

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2015

Cumulative for January, February and March 2015



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2015

New listings (page 22)

- Flecainide acetate (Tambocor) inj 10 mg per ml, 15 ml ampoule – Pharmacode change
- Amlodipine (Apo-Amlodipine) tab 5 mg and 10 mg, 250 tab pack size
- Ketoconazole (Link Healthcare) tab 200 mg – PCT, Retail pharmacy-Specialist, subsidy by endorsement, section 29
- Pharmacy services (BSF Eprex) brand switch fee – may only be claimed once per patient

Changes to restrictions, chemical names and presentation (pages 24-25)

- Epoetin alfa [erythropoietin alfa] inj syringes all strengths – addition of Brand Switch Fee
- Atorvastatin (Lipitor, Pfizer atorvastatin, and Zarator) tab 10 mg, 20 mg, 40 mg and 80 mg – Stat dispensing reinstated
- Citalopram hydrobromide (Celapram) tab 20 mg – removal of Brand Switch Fee
- Olanzapine tab 2.5 mg, 5 mg and 10 mg (Zypine) and tab orodispersible 5 mg and 10 mg (Zypine ODT) – removal of Brand Switch Fee
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg – removal of Brand Switch Fee
- Risperidone (Risperon) oral liq 1 mg per ml – removal of Brand Switch Fee
- Capecitabine (Capecitabine Winthrop) tab 150 mg and 500 mg – removal of Brand Switch Fee
- Amsacrine (Amsidine) inj 50 mg per ml, 1.5 mg ampoule – amended presentation description

Increased subsidy (page 32)

- Cyclophosphamide (Endoxan) inj 1 g and 2 g
- Cyclophosphamide (Baxter) inj 1 mg for ECP

Atorvastatin – reinstate Stat dispensing

A reminder that stat dispensing will be reinstated for all brands of atorvastatin tablets 10 mg, 20 mg, 40 mg and 80 mg (Zarator, Lipitor and Pfizer atorvastatin) from 1 March 2015. Remaining repeats on prescriptions should be dispensed all-at-once unless the prescription is annotated 'dispensing frequency'.



Betagan (levobunolol) 0.25% eye drops – discontinued

Allergan has discontinued Betagan 0.25% eye drops and it will be delisted from 1 July 2015.

Prescribers of Betagan 0.25% have been asked to consider changing their patients to a different beta-blocker eye drop.

The following listed products could be considered as alternatives:

- Levobunolol (Betagan) eye drops 0.5%
- Betaxolol (Betoptic S) eye drops 0.25% or (Betoptic) eye drops 0.5%
- Timolol (Arrow-Timolol) eye drops 0.25% or 0.5%
- Timolol (Timoptol XE) eye drops 0.25% or 0.5%, gel forming.

Epoetin brand change

Patients taking funded epoetin (erythropoietin) will need to be using the Eprex brand by 1 March 2015.

After 1 March, patients with prescriptions for NeoRecormon will need to get new prescriptions from their doctors as epoetin alfa (Eprex) cannot be dispensed on a prescription for epoetin beta (NeoRecormon).

Prescribers have been reminded to change their patients as soon as possible so that patients can continue to access funded treatment and minimise disruption to their care.

Pharmacists can continue to use the flexible and variable dispensing periods rule in Section F, Part III of the Schedule for stock management of epoetin alfa and should note that wastage is claimable.

Fortimel Regular, Fortisip Tropical Fruit and Fortisip Caramel (toffee) – discontinued

Nutricia has discontinued Fortimel Regular (high protein oral feed) and this will be delisted from 1 September 2015.

The following three protein supplement powders are funded and could be considered as alternatives:

- Protifar powder (unflavoured)
- Resource Beneprotein powder (unflavoured)
- Promod powder (vanilla)

Patients will require a different Special Authority approval (using form SA1375) to access funding for the protein supplement powders.

Nutricia has also discontinued the tropical fruit and caramel (toffee) flavours of Fortisip oral feed liquids. These will be delisted from 1 September 2014. Alternative flavours of Fortisip liquid remain subsidised.

Amlodipine – new sole supply and pack size change

The 250 tablet pack size of Apo-Amlodipine brand of amlodipine 5 mg and 10 mg tablets will be listed from 1 March 2015 and will be sole supply from 1 August 2015. The subsidy on the Apo-Amlodipine 100 tablet pack size of 5 mg and 10 mg tablets will reduce from 1 May 2015 and will be delisted 1 August 2015.

Aciclovir eye ointment and ganciclovir eye gel – reminder

Ganciclovir 0.15% eye gel (Virgan) was listed temporarily from 1 January 2015 to provide an alternative treatment while aciclovir 3% eye ointment (Zovirax) is out of stock. Virgan, supplied under section 29 of the Medicines Act 1981, is now available.

Note that Zovirax eye ointment is now expected to be available from September 2015.

News in brief

- A Brand Switch Fee will apply to dispensings of all strengths of Eprex (**epoetin alfa** [erythropoietin alfa]) injections from 1 March 2015 to 31 May 2015.
- Douglas expects that Mogine (**lamotrigine**) 100 mg tablets will be available again from late March.
- AFT expects that Zostrix and Zostrix HP (**capsaicin**) creams will be available from late March 2015.
- There will be a delay in a decision on a proposal to remove the 'three months dispensed all-at-once' ('stat') dispensing rule from various pharmaceuticals from 1 March 2015. This proposal was the subject of a 9 January 2015 consultation letter, available on PHARMAC's website. Some significant issues were raised in consultation responses, and we require additional time to consider them before a decision can be made on the proposal.

Tender News

Sole Subsidised Supply changes – effective 1 April 2015

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Allopurinol	Tab 100 mg; 1,000 tab	Apo-Allopurinol (Apotex)
Allopurinol	Tab 300 mg; 500 tab	Apo-Allopurinol (Apotex)
Amitriptyline	Tab 25 mg; 100 tab	Arrow-Amitriptyline (Actavis)
Amitriptyline	Tab 50 mg; 100 tab	Arrow-Amitriptyline (Actavis)
Amorolfine	Nail soln 5%; 5 ml OP	MycosNail (AFT)
Bisoprolol fumarate	Tab 2.5 mg; 30 tab	Bosvate (Douglas)
Bisoprolol fumarate	Tab 5 mg; 30 tab	Bosvate (Douglas)
Bisoprolol fumarate	Tab 10 mg; 30 tab	Bosvate (Douglas)
Docusate sodium	Tab 50 mg; 100 tab	Coloxyl (Aspen)
Docusate sodium	Tab 120 mg; 100 tab	Coloxyl (Aspen)
Fusidic acid	Crn 2%; 15 g OP	DP Fusidic Acid Cream (Douglas)
Losartan potassium	Tab 12.5 mg; 84 tab	Losartan Actavis (Actavis)
Losartan potassium	Tab 25 mg; 84 tab	Losartan Actavis (Actavis)
Losartan potassium	Tab 50 mg; 84 tab	Losartan Actavis (Actavis)
Losartan potassium	Tab 100 mg; 84 tab	Losartan Actavis (Actavis)
Miconazole nitrate	Crn 2%; 15 g OP	Multichem (Multichem)
Tenoxicam	Tab 20 mg; 20 tab	Reutenox (ABM)

Looking Forward

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

Possible decisions for future implementation 1 April 2015

- Amitriptyline (Arrow-Amitriptyline) tab 25 mg and 50 mg – Brand Switch Fee payable
- “Three months dispensed all-at-once” (stat) dispensing rule removed from the following:
 - Betamethasone valerate cream (Beta Cream), ointment (Beta Ointment), lotion (Betnovate) and scalp application (Beta Scalp)
 - Clobetasol propionate cream, ointment and scalp application (Dermol)
 - Dexamethasone phosphate injection (Dexamethasone-hameln)
Hydrocortisone cream (Pharmacy Health), tablets (Douglas) and injection(Solu-Cortef)
 - Prednisolone oral liquid (Redipred)
 - Sodium valproate tablets (Epilim Crushable, Epilim) and oral liquid (Epilim S/F Liquid and Epilim Syrup)

Sole Subsidised Supply Products – cumulative to March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
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
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
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	Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg	Apo-Amlodipine	2017
Amoxicillin	Inj 250 mg, 500 mg & 1 g vials Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2017 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
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
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
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017

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

Sole Subsidised Supply Products – cumulative to March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Baclofen	Tab 10 mg	Pacifen	2016
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
Bicalutamide	Tab 50 mg	Bicalaccord	2017
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%, 5 ml OP	Arrow-Brimonidine	2017
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 ampoule	Miacalcic	2017
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2017
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2017
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Winthrop	2016
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	Inj 500 mg & 1 g vial	AFT	2017
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2017
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2017
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	Crm 1%, 20 g OP Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol	2017 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
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2017
Dapsone	Tab 25 mg & 100 mg	Dapsone	2017
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2017
Dexamethasone	Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP Tab 1 mg & 4 mg	Maxidex Douglas	2017 2015

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Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone-hameln	2016
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 Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dexamfetamine sulfate	Tab 5 mg	PSM	2015
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	2017
		Voltaren Ophtha	2015
	Tab EC 25 mg & 50 mg	Apo-Diclo	
	Tab long-acting 75 mg & 100 mg	Diclax SR	
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
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 10,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Exemestane	Tab 25 mg	Aromasin	2017
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
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Inj 250 mg vial, 500 mg vial & 1 g vial Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Flucloxin AFT AFT Staphlex	2017 2015
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 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
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2015
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017

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Sole Subsidised Supply Products – cumulative to March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Glycerol	Liquid Suppos 3.6 g	healthE Glycerol BP PSM	2017 2015
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
Granisetron	Tab 1 mg	Granirex	2017
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	Powder Inj 100 mg vial Tab 5 mg & 20 mg	ABM Solu-Cortef Douglas	2017 2016 2015
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
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
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent Univent	2017 2016
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017

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Sole Subsidised Supply Products – cumulative to March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Ketoconazole	Shampoo 2%	Sebizole	2017
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 100 mg	Zeffix	2017
	Oral liq 5 mg per ml	Zeffix	2017
	Tab 150 mg	Lamivudine Alphapharm	2016
	Oral liq 10 mg per ml; 240 ml OP	3TC	
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	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/17
	Tab 1.5 mg	Postinor-1	2016
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2%	Xylocaine Viscous	2017
	Inj 2% ampoule, 5 ml & 20 ml	Lidocaine-Clarix	2015
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Cap 250 mg	Douglas	2017
	Tab 250 mg & 400 mg	Lithicarb FC	2015
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	2017
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2016
Loratadine	Oral liq 1 mg per ml	LoraPaed	2016
	Tab 10 mg	Lorafix	2016
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
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
Mebeverine hydrochloride	Tab 135 mg	Colofac	2017
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg	Provera	2016
	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	

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Sole Subsidised Supply Products – cumulative to March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Inj 100 mg per ml, 50 ml 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	Methotrexate Ebewe Trexate Hospira Methotrexate Sandoz	2017 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
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
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
Miconazole nitrate	Vaginal crm 2% with applicator	Micreme	2017
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

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

Sole Subsidised Supply Products – cumulative to March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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	Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	DBL Morphine Sulphate m-Eslon Arrow-Morphine LA	2017 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
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
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
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg	Noriday 28	2015
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Ondansetron ODT-DRLA Onrex	2017 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 March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
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
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2017
Pantoprazole	Tab EC 20 mg Tab EC 40 mg	Pantoprazole Actavis 20 Pantoprazole Actavis 40	2016
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml Suppos 500 mg	Pharmacare Paracare Paracare Double Strength Paracare	2017 2017 2017 2015
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
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
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2017

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

Sole Subsidised Supply Products – cumulative to March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml	DBL Pethidine Hydrochloride	2017
	Tab 50 mg & 100 mg	PSM	2015
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
Pilocarpine hydrochloride	Eye drops 1%; 15 ml OP Eye drops 2%; 15 ml OP Eye drops 4%; 15 ml OP	Isopto Carpine	2017
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 (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
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
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2016
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Allersoothe	2015
	Tab 10 mg & 25 mg		
Pyridoxine hydrochloride	Tab 25 mg	PyridoxADE	2017
	Tab 50 mg	Apo-Pyridoxine	2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2015
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Ranitidine	Tab 150 mg & 300 mg	Ranitidine Relief Peptisoothe	2017
	Oral liq 150 mg per 10 ml		2017
Rifabutin	Cap 150 mg	Mycobutin	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 March 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Rifampicin	Cap 150 mg & 300 mg Tab 600 mg Oral liq 100 mg per 5 ml	Rifadin	2017
Rifaximin	Tab 550 mg	Xifaxan	2017
Risperidone	Oral liq 1 mg per ml	Risperon	2017
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2017
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
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2017
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 citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
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
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
Temazepam	Tab 10 mg	Normison	2017
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 March 2015

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	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016
Timolol	Eye drops 0.25%, 5 ml OP	Arrow-Timolol	2017
	Eye drops 0.5%, 5 ml OP	Timoptol XE	2016
	Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP		
Tobramycin	Eye drops 0.3%, 5 ml OP	Tobrex	2017
	Eye oint 0.3%, 3.5 g OP		
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2017
	Tab sustained-release 100 mg	Tramal SR 100	
	Tab sustained-release 150 mg	Tramal SR 150	
	Tab sustained-release 200 mg	Tramal SR 200	
Tranexamic acid	Tab 500 mg	Cyklokapron	2016
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Tropicamide	Eye drops 0.5%, 15 ml OP	Mydriacyl	2017
	Eye drops 1%, 15 ml OP		
Urea	Crn 10%	healthE Urea Cream	2016
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Vancomycin	Inj 500 mg	Mylan	2017
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
Verapamil hydrochloride	Tab 80 mg	Isoptin	2017
Vitamin B complex	Tab, strong, BPC	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
Zidovudine [AZT]	Cap 100 mg	Retrovir	2016
	Oral liq 10 mg per ml		
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017

March changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 March 2015

56	FLECAINIDE ACETATE – Retail pharmacy-Specialist Inj 10 mg per ml, 15 ml ampoule 52.45	5	✓ Tambocor
	Note – Pharmacode change from 332062 to 2447363.		
58	AMLODIPINE * Tab 5 mg – For amlodipine oral liquid formulation refer 5.04	250	✓ Apo-Amlodipine
	* Tab 10 mg 7.21	250	✓ Apo-Amlodipine
101	KETOCONAZOLE Tab 200 mg – PCT – Retail pharmacy-Specialist – Subsidy by endorsement..... CBS	30	✓ Link Healthcare S29
	Prescriptions must be written by, or on the recommendation of an oncologist		
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee 4.33	1 fee	✓ BSF Eprex
	The Pharmacode for BSF Eprex is 2474727.		

Effective 5 February 2015

183	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer. Inj 40 mg per ml, vial 149.37	3	✓ SII-Onco-BCG S29
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Effective 1 February 2015

40	TRIAMCINOLONE ACETONIDE Paste 0.1%..... 5.33	5 g OP	✓ Kenalog in Orabase
41	PYRIDOXINE HYDROCHLORIDE a) No more than 100 mg per dose b) Only on a prescription * Tab 25 mg – No patient co-payment payable 2.15	90	✓ Vitamin B6 25
82	ZOLEDRONIC ACID Inj 4 mg per 5 ml, vial – Special Authority see SA1512 – Retail pharmacy..... 550.00	1	✓ Zometa

► SA1512 Special Authority for Subsidy

Initial application only from an oncologist, haematologist or palliative care specialist. Approvals valid without further renewal for applications meeting the following criteria:

Any of the following:

1. Patient has hypercalcaemia of malignancy; or
2. Both:
 - 2.1. Patient has bone metastases or involvement; and
 - 2.2. Patient has severe bone pain resistant to standard first-line treatments; or
3. Both:
 - 3.1. Patient has bone metastases or involvement; and
 - 3.2. Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone).

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 February 2015 (continued)

130	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Patch 12.5 mcg per hour	2.92	5	✓ Fentanyl Sandoz
	Patch 25 mcg per hour	3.66	5	✓ Fentanyl Sandoz
	Patch 50 mcg per hour	6.64	5	✓ Fentanyl Sandoz
	Patch 75 mcg per hour	9.18	5	✓ Fentanyl Sandoz
	Patch 100 mcg per hour	11.29	5	✓ Fentanyl Sandoz
164	AMSACRINE – PCT only – Specialist			
	Inj 75 mg	1,250.00	5	✓ AmsaLyo S29
177	AZATHIOPRINE – Retail pharmacy-Specialist			
	* Tab 25 mg	8.28	60	✓ Azamun
207	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Glizide
	a) The Pharmacode for BSF Glizide is 2472201			
233	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]			
	Liquid (juicy citrus) 62.5 ml	939.00	60 OP	✓ PKU Lophlex LQ 10
	Liquid (juicy citrus) 125 ml	936.00	30 OP	✓ PKU Lophlex LQ 20
	Liquid (juicy berries) 62.5 ml	939.00	60 OP	✓ PKU Lophlex LQ 10
	Liquid (juicy berries) 125 ml	936.00	30 OP	✓ PKU Lophlex LQ 20
	Liquid (juicy orange) 62.5 ml	939.00	60 OP	✓ PKU Lophlex LQ 10
	Liquid (juicy orange) 125 ml	936.00	30 OP	✓ PKU Lophlex LQ 20

Effective 1 January 2015

83	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist			
	Inj 250 mg per ml, 4 ml vial	86.00	1	✓ Reandron 1000
	Note – this is a presentation change from an ampoule to a vial.			
203	GANCICLOVIR			
	Eye gel 0.15%	37.53	5 g OP	✓ Virgan S29
207	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Omnitrope
	a) The Pharmacode for BSF Omnitrope is 2472198			

▲ 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 Restrictions, Chemical Names and Presentations Effective 1 March 2015

45	EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Special Authority see SA1469 – Retail pharmacy a) Wastage claimable – see rule 3.3.2 b) Brand switch fee payable (Pharmacode 2474727)			
	Inj 1,000 iu in 0.5 ml, syringe	48.68	6	✓ Eprex
	Inj 2,000 iu in 0.5 ml, syringe	120.18	6	✓ Eprex
	Inj 3,000 iu in 0.3 ml, syringe	166.87	6	✓ Eprex
	Inj 4,000 iu in 0.4 ml, syringe	193.13	6	✓ Eprex
	Inj 5,000 iu in 0.5 ml, syringe	243.26	6	✓ Eprex
	Inj 6,000 iu in 0.6 ml, syringe	291.92	6	✓ Eprex
	Inj 10,000 iu in 1 ml, syringe	395.18	6	✓ Eprex
61	ATORVASTATIN – See prescribing guideline (STAT reinstated) * Tab 10 mg	0.84	30	✓ Lipitor ✓ Pfizer atorvastatin
		2.52	90	✓ Zarator
	* Tab 20 mg	1.39	30	✓ Lipitor ✓ Pfizer atorvastatin
		4.17	90	✓ Zarator
	* Tab 40 mg	2.44	30	✓ Lipitor ✓ Pfizer atorvastatin
		7.32	90	✓ Zarator
	* Tab 80 mg	5.41	30	✓ Lipitor ✓ Pfizer atorvastatin
		16.23	90	✓ Zarator
134	CITALOPRAM HYDROBROMIDE (CELAPRAM) – Brand switch fee payable (Pharmacode 2471558) * Tab 20 mg	2.16	28	✓ Celapram
143	OLANZAPINE a) Brand switch fee payable (Pharmacode 2470438) b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 2.5 mg	0.75	28	✓ Zypine
	Tab 5 mg	1.65	28	✓ Zypine
	Tab orodispersible 5 mg	1.75	28	✓ Zypine ODT
	Tab 10 mg	2.55	28	✓ Zypine
	Tab orodispersible 10 mg	3.05	28	✓ Zypine ODT
144	QUETIAPINE a) Brand switch fee payable (Pharmacode 2470446) b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	2.10	90	✓ Quetapel
	Tab 100 mg	4.20	90	✓ Quetapel
	Tab 200 mg	7.20	90	✓ Quetapel
	Tab 300 mg	12.00	90	✓ Quetapel
144	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Oral liq 1 mg per ml – Brand switch fee payable (Pharmacode 2470454).....	9.75	30 ml	✓ Risperon

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 March 2015 (continued)

163	CAPECITABINE – Retail pharmacy-Specialist Brand switch fee payable (Pharmacode 2470462)			
	Tab 150 mg	30.00	60	✓ Capecitabine Winthrop
	Tab 500 mg	120.00	120	✓ Capecitabine Winthrop
164	AMSACRINE – PCT only – Specialist			
	Inj 50 mg per ml, 1.5 ml ampoule 75 mg	1,500.00	6	✓ Amsidine S29

Effective 1 February 2015

29	GLICLAZIDE – Brand switch fee payable (Pharmacode 2472201)			
	* Tab 80 mg	11.50	500	✓ Glizide
40	TRIAMCINOLONE ACETONIDE			
	Paste 0.1% in-Dental Paste USP	5.33 4.34	5 g OP	✓ Kenalog in Orabase ✓ Oracort
75	IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy			
	Crm 5%	17.98 (62.00)	12	Aldara
	Crm 5%, 250 mg sachet	17.98	12	✓ Apo-Imiquimod Cream 5%

▶ SA0923 | Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

- 1—The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or
- 2—The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or
- 3—The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

Notes: Superficial basal cell carcinoma

- Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.
- Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.
- Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.

External anogenital warts

- Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

Renewal from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

- 1—Inadequate response to initial treatment for anogenital warts; or
- 2—New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or
- 3—Inadequate response to initial treatment for superficial basal cell carcinoma.

Note: Every effort should be made to biopsy the lesion to confirm that it is a superficial basal cell carcinoma.

▲ 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
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Changes to Restrictions – effective 1 February 2015 (continued)

83	TRIAMCINOLONE ACETONIDE Inj 10 mg per ml, 1 ml ampoule	20.80	5	✓ Kenacort-A 10
	Inj 40 mg per ml, 1 ml ampoule	51.10	5	✓ Kenacort-A 40
87	LEVOTHYROXINE (MERCURY PHARMA) (STAT dispensing removed) Tab 50 mcg	1.71	28	✓ Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 100 mcg.....	1.78	28	✓ Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
118	DICLOFENAC SODIUM * Tab 50 mg dispersible – Higher subsidy of \$8.00 per 20 tab with Endorsement.....	1.50	20	✓ Voltaren D
	Additional subsidy by endorsement for a patient who cannot swallow whole tablets and in whom ibuprofen oral liquid is ineffective or not tolerated, and the prescription is endorsed accordingly.			
123	ZOLEDRONIC ACID – Special Authority see SA1187 – Retail pharmacy Inj 0.05 mg per ml, 100 ml 5-mg per 100 ml , vial – Special Authority see SA1187 – Retail pharmacy	600.00	100 ml OP	✓ Aclasta
133	MIANSERIN HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 30 mg – Subsidy by endorsement	24.86	30	✓ Tolvon
	Subsidised for patients who were taking mianserin hydrochloride prior to 1 July 2014 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of mianserin hydrochloride. Note that supply of mianserin hydrochloride is being discontinued in New Zealand and it is anticipated that there will be no stock of mianserin available beyond November February 2015 .			
136	CARBAMAZEPINE *‡ Oral liq 20 mg per ml 100 mg per 5 ml	26.37	250 ml	✓ Tegretol
195	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy Brand switch fee payable (Pharmacode 2468468) Cap 0.5 mg	85.60	100	✓ Tacrolimus Sandoz
	Cap 1 mg	171.20	100	✓ Tacrolimus Sandoz
	Cap 5 mg – For tacrolimus oral liquid formulation refer.....	428.00	50	✓ Tacrolimus Sandoz
228	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly. Powder (chocolate) – Higher subsidy of \$14.90 per 900 g OP with Endorsement	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Powder (vanilla) – Higher subsidy of \$14.90 per 900 g OP with Endorsement	10.22 (14.90)	900 g OP	Sustagen Hospital Formula

Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 January 2015

48	DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy		
	Inj 2,500 iu per 0.2 ml prefilled syringe	19.97	10 ✓Fragmin
	Inj 5,000 iu per 0.2 ml prefilled syringe	39.94	10 ✓Fragmin
	Inj 7,500 iu per 0.75 ml graduated syringe	60.03	10 ✓Fragmin
	Inj 10,000 iu per 1 ml graduated syringe	77.55	10 ✓Fragmin
	Inj 12,500 iu per 0.5 ml prefilled syringe	99.96	10 ✓Fragmin
	Inj 15,000 iu per 0.6 ml prefilled syringe	120.05	10 ✓Fragmin
	Inj 18,000 iu per 0.72 ml prefilled syringe	158.47	10 ✓Fragmin

▶ SA1270] Special Authority for Subsidy

Initial application – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy.

Initial application – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

Any of the following:

- 1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with level of oral anti-coagulant treatment; or
- 2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or
- 3 To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery; or
- 4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or
- 5 To be used in association with cardioversion of atrial fibrillation.

Renewal – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy.

Renewal – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, Acute Coronary Syndrome, cardioversion, or prior to oral anti-coagulation).

49	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy		
	Inj 20 mg	37.24	10 ✓Clexane
	Inj 40 mg	49.69	10 ✓Clexane
	Inj 60 mg	74.91	10 ✓Clexane
	Inj 80 mg	99.86	10 ✓Clexane
	Inj 100 mg	125.06	10 ✓Clexane
	Inj 120 mg	155.40	10 ✓Clexane
	Inj 150 mg	177.60	10 ✓Clexane

▶ SA1174] Special Authority for Subsidy

Initial application – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Low molecular weight heparin treatment is required during a patients pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy.

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
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Changes to Restrictions – effective 1 January 2015 (continued)

continued...

Initial application – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

Any of the following:

- 1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with level of oral anti-coagulant treatment; or
- 2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or
- 3 To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery; or
- 4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or
- 5 To be used in association with cardioversion of atrial fibrillation.

Renewal – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy.

Renewal – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, ACS, cardioversion, or prior to oral anti-coagulation).

56	BISOPROLOL FUMARATE Tab 2.5 mg2.40 Tab 5 mg3.50 Tab 10 mg6.40	30 30 30	✓ Bosvate ✓ Bosvate ✓ Bosvate
68	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN WITH WOOL-FAT AND MINERAL OIL Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% wool-fat hydrous 3% and mineral oil – Only on a prescription 10.57	250 ml	✓ DP Lotn HC
86	CARBIMAZOLE (stat dispensing reinstated) * Tab 5 mg 10.80	100	✓ Neo-Mercazole
87	SOMATROPIN (OMNITROPE) – Special Authority see SA1451 – Retail pharmacy No patient co-payment payable Brand switch fee payable (Pharmacode 2472198) * Inj 5 mg cartridge 109.50 * Inj 10 mg cartridge 219.00 * Inj 15 mg cartridge 328.50	1 1 1	✓ Omnitrope ✓ Omnitrope ✓ Omnitrope
127	PRAMIPEXOLE HYDROCHLORIDE (removal of S29) ▲ Tab 0.25 mg7.20 ▲ Tab 1 mg 24.39	100 100	✓ Ramipex S29 ✓ Ramipex S29
136	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (amended presentation description) Inj 5 mg per ml, 2 ml ampoule – Subsidy by endorsement..... 11.83 a) Up to 5 inj available on a PSO b) Only on a PSO c) PSO must be endorsed “not for anaesthetic procedures”.	5	✓ Hospira

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 January 2015 (continued)

141	HYOSCINE HYDROBROMIDE (amended presentation description) * Inj 400 mcg per ml, 1 ml ampoule	46.50 13.32	5 10	✓ Hospira ✓ Martindale S29
171	IMATINIB MESILATE (co-payment payable) Note: Imatinib-AFT is not a 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 SA1460 in Section B of the Pharmaceutical Schedule. * Cap 100 mg – No patient co-payment payable * Cap 400 mg – No patient co-payment payable	298.90 597.80	60 30	✓ Imatinib-AFT ✓ Imatinib-AFT
197	PROMETHAZINE HYDROCHLORIDE (amended presentation description) * Inj 25 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	11.99	5	✓ Hospira
207	NALOXONE HYDROCHLORIDE (amended presentation description) a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule	48.84	5	✓ Hospira
208	DESFERRIOXAMINE MESYLATE (amended presentation description) * Inj 500 mg vial	109.89	10	✓ Hospira
225	STANDARD SUPPLEMENTS (amended criterion only displayed) SA1228 Special Authority for Subsidy Initial application — (Short-term medical condition) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria: Any of the following: 1 Is being feed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or 2 Malignancy and is considered likely to develop malnutrition as a result; or 3 Is undergoing a bone marrow transplant; or 4 Tempomandibular surgery or glossectomy ; or 5 Both: 5.1 Pregnant; and 5.2 Any of the following: 5.2.1 Patient is in early pregnancy (<13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre pregnancy weight; or 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being meet met . Renewal — (Short-term medical condition) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria: Any of the following: 1 Is being fed via a nasogastric tube; or			

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**

Changes to Restrictions – effective 1 January 2015 (continued)

continued...

- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Has undergone a bone marrow transplant; or
- 4 Tempomandibular surgery **or glossectomy**; or
- 5 Both:
 - 5.1 Pregnant; and
 - 5.2 Any of the following:
 - 5.2.1 Patient is in early pregnancy (<13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or
 - 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre pregnancy weight; or
 - 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being ~~met~~ **met**.

249 INFLUENZA VACCINE – [Xpharm]
Inj 45 mcg in 0.5 ml syringe 90.00 10 ✓ **Fluarix**
✓ **Influvac**

A) is available each year for patients who meet the following criteria, as set by PHARMAC:

- a) all people 65 years of age and over;
- b) people under 65 years of age who:
 - i) have any of the following cardiovascular disease:
 - a) ischaemic heart disease,
 - b) congestive heart disease,
 - c) rheumatic heart disease,
 - d) congenital heart disease, or
 - e) cerebo-vascular disease;
 - ii) have either of the following chronic respiratory disease:
 - a) asthma, if on a regular preventative therapy, or
 - b) other chronic respiratory disease with impaired lung function;
 - iii) have diabetes;
 - iv) have chronic renal disease;
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive;
 - vi) have any of the following other conditions:
 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) are children on long term aspirin, or
 - vii) are pregnant
- ~~c) people under 18 years of age living within the boundaries of the Canterbury District Health Board.~~
- cd) children aged four and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness;

Unless meeting the criteria set out above, the following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease,
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

continued...

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 2015 (continued)

continued...

- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor.
- D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.

Effective 1 December 2014

134	CITALOPRAM HYDROBROMIDE (stat reinstated)			
	* Tab 20 mg	2.34	84	✓ Arrow-Citalopram

▲ 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 March 2015

50	PROTAMINE SULPHATE (↑ price) * Inj 10 mg per ml, 5 ml	22.40 (119.23)	10	Artex S29
161	CYCLOPHOSPHAMIDE (↑ subsidy) Inj 1 g – PCT – Retail pharmacy-Specialist..... Inj 2 g – PCT only – Specialist..... Inj 1 mg for ECP – PCT only – Specialist	35.03 70.06 0.04	1 1 1 mg	✓Endoxan ✓Endoxan ✓Baxter
168	MITOZANTRONE – PCT only – Specialist (↑ price) Inj 2 mg per ml, 12.5 ml	407.50 (413.21)	1	Onkotrone

Effective 1 February 2015

40	NYSTATIN (↑ subsidy) Oral liq 100,000 u per ml.....	3.35	24 ml OP	✓Nilstat
69	TRIAMCINOLONE ACETONIDE (↓ subsidy) Crm 0.02%..... Oint 0.02%	6.30 6.35	100 g OP 100 g OP	✓Aristocort ✓Aristocort
75	IMIQUIMOD (↓ subsidy) Crm 5%.....	17.98 (62.00)	12	Aldara
83	TRIAMCINOLONE ACETONIDE (↓ subsidy) Inj 10 mg per ml, 1 ml ampoule..... Inj 40 mg per ml, 1 ml ampoule	20.80 51.10	5 5	✓Kenacort-A 10 ✓Kenacort-A 40
118	DICLOFENAC SODIUM (↓ price) * Tab 50 mg dispersible	1.50	20	✓Voltaren D
118	IBUPROFEN (↓ subsidy) * Tab 200 mg	9.45 (12.75)	1,000	Arrowcare
143	CLOZAPINE – Hospital pharmacy [HP4] (↓ subsidy) Safety medicine; prescriber may determine dispensing frequency Tab 25 mg	5.69 11.36 14.73 29.45	50 100 50 100	✓Clozaril ✓Clozaril ✓Clozaril ✓Clozaril

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 February 2015 (continued)

144	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency († subsidy)		
	Tab 0.5 mg	1.90	60
		(3.51)	
		0.63	20
		(2.86)	
	Tab 1 mg	2.10	60
		(6.00)	
		(16.92)	
	Tab 2 mg	2.34	60
		(11.00)	
		(33.84)	
	Tab 3 mg	2.55	60
		(15.00)	
		(50.78)	
	Tab 4 mg	3.50	60
		(20.00)	
		(67.68)	
157	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA1151 – Retail pharmacy († subsidy)		
	a) Only on a controlled drug form		
	b) Safety medicine; prescriber may determine dispensing frequency		
	Cap modified-release 10 mg	15.60	30
	Cap modified-release 20 mg	20.40	30
	Cap modified-release 30 mg	25.52	30
	Cap modified-release 40 mg	30.60	30
164	AMSACRINE – PCT only – Specialist		
	Inj 75 mg	1,500.00	6
	Note – the is a change from Cost Brand Source to a price and subsidy.		
196	CETIRIZINE HYDROCHLORIDE († subsidy)		
	*‡ Oral liq 1 mg per ml.....	2.99	200 ml
		(3.52)	
			Cetirizine - AFT

▲ 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 February 2015 (continued)

228	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] († price) Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	Powder (chocolate) – Higher subsidy of \$14.90 per 900 g OP with Endorsement.....	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Powder (vanilla) – Higher subsidy of \$14.90 per 900 g OP with Endorsement.....	10.22 (14.90)	900 g OP	Sustagen Hospital Formula

Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number

Effective 1 January 2015

38	DOCUSATE SODIUM – Only on a prescription (↓ subsidy)			
	* Cap 50 mg	2.31	100	✓ Laxofast 50
	* Cap 120 mg	3.13	100	✓ Laxofast 120
55	LOSARTAN POTASSIUM (↓ subsidy)			
	* Tab 12.5 mg	1.66 (2.88)	90	Lostaar
	* Tab 25 mg	2.04 (3.20)	90	Lostaar
	* Tab 50 mg	2.41 (5.22)	90	Lostaar
	* Tab 100 mg	2.79	90	✓ Lostaar
56	BISOPROLOL FUMARATE (↓ subsidy)			
	Tab 2.5 mg	2.40	30	✓ Bosvate
	Tab 5 mg	3.50	30	✓ Bosvate
	Tab 10 mg	6.40	30	✓ Bosvate
66	FUSIDIC ACID (↓ subsidy)			
	Crm 2%	2.52 (3.25)	15 g OP	Foban
	a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination			
66	AMOROLFINE (↓ subsidy)			
	a) Only on a prescription b) Not in combination Nail soln 5%	19.95 (61.87)	5 ml OP	Loceryl
67	MICONAZOLE NITRATE († subsidy)			
	* Crm 2%	0.55	15 g OP	✓ Multichem
	a) Only on a prescription b) Not in combination			

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
34

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
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2015 (continued)

77	ETHINYLLOESTRADIOL WITH DESOGESTREL (↑ price) * Tab 20 mcg with desogestrel 150 mcg and 7 inert tab 6.62 (19.80)	84	Mercilon 28
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500 b) Up to 84 tab available on a PSO		
	* Tab 30 mcg with desogestrel 150 mcg and 7 inert tab 6.62 (19.80)	84	Marvelon 28
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500 b) Up to 84 tab available on a PSO		
79	CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL (↓ price) * Tab 2 mg with ethinylloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO..... 2.68	84	✓Ginet 84
80	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (↓ price) * Tab 5 mg 2.09	30	✓Rex Medical
81	SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy (↓ subsidy) Tab 5 mg 37.50 Tab 10 mg 37.50	30 30	✓Vesicare ✓Vesicare
118	TENOXCAM (↓ subsidy) * Tab 20 mg 15.25	100	✓Tilcotil
125	ALLOPURINOL (↓ subsidy) * Tab 100 mg 15.11 * Tab 300 mg – For allopurinol oral liquid formulation refer 15.91	1,000 500	✓Apo-Allopurinol ✓Apo-Allopurinol
132	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency (↓ price) * Tab paracetamol 500 mg with codeine phosphate 8 mg..... 2.11	100	✓Paracetamol + Codeine (Relieve)
133	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 25 mg 1.68 Tab 50 mg 2.82	100 100	✓Amitrip ✓Amitrip
136	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Inj 5 mg per ml, 2 ml ampoule – Subsidy by endorsement 11.83 a) Up to 5 inj available on a PSO b) Only on a PSO c) PSO must be endorsed “not for anaesthetic procedures”.	5	✓Hospira
141	HYOSCINE HYDROBROMIDE (↑ subsidy) * Inj 400 mcg per ml, 1 ml ampoule 46.50	5	✓Hospira
197	PROMETHAZINE HYDROCHLORIDE (↑ subsidy) * Inj 25 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO 11.99	5	✓Hospira
204	DORZOLAMIDE HYDROCHLORIDE (↑ price) * Eye drops 2%..... 9.77 (17.44)	5 ml OP	Trusopt

▲ 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 January 2015 (continued)

207	NALOXONE HYDROCHLORIDE († subsidy) a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule	48.84	5	✓ Hospira
208	DEFERIOXAMINE MESYLATE († subsidy) * Inj 500 mg vial	109.89	10	✓ Hospira

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Brand Names

Effective 1 February 2015

83	TRIAMCINOLONE ACETONIDE Inj 10 mg per ml, 1 ml ampoule	20.80	5	✓ Kenacort-A 10 Kenacort-A
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▲ 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

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Generic Mnfr
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Delisted Items

Effective 1 March 2015

42	POTASSIUM IODATE * Tab 256 mcg (150 mcg elemental iodine)	3.65 (6.28)	90	NeuroKare
45	EPOETIN BETA [ERYTHROPOIETIN BETA] – Special Authority see SA1469 – Retail pharmacy 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
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
79	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL * Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO	2.68 (3.89)	84	Ginet 84
80	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy * Tab 5 mg	2.09 (5.10)	30	Rex Medical
132	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency * Tab paracetamol 500 mg with codeine phosphate 8 mg	2.11	100	✓ Paracetamol + Codeine (Relieve)
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	✓ BSF Capecitabine Winthrop ✓ BSF Celapram ✓ BSF Quetapel ✓ BSF Risperon ✓ BSF Zypine
	a) The Pharmacode for BSF Capecitabine Winthrop is 2470462 b) The Pharmacode for BSF Celapram is 2471558 c) The Pharmacode for BSF Quetapel is 2470446 d) The Pharmacode for BSF Risperon is 2470454 e) The Pharmacode for BSF Zypine is 2470438			
214	GLYCEROL * Liquid – Only in combination	14.84 (17.86)	2,000 ml	healthE
	Only in extemporaneously compounded oral liquid preparations.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 February 2015

26	RANITIDINE – Only on a prescription * Tab 150 mg 5.15 * Tab 300 mg 7.37	250 250	✓ Arrow-Ranitidine ✓ Arrow-Ranitidine
29	GLICLAZIDE * Tab 80 mg 11.50	500	✓ Apo-Gliclazide
73	ACITRETIN – Special Authority see SA1476 – Retail pharmacy Cap 10 mg 29.77 Cap 25 mg 68.93	100 100	✓ Neotigason ✓ Neotigason
82	METHYLPREDNISOLONE ACETATE Inj 40 mg per ml, 1 ml 6.70	1	✓ Depo-Medrol
84	OESTRADIOL – See prescribing guideline * TDDS 3.9 mg (releases 50 mcg of oestradiol per day) 4.12 (32.50) a) Higher subsidy of \$13.18 per 4 patch with Special Authority see SA1018 b) No more than 1 patch per week c) Only on a prescription * TDDS 7.8 mg (releases 100 mcg of oestradiol per day) 7.05 (35.00) a) Higher subsidy of \$16.14 per 4 patch with Special Authority see SA1018 b) No more than 1 patch per week c) Only on a prescription	4 4	Femtran 50 Femtran 100
86	MEDROXYPROGESTERONE ACETATE * Tab 200 mg – Retail pharmacy-Specialist 70.50	30	✓ Provera
96	AMOXICILLIN WITH CLAVULANIC ACID Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO 9.75 Note – Curam Duo will not be delisted 1 February 2015 as previously notified.	100	✓ Curam Duo
106	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy Tab 100 mg 6.00 (32.50)	28	Zetlam
127	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer 10.00	50	✓ Sindopa
130	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO 8.47	1,000	✓ Parafast
132	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 40 mg 18.50	20	✓ Oxycodone BNM

▲ 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
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Delisted Items – effective 1 February 2015 (continued)

167	IDARUBICIN HYDROCHLORIDE Cap 5 mg – PCT – Retail pharmacy-Specialist	115.00	1	✓ Zavedos
	Cap 10 mg – PCT – Retail pharmacy-Specialist	144.50	1	✓ Zavedos
196	LORATADINE * Oral liq 1 mg per ml	2.13	100 ml	✓ LoraPaed
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Tacrolimus Sandoz is 2468468	4.33	1 fee	✓ BSF Tacrolimus

Effective 1 January 2015

39	DANTHRON WITH POLOXAMER – Only on a prescription Note: Only for the prevention or treatment of constipation in the terminally ill. Oral liq 75 mg with poloxamer 1 g per 5 ml.....	43.60	300 ml	✓ Pinorax Forte
43	MAGNESIUM SULPHATE * Inj 2 mmol per ml, 5 ml ampoule	12.65 (18.35)	10	Martindale
47	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 250 iu vial..... Note – This applies to Pharmacode 2187159 only. Pharmacode 2461366 remains listed.	250.00	1	✓ Kogenate FS
54	PERINDOPRIL * Tab 2 mg	3.75 (18.50)	30	Coversyl
	* Tab 4 mg	4.80 (25.00)	30	Coversyl
69	BETAMETHASONE VALERATE WITH CLIOQUINOL – Only on a prescription Oint 0.1% with clioquinol 3%.....	3.49 (4.90)	15 g OP	Betnovate-C
87	SOMATROPIN (GENOTROPIN) – Special Authority see SA1279 – [Xpharm] * Inj cartridge 16 iu (5.3 mg)..... * Inj cartridge 36 iu (12 mg).....	160.00 360.00	1 1	✓ Genotropin ✓ Genotropin
127	PRAMIPEXOLE HYDROCHLORIDE ▲ Tab 0.125 mg	1.95	30	✓ Dr Reddy's Pramipexole
	▲ Tab 0.25 mg	2.16 (2.40)	30	Dr Reddy's Pramipexole
	▲ Tab 0.5 mg	4.20	30	✓ Dr Reddy's Pramipexole
	▲ Tab 1 mg	7.20	30	✓ Dr Reddy's Pramipexole

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 January 2015 (continued)

130	PARACETAMOL *‡ Oral liq 120 mg per 5 ml.....	2.08	500 ml	✓Ethics Paracetamol
	a) Up to 200 ml available on a PSO			
	b) Not in combination			
132	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 80 mg	34.00	20	✓Oxydone BNM
134	SERTRALINE * Tab 50 mg	4.42	30	✓Zoloft
	* Tab 100 mg	4.42	30	✓Zoloft
228	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (vanilla)	9.50	900 g OP	✓Fortisip

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“certified exemption” by the prescriber or pharmacist

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applicable, dispensed all-at-once

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Items to be Delisted

Effective 1 April 2015

38	DOCUSATE SODIUM – Only on a prescription				
	* Cap 50 mg	2.31	100		✓ Laxofast 50
	* Cap 120 mg	3.13	100		✓ Laxofast 120
55	LOSARTAN POTASSIUM				
	* Tab 12.5 mg	1.66 (2.88)	90		Lostaar
	* Tab 25 mg	2.04 (3.20)	90		Lostaar
	* Tab 50 mg	2.41 (5.22)	90		Lostaar
	* Tab 100 mg	2.79	90		✓ Lostaar
66	FUSIDIC ACID				
	Crn 2%	2.52 (3.25)	15 g OP		Foban
	a) Maximum of 15 g per prescription				
	b) Only on a prescription				
	c) Not in combination				
66	AMOROLFINE				
	a) Only on a prescription				
	b) Not in combination				
	Nail soln 5%	19.95 (61.87)	5 ml OP		Loceryl
118	TENOXICAM				
	* Tab 20 mg	15.25	100		✓ Tilcotil
133	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency				
	Tab 25 mg	1.68	100		✓ Amitrip
	Tab 50 mg	2.82	100		✓ Amitrip
207	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee	4.33	1 fee		✓ BSF Omnitrope
	a) The Pharmacode for BSF Omnitrope is 2472198				

Effective 1 May 2015

75	IMIQUIMOD				
	Crn 5%	17.98 (62.00)	12		Aldara
118	IBUPROFEN				
	* Tab 200 mg	9.45 (12.75)	1,000		Arrowcare

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 May 2015 (continued)

144	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 0.5 mg	1.90	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(3.51) 0.63	20	Risperdal
	Tab 1 mg	(2.86) 2.10	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(6.00) (16.92)		
	Tab 2 mg	2.34	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(11.00) (33.84)		
	Tab 3 mg	2.55	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(15.00) (50.78)		
	Tab 4 mg	3.50	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(20.00) (67.68)		
196	CETIRIZINE HYDROCHLORIDE			
	*‡ Oral liq 1 mg per ml.....	2.99	200 ml	Cetirizine - AFT
		(3.52)		
207	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Glizide
	a) The Pharmacode for BSF Glizide is 2472201			

Effective 1 June 2015

207	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee	4.33	1 fee	✓ BSF Eprex
	The Pharmacode for BSF Eprex is 2474727.			

Effective 1 July 2015

83	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist			
	Inj 250 mg per ml, 4 ml	86.00	1	✓ Reandron 1000
	Note – this is the delisting of Reandron 1000 in the ampoule presentation (Pharmacode 2265524). A vial presentation will be listed 1 January 2015.			

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Items to be Delisted – effective 1 July 2015 (continued)

95	CEFUROXIME SODIUM Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement.....6.96	5	✓ m-Cefuroxime
	Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient.		
143	HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO21.55	10	✓ Haloperidol - MercuryPharma S29
204	LEVOBUNOLOL * Eye drops 0.25%7.00	5 ml OP	✓ Betagan

Effective 1 August 2015

41	PYRIDOXINE HYDROCHLORIDE a) No more than 100 mg per dose b) Only on a prescription * Tab 25 mg – No patient co-payment payable2.15	90	✓ PyridoxADE
130	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Patch 12.5 mcg per hour8.90	5	✓ Mylan Fentanyl Patch
	Patch 25 mcg per hour9.15	5	✓ Mylan Fentanyl Patch
	Patch 50 mcg per hour11.50	5	✓ Mylan Fentanyl Patch
	Patch 75 mcg per hour13.60	5	✓ Mylan Fentanyl Patch
	Patch 100 mcg per hour14.50	5	✓ Mylan Fentanyl Patch
233	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (citrus)15.65	62.5 ml OP	✓ PKU Lophlex LQ 10
	31.20	125 ml OP	✓ PKU Lophlex LQ 20
	Liquid (juicy berries)15.65	62.5 ml OP	✓ PKU Lophlex LQ 10
	31.20	125 ml OP	✓ PKU Lophlex LQ 20
	Liquid (juicy orange)15.65	62.5 ml OP	✓ PKU Lophlex LQ 10
	31.20	125 ml OP	✓ PKU Lophlex LQ 20

Effective 1 September 2015

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription * 31 g x 8 mm10.50	100	✓ ABM
31	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription * Syringe 1 ml with 29 g x 12.7 mm needle13.00	100	✓ ABM
	* Syringe 1 ml with 31 g x 8 mm needle13.00	100	✓ ABM

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 September 2015 (continued)

56	FLECAINIDE ACETATE – Retail pharmacy-Specialist Inj 10 mg per ml, 15 ml ampoule	52.45	5	✓ Tambocor
	Note – Pharmacode 332062 only being delisted.			
222	HIGH PROTEIN ORAL FEED 1KCAL/ML – Special Authority see SA1378 – Hospital pharmacy [HP3] Liquid	1.90	200 ml OP	✓ Fortimel Regular
229	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 (toffee) – Higher subsidy of \$1.26 per 200 ml with Endorsement	0.72 (1.26)	200 ml OP	Fortisip
	Liquid (tropical fruit) – Higher subsidy of \$1.26 per 200 ml with Endorsement	0.72 (1.26)	200 ml OP	Fortisip

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

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Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, 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

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