

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 September 2014



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Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2014

New listings (pages 21-23)

- Ranitidine (Ranitidine Relief) tab 300 mg – only on a prescription
- Gliclazide (Glizide) tab 80 mg
- Atorvastatin (Lipitor and Pfizer Atorvastatin) tab 10 mg, 20 mg, 40 mg and 80 mg
- Intra-uterine device IUD 29.1 mm length x 23.2 mm width (MiniTT380 Slimline) and IUD 33.6 mm length x 29.9 mm width (TT380 Slimline) – Only on a PSO
- Amoxicillin with clavulanic acid (Augmentin) tab 500 mg with clavulanic acid 125 mg – available on a PSO
- Lamivudine (Zeffix) tab 100 mg – Special Authority – Retail pharmacy
- Paracetamol (Pharmacare) tab 500 mg – available on a PSO
- Mirtazapine (APO-Mirtazapine) tab 30 mg – Special Authority – Retail pharmacy
- Azacitidine inj 100 mg vial (Vidaza) and inj 1 mg for ECP (Baxter) – PCT only – Specialist – Special Authority
- Lenalidomide (Revlimid) cap 10 mg and 25 mg – Retail pharmacy-Specialist – Special Authority – wastage claimable
- Loratadine (LoraPaed) oral liq 1 mg per ml, 200 ml
- Beclomethasone dipropionate (Qvar) aerosol inhaler 50 mcg per dose and 100 mcg per dose, 200 dose OP
- Pharmacy services (BSF Trexate) brand switch fee – may only be claimed once per patient

Changes to restrictions, chemical names and presentation (pages 24-26)

- Hypoplastic and haemolytic (erythropoietin alfa and beta) – amended Special Authority criteria
- Erythropoietin alfa – amended chemical name and addition of wastage claimable
- Erythropoietin beta – addition of wastage claimable
- Cilazapril with hydrochlorothiazide (Apo-Cilazapril/Hydrochlorothiazide) tab 5 mg with hydrochlorothiazide 12.5 mg – removal of Brand Switch Fee
- Atorvastatin (Zarator, Lipitor and Pfizer Atorvastatin) tab 10 mg, 20 mg, 40 mg and 80 mg – removal of Stat dispensing
- Amoxicillin with clavulanic acid (Augmentin and Curam Duo) tab 500 mg with clavulanic acid 125 mg – amended chemical name and presentation description
- Methotrexate (Trexate) tab 2.5 mg and 10 mg – addition of Brand Switch Fee

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

Increased subsidy (page 27)

- Lamivudine (Zeffix) oral liq 5 mg per ml

Decreased subsidy (pages 27-29)

- Nifedipine (Arrow-Nifedipine XR and Adalat Oros) tab long-acting 30 mg and 60 mg
- Acitretin (Novatretin) cap 10 mg and 25 mg
- Ciprofloxacin (Cipflox) tab 500 mg
- Ciprofloxacin (Ciprofloxacin Rex) tab 750 mg
- Fluconazole (Ozole) cap 50 mg, 150 mg and 200 mg
- Rifampicin (Rifadin) tab 600 mg, cap 150 mg and 300 mg, and oral liq 100 mg per 5 ml
- Pamidronate disodium (Pamidronate BNM) inj 3 mg per ml, 6 mg per ml, and 9 mg per ml, 10 ml vials
- Olanzapine (Dr Reddy's Olanzapine) tab 2.5 mg, 5 mg, 10 mg, and tab orodispersible 5 mg and 10 mg
- Olanzapine tab 2.5 mg, 5 mg and 10 mg (Zyprexa), and tab orodispersible 5 mg and 10 mg (Zyprexa Zydis)
- Olanzapine tab 5 mg and 10 mg (Olanzine) and tab orodispersible 5 mg and 10 mg (Olanzine-D)
- Quetiapine (Dr Reddy's Quetiapine and Seroquel) tab 25 mg, 100 mg, 200 mg and 300 mg
- Risperidone (Apo-Risperidone and Risperdal) oral liq 1 mg per ml
- Capecitabine (Xeloda) tab 150 mg and 500 mg
- Thalidomide (Thalomid) cap 50 mg and 100 mg
- Octreotide (Octreotide MaxRx) inj 50 mcg per ml, 100 mcg per ml and 500 mcg per ml, 1 ml

Erythropoietin – changes to subsidy

Epex (erythropoietin alfa) will be the only subsidised brand of erythropoietin from 1 March 2015 to 28 February 2018. Between 1 September 2014 and 28 February 2015 both erythropoietin alfa (Epex) and Roche's brand of erythropoietin beta (NeoRecormon) will be listed, fully funded. Erythropoietin beta (NeoRecormon) will be delisted 1 March 2015.



Access criteria will be widened from 1 September 2014 to include,

- patients with myelodysplasia; and
- patients for whom blood transfusion is not a viable treatment (hospital only)

A Brand Switch Fee will apply to dispensings of Epex from 1 March 2015 to 31 May 2015. Wastage will apply to dispensings of erythropoietin alfa, and erythropoietin beta (until it is delisted).

Tacrolimus brand change – wastage reminder

Wastage can be claimed on the Prograf brand of tacrolimus from 1 August 2014 until 31 October 2014, allowing pharmacists to claim up to a maximum of 90% of one pack of each strength during this period.

Amoxicillin grans for oral liq – supply update

PHARMAC is continuing to work with suppliers of amoxicillin oral liquids following the Amoxicillin Actavis recall.

Reference pricing for Ospamox and sole supply for Amoxicillin Actavis has been delayed until further notice.

The Ranmoxy brand was temporarily listed from 1 August 2014 with supplies now available. A further limited quantity of Ospamox is also now available. This stock should be sufficient to supply the market for several months until a longer term supply is secured.

Pharmacists and health providers are reminded to read the label of each product for reconstitution, storage and expiry details.

Lenalidomide – new listing

The Revlimid brand of lenalidomide 10 mg and 25 mg capsules will be listed from 1 September 2014 subject to a Retail Pharmacy - Specialist restriction and Special Authority criteria for patients with multiple myeloma.

Wastage will be claimable on lenalidomide capsules.

Lenalidomide can only be prescribed and dispensed by doctors and pharmacists registered with the required access programme. Contact the supplier, Celgene Limited for more information.

Azacitidine – new listing

The Vidaza brand of azacitidine Inj 100 mg and 1 mg for ECP will be listed from 1 September 2014 subject to a PCT Only – Specialist restriction and Special Authority criteria for patients with high risk myelodysplastic syndromes (MDS).

Arrow-Topiramate to be discontinued

Actavis has notified impending discontinuation of the Arrow-Topiramate brand of topiramate. PHARMAC is investigating a replacement brand to list from 1 November 2014. In the short term there is a potential supply issue with the 100 mg strength of Arrow-Topiramate, although there is still stock available of the other strengths at this stage. The Topamax brand is unaffected.

Paracetamol tablets – tender brand change

The Pharmicare brand of paracetamol 500 mg tablets will be listed from 1 September 2014. There will be a subsidy reduction for the Parafast brand from 1 November 2014 with delisting of Parafast on 1 February 2015.

The Pharmicare brand tablets are the same size and shape as the Parafast brand.

Beclomethasone aerosol inhaler

The Qvar brand of beclomethasone dipropionate aerosol inhalers (50 mcg and 100 mcg per dose) will be listed from 1 September 2014.

New listings of Pfizer atorvastatin tablets

The Lipitor and Pfizer Atorvastatin brands of atorvastatin 10 mg, 20 mg, 40 mg and 80 mg tablets will be listed from 1 September 2014 due to a supply issue with Zarator. Stat dispensing will be removed from atorvastatin tablets until supply issues are resolved.

Copper intra-uterine device (IUD) - new listing of Slimline

From 1 September 2014, MiniTT380 Slimline and TT380 Slimline copper IUDs will be listed. Multiload CU 375 and CU 375 SL IUDs have been discontinued and will be delisted from 1 March 2015.

Mirtazapine (APO-Mirtazapine) new listing

APO-Mirtazapine 30 mg tablets will be listed from 1 September 2014 due to a potential supply issue with the Avanza brand. The supply issue is expected to be temporary and stock of APO-Mirtazapine may not be required.

News in brief

- A Brand Switch Fee will apply to dispensings of the Trexate brand of **methotrexate** tab 2.5 mg and 10 mg from 1 September to 1 December 2014.
- Sodibic (**sodium bicarbonate**) cap 840 mg will be supplied under section 29 of the Medicines Act 1981 from 1 September 2014.
- The delisting date of **ciprofloxacin** tab 500 mg (Cipflox) and 750 mg (Ciprofloxacin Rex) was incorrect in the April 2014 Tender notification. The correct delisting date is 1 December 2014.
- The delisting date for the 1,000 ml pack size of Pinetarsol (**tar with triethanolamine lauryl sulphate and fluorescein**) soln and start of sole supply for the 500 ml pack size has been changed to 1 July 2015.
- The price and subsidy on the Thalomid brand of **thalidomide** 50 mg and 100 mg capsules will be reduced from 1 September 2014.

Tender News

Sole Subsidised Supply changes – effective 1 October 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acetazolamide	Tab 250 mg; 100 tab	Diamox (Aspen)
Amitriptyline	Tab 10 mg; 100 tab	Arrow-Amitriptyline (Arrow)
Amoxicillin	Cap 500 mg; 500 cap	Apo-Amoxi (Apotex)
Aprepitant	Cap 2 × 80 mg and 1 × 125 mg; 3 OP	Emend Tri-Pack (MSD)
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg; 500 tab	Arrow-Bendrofluazide (Actavis)
Bendroflumethiazide [Bendrofluazide]	Tab 5 mg; 500 tab	Arrow-Bendrofluazide (Actavis)
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial; 10 inj	Sandoz (Sandoz)
Betaxolol	Eye drops 0.25%; 5 ml OP	Betoptic S (Alcon)
Betaxolol	Eye drops 0.5%; 5 ml OP	Betoptic (Alcon)
Bicalutamide	Tab 50 mg; 28 tab	Bicalaccord (Actavis)
Brimonidine tartrate	Eye drops 0.2%; 5 ml OP	Arrow-Brimonidine (Actavis)
Calcium carbonate	Tab 1.25 g (500 mg elemental); 250 tab	Arrow-Calcium (Arrow)
Cefazolin	Inj 500 mg vial; 5 inj	AFT (AFT)
Cefazolin	Inj 1 g vial; 5 inj	AFT (AFT)
Ciprofloxacin	Tab 250 mg; 28 tab	Ciprox (Mylan)
Clarithromycin	Tab 250 mg; 14 tab	Apo-Clarithromycin (Apotex)
Clarithromycin	Tab 500 mg; 14 tab	Apo-Clarithromycin (Apotex)
Clotrimazole	Crn 1%; 20 g OP	Clomazole (Multichem)
Cyclopentolate hydrochloride	Eye drops 1%; 15 ml OP	Cyclogyl (Alcon)
Dapsone	Tab 25 mg; 100 tab	Dapsone (Link)
Dapsone	Tab 100 mg; 100 tab	Dapsone (Link)
Desmopressin acetate	Nasal spray 10 mcg per dose; 6 ml OP	Desmopressin-PH&T (AFT)
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml; 5 ml OP	Maxitrol (Alcon)
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml; 3.5 g OP	Maxitrol (Alcon)
Diclofenac sodium	Eye drops 0.1%; 5 ml OP	Voltaren Ophtha (Alcon)
Doxazosin	Tab 2 mg; 500 tab	Apo-Doxazosin (Apotex)
Doxazosin	Tab 4 mg; 500 tab	Apo-Doxazosin (Apotex)
Doxycycline	Tab 100 mg; 250 tab	Doxine (Mylan)

Sole Subsidised Supply changes – effective 1 October 2014 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Exemestane	Tab 25 mg; 30 tab	Aromasin (Pfizer)
Flucloxacillin	Inj 250 mg vial; 10 inj	Flucloxin (Douglas)
Flucloxacillin	Inj 500 mg vial; 10 inj	Flucloxin (Douglas)
Flucloxacillin	Inj 1 g vial; 10 inj	Flucloxin (Douglas)
Glyceryl trinitrate	Patch 25 mg, 5 mg per day; 30 patch	Nitroderm TTS 5 (Novartis)
Glyceryl trinitrate	Patch 50 mg, 10 mg per day; 30 patch	Nitroderm TTS 10 (Novartis)
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule; 5 inj	Ferrum H (Aspen)
Isosorbide mononitrate	Tab 20 mg; 100 tab	Ismo-20 (Riemser)
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2%; 200 ml	Xycocaine Viscous (AstraZeneca)
Lithium carbonate	Cap 250 mg; 100 cap	Douglas (Douglas)
Lodoxamide	Eye drops 0.1%; 10 ml OP	Lomide (Alcon)
Mebeverine hydrochloride	Tab 135 mg; 90 tab	Colofac (Abbott)
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml ampoule; 10 inj	Pfizer (Pfizer)
Metoclopramide hydrochloride	Tab 10 mg; 100 tab	Metamide (Mylan)
Naphazoline hydrochloride	Eye drops 0.1%; 15 ml OP	Naphcon Forte (Pharmaco)
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule; 50 inj	AstraZeneca (AstraZeneca)
Norfloxacin	Tab 400 mg; 100 tab	Arrow-Norfloxacin (Actavis)
Paracetamol	Oral liq 250 mg per 5 ml; 1,000 ml	Paracare Double Strength (API)
Permethrin	Lotn 5%; 30 ml OP	A-Scabies (AFT)
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml; 5 inj	DBL Pethidine Hydrochloride (Hospira)
Pethidine hydrochloride	Inj 50 mg per ml, 2 ml; 5 inj	DBL Pethidine Hydrochloride (Hospira)
Pilocarpine hydrochloride	Eye drops 1%; 15 ml OP	Isopto Carpine (Alcon)
Pilocarpine hydrochloride	Eye drops 2%; 15 ml OP	Isopto Carpine (Alcon)
Pilocarpine hydrochloride	Eye drops 4%; 15 ml OP	Isopto Carpine (Alcon)
Poloxamer	Oral drops 10%; 30 ml OP	Coloxyl (Aspen Pharma)
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe; 5 inj	Cilicaine (Aspen Pharma)
Ranitidine	Oral liq 150 mg per 10 ml; 300 ml	Peptisoothe (AFT)
Rizatriptan	Tab orodispersible 10 mg; 30 tab	Rizamelt (Mylan)
Simvastatin	Tab 10 mg; 90 tab	Arrow-Simva 10mg (Arrow)
Simvastatin	Tab 20 mg; 90 tab	Arrow-Simva 20mg (Arrow)
Simvastatin	Tab 40 mg; 90 tab	Arrow-Simva 40mg (Arrow)

Sole Subsidised Supply changes – effective 1 October 2014 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Simvastatin	Tab 80 mg; 90 tab	Arrow-Simva 80mg (Arrow)
Temazepam	Tab 10 mg; 25 tab	Normison (Aspen Arrow)
Terbinafine	Tab 250 mg; 14 tab	Dr Reddy's Terbinafine (Dr Reddy's)
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial; 1 inj	Depo-Testosterone (Pfizer)
Timolol	Eye drops 0.25%; 5 ml OP	Arrow-Timolol (Actavis)
Timolol	Eye drops 0.5%; 5 ml OP	Arrow-Timolol (Actavis)
Tobramycin	Eye drops 0.3%; 5 ml OP	Tobrex (Alcon)
Tobramycin	Eye oint 0.3%; 3.5 g OP	Tobrex (Alcon)
Ursodeoxycholic acid	Cap 250 mg; 100 cap	Ursosan (ABM)
Verapamil hydrochloride	Tab 80 mg; 100 tab	Isoptin (Abbott)
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg; 60 tab	Alphapharm (Mylan)

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 October 2014

- Acitretin (Neotigason and Novatretin) cap 10 mg and 25 mg – amendment to Special Authority
- Adalimumab (Humira and HumiraPen) inj 20 mg per 0.4 ml prefilled syringe, and inj 40 mg per 0.8 ml prefilled pen and syringe – amendment to Special Authority
- Benzydamine hydrochloride (Difflam) solution 0.15% – additional subsidy by endorsement
- Bicalutamide (Bicalaccord) tab 50 mg – removal of Special Authority
- Bleomycin sulphate (DBL Bleomycin Sulfate) inj 15,000 iu – price and subsidy increase
- Carmustine (BiCNU) inj 100 mg – price and subsidy increase
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per 1 ml – amendment to Special Authority
- Etanercept (Enbrel) inj 25 mg and inj 50 mg autoinjector and prefilled syringe – amendment to Special Authority
- Gabapentin (Arrow-Gabapentin and Nupentin) cap 100 mg, 300 mg and 400 mg – amendment to Special Authority

Possible decisions for future implementation 1 October 2014 (continued)

- Insulin pump (Animas Vibe and Paradigm 522 and 722) – amendment to Special Authority
- Insulin pump consumables – amendment to Special Authority
- Isotretinoin (Oratane) cap 10 mg and 25 mg – amendment to Special Authority
- Levonorgestrel (Jadelle) subdermal implant (2 x 75 mg rods) – Sole Supply from 1 October 2014 until 31 December 2017
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Lax-Sachets) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – amendment of quantity restriction and Special Authority
- Midodrine (Gutron) tab 2.5 mg and 5 mg – amendment to Special Authority
- Mycophenolate mofetil (Cellcept) cap 250 mg, tab 500 mg, powder for oral liq 1 g per 5 ml – removal of Special Authority
- Nicorandil (Ikorel) tab 10 mg and 20 mg – removal of Special Authority
- Perhexiline maleate (Pexsig) tab 100 mg – removal of Special Authority
- Phenytoin (Hospira) inj 50 mg per ml, 2 ml and 5 ml – price and subsidy increase
- Risperidone (Actavis) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – new listing

Sole Subsidised Supply Products – cumulative to September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Adult diphtheria and tetanus	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
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
Amoxicillin	Cap 250 mg	Apo-Amoxi	2016
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin Augmentin	2015
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	Eye drops 1%; 15 ml OP Inj 600 mcg per ml, 1 ml ampoule	Atropt AstraZeneca	2017 2015
Azathioprine	Tab 50 mg	Azamun	2016
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
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
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	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 September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Calamine	Lotn, BP	PSM	2015
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
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70%	healthE healthE	2015
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Ciclosporin	Oral liq 100 mg per ml	Neoral	2015
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2016
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	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Catapres TTS 1 Catapres TTS 2 Catapres TTS 3	2017
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	Clomazol	2016
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Crotamiton	Crm 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Dexamethasone	Tab 1 mg & 4 mg	Douglas	2015

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Sole Subsidised Supply Products – cumulative to September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone-hameln	2016
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
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	Apo-Diclo Diclax SR	2015
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
Dimethicone	Crn 5% pump bottle	healthE Dimethicone 5%	2016
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017
Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Domperidone	Tab 10 mg	Prokinex	2015
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
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Felodopine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2015
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferodan	2016
Filgrastim	Inj 300 mcg per 0.5 ml prefilled syringe Inj 480 mcg per 0.5 ml prefilled syringe	Zarzio Zarzio	31/12/15

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Sole Subsidised Supply Products – cumulative to September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Flucloxacillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Staphlex	2015
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crm 5%	Efudix	2015
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
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
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Suppos 3.6 g	PSM	2015
Haemophilus influenzae type b vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hepatitis a vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis b recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papilloma virus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg	Solu-Cortef Douglas	2016 2015
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
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine	Tab 200 mg	Plaquenil	2015
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Oral liq 20 mg per ml	Fenpaed	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 September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
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
Isoniazid	Tab 100 mg	PSM	2015
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 150 mg Oral liq 10 mg per ml; 240 ml OP	Lamivudine Alphapharm 3TC	2016
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	Lidocaine-Claris	2015
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2015
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2016
Loratadine	Tab 10 mg	Lorafix	2016
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
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
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
Meningococcal c conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
Meningococcal (groups a,c,y and w-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	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 September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Mesalazine	Enema 1 g per 100 ml	Pentasa	2015
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	Tab 2.5 mg & 10 mg Inj 25 mg per ml, 2 ml & 20 ml Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	Trexate Hospira Methotrexate Sandoz	2015 2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2015
Methylprednisolone acetate with lidocaine (lignocaine)	Inj 40 mg per ml with lidocaine (lignocaine) 1 ml	Depo-Medrol with Lidocaine	2015
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
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 vial 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
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	Crm 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	m-Eslon Arrow-Morphine LA	2016
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
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	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 September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Norethisterone	Tab 350 mcg	Noriday 28	2015
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Oil in water emulsion	Crm	healthE Fatty Cream	2015
Ondansetron	Tab 4 mg & 8 mg	Onrex	2016
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	Oxycodone Controlled Release Tablets (BNM) OxyNorm Oxycodone Orion	2015
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Oxytocin BNM BNM Syntometrine	2015
Pantoprazole	Tab EC 20 mg Tab EC 40 mg	Pantoprazole Actavis 20 Pantoprazole Actavis 40	2016
Paracetamol	Suppos 500 mg	Paracare	2015
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%; 3.5 g OP	Poly-Visc	2017
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 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	2017
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2015

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Sole Subsidised Supply Products – cumulative to September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2016
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
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Allersoothe	2015
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Rifabutin	Cap 150 mg	Mycobutin	2016
Ritonavir	Tab 100 mg	Norvir	2015
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
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
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 & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016

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Sole Subsidised Supply Products – cumulative to September 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016
Timolol maleate	Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP	Timoptol XE	2016
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Urea	Crn 10%	healthE Urea Cream	2016
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
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

September changes are in bold type

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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 September 2014

26	RANITIDINE – Only on a prescription * Tab 300 mg	14.73	500	✓ Ranitidine Relief
29	GLICLAZIDE * Tab 80 mg	11.50	500	✓ Glizide
60	ATORVASTATIN – See prescribing guideline			
	Tab 10 mg	0.84	30	✓ Lipitor ✓ Pfizer atorvastatin
	Tab 20 mg	1.39	30	✓ Lipitor ✓ Pfizer atorvastatin
	Tab 40 mg	2.44	30	✓ Lipitor ✓ Pfizer atorvastatin
	Tab 80 mg	5.41	30	✓ Lipitor ✓ Pfizer atorvastatin
77	INTRA-UTERINE DEVICE			
	a) Up to 40 dev available on a PSO			
	b) Only on a PSO			
	* IUD 29.1 mm length x 23.2 mm width.....	31.60	1	✓ MiniTT380 Slimline
	* IUD 33.6 mm length x 29.9 mm width.....	31.60	1	✓ TT380 Slimline
97	AMOXICILLIN WITH CLAVULANIC ACID Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO	1.95	20	✓ Augmentin
107	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy Tab 100 mg	6.00	28	✓ Zeffix
131	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO	8.47	1,000	✓ Pharmicare
135	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy Tab 30 mg	8.78	30	✓ APO-Mirtazapine
159	AZACITIDINE – PCT only – Specialist – Special Authority see SA1467			
	Inj 100 mg vial	605.00	1	✓ Vidaza
	Inj 1 mg for ECP.....	6.66	1 mg	✓ Baxter

➔ SA1467] Special Authority for Subsidy

Initial application only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following

1. Any of the following;

- 1.1. The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
- 1.2. The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
- 1.3. The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and

continued...

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

* 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 September 2014 (continued)

continued...

2. The patient has performance status (WHO/ECOG) grade 0-2; and
3. The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and
4. The patient has an estimated life expectancy of at least 3 months.

Renewal — only from a haematologist or medical practitioner on the recommendation of a haematologist.

Approvals valid for 12 months for applications meeting the following criteria:

Both:

1. No evidence of disease progression; and
2. The treatment remains appropriate and patient is benefitting from treatment.

163 LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA1468 - Wastage claimable – see rule 3.3.2

Cap 10 mg	6,207.00	21	✓ Revlimid
Cap 25 mg	7,627.00	21	✓ Revlimid

▶ SA1468 Special Authority for Subsidy

Initial application — (Relapsed/refractory disease) only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1. Patient has relapsed or refractory multiple myeloma with progressive disease; and
2. Either:
 - 2.1. Lenalidomide to be used as third line* treatment for multiple myeloma; or
 - 2.2. Both:
 - 2.2.1. Lenalidomide to be used as second line treatment for multiple myeloma; and
 - 2.2.2. The patient has experienced severe (grade ≥ 3), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
3. Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Renewal — only from a haematologist or medical practitioner on the recommendation of a haematologist.

Approvals valid for 6 months for applications meeting the following criteria:

Both:

1. No evidence of disease progression; and
2. The treatment remains appropriate and patient is benefitting from treatment.

Notes: Indication marked with * is an Unapproved Indication (refer to Interpretations and Definitions). A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

190 LORATADINE

* Oral liq 1 mg per ml	4.25	200 ml	✓ LoraPaed
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191 BECLOMETHASONE DIPROPIONATE

Aerosol inhaler 50 mcg per dose	9.30	200 dose OP	✓ Qvar
Aerosol inhaler 100 mcg per dose	15.50	200 dose OP	✓ Qvar

201 PHARMACY SERVICES – May only be claimed once per patient.

* Brand switch fee	4.33	1 fee	✓ BSF Trexate
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The Pharmacode for BSF Trexate is 2465353.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 August 2014

26	RANITIDINE – Only on a prescription * Tab 150 mg	10.30	500	✓ Ranitidine Relief
97	AMOXICILLIN Grans for oral liq 125 mg per 5 ml	0.88	100 ml	✓ Ranmoxy
	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	0.97	100 ml	✓ Ranmoxy
	a) Up to 300 ml available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2			

continued...

▲ Three months supply may be dispensed at one time if endorsed
“certified exemption” by the prescriber or pharmacist

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

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

44 HYPOPLASTIC AND HAEMOLYTIC (ERYTHROPOIETIN ALFA & BETA)

▶ SA14690922 Special Authority for Subsidy

Initial application – (**chronic renal failure**) from **any** a-relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 Patient in chronic renal failure; and
- 2 Haemoglobin \leq 100g/L; and
- 3 Any of the following:
 - 3.1 Both:
 - 3.1.1 Patient is ~~not diabetic~~ **does not have diabetes mellitus**; and
 - 3.1.2 Glomerular filtration rate \leq 30ml/min; or
 - 3.2 Both:
 - 3.2.1 Patient is ~~diabetic~~ **has diabetes mellitus**; and
 - 3.2.2 Glomerular filtration rate \leq 45ml/min; or
 - 3.3 Patient is on haemodialysis or peritoneal dialysis.

Initial application – (**myelodysplasia**)* from **any** specialist. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

1. Patient has a confirmed diagnosis of myelodysplasia (MDS)*; and
2. Has had symptomatic anaemia with haemoglobin $<$ 100g/L and is red cell transfusion-dependent; and
3. Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5. Patient has a serum erythropoietin level of $<$ 500 IU/mL; and
6. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

*Indication marked with * is an Unapproved Indication

Renewal – (**chronic renal failure**) only from a-relevant **any** specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal application – (**myelodysplasia**)* from **any** specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1. The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2. Transformation to acute myeloid leukaemia has not occurred; and
3. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

*Indication marked with * is an Unapproved Indication

Notes: Erythropoietin **alfa beta** is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

The Cockcroft-Gault Formula may be used to estimate glomerular filtration rate (GFR) in persons 18 years and over:

$GFR \text{ (ml/min) (male)} = (140 - \text{age}) \times \text{Ideal Body Weight (kg)} / 814 \times \text{serum creatinine (mmol/l)}$

$GFR \text{ (ml/min) (female)} = \text{Estimated GFR (male)} \times 0.85$

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 September 2014 (continued)

44	ERYTHROPOIETIN ALFA ALPHA – Special Authority see SA14690922 – Retail pharmacy (amendment to chemical name, presentation description and addition of wastage) Wastage claimable – see rule 3.3.2			
	Inj human recombinant 1,000 iu in 0.5 ml, prefilled syringe	48.68	6	✓ Eprex
	Inj human recombinant 2,000 iu in 0.5 ml, prefilled syringe	120.18	6	✓ Eprex
	Inj human recombinant 3,000 iu in 0.3 ml, prefilled syringe	166.87	6	✓ Eprex
	Inj human recombinant 4,000 iu in 0.4 ml, prefilled syringe	193.13	6	✓ Eprex
	Inj human recombinant 5,000 iu in 0.5 ml, prefilled syringe	243.26	6	✓ Eprex
	Inj human recombinant 6,000 iu in 0.6 ml, prefilled syringe	291.92	6	✓ Eprex
	Inj human recombinant 10,000 iu in 1 ml, prefilled syringe	395.18	6	✓ Eprex
44	ERYTHROPOIETIN BETA – Special Authority see SA14690922 – Retail pharmacy (addition of wastage) Wastage claimable – see rule 3.3.2			
	Inj 2,000 iu, prefilled syringe	120.18	6	✓ NeoRecormon
	Inj 3,000 iu, prefilled syringe	166.87	6	✓ NeoRecormon
	Inj 4,000 iu, prefilled syringe	193.13	6	✓ NeoRecormon
	Inj 5,000 iu, prefilled syringe	243.26	6	✓ NeoRecormon
	Inj 6,000 iu, prefilled syringe	291.29	6	✓ NeoRecormon
	Inj 10,000 iu, prefilled syringe	395.18	6	✓ NeoRecormon
53	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE * Tab 5 mg with hydrochlorothiazide 12.5 mg – Brand switch fee payable (Pharmacode 2459299)	10.72	100	✓ Apo-Cilazapril/ Hydrochlorothiazide
60	ATORVASTATIN – See prescribing guideline (stat removed)			
	Tab 10 mg	2.52	90	✓ Zarator
	Tab 20 mg	4.17	90	✓ Zarator
	Tab 40 mg	7.32	90	✓ Zarator
	Tab 80 mg	16.23	90	✓ Zarator

▲ Three months supply may be dispensed at one time if endorsed
“certified exemption” by the prescriber or pharmacist

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

Check your Schedule for full details
Schedule page ref

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✓ **fully subsidised**

Changes to Restrictions – effective 1 September 2014 (continued)

97	<p>AMOXICILLIN WITH CLAVULANIC ACID CLAVULANATE (amendment to chemical name and presentation description)</p> <p>Tab amoxicillin 500 mg with clavulanic acid potassium clavulanate 125 mg – Up to 30 tab available on a PSO</p> <p>Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml</p> <p>a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2</p> <p>Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml</p> <p>a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2</p>	<p>1.95 12.55 1.61 2.19</p>	<p>20 100 100 ml 100 ml</p>	<p>✓ Augmentin ✓ Curam Duo ✓ Augmentin ✓ Curam ✓ Augmentin ✓ Curam</p>
161	<p>METHOTREXATE</p> <p>* Tab 2.5 mg – PCT – Retail pharmacy-Specialist – Brand switch fee payable (Pharmacode 2465353)</p> <p>* Tab 10 mg – PCT – Retail pharmacy-Specialist – Brand switch fee payable (Pharmacode 2465353)</p>	<p>3.82 26.25</p>	<p>30 50</p>	<p>✓ Trexate ✓ Trexate</p>

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 September 2014

57	NIFEDIPINE (↓ subsidy)				
	* Tab long-acting 30 mg	3.75	30	✓ Arrow-Nifedipine XR	
		(19.90)		Adalat Oros	
	* Tab long-acting 60 mg	5.75	30	✓ Arrow-Nifedipine XR	
		(29.50)		Adalat Oros	
73	ACITRETIN – Special Authority see SA0954 – Retail pharmacy (↓ subsidy)				
	Cap 10 mg	17.86	60	✓ Novatretin	
	Cap 25 mg	41.36	60	✓ Novatretin	
99	CIPROFLOXACIN (↓ subsidy)				
	Recommended for patients with any of the following:				
	i) microbiologically confirmed and clinically significant pseudomonas infection; or				
	ii) prostatitis; or				
	iii) pyelonephritis; or				
	iv) gonorrhoea.				
	Tab 500 mg – Up to 5 tab available on a PSO	7.14	100		
		(10.71)			Cipflox
	Tab 750 mg	4.02	30		
		(5.52)			Ciprofloxacin Rex
101	FLUCONAZOLE (↓ subsidy)				
	Cap 50 mg – Retail pharmacy-Specialist	3.49	28	✓ Ozole	
	Cap 150 mg – Subsidy by endorsement	0.71	1	✓ Ozole	
	a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist				
	b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.				
	Cap 200 mg – Retail pharmacy-Specialist	9.69	28	✓ Ozole	
105	RIFAMPICIN – Subsidy by endorsement (↓ subsidy)				
	a) No patient co-payment payable				
	b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician.				
	* Tab 600 mg	108.70	30	✓ Rifadin	
	* Cap 150 mg	55.75	100	✓ Rifadin	
	* Cap 300 mg	116.25	100	✓ Rifadin	
	* Oral liq 100 mg per 5 ml	12.00	60 ml	✓ Rifadin	
107	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy (↑ subsidy)				
	Oral liq 5 mg per ml	270.00	240 ml	✓ Zeffix	

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

* 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 September 2014 (continued)

123	PAMIDRONATE DISODIUM (↓ subsidy)			
	Inj 3 mg per ml, 10 ml vial	6.80	1	
		(16.00)		Pamidronate BNM
	Inj 6 mg per ml, 10 ml vial	13.20	1	
		(32.00)		Pamidronate BNM
	Inj 9 mg per ml, 10 ml vial	19.20	1	
		(48.00)		Pamidronate BNM
144	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 2.5 mg	0.75	28	✓ Dr Reddy's Olanzapine
		(51.07)		Zyprexa
	Tab 5 mg	1.65	28	✓ Dr Reddy's Olanzapine
		(3.85)		Olanzine
		(101.21)		Zyprexa
	Tab orodispersible 5 mg	1.75	28	✓ Dr Reddy's Olanzapine
		(6.36)		Olanzine-D
		(102.19)		Zyprexa Zydys
	Tab 10 mg	2.55	28	✓ Dr Reddy's Olanzapine
		(6.35)		Olanzine
		(204.49)		Zyprexa
	Tab orodispersible 10 mg	3.05	28	✓ Dr Reddy's Olanzapine
		(8.76)		Olanzine-D
		(204.37)		Zyprexa Zydys
144	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 25 mg	1.40	60	✓ Dr Reddy's Quetiapine
		(7.00)		Seroquel
	Tab 100 mg	2.80	60	
		(14.00)		Seroquel
		4.20	90	✓ Dr Reddy's Quetiapine
	Tab 200 mg	4.80	60	✓ Dr Reddy's Quetiapine
		(24.00)		Seroquel
	Tab 300 mg	8.00	60	✓ Dr Reddy's Quetiapine
		(40.00)		Seroquel
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Oral liq 1 mg per ml	9.75	30 ml	
		(18.35)		Apo-Risperidone
		(25.26)		Risperdal

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 September 2014 (continued)

159	CAPECITABINE – Retail pharmacy-Specialist (↓ subsidy)			
	Tab 150 mg	30.00	60	✓Xeloda
	Tab 500 mg	120.00	120	✓Xeloda
165	THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 (↓ subsidy)			
	Cap 50 mg	378.00	28	✓Thalomid
	Cap 100 mg	756.00	28	✓Thalomid
171	OCTREOTIDE (↓ subsidy)			
	Inj 50 mcg per ml, 1 ml	13.50	5	✓Octreotide MaxRx
	Inj 100 mcg per ml, 1 ml	22.40	5	✓Octreotide MaxRx
	Inj 500 mcg per ml, 1 ml	89.40	5	✓Octreotide MaxRx

Changes to Brand Name

Effective 1 September 2014

190	LORATADINE (amendment to brand name)			
	* Oral liq 1 mg per ml	3.10	100 ml	✓LoraPaed Lorapaed

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

* 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 September 2014

52	ENALAPRIL MALEATE				
	* Tab 5 mg	0.36	30	✓ Acetec	
		5.94	500	✓ Acetec	
	* Tab 10 mg	0.44	30	✓ Acetec	
		7.33	500	✓ Acetec	
	* Tab 20 mg – For enalapril maleate oral liquid formulation, refer	0.57	30	✓ Acetec	
54	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE				
	Tab 50 mg with hydrochlorothiazide 12.5 mg.....	10.45	30	✓ Hyzaar	
75	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	100 ml OP	✓ Marine Blue Lotion SPF 30+	
		5.10	200 ml OP	✓ Marine Blue Lotion SPF 30+	
	Note – Marine Blue Lotion SPF 50+ remains listed				
119	KETOPROFEN				
	* Cap long-acting 100 mg	21.56	100	✓ Oruvail SR	
	* Cap long-acting 200 mg	43.12	100	✓ Oruvail SR	
128	PERGOLIDE				
	▲ Tab 0.25 mg	48.00	100	✓ Permax	
	▲ Tab 1 mg	170.00	100	✓ Permax	
158	CYCLOPHOSPHAMIDE				
	Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ Cycloblastin	
161	METHOTREXATE				
	* Tab 2.5 mg – PCT – Retail pharmacy-Specialist.....	3.82	30	✓ Methoblastin	
	* Tab 10 mg – PCT – Retail pharmacy-Specialist.....	26.25	50	✓ Methoblastin	
173	AZATHIOPRINE – Retail pharmacy-Specialist				
	* Tab 50 mg – For azathioprine oral liquid formulation refer.....	13.22	100	✓ Imuprine	
201	PHARMACY SERVICES – May only be claimed once per patient				
	* Brand switch fee.....	4.33	1 fee	✓ BSF Apo-Cilazapril/ Hydrochlorothiazide	
	The Pharmacode for BSF Apo-Cilazapril/Hydrochlorothiazide is 2459299.				
226	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
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Items to be Delisted

Effective 1 December 2014

57	NIFEDIPINE				
	* Tab long-acting 30 mg	3.75	30	✓ Arrow-Nifedipine XR	
		(19.90)		Adalat Oros	
	* Tab long-acting 60 mg	5.75	30	✓ Arrow-Nifedipine XR	
		(29.50)		Adalat Oros	
99	CIPROFLOXACIN				
	Recommended for patients with any of the following:				
	i) microbiologically confirmed and clinically significant pseudomonas infection; or				
	ii) prostatitis; or				
	iii) pyelonephritis; or				
	iv) gonorrhoea.				
	Tab 500 mg – Up to 5 tab available on a PSO	7.14	100		
		(10.71)		Cipflox	
	Tab 750 mg	4.02	30		
		(5.52)		Ciprofloxacin Rex	
123	PAMIDRONATE DISODIUM				
	Inj 3 mg per ml, 5 ml vial	18.75	1	✓ Pamisol	
	Inj 3 mg per ml, 10 ml vial	6.80	1		
		(16.00)		Pamidronate BNM	
	Inj 6 mg per ml, 10 ml vial	13.20	1		
		(32.00)		Pamidronate BNM	
	Inj 9 mg per ml, 10 ml vial	19.20	1		
		(48.00)		Pamidronate BNM	
144	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency				
	Tab 2.5 mg	0.75	28	✓ Dr Reddy's	
				Olanzapine	
		(51.07)		Zyprexa	
	Tab 5 mg	1.65	28	✓ Dr Reddy's	
				Olanzapine	
		(3.85)		Olanzine	
		(101.21)		Zyprexa	
	Tab orodispersible 5 mg	1.75	28	✓ Dr Reddy's	
				Olanzapine	
		(102.19)		Zyprexa Zydis	
	Tab 10 mg	2.55	28	✓ Dr Reddy's	
				Olanzapine	
		(204.49)		Zyprexa	
	Tab orodispersible 10 mg	3.05	28	✓ Dr Reddy's	
				Olanzapine	
		(204.37)		Zyprexa Zydis	

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

* 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 December 2014 (continued)

144	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency				
	Tab 25 mg	1.40	60	✓ Dr Reddy's Quetiapine	
		(7.00)		Seroquel	
	Tab 100 mg	2.80	60	Seroquel	
		(14.00)		✓ Dr Reddy's Quetiapine	
		4.20	90	✓ Dr Reddy's Quetiapine	
	Tab 200 mg	4.80	60	✓ Dr Reddy's Quetiapine	
		(24.00)		Seroquel	
	Tab 300 mg	8.00	60	✓ Dr Reddy's Quetiapine	
		(40.00)		Seroquel	
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency				
	Oral liq 1 mg per ml	9.75	30 ml		
		(18.35)			Apo-Risperidone
		(25.26)			Risperdal
159	CAPECITABINE – Retail pharmacy-Specialist				
	Tab 150 mg	30.00	60	✓ Xeloda	
	Tab 500 mg	120.00	120	✓ Xeloda	
171	OCTREOTIDE				
	Inj 50 mcg per ml, 1 ml	13.50	5	✓ Octreotide MaxRx	
	Inj 100 mcg per ml, 1 ml	22.40	5	✓ Octreotide MaxRx	
	Inj 500 mcg per ml, 1 ml	89.40	5	✓ Octreotide MaxRx	
201	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee	4.33	1 fee	✓ BSF Trexate	
	The Pharmacode for BSF Trexate is 2465353.				

Effective 1 March 2015

77	INTRA-UTERINE DEVICE				
	a) Up to 40 dev available on a PSO				
	b) Only on a PSO				
	* IUD	39.50	1	✓ Multiload Cu 375 ✓ Multiload Cu 375 SL	

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