36	Nilstat	32
Imatinib-AFT	19	Nizoral	28
Imatinib mesilate	19	Norethisterone with mestranol	34
Imipramine hydrochloride	19	Norinyl-1/28	34
Imuran	33, 35	Nupentin	31, 37
Influenza vaccine	33, 37	Nutraplus	31, 38
Influvac	33	Nystatin	32
Inhibace Plus	30, 38	O	
Insulin syringes and needles	24	Oestrogens	36
Interferon alfa-2a	35	Olanzapine	40
Interferon beta-1-alpha	31	Olanzine	40
Ismo 40 Retard	20	Olbetam	23
Isosorbide mononitrate	20, 40	Olbetam s29	21
K		Ondansetron	33, 34, 35
Ketoconazole	28	Oral elemental feed 0.8 kcal/ml	21, 40
Ketoprofen	20, 40	Oral feed 1.5kcal/ml	41
L		Oral feed 2 kcal/ml	36
Lacri-Lube	35	Oral feed (powder)	19, 41
Lactulose	38	Orphenadrine hydrochloride	41
Laevolac	38	Oruvail SR	20, 40
Lamivudine	32, 38	Ospamox Paediatric Drops	37
Latanoprost	29	Oxycodone hydrochloride	23, 26, 28, 37
Leuprorelin	35	OxyContin	37
Lincocin	37	Oxydone BNM	26, 28

Index

Pharmaceuticals and brands

Oxytocin	31, 38	SensoCard	24
P		Seretide	29
Paediatric oral feed 1kcal/ml.....	35	Seretide Accuhaler	29
Pancreatic enzyme	21, 39	Singulair	25
Pantoprazole	19, 23	Sodium citro-tartrate	32
Pantoprazole Actavis 20.....	19, 23	Spirolactone.....	39
Pantoprazole Actavis 40.....	19, 23	Spirotone	39
Paraffin liquid with soft white paraffin	35	Strattera.....	27
Paroxetine hydrochloride	32, 33, 34	Sunscreens, proprietary	19, 30, 40
Pediasure.....	35	Sustagen Diabetic	20
Penicillin G benzathine.....	35	Syntocinon.....	31, 38
Pentasa	39	T	
Pergolide	40	Tamsulosin hydrochloride	35
Permax	40	Tamsulosin-Rex.....	35
Pharmacy services.....	21, 22, 36, 38	Tarceva.....	29, 33
Phenoxymethylpenicillin (penicillin v).....	31, 32	Teva	25
pms-Bosentan	32	Tofranil	19
Prazosin.....	19	Travatan.....	29
Premarin	36	Travoprost	29
Procarbazine hydrochloride	25	Trexate.....	19
Prochlorperazine	30	Two Cal HN.....	36
Pyrimethamine	20	U	
Q		Ural.....	32
Quetiapine.....	35	Urea.....	31, 38
R		Uromitexan	25
Renal oral feed 2kcal/ml.....	41	V	
Renilon 7.5	41	Veracol	28, 30, 38
Revolade.....	21, 24	Vergo 16.....	30
Rocaltrol solution	35	Vitala-C.....	36
Roferon-A.....	35	Vitamin B complex	36
Ropin.....	26, 31, 39	Vitamins	36
Ropinirole hydrochloride.....	26, 31, 39	Z	
S		Zavedos	25
Salapin	34	Zofran Zydis	35
Salbutamol.....	34	Zopiclone	38

New Zealand
Permit No. 478



Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand

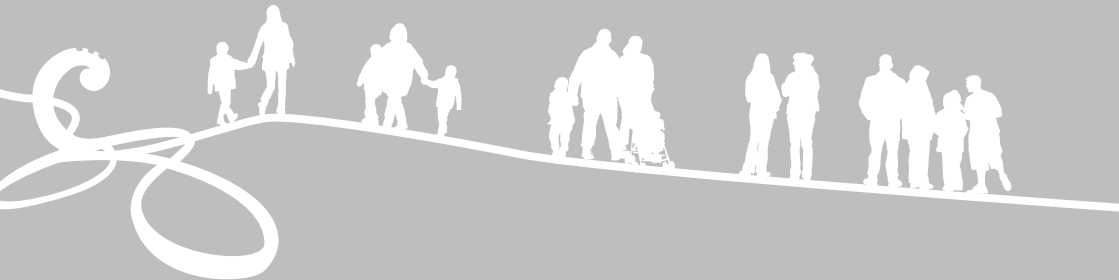
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Freephone Information line (9am-5pm weekdays) 0800 66 00 50

ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.



New Zealand Government

PHARMAC
Pharmaceutical Management Agency

If Undelivered, Return To: PO Box 10-254, Wellington 6143, New Zealand