

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2015

Cumulative for May, June, July, and August 2015



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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2015

New listings (page 21)

- Acarbose (Glucobay) tab 50 mg and 100 mg
- Bosentan (Mylan-Bosentan) tab 62.5 mg and 125 mg – Special Authority – Retail pharmacy
- Chlorhexidine gluconate (healthE) soln 4% wash – no more than 500 ml per month, only if prescribed for dialysis patient and the prescription is endorsed accordingly
- Cyproterone acetate (Procur) tab 50 mg and 100 mg – Retail pharmacy-Specialist
- Mefenamic acid (Ponstan) cap 250 mg, 50 cap pack – change from bottle to blister pack
- Lidocaine [lignocaine] crm 4%, 30 g OP and 5 x 5 g tubes – Special Authority – Retail pharmacy

Changes to restrictions, chemical names and presentation (pages 25-32)

- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml – STAT reinstated
- Chlorhexidine gluconate (healthE and Orion) soln 4% wash – amended presentation description
- Methylprednisolone acetate (Depo-Medrol) inj 40 mg per ml, 1 ml vial – amended presentation description
- Methylprednisolone acetate with lidocaine [lignocaine] (Depo-Medrol with Lidocaine) inj 40 mg per ml, with lidocaine [lignocaine] 1 ml vial – amended presentation description
- Methylprednisolone (as sodium succinate) inj 40 mg vial, 125 mg vial, 500 mg vial and 1 g vial – amended chemical name and presentation description
- Azithromycin (Zithromax) grans for oral liq 200 mg per 5 ml (40 mg per ml) – amended presentation description
- Zoledronic acid (Aclasta) inj 0.05 mg per ml, 100 ml, vial – amended Special Authority criteria
- Benzbromarone (Benzbromaron AL 100) tab 100 mg – amended Special Authority criteria
- Febuxostat (Adenuric) tab 80 mg and 120 mg – amended Special Authority criteria
- Topical Local Anaesthetics – new heading and Special Authority SA0906 moved so that valid Special Authority approvals are interchangeable between lidocaine [lignocaine] with prilocaine (EMLA) and lidocaine [lignocaine] (LMX4)
- Phenytoin sodium (Hospira) inj 50 mg per ml 2 ml ampoule and 5 ml ampoule – amended presentation description
- Aripiprazole (Abilify) tab 10 mg, 15 mg, 20 mg and 30 mg – amended Special Authority criteria
- Risperidone (Actavis) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – removal of Brand Switch Fee

Summary of PHARMAC decisions – effective 1 August 2015 (continued)

- Cyclophosphamide inj 1 g vial (Endoxan and Cytoxan) and 2 g vial (Endoxan) – amended presentation description
- Fluorouracil inj 50 mg per ml, 10 ml vial, 20 ml vial, 50 ml vial, 100 mg vial (Fluorouracil Ebewe) and inj 25 mg per ml, 100 ml vial – amended chemical name and presentation description
- Bleomycin sulphate (DBL Bleomycin Sulfate) inj 15,000 iu (10 mg), vial – amended presentation description
- Dactinomycin [actinomycin D] (Cosmegen) inj 0.5 mg vial – amended presentation description
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – amended Special Authority criteria
- Sodium hyaluronate [hyaluronic acid] eye drops 1 mg per ml – amended note
- Diphtheria, tetanus and pertussis vaccine (Boostrix) 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 – amended restriction
- Influenza vaccine (Fluarix and Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction

Increased subsidy (pages 45-47)

- Hydrocortisone acetate (Colifoam) rectal foam 10%, CFC-Free (14 applications)
 - Bisacodyl (Lax-Tab) tab 5 mg
 - Folic acid (Apo-Folic Acid) tab 0.8 mg and 5 mg
 - Quinapril with hydrochlorothiazide tab 10 mg with hydrochlorothiazide 12.5 mg (Accuretic 10) and 20 mg with hydrochlorothiazide 12.5 mg (Accuretic 20)
 - Mexiletine hydrochloride (Mexiletine Hydrochloride USP) cap 150 mg and 250 mg
 - Nadolol (Apo-Nadolol) tab 40 mg and 80 mg
 - Bezafibrate (Bezalip Retard) tab long-acting 400 mg
 - Norethisterone (Noriday 28) tab 350 mcg
 - Methylprednisolone (Medrol) tab 4 mg and 100 mg
 - Methylprednisolone acetate (Depo-Medrol) inj 40 mg per ml, 1 ml vial
 - Methylprednisolone acetate with lidocaine [lignocaine] inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial
 - Methylprednisolone (as sodium succinate) (Solu-Medrol) inj 40 mg and 125 mg vial
 - Azithromycin (Zithromax) grans for oral liq 200 mg per 5 ml (40 mg per ml)
 - Trimethoprim (TMP) tab 300 mg
 - Morphine hydrochloride (RA-Morph) oral liq 2 mg per ml, 5 mg per ml, and 10 mg per ml
 - Moclobemide (Apo-Moclobemide) tab 150 mg and 300 mg
 - Fluorouracil (Fluorouracil Ebewe) inj 50 mg per ml, 20 ml vial
 - Bleomycin sulphate (DBL Bleomycin Sulfate) inj 15,000 iu (10 mg), vial
-

Summary of PHARMAC decisions – effective 1 August 2015 (continued)

- Bleomycin sulphate (Baxter) inj 1,000 iu for ECP
- Dactinomycin [actinomycin D] (Cosmegen) inj 0.5 mg vial
- Dactinomycin [actinomycin D] (Baxter) inj 0.5 mg for ECP
- Megestrol acetate (Apo-Megestrol) tab 160 mg
- Bee venom allergy treatment (Albey) treatment kit – 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml
- Wasp venom allergy treatment (Albey) treatment kit (paper wasp venom) – 1 vial 550 mcg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml, and treatment kit (yellow jacket venom) – 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 1 diluent 1.8 ml

Decreased subsidy (pages 45-47)

- Bezafibrate (Bezalip) tab 200 mg
- Ezetimibe (Ezetrol) tab 10 mg
- Ezetimibe with simvastatin (Vytorin) tab 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg
- Methylprednisolone (as sodium succinate) (Solu-Medrol) inj 500 mg and 1 g vial
- Oxycodone hydrochloride (OxyNorm) cap immediate-release 5 mg, 10 mg and 20 mg
- Fluorouracil (Fluorouracil Ebewe) inj 50 mg per ml, 50 ml and 100 ml vial
- Fluorouracil (Baxter) inj 1 mg for ECP

Special Authority criteria amendments

The Special Authority criteria for the following pharmaceuticals will be amended from 1 August 2015:

- Aripiprazole – will be widened to include patients with autism spectrum disorder and symptoms of severe disability. Note that this is an off-label use for aripiprazole
- Benzbromarone – will be amended to clarify the intent of the criteria
- Febuxostat – will be amended to clarify the intent of the criteria
- Diphtheria, tetanus and pertussis vaccine – will be widened to include vaccination of all pregnant women between gestational weeks 28 and 37 regardless of whether or not there is an epidemic
- Tacrolimus – will be widened to include patients with steroid-resistant nephrotic syndrome
- Zoledronic acid (Aclasta brand only) – a minor change has been made to the wording of the yearly funded dose restriction, which remains at 5 mg per year.



Fentanyl Sandoz Transdermal Patches 12.5 mcg per hour

Concerns have been raised with Novartis regarding its Fentanyl Sandoz transdermal patch 12.5 mcg/h. The patch is labelled 12 mcg per hour and the product carton and foil pouch are labelled 12.5 mcg per hour. Novartis has confirmed that the patches release 12.5 mcg per hour.

After consultation with Medsafe, Novartis has revised its labelling and has advised that new labels, specifying 12.5 mcg per hour on the patch, are expected to be available in the first quarter of 2016. Novartis has notified healthcare providers. For further information, contact Novartis Medical Information on 0800 523 525.

Benhex (gamma benzene hexachloride) cream discontinued

API has advised that it has stopped manufacturing Benhex cream 50 g.

Gamma benzene hexachloride (lindane), the active ingredient in Benhex cream, cannot be manufactured or stored in New Zealand after 25 August 2015. The Environmental Protection Authority (EPA) has notified that the exemption under Schedule 2A of the HSNO Act which allows gamma benzene hexachloride to be stored or manufactured expires 25 August 2015.

Please note that pharmacists may continue to dispense Benhex until the end of this year. Benhex will remain funded until 1 January 2016.

If you have any questions, contact API on 0508 776 746.

Lidocaine [lignocaine] 4% cream (LMX4) – new listing

Lidocaine [lignocaine] 4% cream (LMX4) will be listed fully subsidised under a new heading of Topical Local Anaesthetics, subject to Special Authority criteria. The Special Authority applying to lidocaine 2.5% with prilocaine cream 2.5% (EMLA) will apply to both lidocaine 2.5% with prilocaine 2.5% cream (EMLA) and lidocaine 4% cream (LMX4).

What's changing?

The following Tender products will be listed from 1 August 2015:

- Procur (cypoterone acetate) 50 mg and 100 mg tablets
- healthE (chlorhexidine gluconate) 4% solution wash
- Mylan-Bosentan (bosentan) 62.5 mg and 125 mg tablets
- Glucobay (acarbose) 50 mg and 100 mg tablets

Sole Supply for these products will commence 1 January 2016.

A-Lices (malathion) shampoo – delisting

AFT have recently confirmed the discontinuation of A-Lices shampoo (malathion 1%) and liquid/lotion (malathion 0.5%). A-Lices shampoo (malathion 1%) and liquid/lotion (malathion 0.5%) will be delisted from the Pharmaceutical Schedule from 1 August 2015. Para Plus (malathion with permethrin and piperonyl butoxide) spray remains funded.

Dactinomycin [Actinomycin D] – price increase

The price and subsidy for the Cosmegen brand of dactinomycin [actinomycin D] will increase from \$13.52 per 0.5 mg OP to \$145.00 per 0.5 mg OP from 1 August 2015. Note that this medicine is PCT only, so only DHB hospitals may claim subsidy.

News in brief

- **Mefenamic acid** (Ponstan) 250 mg caps – new listing of blister pack to replace bottle pack.
- **Azithromycin oral liquid** – the strength expression will change from 200 mg per 5 ml to grams for oral liq 200 mg per 5 ml (40 mg per ml).
- ‘Stat’ dispensing (three months dispensed all-at-once) will be reinstated for **heparinised saline**. This was removed in April due to limited available stock.

Tender News

Sole Subsidised Supply changes – effective 1 September 2015

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|---------------|-------------------------|---|
| Carvedilol | Tab 6.25 mg; 60 tab | Dicarz (Mylan) |
| Carvedilol | Tab 12.5 mg; 60 tab | Dicarz (Mylan) |
| Carvedilol | Tab 25 mg; 60 tab | Dicarz (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.

Decisions for implementation 1 September 2015

- Carvedilol (Dicarz) tab 6.25 mg, 12.5 mg and 25 mg – Brand Switch Fee payable
- Eptacog alfa [recombinant factor VIIa] (NovoSeven RT) inj 1 mg, 2 mg, 5 mg and 8 mg syringes – amended restriction
- Factor eight inhibitors bypassing factor (FEIBA) inj 500 U and 1,000 U – price and subsidy decrease
- Moroctocog alfa [recombinant factor VIII] (Xyntha) inj prefilled syringe 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu – price and subsidy decrease
- Nonacog alfa [recombinant factor IX] (BeneFix) inj 250 iu, 500 iu, 1,000 iu and 2,000 iu vials – amended restriction
- Octocog alfa [recombinant factor VIII] (Kogenate FS) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu vials – price and subsidy decrease
- Octocog alfa [recombinant factor IX] (Advate) inj 250 iu, 500 iu, 1,000 iu, 1,500 iu, 2,000 iu and 3,000 iu vials – price and subsidy increase

Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|-------------------------------------|--------------|
| Abacavir sulphate | Tab 300 mg Oral liq 20 mg per ml | Ziagen | 2017 |
| Acetazolamide | Tab 250 mg | Diamox | 2017 |
| 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 |
| Allopurinol | Tab 100 mg & 300 mg | Apo-Allopurinol | 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, 25 mg & 50 mg | Arrow-Amitriptyline | 2017 |
| Amlodipine | Tab 5 mg & 10 mg Tab 2.5 mg | Apo-Amlodipine | 2017 |
| Amorolfine | Nail soln 5% | MycosNail | 2017 |
| Amoxicillin | Inj 250 mg, 500 mg & 1 g vials Cap 250 mg & 500 mg | Ibiamox Apo-Amoxi | 2017 2016 |
| 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 |
| Atropine sulphate | Eye drops 1%; 15 ml OP | Atropt | 2017 |
| Azathioprine | Tab 50 mg | Azamun | 2016 |
| Bacillus calmette-guerin vaccine | Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent | BCG Vaccine | 2017 |
| Baclofen | Tab 10 mg | Pacifen | 2016 |
| Bendroflumethiazide [Bendrofluazide] | Tab 2.5 mg & 5 mg | Arrow-Bendrofluazide | 2017 |
| Benzylpenicillin sodium [Penicillin G] | Inj 600 mg (1 million units) vial | Sandoz | 2017 |
| Betahistine dihydrochloride | Tab 16 mg | Vergo 16 | 2017 |
| Betamethasone valerate | Crn 0.1% Oint 0.1% | Beta Cream Beta Ointment | 2018 |
| Betaxolol | Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP | Betoptic S Betoptic | 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 August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------------|---|--|--------------|
| Bicalutamide | Tab 50 mg | Bicalaccord | 2017 |
| Bisoprolol fumarate | Tab 2.5 mg, 5 mg & 10 mg | Bosvate | 2017 |
| 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 |
| 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 |
| 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 | Cephalexin ABM | 2016 |
| Cefazolin | Inj 500 mg & 1 g vial | AFT | 2017 |
| Ceftriaxone | Inj 500 mg & 1 g vial | Ceftriazone-AFT | 2016 |
| Cetirizine hydrochloride | Oral liq 1 mg per ml | Histaclear | 2017 |
| 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 |
| 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 |
| Clopidogrel | Tab 75 mg | Arrow - Clopid | 2016 |
| Clotrimazole | Crn 1%, 20 g OP Vaginal crn 1% with applicators Vaginal crn 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 |
| Cyclopentolate hydrochloride | Eye drops 1%, 15 ml OP | Cyclogyl | 2017 |

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Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|-----------------------------|--------------|
| 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 | Maxidex | 2017 |
| 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 |
| Dextrose with electrolytes | Soln with electrolytes; 1,000 ml OP | Pedalyte-Bubblegum | 2016 |
| Diclofenac sodium | Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP | Voltaren Voltaren Ophtha | 2017 |
| Dihydrocodeine tartrate | Tab long-acting 60 mg | DHC Continus | 2016 |
| 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 |
| Docusate sodium | Tab 50 mg & 120 mg | Coloxyl | 2017 |
| 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 |
| Emulsifying ointment | Oint BP | AFT | 2017 |

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Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---------------------------------------|---|-------------------------------------|--------------|
| Epoetin alfa [erythropoietin alfa] | Inj 8,000 iu in 0.8 ml, syringe Inj 40,000 iu in 1 ml, syringe 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 |
| Erlotinib | Tab 100 mg & 150 mg | Tarceva | 2018 |
| Exemestane | Tab 25 mg | Aromasin | 2017 |
| Fentanyl | Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour | Fentanyl Sandoz | 2016 |
| Ferrous fumarate | Tab 200 mg (65 mg elemental) | Ferro-tab | 2018 |
| 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 | Flucloxin | 2017 |
| Fluconazole | Cap 50 mg, 150 mg & 200 mg | Ozole | 2017 |
| Fluoxetine hydrochloride | Cap 20 mg Tab dispersible 20 mg, scored | Arrow-Fluoxetine | 2016 |
| Fusidic acid | Crn 2% Oint 2% | DP Fusidic Acid Cream Foban | 2016 |
| Gemfibrozil | Tab 600 mg | Lipazil | 2016 |
| Gliclazide | Tab 80 mg | Glizide | 2017 |
| Glucose [dextrose] | Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle | Biomed | 2017 |
| Glycerol | Liquid | healthE Glycerol BP | 2017 |
| 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 |

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Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|---|-----------------------------|
| 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 | ABM Solu-Cortef | 2017 2016 |
| Hydrocortisone and paraffin liquid and lanolin | Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% | DP Lotn HC | 2017 |
| Hyoscine hydrobromide | Patch 1.5 mg | Scopoderm TTS | 2016 |
| Ibuprofen | Tab long-acting 800 mg Tab 200 mg Oral liq 20 mg per ml | Brufen SR Ibugesic Fenpaed | 2018 2017 2016 |
| Imatinib mesilate | Tab 100 mg | Imatinib-AFT | 2017 |
| Imiquimod | Crn 5%, 250 mg sachet | Apo-Imiquimod Cream 5% | 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 |
| Isosorbide mononitrate | Tab 20 mg | Ismo-20 | 2017 |
| 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 Oral liq 5 mg per ml Tab 150 mg Oral liq 10 mg per ml; 240 ml OP | Zeffix Zeffix Lamivudine Alphapharm 3TC | 2017 2017 2016 |
| Levonorgestrel | Subdermal implant (2 x 75 mg rods) Tab 1.5 mg | Jadelle Postinor-1 | 31/12/17 2016 |
| Lidocaine [lignocaine] hydrochloride | Oral (viscous) soln 2% | Xylocaine Viscous | 2017 |
| Lithium carbonate | Cap 250 mg | Douglas | 2017 |
| Lodoxamide | Eye drops 0.1%, 10 ml OP | Lomide | 2017 |
| Loperamide hydrochloride | Cap 2 mg | Diamide Relief | 2016 |

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Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|--|--------------|
| Loratadine | Oral liq 1 mg per ml Tab 10 mg | LoraPaed Lorafix | 2016 2016 |
| Lorazepam | Tab 1 mg & 2.5 mg | Ativan | 2018 |
| Losartan potassium | Tab 12.5 mg, 25 mg, 50 mg & 100 mg | Losartan | 2017 |
| 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 13.125 g 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 |
| 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 Inj 150 mg per ml, 1 ml syringe | Provera Depo-Provera | 2016 |
| 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 | Suppos 1 g | Pentasa | 2018 |
| Methotrexate | Inj 100 mg per ml, 50 ml 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 Hospira Methotrexate Sandoz | 2017 2016 |
| Metoclopramide hydrochloride | Tab 10 mg Inj 5 mg per ml, 2 ml ampoule | Metamide Pfizer | 2017 |
| Mercaptopurine | Tab 50 mg | Puri-nethol | 2016 |
| Miconazole nitrate | Crn 2% Vaginal crm 2% with applicator | Multichem Micreme | 2017 |
| Mitomycin C | Inj 5 mg vial | Arrow | 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 August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-----------------------------|---|---|--------------|
| Morphine sulphate | Tab immediate-release 10 mg & 20 mg | Sevredol | 2017 |
| | 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 | DBL Morphine Sulphate | |
| Morphine sulphate | Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg | m-Eslon | 2016 |
| | Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg | Arrow-Morphine LA | |
| Morphine tartrate | Inj 80 mg per ml, 1.5 ml & 5 ml | Hospira | 2016 |
| Mycophenolate mofetil | Cap 250 mg | Cellcept | 2016 |
| | Tab 500 mg | | |
| Naltrexone hydrochloride | Tab 50 mg | Naltraccord | 2016 |
| Naphazoline hydrochloride | Eye drops 0.1%, 15 ml OP | Naphcon Forte | 2017 |
| Naproxen | Tab long-acting 750 mg | Naprosyn SR 750 | 2018 |
| | Tab long-acting 1 g | Naprosyn SR 1000 | |
| Neostigmine metilsulfate | Inj 2.5 mg per ml, 1 ml ampoule | AstraZeneca | 2017 |
| Nicotine | Patch 7 mg, 14 mg & 21 mg | Habitrol | 2017 |
| | Lozenge 1 mg & 2 mg | | |
| | Gum 2 mg & 4 mg (Fruit, Classic & Mint) | | |
| | | | |
| 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 |
| Norfloxacin | Tab 400 mg | Arrow-Norfloxacin | 2017 |
| Norethisterone | Tab 5 mg | Primolut N | 2018 |
| Nortriptyline hydrochloride | Tab 10 mg & 25 mg | Norpress | 2016 |
| Octreotide | Inj 50 mcg per ml, 1 ml vial | DBL | 2017 |
| | Inj 100 mcg per ml, 1 ml vial | | |
| | Inj 500 mcg per ml, 1 ml vial | | |
| Oestradiol valerate | Tab 1 mg & 2 mg | Progynova | 2018 |
| Olanzapine | Tab 2.5 mg, 5 mg & 10 mg | Zypine | 2017 |
| | Tab orodispersible 5 mg & 10 mg | Zypine ODT | |
| Omeprazole | Cap 10 mg, 20 mg & 40 mg | Omezol Relief | 2017 |
| Ondansetron | Tab disp 4 mg | Dr Reddy's Ondansetron Ondansetron ODT-DRLA Onrex | 2017 |
| | Tab disp 8 mg | | |
| | Tab 4 mg & 8 mg | | 2016 |
| Oxazepam | Tab 10 mg & 15 mg | Ox-Pam | 2017 |
| Oxybutynin | Oral liq 5 mg per ml | Apo-Oxybutynin | 2016 |
| | Tab 5 mg | | |

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Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|----------------------|
| 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 | Pharmacare Paracare Paracare Double Strength | 2017 2017 2017 |
| 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 |
| 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 | Crm 5%, 30 g OP Lotn 5%, 30 ml OP | Lyderm A-Scabies | 2017 |
| Pethidine hydrochloride | Inj 50 mg per ml, 1 ml & 2 ml | DBL Pethidine Hydrochloride | 2017 |
| Phenoxymethylpenicillin (Penicillin V) | Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml | Cilicaine VK AFT | 2018 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 |
| 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 prefilled syringe (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 |

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Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|--|--|--------------|
| 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 |
| Pyridoxine hydrochloride | Tab 25 mg Tab 50 mg | Vitamin B6 25 Apo-Pyridoxine | 2017 2017 |
| Quetiapine | Tab 25 mg, 100 mg, 200 mg & 300 mg | Quetapel | 2017 |
| Ranitidine | Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml | Ranitidine Relief Peptisoothe | 2017 2017 |
| Rifabutin | Cap 150 mg | Mycobutin | 2016 |
| 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 | Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml | Actavis Risperon | 2017 |
| 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 |
| Salbutamol | Oral liq 400 mcg per ml | Ventolin | 2016 |
| 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 |
| 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 |

*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 August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|--------------------------------|--------------|
| 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 |
| Tenoxicam | Tab 20 mg | Reutenox | 2016 |
| 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 |
| Tetrabenazine | Tab 25 mg | Motetis | 2016 |
| Timolol | Eye drops 0.25%, 5 ml OP | Arrow-Timolol | 2017 |
| | Eye drops 0.5%, 5 ml OP Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP | Timoptol XE | 2016 |
| 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 |
| Triamcinolone acetonide | Paste 0.1% | Kenalog in Orabase | 2017 |
| | Oint 0.02% | Aristocort | |
| | Crn 0.02% | Aristocort | |
| | Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule | Kenacort-A 10 Kenacort-A 40 | |
| 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 |
| Valganciclovir | Tab 450 mg | Valcyte | 2018 |
| 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 Oral liq 10 mg per ml | Retrovir | 2016 |

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Sole Subsidised Supply Products – cumulative to August 2015

| Generic Name | Presentation | Brand Name | Expiry Date* |
|----------------------------------|-----------------------------------|-------------------|---------------------|
| Zidovudine [AZT] with lamivudine | Tab 300 mg with lamivudine 150 mg | Alphapharm | 2017 |
| Zinc sulphate | Cap 137.4 mg (50 mg elemental) | Zincaps | 2017 |

August 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 August 2015

| | | | | | |
|-----|--|--------|---------|------------------|---------|
| 25 | ACARBOSE | | | | |
| | * Tab 50 mg | 4.28 | 90 | ✓ Glucobay | |
| | * Tab 100 mg | 7.78 | 90 | ✓ Glucobay | |
| 59 | BOSENTAN – Special Authority see SA0967 – Retail pharmacy | | | | |
| | Tab 62.5 mg | 375.00 | 56 | ✓ Mylan-Bosentan | |
| | Tab 125 mg | 375.00 | 56 | ✓ Mylan-Bosentan | |
| 65 | CHLORHEXIDINE GLUCONATE – Subsidy by endorsement | | | | |
| | a) No more than 500 ml per month | | | | |
| | b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. | | | | |
| | * Soln 4% wash | 3.98 | 500 ml | ✓ healthE | |
| 79 | CYPROTERONE ACETATE – Retail pharmacy-Specialist | | | | |
| | Tab 50 mg | 15.87 | 50 | ✓ Procur | |
| | Tab 100 mg | 30.40 | 50 | ✓ Procur | |
| 115 | MEFENAMIC ACID | | | | |
| | * Cap 250 mg | 1.25 | 50 | | Ponstan |
| | | (9.16) | | | |
| | Note – This is a change from bottle to blister pack. | | | | |
| 126 | LIDOCAINE [LIGNOCAINE] – Special Authority see SA0906 – Retail pharmacy | | | | |
| | Crm 4% | 27.00 | 30 g OP | ✓ LMX4 | |
| | Crm 4% (5 g tubes) | 27.00 | 5 | ✓ LMX4 | |

Effective 1 July 2015

| | | | | | |
|-----|--|-------|------------|----------------------|--|
| 37 | HYDROXOCOBALAMIN | | | | |
| | * Inj 1 mg per ml, 1 ml ampoule | | | | |
| | – Up to 6 inj available on a PSO | 2.31 | 3 | ✓ Neo-B12 | |
| 59 | SILDENAFIL – Special Authority see SA1293 – Retail pharmacy | | | | |
| | Tab 25 mg | 0.75 | 4 | ✓ VEDAFIL | |
| | Tab 50 mg | 0.75 | 4 | ✓ VEDAFIL | |
| | Tab 100 mg – For sildenafil oral liquid formulation refer..... | 2.75 | 4 | ✓ VEDAFIL | |
| 76 | PREGNANCY TESTS - HCG URINE | | | | |
| | a) Up to 200 test available on a PSO | | | | |
| | b) Only on a PSO | | | | |
| | Cassette..... | 17.60 | 40 test OP | ✓ EasyCheck | |
| 93 | FLUCLOXACILLIN | | | | |
| | Inj 1 g vial – Up to 10 inj available on a PSO | 5.80 | 5 | ✓ DBL Flucloxacillin | |
| 158 | CARBOPLATIN – PCT only – Specialist | | | | |
| | Inj 10 mg per ml, 5 ml vial | 15.07 | 1 | ✓ DBL Carboplatin | |
| | Inj 10 mg per ml, 15 ml vial | 14.05 | 1 | ✓ DBL Carboplatin | |

▲ 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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New Listings – effective 1 July 2015 (continued)

| | | | | |
|--|--|-------|---------|----------------------|
| 158 | CARBOPLATIN – PCT only – Specialist (new Pharmacode) Inj 10 mg per ml, 45 ml vial | 32.59 | 1 | ✓ DBL Carboplatin |
| Note – This is a new listing of Pharmacode 2482517. The old Pharmacode will be delisted from 1 January 2016. | | | | |
| 201 | FLUOROMETHOLONE * Eye drops 0.1% | 3.09 | 5 ml OP | ✓ FML |
| 204 | ACETYLCYSTEINE – Retail pharmacy-Specialist Inj 200 mg per ml, 10 ml ampoule | 78.34 | 10 | ✓ DBL Acetylcysteine |

Effective 1 June 2015

| | | | | |
|--|--|------|----|-----------------------|
| 57 | EZETIMIBE – Special Authority see SA1045 – Retail pharmacy Tab 10 mg | 3.35 | 30 | ✓ Ezemibe |
| 57 | EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy Tab 10 mg with simvastatin 10 mg | 5.15 | 30 | ✓ Zimybe |
| | Tab 10 mg with simvastatin 20 mg | 6.15 | 30 | ✓ Zimybe |
| | Tab 10 mg with simvastatin 40 mg | 7.15 | 30 | ✓ Zimybe |
| | Tab 10 mg with simvastatin 80 mg | 8.15 | 30 | ✓ Zimybe |
| 249 | PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm] Either of the following: 1) Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or 2) Up to two doses are funded for high risk children to the age of 18. Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) | 0.00 | 1 | ✓ <u>Pneumovax 23</u> |
| Note – This is a new listing for a prefilled syringe. The vial is to be delisted from 1 December 2015. | | | | |

Effective 1 May 2015

| | | | | |
|--|--|----------|----|---------------|
| 26 | GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO | 28.56 | 10 | ✓ Max Health |
| 41 | EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Special Authority see SA1469 – Retail pharmacy a) Brand switch fee payable (Pharmacode 2474727) b) Wastage claimable Inj 8,000 iu in 0.8 ml, syringe | 352.69 | 6 | ✓ Eprex |
| | Inj 40,000 iu in 1 ml, syringe | 263.45 | 1 | ✓ Eprex |
| 42 | 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 500 iu vial | 500.00 | 1 | ✓ Kogenate FS |
| | Inj 1,000 iu vial | 1,000.00 | 1 | ✓ Kogenate FS |
| Note – These are new packs with new Pharmacodes. The old Pharmacodes are to be delisted 1 November 2015. | | | | |

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

New Listings – effective 1 May 2015 (continued)

| | | | | |
|-----|--|----------|-------------|------------------------------|
| 58 | GLYCERYL TRINITRATE * Oral pump spray, 400 mcg per dose – Up to 250 dose available on a PSO | 4.45 | 250 dose OP | ✓ Nitrolingual Pump Spray |
| 64 | CLOBETASOL PROPIONATE * Crm 0.05% | 3.20 | 30 g OP | ✓ Clobetasol BNM |
| | * Oint 0.05% | 3.20 | 30 g OP | ✓ Clobetasol BNM |
| 92 | AMOXICILLIN Grans for oral liq 125 mg per 5 ml | 0.88 | 100 ml | ✓ Amoxicillin Actavis |
| | 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 | ✓ Amoxicillin Actavis |
| | 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 | | | |
| | Note – the above two new listings are for new Pharmacodes. | | | |
| 131 | ESCITALOPRAM * Tab 10 mg | 1.40 | 28 | ✓ Air Flow Products |
| | * Tab 20 mg | 2.40 | 28 | ✓ Air Flow Products |
| 172 | ABIRATERONE ACETATE – Special Authority see SA1515 – Retail pharmacy-Specialist Wastage claimable Tab 250 mg | 4,276.19 | 120 | ✓ Zytiga |
| | <p>▶ SA1515 Special Authority for Subsidy</p> <p>Initial Application only from a medical oncologist, radiation oncologist or urologist or any other medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 months for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 1 Patient has prostate cancer; and 2 Patient has metastases; and 3 Patient's disease is castration resistant; and 4 Either: <ol style="list-style-type: none"> 4.1 All of the following: <ol style="list-style-type: none"> 4.1.1 Patient is symptomatic; and 4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and 4.1.3 Patient has ECOG performance score of 0-1; and 4.1.4 Patient has not had prior treatment with taxane chemotherapy; or 4.2 All of the following: <ol style="list-style-type: none"> 4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and 4.2.2 Patient has ECOG performance score of 0-2; and 4.2.3 Patient has not had prior treatment with abiraterone. <p>Renewal only from a medical oncologist, radiation oncologist or urologist or any other medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 months for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 1. Significant decrease in serum PSA from baseline; and 2. No evidence of clinical disease progression; 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 May 2015 (continued)

continued...

3. No initiation of taxane chemotherapy with abiraterone; and
4. The treatment remains appropriate and the patient is benefiting from treatment.

| | | | | |
|-----|---|------|-------|--------------------------------------|
| 204 | PHARMACY SERVICES – May only be claimed once per patient. | | | |
| | * Brand switch fee | 4.33 | 1 fee | ✓ BSF Actavis Risperidone |

The Pharmacode for BSF Actavis Risperidone is 2478145.

| 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 August 2015

| | | | | |
|-----|--|--------------|-----------|---------------------------------|
| 45 | HEPARINISED SALINE (STAT reinstated) * Inj 10 iu per ml, 5 ml | 39.00 | 50 | ✓ Pfizer |
| 65 | CHLORHEXIDINE GLUCONATE – Subsidy by endorsement a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln 4% wash | 3.98 5.90 | 500 ml | ✓ healthE ✓ Orion |
| 79 | METHYLPREDNISOLONE ACETATE Inj 40 mg per ml, 1 ml vial | 40.00 | 5 | ✓ Depo-Medrol |
| 79 | METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE] Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial | 9.25 | 1 | ✓ Depo-Medrol with Lidocaine |
| 79 | METHYLPREDNISOLONE (AS SODIUM SUCCINATE) – Retail pharmacy-Specialist Inj 40 mg vial 40 mg per ml, 1 ml | 10.50 | 1 | ✓ Solu-Medrol |
| | Inj 125 mg vial 62.5 mg per ml, 2 ml | 22.25 | 1 | ✓ Solu-Medrol |
| | Inj 500 mg vial | 9.00 | 1 | ✓ Solu-Medrol |
| | Inj 1 g vial | 16.00 | 1 | ✓ Solu-Medrol |
| 91 | AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement For Endorsement, patient has either: 1) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or 2) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*. Indications parked with * are Unapproved Indications Grans for oral liq 200 mg per 5 ml (40 mg per ml) Wastage claimable – see rule 3.3.2 | 12.50 | 15 ml | ✓ Zithromax |
| 120 | ZOLEDRONIC ACID Inj 0.05 mg per ml, 100 ml, vial – Special Authority see SA1187 – Retail pharmacy | 600.00 | 100 ml OP | ✓ Aclasta |
| | <p>➡ SA1187] Special Authority for Subsidy Initial application — (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: All of the following: 1 Paget's disease; and 2 Any of the following: 2.1 Bone or articular pain; or 2.2 Bone deformity; or 2.3 Bone, articular or neurological complications; or 2.4 Asymptomatic disease, but risk of complications; or 2.5 Preparation for orthopaedic surgery; and 3 The patient will not be prescribed more than 5 mg of zoledronic acid one infusion in the 12-month approval period. Initial application — (Underlying cause - Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> | | | |

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 – effective 1 August 2015 (continued)

continued...

Both:

1 Any of the following:

- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
- 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons.
It is unlikely that this provision would apply to many patients under 75 years of age; or
- 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
- 1.4 Documented T-Score ≤ -3.0 (see Note); or
- 1.5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
- 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and

2 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in a 12-month period.

Initial application—(Underlying cause - glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is receiving systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
- 2 Any of the following:
 - 2.1 The patient has documented BMD ≥ 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -1.5) (see Note); or
 - 2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
 - 2.3 The patient has had a Special Authority approval for alendronate (Underlying cause - glucocorticosteroid therapy) or raloxifene; and
- 3 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in the 12-month approval period.

Renewal — (Paget's disease) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

1 Any of the following:

- 1.1 The patient has relapsed (based on increases in serum alkaline phosphatase); or
- 1.2 The patient's serum alkaline phosphatase has not normalised following previous treatment with zoledronic acid; or
- 1.3 Symptomatic disease (prescriber determined); and
- 2 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in the 12-month approval period.

The patient must not have had more than 1 prior approval in the last 12 months.

Renewal — (Underlying cause was, and remains, glucocorticosteroid therapy) from any relevant practitioner.

Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The patient is continuing systemic glucocorticosteroid therapy (≥ 5 mg per day prednisone equivalents); and
- 2 The patient will not be prescribed more than **5 mg of zoledronic acid one infusion** in the 12-month approval period.

The patient must not have had more than 1 prior approval in the last 12 months.

Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

continued...

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Changes to Restrictions – effective 1 August 2015 (continued)

continued...

Both:

1 Any of the following:

- 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) ≥ 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score ≤ -2.5) (see Note); or
 - 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons.
It is unlikely that this provision would apply to many patients under 75 years of age; or
 - 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
 - 1.4 Documented T-Score ≤ -3.0 (see Note); or
 - 1.5 A 10-year risk of hip fracture $\geq 3\%$, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
 - 1.6 Patient has had a Special Authority approval for alendronate (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - Osteoporosis' criteria) or raloxifene; and
- 2 The patient will not be prescribed more than **5 mg of zoledronic acid** ~~one infusion~~ in a 12-month period.

Notes:

- a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score ≤ -2.5 and, therefore, do not require BMD measurement for treatment with bisphosphonates.
- c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

| | | | | |
|-----|---|-------|-----|---|
| 122 | BENZBROMARONE – Special Authority see SA1537 †††† – Retail pharmacy | | | |
| | Tab 100 mg | 45.00 | 100 | ✓ Benzbromaron AL 100 \$29 |

▶ **SA1537** ~~††††~~ Special Authority for Subsidy

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

All of the following Both:

1 **Patient has been diagnosed with gout; and**

2 Any of the following:

- 2†.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and ~~appropriate doses of~~ **addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or**
- 2†.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite ~~appropriate doses of use of~~ **probenecid at doses of up to 2 g per day or maximum tolerated dose; or**
- 2†.3 Both:
 - 2†.3.1 The patient has renal impairment **such that probenecid is contraindicated or likely to be ineffective** and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Notes); and
 - 2†.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; 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

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Changes to Restrictions – effective 1 August 2015 (continued)

continued...

2+.4 All of the following:

- 2+.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
- 2+.4.2 Allopurinol is contraindicated; and
- 2+.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

32 The patient is receiving monthly liver function tests.

Renewal from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Both:

- 1 The treatment remains appropriate and the patient is benefitting from the treatment; and
- 2 There is no evidence of liver toxicity and patient is continuing to receive regular (at least every three months) liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity.

In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at

www.rheumatology.org.nz/downloads/Benzbromarone-prescriber-information-NZRA-V2.pdf

| | | | |
|-----|--|-------|---------------|
| 123 | FEBUXOSTAT – Special Authority see SA1538 †43† – Retail pharmacy | | |
| | Tab 80 mg | 39.50 | 28 ✓ Adenuric |
| | Tab 120 mg | 39.50 | 28 ✓ Adenuric |

▶ SA1538 †43† Special Authority for Subsidy

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

Both:

1 Patient has been diagnosed with gout; and

2 Any of the following:

- 2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and ~~appropriate doses of~~ addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
- 2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite ~~appropriate doses of use of~~ probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.3 Both:

- 3-1 The patient has renal impairment **such that probenecid is contraindicated or likely to be ineffective** and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note); ~~and~~
- 3-2 The patient has a rate of creatinine clearance greater than or equal to 30 ml/min.

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

Note: **In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment.** Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

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Changes to Restrictions – effective 1 August 2015 (continued)

126 TOPICAL LOCAL ANAESTHETICS

▶ SA0906 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years where the patient is a child with a chronic medical condition requiring frequent injections or venepuncture.

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

Note – the Special Authority has been moved to the Therapeutic sub-group Topical Local Anaesthetics so that valid Special Authority approvals are interchangeable between lidocaine [lignocaine] with prilocaine (EMLA) and lidocaine [lignocaine] (LMX4).

132 PHENYTOIN SODIUM

* Inj 50 mg per ml, 2 ml ampoule

– Up to 5 inj available on a PSO 88.63 5 ✓ Hospira

* Inj 50 mg per ml, 5 ml ampoule

– Up to 5 inj available on a PSO 133.92 5 ✓ Hospira

139 ARIPIPRAZOLE – Special Authority see SA1539 0920 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency

Tab 10 mg 123.54 30 ✓ Abilify

Tab 15 mg 175.28 30 ✓ Abilify

Tab 20 mg 213.42 30 ✓ Abilify

Tab 30 mg 260.07 30 ✓ Abilify

▶ SA1539 0920 Special Authority for Subsidy

Initial application – (Schizophrenia or related psychoses) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 Patient is suffering from schizophrenia or related psychoses; and

2 Either:

2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or

2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

Initial application – (Autism spectrum disorder*) only from a psychiatrist or paediatrician. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The patient has been diagnosed with an autism spectrum disorder* and has symptoms of severe irritability; and

2 An effective dose of risperidone has been trialled and has been discontinued because of unacceptable side effects or inadequate response; and

3 The patient is aged less than 18 years.

Renewal – (Schizophrenia or related psychoses) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal – (Autism spectrum disorder*) only from a psychiatrist or paediatrician or medical practitioner on the recommendation of a psychiatrist or paediatrician. Approvals valid for 2 years for applications where the treatment remains appropriate and the patient is benefiting from treatment.

Note: Indications marked with * are Unapproved Indications

▲ 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

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Changes to Restrictions – effective 1 August 2015 (continued)

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| 141 | RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency | | | |
| | Tab 0.5 mg – Brand switch fee payable (Pharmacode 2478145) | 1.90 | 60 | ✓ Actavis |
| | Tab 1 mg – Brand switch fee payable (Pharmacode 2478145) | 2.10 | 60 | ✓ Actavis |
| | Tab 2 mg – Brand switch fee payable (Pharmacode 2478145) | 2.34 | 60 | ✓ Actavis |
| | Tab 3 mg – Brand switch fee payable (Pharmacode 2478145) | 2.55 | 60 | ✓ Actavis |
| | Tab 4 mg – Brand switch fee payable (Pharmacode 2478145) | 3.50 | 60 | ✓ Actavis |
| 158 | CYCLOPHOSPHAMIDE | | | |
| | Inj 1 g vial – PCT – Retail pharmacy-Specialist | 35.03 | 1 | ✓ Endoxan |
| | | 127.80 | 6 | ✓ Cytosan |
| | Inj 2 g vial – PCT only – Specialist | 70.06 | 1 | ✓ Endoxan |
| 160 | FLUOROURACIL SODIUM | | | |
| | Inj 50 mg per ml, 10 ml vial – PCT only – Specialist | 26.25 | 5 | ✓ Fluorouracil Ebewe |
| | Inj 50 mg per ml, 20 ml vial – PCT only – Specialist | 10.00 | 1 | ✓ Fluorouracil Ebewe |
| | Inj 25 mg per ml, 100 ml vial – PCT only – Specialist | 13.55 | 1 | ✓ Hospira |
| | Inj 50 mg per ml, 50 ml vial – PCT only – Specialist | 17.00 | 1 | ✓ Fluorouracil Ebewe |
| | Inj 50 mg per ml, 100 ml vial – PCT only – Specialist | 30.00 | 1 | ✓ Fluorouracil Ebewe |
| | Inj 1 mg for ECP – PCT only – Specialist | 0.66 | 100 mg | ✓ Baxter |
| 162 | BLEOMYCIN SULPHATE – PCT only – Specialist | | | |
| | Inj 15,000 iu (10 mg), vial | 150.48 | 1 | ✓ DBL Bleomycin Sulfate |
| 163 | DACTINOMYCIN [ACTINOMYCIN D] – PCT only – Specialist | | | |
| | Inj 0.5 mg vial | 145.00 | 1 | ✓ Cosmegen |
| 192 | TACROLIMUS – Special Authority see SA1540 0669 – Retail pharmacy | | | |
| | 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 |

➡ SA1540 0669 Special Authority for Subsidy

Initial application – (organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.

Note: Subsidy applies for either primary or rescue therapy.

Initial application – (steroid-resistant nephrotic syndrome*) only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 The patient is a child with steroid-resistant nephrotic syndrome* (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or

2 All of the following:

2.1 The patient is an adult with SRNS; and

2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and

continued...

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Changes to Restrictions – effective 1 August 2015 (continued)

continued...

2.3 Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.

Note: Indications marked with * are Unapproved Indications

- 203 SODIUM HYALURONATE [HYALURONIC ACID] – Special Authority see SA1388 – Retail pharmacy
Eye drops 1 mg per ml22.00 10 ml OP ✓ **Hilo-Fresh**
- Note: Hilo-Fresh has a 6 month expiry after opening. The Pharmacy **Procedures Manual Handbook** restriction allowing one bottle per month is not relevant and therefore only the prescribed dosage to the nearest OP may be claimed.
- 245 DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – [Xpharm]
Funded for any of the following criteria:
1) A single vaccine for pregnant woman between gestational weeks 28 and 38 ~~during epidemics~~; or
2) A course of up to four vaccines is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
3) An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens.
- Notes: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.
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 0.00 1 ✓ **Boostrix**
10 ✓ **Boostrix**
- 248 INFLUENZA VACCINE – [Xpharm]
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; or
b) people under 65 years of age who:
i) have any of the following cardiovascular diseases:
a) ischaemic heart disease, or
b) congestive heart disease failure, or
c) rheumatic heart disease, or
d) congenital heart disease, or
e) cerebo-vascular disease; or
ii) have either of the following chronic respiratory diseases:
a) asthma, if on a regular preventative therapy, or
b) other chronic respiratory disease with impaired lung function; or
iii) have diabetes; or
iv) have chronic renal disease; or
v) have any cancer, excluding basal and squamous skin cancers if not invasive; or
vi) have any of the following other conditions:
a) autoimmune disease, or
b) immune suppression or immune deficiency, or
c) HIV, or
d) transplant recipients, or
e) neuromuscular and CNS diseases/ disorders, or
f) haemoglobinopathies, or
g) are children on long term aspirin, or
h) have a cochlear implant, or
i) errors of metabolism at risk of major metabolic **decompensation** ~~decomposition~~, 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

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Changes to Restrictions – effective 1 August 2015 (continued)

continued...

- j) pre and post splenectomy, or
 - k) down syndrome; or
 - vii) are pregnant; or
 - c) children aged four years 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.
 - 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, or
 - 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.
- | | | | |
|------------------------------------|-------|----|---|
| Inj 45 mcg in 0.5 ml syringe | 90.00 | 10 | <ul style="list-style-type: none"> ✓ Fluarix ✓ Influvac |
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Effective 1 July 2015

| | | | | |
|----|---|----------------------|--------------------|---|
| 37 | HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO | 2.31 5.10 | 3 | <ul style="list-style-type: none"> ✓ Neo-B12 ✓ ABM <li style="padding-left: 20px;">Hydroxocobalamin |
| 48 | POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol) | 7.42 | 200 | <ul style="list-style-type: none"> ✓ Span-K |
| 48 | SODIUM POLYSTYRENE SULPHONATE Powder | 84.65 | 454 450 g OP | <ul style="list-style-type: none"> ✓ Resonium-A |
| 49 | ENALAPRIL MALEATE * Tab 5 mg * Tab 10 mg * Tab 20 mg – For enalapril maleate oral liquid formulation refer | 0.96 1.24 1.78 | 100 100 100 | <ul style="list-style-type: none"> ✓ Ethics Enalapril ✓ Ethics Enalapril ✓ Ethics Enalapril |
| 69 | BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL Oint 500 mcg with calcipotriol 50 mcg per g Topical gel 500 mcg with calcipotriol 50 mcg per g | 26.12 26.12 | 30 g OP 30 g OP | <ul style="list-style-type: none"> ✓ Daivobet ✓ Daivobet |
| 75 | OXYTOCIN WITH ERGOMETRINE MALEATE – Up to 5 inj available on a PSO Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml | 11.13 | 5 | <ul style="list-style-type: none"> ✓ Syntometrine |

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Changes to Restrictions – effective 1 July 2015 (continued)

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| 90 | CEFALEXIN MONOHYDRATE Grans for oral liq 25 mg per ml 125 mg per 5 ml – Wastage claimable – see rule 3.3.2..... 8.00 | 100 ml | ✓ Cefalexin Sandoz Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing. |
| | Grans for oral liq 50 mg per ml 250 mg per 5 ml – Wastage claimable – see rule 3.3.2..... 11.00 | 100 ml | ✓ Cefalexin Sandoz Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing. |
| 92 | BENZATHINE BENZYL PENICILLIN Inj 900 mg (1.2 million units) in 2.3 ml syringe 1.2 mega – per 2.3 ml – Up to 5 inj available on a PSO..... 315.00 | 10 | ✓ Bicillin LA |
| 93 | FLUCLOXACILLIN Grans for oral liq 25 mg per ml 125 mg per 5 ml 2.29 a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 Grans for oral liq 50 mg per ml 250 mg per 5 ml 3.08 a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 | 100 ml | ✓ AFT ✓ AFT |
| 93 | FLUCLOXACILLIN (SS suspended) Inj 1 g vial – Up to 10 inj available on a PSO 11.60 | 10 | ✓ Flucloxin |
| 94 | GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement 6.00 Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly. | 10 | ✓ Pfizer |
| 127 | FENTANYL a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 50 mcg per ml, 2 ml ampoule 3.95 Inj 50 mcg per ml, 10 ml ampoule 10.45 | 10 | ✓ Boucher and Muir ✓ Boucher and Muir |
| 130 | AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg – Brand switch fee payable (Pharmacode 2476029)..... 1.68 Tab 50 mg – Brand switch fee payable (Pharmacode 2476029)..... 2.82 | 100 | ✓ Arrow-Amitriptyline ✓ Arrow-Amitriptyline |
| 158 | CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 5 ml vial 15.07 20.00 Inj 10 mg per ml, 15 ml vial 14.05 19.50 22.50 Inj 10 mg per ml, 45 ml vial 32.59 48.50 50.00 Inj 10 mg per ml, 100 ml vial 105.00 | 1 | ✓ DBL Carboplatin ✓ Carboplatin Ebewe ✓ DBL Carboplatin ✓ Carbaccord ✓ Carboplatin Ebewe ✓ DBL Carboplatin ✓ Carbaccord ✓ Carboplatin Ebewe ✓ Carboplatin Ebewe |

▲ 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

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Changes to Restrictions – effective 1 July 2015 (continued)

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| 158 | CARMUSTINE – PCT only – Specialist Inj 100 mg vial | 532.00 | 1 | ✓ BiCNU |
| 161 | IRINOTECAN HYDROCHLORIDE – PCT only – Specialist Inj 20 mg per ml, 2 ml vial | 11.50 41.00 | 1 | ✓ Irinotecan Actavis 40 ✓ Camptosar ✓ Irinotecan-Rex |
| | Inj 20 mg per ml, 5 ml vial | 17.80 | 1 | ✓ Irinotecan Actavis 100 ✓ Camptosar ✓ Irinotecan-Rex |
| | Inj 1 mg for ECP | 100.00 0.19 | 1 mg | ✓ Baxter |
| 165 | MITOZANTRONE – PCT only – Specialist Inj 2 mg per ml, 5 ml vial | 110.00 | 1 | ✓ Mitozantrone Ebewe |
| | Inj 2 mg per ml, 10 ml vial | 97.50 | 1 | ✓ Mitozantrone Ebewe |
| | Inj 2 mg per ml, 12.5 ml vial | 407.50 (413.21) | 1 | Onkotrone |
| 166 | VINORELBINE – PCT only – Specialist Inj 10 mg per ml, 1 ml vial | 8.00 42.00 | 1 | ✓ Navelbine ✓ Vinorelbine Ebewe |
| | Inj 10 mg per ml, 5 ml vial | 40.00 210.00 | 1 | ✓ Navelbine ✓ Vinorelbine Ebewe |
| 194 | PROMETHAZINE HYDROCHLORIDE * ‡ Oral liq 1 mg per 1 ml 5 mg per 5 ml | 2.59 | 100 ml | ✓ Allersoothe |
| 196 | SALBUTAMOL Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO | 3.19 | 20 | ✓ Asthalin |
| | Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO | 3.29 | 20 | ✓ Asthalin |
| 196 | SALBUTAMOL WITH IPRATROPIUM BROMIDE Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO | 3.59 | 20 | ✓ Duolin |
| 202 | LATANOPROST * Eye drops 0.005% 50 mcg per ml, 2.5 ml | 1.50 | 2.5 ml OP | ✓ Hysite |
| 203 | SODIUM HYALURONATE [HYALURONIC ACID] – Special Authority see SA1388 – Retail pharmacy Eye drops 1 mg per ml | 22.00 | 10 ml OP | ✓ Hylo-Fresh |
| | Note: Hylo-Fresh has a 6 month expiry after opening. The Pharmacy Handbook restriction allowing one bottle per month is not relevant and therefore only the prescribed dosage to the nearest OP may be claimed. | | | |
| 204 | ACETYLCYSTEINE – Retail pharmacy-Specialist Inj 200 mg per ml, 10 ml ampoule | 78.34 178.00 | 10 10 | ✓ DBL Acetylcysteine ✓ Martindale Acetylcysteine |

| 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 July 2015 (continued)

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|-----|--|---------|--|--|
| 207 | PHARMACEUTICALS WITH STANDARDISED FORMULA FOR COMPOUNDING IN ORA PRODUCTS Tramadol 10 mg/ml | | | |
| 245 | DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – [Xpharm] Funded for any of the following criteria: 1) A single vaccine for pregnant woman between gestational weeks 28 and 38 during epidemics; or 2) A course of up to four vaccines is funded for children from age 7 up to the age of 18 to 17 years inclusive to complete full primary immunisation; or 3) A course of up to four vaccines is funded for children from age 7 to 17 years inclusive for reimmunisation following immunosuppression. 3) An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens. Notes: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes. 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 0.00 | 1 10 | | ✓ Boostrix ✓ Boostrix |
| 246 | DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm] Funded for patients meeting any of the following criteria: 1) Up to four doses for children up to and under the age of 10 for primary immunisation; or 2) Up to four doses (as appropriate) for children are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; renal dialysis and other severely immunosuppressive regimens; or 2) An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or 3) Up to five doses for children up to and under the age of 10 receiving solid organ transplantation. Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes. Inj 30IU diphtheriatoxoid with 40IU tetanustoxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-Ag Poliovirus, 10 mcg hepatitis B surface antigen in 0.5ml syringe 0.00 | 1 10 | | ✓ Infanrix-hexa ✓ Infanrix-hexa |
| 246 | HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm] Inj 10 mcg vial with diluent syringe 0.00 One dose for patients meeting any of the following: 1) For primary vaccination in children; or 2) For revaccination of children following immunosuppression; or 3) For children aged 0-18 years with functional asplenia; or 4) For patients pre- and post-splenectomy; or 2) An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or 3 5) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician. | 1 | | ✓ Act-HIB |

▲ 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

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\$ Per

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Changes to Restrictions – effective 1 July 2015 (continued)

| | |
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| 247 | HEPATITIS B RECOMBINANT VACCINE – [Xpharm] Inj 5 mcg per 0.5 ml vial 0.00 1 ✓ HBvaxPRO Funded for patients meeting any of the following criteria: 1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or 2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or 3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or 4) for HIV positive patients; or 5) for hepatitis C positive patients; or 6) for patients following non-consensual sexual intercourse; or 7 6) for patients following immunosuppression; or 8 7) for transplant patients; or 9) following needle stick injury. |
| | Inj 10 mcg per 1 ml vial 0.00 1 ✓ HBvaxPRO Funded for patients meeting any of the following criteria: 1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or 2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or 3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination; or 4) for HIV positive patients; or 5) for hepatitis C positive patients; or 6) for patients following non-consensual sexual intercourse; or 7 6) for patients following immunosuppression; or 8 7) for transplant patients; or 9) following needle stick injury. |
| 247 | HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – [Xpharm] Maximum of three doses for patient meeting any of the following criteria: 1) Females aged under 20 years old; or 2) Patients aged under 26 years old with confirmed HIV infection; or 3) For use in transplant (including stem cell) patients; or 4) An additional dose for patients under 26 years of age post chemotherapy. Inj 120 mcg in 0.5 ml syringe 0.00 1 ✓ Gardasil 10 ✓ Gardasil |
| 248 | INFLUENZA VACCINE – [Xpharm] 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; or b) people under 65 years of age who: i) have any of the following cardiovascular diseases: a) ischaemic heart disease, or b) congestive heart disease failure, or c) rheumatic heart disease, or d) congenital heart disease, or e) cerebo-vascular disease; or ii) have either of the following chronic respiratory diseases: a) asthma, if on a regular preventative therapy, or b) other chronic respiratory disease with impaired lung function; or iii) have diabetes; or iv) have chronic renal disease; or v) have any cancer, excluding basal and squamous skin cancers if not invasive; or vi) have any of the following other conditions: a) autoimmune disease, or |

continued...

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Changes to Restrictions – effective 1 July 2015 (continued)

continued...

- b) immune suppression **or immune deficiency, or**
- c) HIV, **or**
- d) transplant recipients, **or**
- e) neuromuscular and CNS diseases/ **disorders, or**
- f) haemoglobinopathies, **or**
- g) are children on long term aspirin, **or**
- h) have a cochlear implant, or**
- i) errors of metabolism at risk of major metabolic decomposition, or**
- j) pre and post splenectomy, or**
- k) down syndrome; or**

vii) are pregnant; **or**

- c) children aged four **years** 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.

- 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, **or**

- 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.

| | | | |
|------------------------------------|-------|----|-----------------------|
| Inj 45 mcg in 0.5 ml syringe | 90.00 | 10 | ✓Fluarix ✓Influvac |
|------------------------------------|-------|----|-----------------------|

248 MEASLES, MUMPS AND RUBELLA VACCINE – [Xpharm]

A maximum of two doses for any patient meeting the following criteria:

- 1) For primary vaccination in children; **or**
- 2) For revaccination following immunosuppression; **or**
- 3) For any individual susceptible to measles, mumps or rubella; **or**
- 4) A maximum of three doses for children who have had their first dose prior to 12 months.**

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

| | | | |
|--|------|----|-----------|
| Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 | | | |
| TCID50 rubella vial with diluent 0.5 ml vial | 0.00 | 1 | ✓M-M-R II |
| | | 10 | ✓M-M-R II |

249 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE – [Xpharm]

Any of the following:

- 1) Up to three doses **and a booster every five years** for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, **HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or**
- 2) ~~One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or~~
- 2 3) One dose for close contacts of meningococcal cases; **or**
- 3 4) A maximum of two doses for bone marrow transplant patients; **or**
- 4 5) A maximum of two doses for patients following immunosuppression*.

Note: children under seven years of age require **two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly** ~~a second dose three years after the first and then five yearly.~~

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

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

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Changes to Restrictions – effective 1 July 2015 (continued)

continued...

| | | | |
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| Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial | 0.00 | 1 | ✓ Menactra |
| 249 MENINGOCOCCAL C CONJUGATED VACCINE – [Xpharm] Any of the following: 1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant ; or 2) One dose every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or 2) One dose for close contacts of meningococcal cases; or 3) 4) A maximum of two doses for bone marrow transplant patients; or 4) 5) A maximum of two doses for patients following immunosuppression*. Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly a second dose three years after the first and then five yearly. *Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days. | | | |
| Inj 10 mcg in 0.5 ml syringe | 0.00 | 1 | ✓ Neisvac-C |
| | | 10 | ✓ Neisvac-C |
| 249 PNEUMOCOCCAL (PCV13) VACCINE – [Xpharm] Any of the following: 1) A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or 2) Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or 3) One dose is funded for high risk children (over the age of 17 months and up to the age of 18) who have previously received four doses of PCV10; or 4) Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients with HIV, for patients post haematopoietic stem cell transplantation HSCT , or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency and other severely immunosuppressive regimens up to the age of 18; or 5) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician. Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes | | | |
| Inj 30.8 mcg in 0.5 ml syringe | 0.00 | 1 | ✓ Prevenar 13 |
| | | 10 | ✓ Prevenar 13 |

Effective 1 May 2015

| | | | |
|--|-------|-----|------------------|
| 25 GLICLAZIDE – Brand switch fee payable (Pharmacode 2472201) * Tab 80 mg | 11.50 | 500 | ✓ Glizide |
| 37 VITAMINS Alpha tocopheryl acetate is available fully subsidised for specific patients at the Medical Director of PHARMAC's discretion. Refer to PHARMAC website www.pharmac.govt.nz for the "Alpha tocopheryl acetate information sheet and application form". | | | |

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Changes to Restrictions – effective 1 May 2015 (continued)

63 MENTHOL – Only in combination

1) Only in combination with a **dermatological base or proprietary Topical Corticosteroid-Plain, refer dermatological base, page 209** aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion;

2) With or without other dermatological galenicals.

| | | | |
|----------------|-------|-------|----------|
| Crystals | 6.50 | 25 g | ✓PSM |
| | 6.92 | | ✓MidWest |
| | 29.60 | 100 g | ✓MidWest |

69 COAL TAR

Soln – Only in combination 12.55 200 ml ✓Midwest

1) Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer dermatological base, page 206

2) With or without other dermatological galenicals.

141 RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency

| | | | |
|---|------|----|----------|
| Tab 0.5 mg – Brand switch fee payable (Pharmacode 2478145)..... | 1.90 | 60 | ✓Actavis |
| Tab 1 mg – Brand switch fee payable (Pharmacode 2478145)..... | 2.10 | 60 | ✓Actavis |
| Tab 2 mg – Brand switch fee payable (Pharmacode 2478145)..... | 2.34 | 60 | ✓Actavis |
| Tab 3 mg – Brand switch fee payable (Pharmacode 2478145)..... | 2.55 | 60 | ✓Actavis |
| Tab 4 mg – Brand switch fee payable (Pharmacode 2478145)..... | 3.50 | 60 | ✓Actavis |

167 ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1519 1411

| | | | |
|------------------|----------|----|----------|
| Tab 100 mg | 1,000.00 | 30 | ✓Tarceva |
| Tab 150 mg | 1,500.00 | 30 | ✓Tarceva |

➡ SA1519 1411 Special Authority for Subsidy

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

Either:

1 All of the following:

1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and

1.3 Any of the following Either:

1.3.1 Patient is treatment naive; or

1.3.2 Both:

1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and

1.3.2.2 Patient has not received prior treatment with gefitinib; or and

1.3.3 Both:

1.3.3.1 The patient has discontinued gefitinib within 6 weeks of starting treatment due to intolerance; and

1.3.3.2 The cancer did not progress while on gefitinib; and

1.4 Erlotinib is to be given for a maximum of 3 months; or

2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

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

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Changes to Restrictions – effective 1 May 2015 (continued)

continued...

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

168 GEFITINIB – Retail pharmacy-Specialist
Tab 250 mg – Special Authority see **SA1520** †226 1,700.00 30 ✓Iressa

▶ **SA1520** †226 Special Authority for Subsidy

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

Either:

† All of the following:

1.† Patient has ~~treatment-naïve~~ locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

2 **Either**

2.1 Patient is treatment naïve: or

2.2 Both:

2.2.1 The patient has discontinued erlotinib within 6 weeks of starting treatment due to intolerance; and

2.2.2 The cancer did not progress whilst on erlotinib; and

3†-2 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and

4†-3 Gefitinib is to be given for a maximum of 3 months. †-or

2—The patient received gefitinib treatment prior to 1 August 2012 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

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

190 TRASTUZUMAB – PCT only – Specialist – Special Authority see **SA1521** †492 (amended criterion only displayed)

| | | | |
|------------------------|----------|------|------------|
| Inj 150 mg vial | 1,350.00 | 1 | ✓Herceptin |
| Inj 440 mg vial | 3,875.00 | 1 | ✓Herceptin |
| Inj 1 mg for ECP | 9.36 | 1 mg | ✓Baxter |

▶ **SA1521** †492 Special Authority for Subsidy

Initial application — (early breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:

All of the following:

1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and

2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and

3 Any of the following:

3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or

3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or

3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or

3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or

3.5 †-4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

Changes to Restrictions – effective 1 May 2015 (continued)

215 CARBOHYDRATE

▶ **SA1522** ~~1373~~ Special Authority for Subsidy

Initial application — (Cystic fibrosis or kidney disease) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:

Either:

- 1 cystic fibrosis; or
- 2 chronic kidney disease.

Initial application — (Indications other than cystic fibrosis or renal failure) 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 cancer in children; or
- 2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 3 faltering growth in an infant/child; or
- 4 bronchopulmonary dysplasia; or
- 5 premature and post premature infant; or
- 6 inborn errors of metabolism; or
- 7 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Renewal—(Cystic fibrosis or renal failure) 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 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal — (Indications other than cystic fibrosis or renal failure) 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:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

216 FAT

▶ **SA1523** ~~1374~~ Special Authority for Subsidy

Initial application — (Inborn errors of metabolism) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient has inborn errors of metabolism.

Initial application — (Indications other than inborn errors of metabolism) 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 faltering growth in an infant/child; or
- 2 bronchopulmonary dysplasia; or
- 3 fat malabsorption; or
- 4 lymphangiectasia; 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

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Changes to Restrictions – effective 1 May 2015 (continued)

continued...

- 5 short bowel syndrome; or
- 6 infants with necrotising enterocolitis; or
- 7 biliary atresia; or
- 8 for use in a ketogenic diet; or
- 9 chyle leak; or
- 10 acites; or
- 11 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Renewal — (Inborn errors of metabolism) 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 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal—(Indications other than inborn errors of metabolism) 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:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

217 PROTEIN

▶▶ **SA1524** ~~1375~~ Special Authority for Subsidy

Initial application 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 protein losing enteropathy; or
- 2 high protein needs; or
- 3 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Renewal 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:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

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Changes to Restrictions – effective 1 May 2015 (continued)

218 FAT MODIFIED PRODUCTS

▶ ~~SA1525~~ **SA1525** Special Authority for Subsidy

Initial application 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 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has a chyle leak; or
- 3 Modified as a modular feed, **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Renewal 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:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

232 AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]

| | | | |
|----------------------------|-------|-----------|----------------------------|
| Powder | 6.00 | 48.5 g OP | ✓ Vivonex Pediatric |
| | | 53.00 | 400 g OP |
| Powder (unflavoured) | 53.00 | 400 g OP | ✓ Neocate LCP |
| | | | ✓ Elecare |
| | | | ✓ Elecare LCP |
| | | | ✓ Neocate Advance |
| | | | ✓ Neocate Gold |
| Powder (vanilla) | 53.00 | 400 g OP | ✓ Elecare |
| | | | ✓ Neocate Advance |

▶ **SA1219** Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

Note: A reasonable trial is defined as a 2-4 week trial.

Renewal 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 6 months for applications meeting the following criteria:

All of the following:

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

▲ 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

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Changes to Restrictions – effective 1 May 2015 (continued)

| | | | | | |
|-----|---|-------|----------|---|---|
| 233 | EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3] (amended criterion only displayed) | | | | |
| | Powder | 15.21 | 450 g OP | ✓ | Pepti Junior Gold Karicare Aptamil |

▶▶ SA1380 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

1 Both:

1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and

1.2 Either:

1.2.1 Soy milk formula has been **reasonably** trialled without resolution of symptoms; or

1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or

2 Severe malabsorption; or

3 Short bowel syndrome; or

4 Intractable diarrhea; or

5 Biliary atresia; or

6 Cholestatic liver diseases causing malabsorption; or

7 Cystic fibrosis; or

8 Proven fat malabsorption; or

9 Severe intestinal motility disorders causing significant malabsorption; or

10 Intestinal failure.

Note: A reasonable trial is defined as a 2-4 week trial.

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 August 2015

| | | | | |
|----|---|-----------------|-----------|------------------------------------|
| 21 | HYDROCORTISONE ACETATE (↑ subsidy) Rectal foam 10%, CFC-Free (14 applications) | 26.55 | 21.1 g OP | ✓ Colifoam |
| 35 | BISACODYL – Only on a prescription (↑ subsidy) * Tab 5 mg | 5.99 | 200 | ✓ Lax-Tab |
| 35 | SENNA – Only on a prescription (↑ price) * Tab, standardised | 2.17 (6.84) | 100 | Senokot |
| 36 | CHOLINE SALICYLATE WITH CETALKONIUM CHLORIDE (↑ price) * Adhesive gel 8.7% with cetalkonium chloride 0.01% | 2.06 (6.00) | 15 g OP | Bonjela |
| 41 | FOLIC ACID (↑ subsidy) * Tab 0.8 mg | 20.60 | 1,000 | ✓ Apo-Folic Acid |
| | * Tab 5 mg | 10.92 | 500 | ✓ Apo-Folic Acid |
| 50 | QUINAPRIL WITH HYDROCHLOROTHIAZIDE (↑ subsidy) * Tab 10 mg with hydrochlorothiazide 12.5 mg | 3.65 | 30 | ✓ Accuretic 10 |
| | * Tab 20 mg with hydrochlorothiazide 12.5 mg | 4.78 | 30 | ✓ Accuretic 20 |
| 51 | MEXILETINE HYDROCHLORIDE (↑ subsidy) ▲ Cap 150 mg | 162.00 | 100 | ✓ Mexiletine Hydrochloride USP S29 |
| | ▲ Cap 250 mg | 202.00 | 100 | ✓ Mexiletine Hydrochloride USP S29 |
| 52 | NADOLOL (↑ subsidy) * Tab 40 mg | 16.05 | 100 | ✓ Apo-Nadolol |
| | * Tab 80 mg | 24.70 | 100 | ✓ Apo-Nadolol |
| 56 | BEZAFIBRATE * Tab 200 mg (↓ subsidy) | 9.05 | 90 | ✓ Bezalip |
| | * Tab long-acting 400 mg (↑ subsidy) | 6.78 | 30 | ✓ Bezalip Retard |
| 57 | EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) Tab 10 mg | 3.35 (34.43) | 30 | Ezetrol |

▲ 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 Subsidy and Manufacturer's Price – effective 1 August 2015 (continued)

| | | | |
|-----|---|---------|------------------------------|
| 57 | EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy († subsidy) | | |
| | Tab 10 mg with simvastatin 10 mg 5.15 | 30 | |
| | | (36.68) | Vytorin |
| | Tab 10 mg with simvastatin 20 mg 6.15 | 30 | |
| | | (38.70) | Vytorin |
| | Tab 10 mg with simvastatin 40 mg 7.15 | 30 | |
| | | (41.40) | Vytorin |
| | Tab 10 mg with simvastatin 80 mg 8.15 | 30 | |
| | | (45.45) | Vytorin |
| 74 | NORETHISTERONE († subsidy) | | |
| | * Tab 350 mcg – Up to 84 tab available on a PSO..... 6.25 | 84 | ✓ Noriday 28 |
| 79 | METHYLPREDNISOLONE – Retail pharmacy-Specialist († subsidy) | | |
| | * Tab 4 mg 80.00 | 100 | ✓ Medrol |
| | * Tab 100 mg 180.00 | 20 | ✓ Medrol |
| 79 | METHYLPREDNISOLONE ACETATE († subsidy) | | |
| | Inj 40 mg per ml, 1 ml vial 40.00 | 5 | ✓ Depo-Medrol |
| 79 | METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE] († subsidy) | | |
| | Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial 9.25 | 1 | ✓ Depo-Medrol with Lidocaine |
| 79 | METHYLPREDNISOLONE (AS SODIUM SUCCINATE) – Retail pharmacy-Specialist († subsidy) | | |
| | Inj 40 mg vial 10.50 | 1 | ✓ Solu-Medrol |
| | Inj 125 mg vial 22.25 | 1 | ✓ Solu-Medrol |
| 79 | METHYLPREDNISOLONE (AS SODIUM SUCCINATE) – Retail pharmacy-Specialist († subsidy) | | |
| | Inj 500 mg vial 9.00 | 1 | ✓ Solu-Medrol |
| | Inj 1 g vial 16.00 | 1 | ✓ Solu-Medrol |
| 91 | AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement († subsidy) | | |
| | For Endorsement, patient has either: 1) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or 2) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*. Indications parked with * are Unapproved Indications | | |
| | Grans for oral liq 200 mg per 5 ml (40 mg per ml) – Wastage claimable – see rule 3.3.2..... 12.50 | 15 ml | ✓ Zithromax |
| 96 | TRIMETHOPRIM († subsidy) | | |
| | * Tab 300 mg – Up to 30 tab available on a PSO 15.00 | 50 | ✓ TMP |
| 127 | MORPHINE HYDROCHLORIDE († subsidy) | | |
| | a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency | | |
| | ‡ Oral liq 2 mg per ml 14.00 | 200 ml | ✓ RA-Morph |
| | ‡ Oral liq 5 mg per ml 18.00 | 200 ml | ✓ RA-Morph |
| | ‡ Oral liq 10 mg per ml 26.00 | 200 ml | ✓ RA-Morph |

| 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 August 2015 (continued)

| | | | | |
|-----|---|--------|-----------|-------------------------|
| 129 | OXYCODONE HYDROCHLORIDE (↓ subsidy) | | | |
| | a) Only on a controlled drug form | | | |
| | b) No patient co-payment payable | | | |
| | c) Safety medicine; prescriber may determine dispensing frequency | | | |
| | Cap immediate-release 5 mg | 1.98 | 20 | ✓ OxyNorm |
| | Cap immediate-release 10 mg | 3.91 | 20 | ✓ OxyNorm |
| | Cap immediate-release 20 mg | 6.84 | 20 | ✓ OxyNorm |
| 131 | MOCLOBEMIDE (↑ subsidy) | | | |
| | Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide. | | | |
| | * Tab 150 mg | 85.10 | 500 | ✓ Apo-Moclobemide |
| | * Tab 300 mg | 30.70 | 100 | ✓ Apo-Moclobemide |
| 160 | FLUOROURACIL (↑ subsidy) | | | |
| | Inj 50 mg per ml, 20 ml vial – PCT only – Specialist..... | 10.00 | 1 | ✓ Fluorouracil Ebewe |
| 160 | FLUOROURACIL (↓ subsidy) | | | |
| | Inj 50 mg per ml, 50 ml vial – PCT only – Specialist..... | 17.00 | 1 | ✓ Fluorouracil Ebewe |
| | Inj 50 mg per ml, 100 ml vial – PCT only – Specialist..... | 30.00 | 1 | ✓ Fluorouracil Ebewe |
| | Inj 1 mg for ECP – PCT only – Specialist | 0.66 | 100 mg | ✓ Baxter |
| 162 | BLEOMYCIN SULPHATE – PCT only – Specialist (↑ subsidy) | | | |
| | Inj 15,000 iu (10 mg), vial | 150.48 | 1 | ✓ DBL Bleomycin Sulfate |
| | Inj 1,000 iu for ECP | 11.64 | 1,000 iu | ✓ Baxter |
| 163 | DACTINOMYCIN [ACTINOMYCIN D] – PCT only – Specialist (↑ subsidy) | | | |
| | Inj 0.5 mg vial | 145.00 | 1 | ✓ Cosmegen |
| | Inj 0.5 mg for ECP | 145.00 | 0.5 mg OP | ✓ Baxter |
| 172 | MEGESTROL ACETATE – Retail pharmacy-Specialist (↑ subsidy) | | | |
| | Tab 160 mg | 54.30 | 30 | ✓ Apo-Megestrol |
| 193 | BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy (↑ subsidy) | | | |
| | Treatment kit - 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml | 305.00 | 1 OP | ✓ Albey |
| 193 | WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy (↑ subsidy) | | | |
| | Treatment kit (Paper wasp venom) - 1 vial 550 mcg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml | 305.00 | 1 OP | ✓ Albey |
| | Treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml | 305.00 | 1 OP | ✓ Albey |

Effective 1 July 2015

| | | | | |
|----|-------------------------------------|-------|----|----------------|
| 21 | MESALAZINE (↓ subsidy) | | | |
| | Enema 1 g per 100 ml | 41.30 | 7 | ✓ Pentasa |
| 22 | HYOSCINE N-BUTYLBROMIDE (↑ subsidy) | | | |
| | * Tab 10 mg | 2.18 | 20 | ✓ Gastrosoothe |

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

| | | | | |
|----|--|-------|-----------|-----------------------------|
| 25 | GLIPIZIDE (↓ subsidy) * Tab 5 mg | 2.85 | 100 | ✓ Minidiab |
| 36 | CHLORHEXIDINE GLUCONATE (↓ subsidy) Mouthwash 0.2% | 2.57 | 200 ml OP | ✓ healthE |
| 36 | MICONAZOLE (↓ subsidy) Oral gel 20 mg per g | 4.79 | 40 g OP | ✓ Decozol |
| 48 | SODIUM POLYSTYRENE SULPHONATE (↓ subsidy) Powder | 84.65 | 454 g OP | ✓ Resonium-A |
| 49 | ENALAPRIL MALEATE (↓ subsidy) * Tab 5 mg | 0.96 | 100 | ✓ Ethics Enalapril |
| | * Tab 10 mg | 1.24 | 100 | ✓ Ethics Enalapril |
| | * Tab 20 mg – For enalapril maleate oral liquid formulation refer | 1.78 | 100 | ✓ Ethics Enalapril |
| 49 | QUINAPRIL (↓ subsidy) * Tab 10 mg | 3.15 | 90 | ✓ Arrow-Quinapril 10 |
| | * Tab 20 mg | 5.97 | 90 | ✓ Arrow-Quinapril 20 |
| 49 | QUINAPRIL (↑ subsidy) * Tab 5 mg | 4.31 | 90 | ✓ Arrow-Quinapril 5 |
| 50 | CANDESARTAN CILEXETIL – Special Authority see SA1223 – Retail pharmacy (↓ subsidy) * Tab 4 mg | 2.50 | 90 | ✓ Candestar |
| | * Tab 8 mg | 3.68 | 90 | ✓ Candestar |
| | * Tab 16 mg | 6.12 | 90 | ✓ Candestar |
| | * Tab 32 mg | 10.66 | 90 | ✓ Candestar |
| 52 | ATENOLOL (↓ subsidy) * Tab 50 mg | 4.61 | 500 | ✓ Mylan Atenolol |
| | * Tab 100 mg | 7.67 | 500 | ✓ Mylan Atenolol |
| 52 | CELIPROLOL (↑ subsidy) * Tab 200 mg | 21.40 | 180 | ✓ Celol |
| 53 | FELODIPINE (↓ subsidy) * Tab long-acting 2.5 mg | 1.45 | 30 | ✓ Plendil ER |
| | * Tab long-acting 5 mg | 1.55 | 30 | ✓ Plendil ER |
| | * Tab long-acting 10 mg | 2.30 | 30 | ✓ Plendil ER |
| 53 | PROPRANOLOL (↑ subsidy) * Cap long-acting 160 mg | 18.17 | 100 | ✓ Cardinol LA |
| 54 | CLONIDINE HYDROCHLORIDE (↓ subsidy) * Tab 25 mcg | 10.53 | 112 | ✓ Clonidine BNM |
| 55 | FUROSEMIDE [FRUSEMIDE] (↓ subsidy) * Tab 40 mg – Up to 30 tab available on a PSO | 8.00 | 1,000 | ✓ Diurin 40 |

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
48

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 July 2015 (continued)

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|----|---|---------------|----------|--------------------------|
| 62 | CICLOPIROX OLAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Nail-soln 8% | 6.50 | 7 ml OP | ✓ Apo-Ciclopirox |
| 63 | CROTAMITON (↓ subsidy) a) Only on a prescription b) Not in combination Crn 10% | 3.37 | 20 g OP | ✓ Itch-Soothe |
| 65 | CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy) a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Handrub 1% with ethanol 70% | 4.29 | 500 ml | ✓ healthE |
| 65 | HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (↓ subsidy) * Crm 1% with miconazole nitrate 2% | 2.00 | 15 g OP | ✓ Micreme H |
| 65 | MOMETASONE FUROATE (↓ price) Lotn 0.1% | 7.35 | 30 ml OP | ✓ Elocon |
| 71 | FLUOROURACIL SODIUM (↓ subsidy) Crn 5% | 8.95 | 20 g OP | ✓ Efudix |
| 80 | TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↓ subsidy) Cap 40 mg | 16.80 | 60 | ✓ Andriol Testocaps |
| 88 | CABERGOLINE (↓ subsidy) Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1370..... | 4.75 19.00 | 2 8 | ✓ Dostinex ✓ Dostinex |
| 90 | CEFALEXIN (↓ subsidy) Grans for oral liq 25 mg per ml – Wastage claimable – see rule 3.3.2 | 8.00 | 100 ml | ✓ Cefalexin Sandoz |
| | Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing. | | | |
| | Grans for oral liq 50 mg per ml – Wastage claimable – see rule 3.3.2 | 11.00 | 100 ml | ✓ Cefalexin Sandoz |
| | Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing. | | | |
| 91 | AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement (↓ subsidy) For Endorsement, patient has either: 1) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or 2) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*. Indications marked with * are Unapproved Indications | | | |
| | Tab 250 mg | 9.00 | 30 | ✓ Apo-Azithromycin |
| | Tab 500 mg – Up to 8 tab available on a PSO | 1.05 | 2 | ✓ Apo-Azithromycin |

▲ 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

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Schedule page ref

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

| | | | |
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| 93 | FLUCLOXACILLIN (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO 18.70 Cap 500 mg 62.90 Grans for oral liq 25 mg per ml 2.29 a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 Grans for oral liq 50 mg per ml 3.08 a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 | 250 500 100 ml 100 ml | ✓ Staphlex ✓ Staphlex ✓ AFT ✓ AFT |
| 94 | CO-TRIMOXAZOLE (↑ subsidy) * Tab trimethoprim 80 mg and sulphamethoxazole 400 mg – Up to 30 tab available on a PSO 22.90 | 500 | ✓ Trisul |
| 94 | GENTAMICIN SULPHATE (↓ subsidy) Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement 6.00 Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly. | 10 | ✓ Pfizer |
| 96 | TRIMETHOPRIM (↑ subsidy) * Tab 300 mg – Up to 30 tab available on a PSO 10.67 | 50 | ✓ TMP |
| 100 | ISONIAZID – Retail pharmacy-Specialist (↓ subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician * Tab 100 mg with rifampicin 150 mg 85.54 * Tab 150 mg with rifampicin 300 mg 170.60 | 100 100 | ✓ Rifinah ✓ Rifinah |
| 109 | EFAVIRENZ – Special Authority see SA1364– Retail pharmacy (↓ subsidy) Tab 50 mg 63.38 Tab 200 mg 190.15 Tab 600 mg 63.38 | 30 90 30 | ✓ Stocrin ^{S29} ✓ Stocrin ✓ Stocrin |
| 112 | INTERFERON ALFA-2B – PCT – Retail pharmacy-Specialist (↑ subsidy) a) See prescribing guideline on the previous page b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist Inj 18 m iu, 1.2 ml multidose pen 206.71 Inj 30 m iu, 1.2 ml multidose pen 344.52 Inj 60 m iu, 1.2 ml multidose pen 689.04 | 1 1 1 | ✓ Intron-A ✓ Intron-A ✓ Intron-A |
| 115 | NAPROXEN (↓ subsidy) * Tab 250 mg 18.06 * Tab 500 mg 18.91 | 500 250 | ✓ Noflam 250 ✓ Noflam 500 |
| 116 | HYDROXYCHLOROQUINE (↓ subsidy) * Tab 200 mg 10.50 | 100 | ✓ Plaquenil |
| 118 | ETIDRONATE DISODIUM – See prescribing guideline (↓ subsidy) * Tab 200 mg 13.50 | 100 | ✓ Arrow-Etidronate |

| 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 July 2015 (continued) | | | | |
| 124 | ENTACAPONE (↓ subsidy) ▲ Tab 200 mg | 28.00 | 100 | ✓ Entapone |
| 127 | FENTANYL (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 50 mcg per ml, 2 ml ampoule | 3.95 | 10 | ✓ Boucher and Muir |
| | Inj 50 mcg per ml, 10 ml ampoule | 10.45 | 10 | ✓ Boucher and Muir |
| 127 | METHADONE HYDROCHLORIDE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). e) For methadone hydrochloride oral liquid refer Standard Formulae ‡ Oral liq 5 mg per ml | 5.00 | 200 ml | ✓ Biodone Forte |
| 131 | ESCITALOPRAM (↓ subsidy) * Tab 10 mg | 1.40 | 28 | ✓ Loxalate |
| | * Tab 20 mg | 2.40 | 28 | ✓ Loxalate |
| 132 | VENLAFAXINE (↓ subsidy) Cap 37.5 mg – Special Authority see SA1061 – Retail pharmacy | 5.69 | 28 | ✓ Efexor XR |
| | Cap 75 mg – Special Authority see SA1061 – Retail pharmacy | 11.40 | 28 | ✓ Efexor XR |
| | Cap 150 mg – Special Authority see SA1061 – Retail pharmacy | 13.98 | 28 | ✓ Efexor XR |
| 145 | CLONAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 500 mcg | 7.53 | 100 | ✓ Paxam |
| | Tab 2 mg | 14.37 | 100 | ✓ Paxam |
| 157 | NICOTINE (↓ subsidy) Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment. Patch 7 mg – Up to 28 patch available on a PSO | 10.57 | 28 | ✓ Habitrol |
| | Patch 14 mg – Up to 28 patch available on a PSO | 11.31 | 28 | ✓ Habitrol |
| | Patch 21 mg – Up to 28 patch available on a PSO | 11.95 | 28 | ✓ Habitrol |
| | Lozenge 1 mg – Up to 216 loz available on a PSO | 12.91 | 216 | ✓ Habitrol |
| | Lozenge 2 mg – Up to 216 loz available on a PSO | 14.14 | 216 | ✓ Habitrol |
| | Gum 2 mg (Classic) – Up to 384 piece available on a PSO | 22.26 | 384 | ✓ Habitrol |
| | Gum 2 mg (Fruit) – Up to 384 piece available on a PSO | 22.26 | 384 | ✓ Habitrol |
| | Gum 2 mg (Mint) – Up to 384 piece available on a PSO | 22.26 | 384 | ✓ Habitrol |
| | Gum 4 mg (Classic) – Up to 384 piece available on a PSO | 25.67 | 384 | ✓ Habitrol |
| | Gum 4 mg (Fruit) – Up to 384 piece available on a PSO | 25.67 | 384 | ✓ Habitrol |
| | Gum 4 mg (Mint) – Up to 384 piece available on a PSO | 25.67 | 384 | ✓ Habitrol |
| 158 | CARBOPLATIN – PCT only – Specialist (↓ subsidy) Inj 10 mg per ml, 45 ml vial | 32.59 | 1 | ✓ DBL Carboplatin |
| | Note – this price and subsidy change applies to Pharmacode 702315. | | | |

▲ 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

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

| | | | | |
|-----|---|------------------------|----------------|---|
| 158 | CHLORAMBUCIL – PCT – Retail pharmacy-Specialist († subsidy) Tab 2 mg | 29.06 | 25 | ✓ Leukeran FC |
| 158 | MELPHALAN († subsidy) Tab 2 mg – PCT – Retail pharmacy-Specialist..... Inj 50 mg – PCT only – Specialist | 40.70 67.80 | 25 1 | ✓ Alkeran ✓ Alkeran |
| 160 | FLUDARABINE PHOSPHATE (↓ subsidy) Tab 10 mg – PCT – Retail pharmacy-Specialist..... | 412.00 | 20 | ✓ Fludara Oral |
| 161 | IRINOTECAN HYDROCHLORIDE – PCT only – Specialist Inj 20 mg per ml, 2 ml vial († subsidy)..... Inj 20 mg per ml, 5 ml vial (↓ subsidy)..... Inj 1 mg for ECP (↓ subsidy)..... | 11.50 17.80 0.19 | 1 1 1 mg | ✓ Irinotecan Actavis 40 ✓ Irinotecan Actavis 100 ✓ Baxter |
| 161 | METHOTREXATE (↓ subsidy) * Tab 2.5 mg – PCT – Retail pharmacy-Specialist..... * Tab 10 mg – PCT – Retail pharmacy-Specialist..... | 3.18 21.00 | 30 50 | ✓ Trexate ✓ Trexate |
| 161 | THIOGUANINE – PCT – Retail pharmacy-Specialist († subsidy) Tab 40 mg | 126.31 | 25 | ✓ Lanvis |
| 165 | MITOZANTRONE – PCT only – Specialist (↓ subsidy) Inj 2 mg per ml, 10 ml vial..... Inj 1 mg for ECP | 97.50 5.51 | 1 1 mg | ✓ Mitozantrone Ebewe ✓ Baxter |
| 166 | VINORELBINE – PCT only – Specialist (↓ subsidy) Inj 10 mg per ml, 1 ml vial..... Inj 10 mg per ml, 5 ml vial..... Inj 1 mg for ECP | 8.00 40.00 0.90 | 1 1 1 mg | ✓ Navelbine ✓ Navelbine ✓ Baxter |
| 194 | PROMETHAZINE HYDROCHLORIDE (↓ subsidy) * Tab 10 mg | 1.78 | 50 | ✓ Allersoothe |
| | * Tab 25 mg | 1.99 | 50 | ✓ Allersoothe |
| | *‡ Oral liq 1 mg per 1 ml | 2.59 | 100 ml | ✓ Allersoothe |
| 196 | SALBUTAMOL (↓ subsidy) Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO | 3.19 | 20 | ✓ Asthalin |
| | Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO | 3.29 | 20 | ✓ Asthalin |
| 196 | SALBUTAMOL WITH IPRATROPIUM BROMIDE (↓ subsidy) Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO | 3.59 | 20 | ✓ Duolin |
| 199 | FLUTICASONE PROPIONATE (↓ subsidy) Metered aqueous nasal spray, 50 mcg per dose | 2.18 | 120 dose OP | ✓ Flixonase Hayfever & Allergy |

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

| | | | | |
|-----|---|------|-----------|--------------|
| 200 | CHLORAMPHENICOL (↓ subsidy) Eye drops 0.5% | 0.98 | 10 ml OP | ✓ Chlorafast |
| | Funded for use in the ear*. Indications marked with * are Unapproved Indications. | | | |
| 202 | LATANOPROST (↓ subsidy) * Eye drops 0.005% | 1.50 | 2.5 ml OP | ✓ Hysite |

Effective 1 June 2015

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|----|--|------|---------|-------------|
| 52 | CARVEDILOL (↓ subsidy) * Tab 6.25 mg | 1.95 | 30 | ✓ Dilatrend |
| | * Tab 12.5 mg | 2.55 | 30 | ✓ Dilatrend |
| | * Tab 25 mg – For carvedilol oral liquid formulation refer | 3.15 | 30 | ✓ Dilatrend |
| 64 | CLOBETASOL PROPIONATE (↓ subsidy) * Crm 0.05% | 3.20 | 30 g OP | ✓ Dermal |
| | * Oint 0.05% | 3.20 | 30 g OP | ✓ Dermal |

Effective 1 May 2015

| | | | | |
|-----|--|----------------|-------|-------------------------|
| 53 | AMLODIPINE (↓ subsidy) * Tab 5 mg – For amlodipine oral liquid formulation refer | 2.02 (2.65) | 100 | Apo-Amlodipine |
| | * Tab 10 mg | 2.88 (4.15) | 100 | Apo-Amlodipine |
| 66 | EMULSIFYING OINTMENT (↓ subsidy) * Oint BP | 2.73 | 500 g | ✓ AFT |
| 90 | ALBENDAZOLE – Special Authority see SA1318 – Retail pharmacy (↓ subsidy) Tab 400 mg | 469.20 | 60 | ✓ Eskazole \$29 |
| 96 | SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy (↑ subsidy) Tab 500 mg | 238.20 | 56 | ✓ Wockhardt \$29 |
| 100 | CLOFAZIMINE – Retail pharmacy-Specialist (↑ subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or dermatologist. * Cap 50 mg | 351.54 | 100 | ✓ Lamprene \$29 |
| 100 | CYCLOSERINE – Retail pharmacy-Specialist (↑ subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician. Cap 250 mg | 1,294.50 | 100 | ✓ King \$29 |
| 115 | IBUPROFEN (↓ subsidy) * Tab long-acting 800 mg | 7.99 | 30 | ✓ Brufen SR |

▲ 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 PSO

Effective 1 May 2015

236 **GLYCOPYRRONIUM BROMIDE**
✓ Inj 200 mcg per ml, 1 ml ampoule 10

Changes to Brand Name

Effective 1 August 2015

193 BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy
Treatment kit - 1 vial 550 mcg freeze dried venom,
1 diluent 9 ml, 3 diluent 1.8 ml 305.00 1 OP ✓ **Albey Albay**

193 WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy
Treatment kit (Paper wasp venom) - 1 vial 550 mcg freeze
dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml 305.00 1 OP ✓ **Albey Albay**
Treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze
dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml 305.00 1 OP ✓ **Albey Albay**

Effective 1 June 2015

211 BENZOIN
Tincture compound BP 2.44 50 ml
(5.10) **Pharmacy Health**
PSM

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

Delisted Items

Effective 1 August 2015

| | | | | |
|-----|---|----------------|-------------------------|--|
| 37 | 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 | ✓ PyridoxADE |
| 53 | AMLODIPINE * Tab 5 mg – For amlodipine oral liquid formulation refer | 2.02 (2.65) | 100 | Apo-Amlodipine |
| | * Tab 10 mg | 2.88 (4.15) | 100 | Apo-Amlodipine |
| 68 | MALATHION Shampoo 1% | 2.83 | 30 ml OP | ✓ A-Lices |
| | Liq 0.5% | 3.79 | 200 ml OP | ✓ A-Lices |
| 127 | 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 | 8.90 | 5 | ✓ Mylan Fentanyl Patch |
| | Patch 25 mcg per hour | 9.15 | 5 | ✓ Mylan Fentanyl Patch |
| | Patch 50 mcg per hour | 11.50 | 5 | ✓ Mylan Fentanyl Patch |
| | Patch 75 mcg per hour | 13.60 | 5 | ✓ Mylan Fentanyl Patch |
| | Patch 100 mcg per hour | 14.50 | 5 | ✓ Mylan Fentanyl Patch |
| 204 | PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee | 4.33 | 1 fee | ✓ BSF Actavis Risperidone |
| | a) The Pharmacode for BSF Arrow-Amitriptyline is 2478145. | | | |
| 231 | AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (citrus) | 15.65 31.20 | 62.5 ml OP 125 ml OP | ✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 20 |
| | Liquid (juicy berries) | 15.65 31.20 | 62.5 ml OP 125 ml OP | ✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 20 |
| | Liquid (juicy orange) | 15.65 1.20 | 62.5 ml OP 125 ml OP | ✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 20 |

Effective 1 July 2015

| | | | | |
|----|--|-------|--------|-----------------|
| 36 | TRIAMCINOLONE ACETONIDE Paste 0.1%..... | 4.34 | 5 g OP | ✓ Oracort |
| 80 | TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Inj 250 mg per ml, 4 ml | 86.00 | 1 | ✓ Reandron 1000 |
| | Note – this is the delisting of the ampoule. A vial presentation remains listed. | | | |

▲ 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 July 2015 (continued)

| | | | |
|-----|---|---------|---|
| 91 | CEFUROXIME SODIUM Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement6.96 | 5 | ✓ m-Cefuroxime |
| | Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient. | | |
| 140 | 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 |
| 201 | LEVOBUNOLOL * Eye drops 0.25%7.00 | 5 ml OP | ✓ Betagan |
| 204 | PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....4.33 | 1 fee | ✓ BSF Arrow- Amitriptyline |

Effective 1 June 2015

| | | | |
|-----|---|-----------|-------------------|
| 62 | ISOPRENALINE * Inj 200 mcg per ml, 1 ml ampoule36.80 (135.00) | 25 | Isuprel |
| | Note – This is to delist Pharmacode 221775. | | |
| 97 | AMOXICILLIN Grans for oral liq 125 mg per 5 ml1.55 a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 | 100 ml | ✓ Ospamox |
| | Grans for oral liq 250 mg per 5 ml1.10 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 | 100 ml | ✓ Ospamox |
| 135 | MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy Tab 30 mg8.78 | 30 | ✓ APO-Mirtazapine |
| 152 | DEXAMFETAMINE SULFATE – Special Authority see SA1149 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg16.50 | 100 | ✓ PSM |
| | Note – Delisting applies to Pharmacode 206547 only. | | |
| 217 | RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid3.80 | 237 ml OP | ✓ Suplena |
| 207 | PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee4.33 a) The Pharmacode for BSF Eprex is 2474727. | 1 fee | ✓ BSF Eprex |

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

Delisted Items – effective 1 May 2015

| | | | | |
|-----|--|--------------------|--------|--|
| 70 | IMIQUIMOD Crm 5%..... | 17.98 (62.00) | 12 | Aldara |
| 115 | IBUPROFEN * Tab 200 mg | 9.45 (12.75) | 1,000 | Arrowcare |
| 130 | TRANLYCYPROMINE SULPHATE * Tab 10 mg | 22.94 | 50 | ✓ Parnate |
| | Note – Pharmacode 493295 only is being delisted. 2315076 remains listed. | | | |
| 141 | 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) | | |
| 193 | CETIRIZINE HYDROCHLORIDE *‡ Oral liq 1 mg per ml..... | 2.99 (3.52) | 200 ml | Cetirizine - AFT |
| 204 | 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 | | | |

▲ 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 September 2015

| | | | | | |
|-----|--|--------|----|--|---------------------|
| 52 | CARVEDILOL | | | | |
| | * Tab 6.25 mg | 1.95 | 30 | | ✓ Dilatrend |
| | * Tab 12.5 mg | 2.55 | 30 | | ✓ Dilatrend |
| | * Tab 25 mg – For carvedilol oral liquid formulation refer | 3.15 | 30 | | ✓ Dilatrend |
| 158 | CARBOPLATIN – PCT only – Specialist | | | | |
| | Inj 10 mg per ml, 100 ml vial | 105.00 | 1 | | ✓ Carboplatin Ebewe |

Effective 1 October 2015

| | | | | | |
|----|--|------|----------|--|------------------------------------|
| 64 | CLOBETASOL PROPIONATE | | | | |
| | * Crm 0.05% | 3.20 | 30 g OP | | ✓ Dermal |
| | * Oint 0.05% | 3.20 | 30 g OP | | ✓ Dermal |
| 70 | TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCIN – Only on a prescription | | | | |
| | * Soln 2.3% with triethanolamine lauryl sulphate and Fluorescein sodium | 5.82 | 1,000 ml | | ✓ Pinetarsol |
| 92 | AMOXICILLIN | | | | |
| | Grans for oral liq 125 mg per 5 ml | 0.88 | 100 ml | | ✓ Amoxicillin Actavis ✓ 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 | | ✓ Amoxicillin Actavis ✓ 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 | | | | |

Note – that there are two Pharmacodes listed for Amoxicillin Actavis grans for oral liq. The Pharmacodes that are being delisted are 2458179 for 125 mg per 5 ml and 2458187 for 250 mg per 5 ml.

| 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 October 2015 (continued)

| | | | | |
|-----|----------------------------|--------|-------|-----------|
| 131 | ESCITALOPRAM | | | |
| | * Tab 10 mg | 1.40 | 28 | ✓Loxalate |
| | * Tab 20 mg | 2.40 | 28 | ✓Loxalate |
| 211 | BENZON | | | |
| | Tincture compound BP | 2.44 | 50 ml | |
| | | (5.10) | | PSM |

Note – The delisting of PSM's benzon tincture compound BP 50 ml has been revoked.

Effective 1 November 2015

| | | | | |
|-----|---|----------|-----|----------------------------------|
| 42 | 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 500 iu vial | 500.00 | 1 | ✓Kogenate FS |
| | Inj 1,000 iu vial | 1,000.00 | 1 | ✓Kogenate FS |
| | Note – These are the old Pharmacodes. New Pharmacodes listed 1 May 2015. | | | |
| 56 | 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 |
| 57 | EZETIMIBE – Special Authority see SA1045 – Retail pharmacy | | | |
| | Tab 10 mg | 3.35 | 30 | |
| | | (34.43) | | Ezetrol |
| 57 | EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy | | | |
| | Tab 10 mg with simvastatin 10 mg | 5.15 | 30 | |
| | | (36.68) | | Vytorin |
| | Tab 10 mg with simvastatin 20 mg | 6.15 | 30 | |
| | | (38.70) | | Vytorin |
| | Tab 10 mg with simvastatin 40 mg | 7.15 | 30 | |
| | | (41.40) | | Vytorin |
| | Tab 10 mg with simvastatin 80 mg | 8.15 | 30 | |
| | | (45.45) | | Vytorin |
| 72 | CONDOMS | | | |
| | * 53 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✓Gold Knight |
| 160 | FLUOROURACIL | | | |
| | Inj 50 mg per ml, 10 ml vial – PCT only – Specialist..... | 26.25 | 5 | ✓Fluorouracil Ebewe |
| | Inj 25 mg per ml, 100 ml vial – PCT only – Specialist..... | 13.55 | 1 | ✓Hospira |

▲ 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 2015

| | | | | | |
|-----|---|----------------|-------|---|---------------------|
| 211 | BENZOIN Tincture compound BP | 2.44 (5.93) | 50 ml | | Home Essentials |
| 249 | PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm] Either of the following: 1) Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or 2) Up to two doses are funded for high risk children to the age of 18. Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype) | 0.00 | 1 | ✓ | Pneumovax 23 |
| | Note – This is the delisting of the vial. The prefilled syringe is listed from 1 June 2015. | | | | |

Effective 1 January 2016

| | | | | | |
|-----|--|--------------------|---------|---|---------------------------|
| 67 | GAMMA BENZENE HEXACHLORIDE Crm 1% | 3.50 | 50 g OP | ✓ | Benhex |
| 158 | CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 45 ml vial | 32.59 | 1 | ✓ | DBL Carboplatin |
| | Note – This is an old Pharmacode. A new Pharmacode was listed 1 July 2015. | | | | |
| 165 | MITOZANTRONE – PCT only – Specialist Inj 2 mg per ml, 5 ml vial | 110.00 | 1 | ✓ | Mitozantrone Ebewe |
| | Inj 2 mg per ml, 12.5 ml vial | 407.50 (413.21) | 1 | | Onkotrone |

Effective 1 February 2016

| | | | | | |
|-----|---|------------------|------|---|----------------|
| 22 | CIMETIDINE – Only on a prescription * Tab 200 mg | 5.00 (7.50) | 100 | | Apo-Cimetidine |
| | * Tab 400 mg | 10.00 (12.00) | 100 | | Apo-Cimetidine |
| 193 | BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Maintenance kit - 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml | 285.00 | 1 OP | ✓ | Albay |

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Pharmaceuticals and brands

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New Zealand
Permit No. 478



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ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

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