

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 January 2016



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## Summary of PHARMAC decisions

### EFFECTIVE 1 JANUARY 2016

#### **New listings (pages 28-29)**

- Mesalazine (Asacol) tab 800 mg
- Ezetimibe (Ezemibe) tab 10 mg – Pharmacode change
- Aqueous cream (AFT SLS-free) crm, 500 g
- Amoxicillin (Ospamox) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – available on a PSO, wastage claimable
- Valaciclovir (Vaclovir) tab 500 mg and 1,000 mg – Special Authority – Retail pharmacy
- Sumatriptan (Sun Pharma) inj 12 mg per ml, 0.5 ml cartridge, 2 OP – maximum of 10 inj per prescription, section 29
- Oxaliplatin (Oxaliccord) inj 5 mg per ml, 10 ml and 20 ml vials – PCT only – Specialist
- Adalimumab (Humira) inj 10 mg per 0.2 ml prefilled syringe – Special Authority – Retail pharmacy
- Bee venom allergy treatment (Venomil) maintenance kit – Special Authority – Retail pharmacy, section 29
- Wasp venom allergy treatment (Venomil) treatment kit (paper wasp venom) and treatment kit (yellow jacket venom) – Special Authority – Retail pharmacy, s29
- Icatibant (Firazyr) inj 10 mg per ml, 3 ml prefilled syringe – Special Authority – Retail pharmacy

#### **Changes to restrictions, chemical names and presentation (pages 30-33)**

- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml – Stat removed
- Metoprolol succinate (Metoprolol – AFT CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – STAT removed 11 December 2015
- Escitalopram (Air Flow Products) tab 10 mg and 20 mg – removal of Brand Switch Fee
- Sumatriptan (Arrow-Sumatriptan) inj 12 mg per ml, 0.5 ml cartridge – Sole Supply suspended
- Ziprasidone (Zusdone and Zeldox) cap 20 mg, 40 mg, 60 mg and 80 mg – removal of Subsidy by Endorsement
- Oxaliplatin inj 50 mg vial (Oxaliplatin Actavis 50, Oxaliplatin Ebewe and Eloxatin) and inj 100 mg vial (Oxaliplatin Actavis 100, Oxaliplatin Ebewe and Eloxatin) – amended presentation description
- Bleomycin sulphate (DBL Bleomycin Sulfate) inj 15,000 iu, vial – amended presentation description

## Summary of PHARMAC decisions – effective 1 January 2016 (continued)

- Etoposide (Hospira and Vepesid) inj 20 mg per ml, 5 ml vial – amended presentation description
- Standard supplements – amended Special Authority criteria
- Oral feed 1.5 kcal/ml (Ensure Plus and Fortisip) liquid – amended Additional subsidy by Endorsement
- Extensively hydrolysed formula (Aptamil Gold+ Pepti Junior and Petpti Junior Gold Karicare Aptamil) powder, 450 g OP – amended Special Authority criteria

### Increased subsidy (page 35)

- Chloramphenicol (Chlorsig) eye oint 1%, 4 g OP

### Decreased subsidy (pages 34-35)

- Lansoprazole (Solox) cap 15 mg and 30 mg
- Bisacodyl (Dulcolax) suppos 10 mg
- Lisinopril (Arrow-Lisinopril) tab 5 mg, 10 mg and 20 mg
- Bosentan (pms-Bosentan and Tracleer) tab 62.5 mg and 125 mg
- Dexamethasone (Douglas) tab 4 mg
- Voriconazole (Vfend) tab 50 mg and 200 mg
- Citalopram hydrobromide (Arrow-Citalopram) tab 20 mg
- Cyclizine hydrochloride (Nausicalm) tab 50 mg
- Ziprasidone (Zeldox) cap 20 mg, 40 mg, 60 mg and 80 mg
- Letrozole (Letraccord) tab 2.5 mg
- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and 40 mg per 0.8 ml syringe (Humira), and inj 40 mg per 0.8 ml prefilled syringe (HumiraPen)
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension
- Glycerin with sucrose (Ora-Sweet) suspension
- Methylcellulose (Ora-Plus) suspension
- Methylcellulose with glycerin and sodium saccharin (Ora-Blend SF) suspension
- Methylcellulose with glycerin and sucrose (Ora-Blend) suspension

## What's changing?

The following Tender products will be listed from 1 January 2016:

- Aqueous cream (AFT SLS-free) crm, 500 g
- Valtrex (valaciclovir) tab 500 mg and 1,000 mg

Sole Supply for these products will commence 1 June 2016



## Metoprolol succinate long-acting – removal of stat dispensing from all strengths

From 11 December 2015, stat dispensing was removed from all strengths of metoprolol succinate long-acting tabs, 23.75 mg, 47.5 mg, 95 mg and 190 mg. All prescriptions presented will need to be dispensed in monthly lots.

This is due to a manufacturing and supply issue that has now been resolved, but has meant there is a potential lack of sufficient supply of some strengths over the next few months.

We anticipate that during January 2016 the 190 mg long-acting tabs supply will be exhausted and patients on the 190 mg long-acting tabs will need to be dispensed 2 x 95 mg long-acting tabs as a replacement. It will be important to ensure all patients are aware of the need to take more tablets than they are used to during this time and vice versa when reinstating the 190 mg tabs.

Stat dispensing for this product should be reinstated 1 March 2016.

The listing of the Metoprolol - AFT CR long-acting tablets, 90 pack, will be delayed from 1 February to 1 March 2016. Reference pricing of the 30 tab pack will still occur from 1 April 2016.

## **Out of stock of sumatriptan inj 12 mg per ml, 0.5 ml cartridge**

Actavis have advised us of manufacturing issues affecting the global supply of its brand of Arrow-Sumatriptan injection 12 mg per ml, 0.5 ml cartridge. This means its stock is exhausted and while there may be limited stock in the supply chain, soon there will be no stock of this product available at pharmacy or wholesaler level. We are working with Actavis to resolve the supply issue as soon as possible. Supply of an alternative brand of sumatriptan (Sun Pharma) has been secured. Sun Pharma injection 12 mg per ml, 0.5 ml cartridge will be listed in the Pharmaceutical Schedule from 1 January 2016 as a fully funded alternative to Arrow-Sumatriptan injection. Stock of Sun Pharma is expected to arrive mid-late January and other options for stock continue to be explored. The Sun Pharma brand is not registered and will be supplied under section 29 of the Medicines Act 1981.

The clinical advice we have received, from the Neurological Subcommittee (one of our expert clinical advisory Committees) is that alternative funded treatments for patients may include analgesics alone or in combination with anti-emetics, rizatriptan orodispersible tablets, sumatriptan tablets and ergotamine with caffeine tablets. If your patients need to change their treatment they will need to contact their prescriber.

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## **Span-K potassium chloride tab long-acting 600 mg (8 mmol) 30 day dispensing**

We have been advised by Aspen Pharmacare of a potential out of stock of Span-K, potassium chloride 600 mg long-acting tablets.

STAT dispensing was removed from 20 November 2015 so that monthly dispensing will apply, unless the patient is eligible for more dispensing's under the Frequent Dispensing Rule.

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## **Isotretinoin Sole Supply delay**

The Sole Subsidised Supply of Isotane 10 and Isotane 20 brands of isotretinoin cap 10 mg and 20 mg will be delayed until a date yet to be determined. The Oratane brand will remain fully funded until further notification. Oratane 10 mg and 20 mg will not be delisted from 1 February 2016 as previously notified.

## **Icatibant (Fitazyr) inj 10 mg per ml, 3 ml prefilled syringe – new listing**

From 1 January 2016, icatibant (Fitazyr) inj 10 mg per ml, 3 ml prefilled syringes will be listed in the Pharmaceutical Schedule. A Special Authority will apply, for anticipated emergency treatment, and for patients who have undergone product training.

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## **Adalimumab – new listing and retain current criteria**

PHARMAC has reached an agreement with the supplier of adalimumab (Humira and HumiraPen) to reduce the price and subsidy of all presentations currently listed in the Pharmaceutical Schedule. These will reduce from 1 January 2016.

The current Special Authority criteria for adalimumab will remain unchanged.

A new strength, inj 10 mg per 0.2 ml prefilled syringe, of adalimumab (Humira) will be listed on the Pharmaceutical Schedule from 1 January 2016 subject to the same Special Authority criteria as the other listed strengths.

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## **Standard supplements – changes to SA**

The Special Authority criteria applying to Standard Supplements will be amended from 1 January 2016.

New initial and renewal criteria have been included for children to use Standard Supplements as exclusive enteral nutrition for the treatment of Crohn's disease.

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## **Oral feed (Ensure Plus and Fortisip) – changes to additional subsidy by endorsement**

The Higher Subsidy by Endorsement criteria for liquid oral feed (Ensure Plus and Fortisip) 1.5Kcal/ml will be amended from 1 January 2016.

The higher subsidy has been amended to include patients being bolus fed through a feeding tube, patients with severe epidermolysis bullosa, and children with Crohn's disease being treated with exclusive enteral nutrition.



## Zopiclone 7.5 mg tablets

A new brand of zopiclone tablets (Zopiclone Actavis) became funded from 1 October 2015, replacing Apo-Zopiclone as the fully subsidised brand of zopiclone tablets 7.5 mg. The new brand of zopiclone, supplied by Actavis, is the same shape and size, but is white. This is a change from the current brand which is blue. Some of your patients who have been taking zopiclone for a long time may have some concern about this change.

A Brand Switch Fee will be available for dispensing on Apo-Zopiclone from 1 March 2016 to 31 May 2016.

You can access some patient information that may help to explain and support the change on the PHARMAC website. If you are interested in providing supportive sleep advice when dispensing zopiclone, the Pharmaceutical Society self-care cards may be useful – you can find the information at [www.psnz.org.nz](http://www.psnz.org.nz).

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## Ezetimibe tab 10 mg new bottle pack

The supplier of ezetimibe tab 10 mg (Ezemibe) has advised PHARMAC that Ezemibe will be supplied in bottles, rather than blister packs. The bottle pack will continue to provide a 30 tablet pack size. The new Pharmacode will be 2488744.

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## Ziprasidone – change of listing date and removal of subsidy by endorsement

Ziprasidone (Zusdone) cap 20 mg, 40 mg, 60 mg and 80 mg will become Sole Supply from 1 April 2016. This is a month later than previously notified. A manufacturer's surcharge may be applied to Zeldox brand of ziprasidone from 1 January 2016, and Zeldox will be delisted from 1 April 2016.

The endorsement restriction for ziprasidone will be removed from 1 January 2016.

A Brand Switch Fee will be available for dispensing on Zusdone from 1 April 2016 to 1 July 2016.

You can access some patient information that may help to explain and support the change on the PHARMAC website.

## **Amoxicillin grans for oral liquid – new listing**

Amoxicillin grans for oral liq (Ospamox) 125 mg per 5 ml and 250 mg per 5 ml will be listed in the Pharmaceutical Schedule from 1 January 2016. We expect Ospamox will be supplied until December 2016.

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## **Rifampicin tab 600 mg discontinuation**

PHARMAC has been notified by the supplier, that rifampicin tablets 600 mg (Rifadin) will be discontinued from 1 January 2016. They will be delisted from the Schedule from 1 July 2016.

Rifadin 300 mg capsules will remain available and fully funded.

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## **Dipyridamole (Persantin) tab 25 mg discontinuation**

PHARMAC has been notified by the supplier, that dipyridamole tab 25 mg (Persantin) will be discontinued. We are working with the supplier and we hope to announce the date of supplier discontinuation and Schedule delisting in the Pharmaceutical Schedule Update shortly. Patients should consider switching to alternative treatments.

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## **Trandolapril (Gopten) cap 1 mg and 2 mg discontinuation**

PHARMAC has been notified by the supplier, that trandolapril (Gopten) cap 1 mg and 2 mg will be discontinued from 1 March 2016. Gopten will be delisted from the Schedule from 1 September 2016.

## Heparinised saline – remove stat dispensing

Stat dispensing will be temporarily removed for the Pfizer brand of heparinised saline 10 iu per ml, 5 ml injection from 1 January 2016 due to a supply issue.

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### News in brief

- **Prochlorperazine suppos 25 mg discontinuation** from 1 January 2016. They will be delisted from the Schedule from 1 July 2016.
- Alternative **bee venom and wasp venom allergy treatment kits** will be listed fully funded from 1 January 2016. The brand, Venomil, is supplied under section 29 of the Medicines Act 1981.

## Tender News

### Sole Subsidised Supply changes – effective 1 February 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Cetomacrogol	Crn BP; 500 g	healthE (Jaychem)
Mask for spacer device	Small; 1 dev	e-chamber Mask (Apex)
Metformin hydrochloride	Tab immediate-release 500 mg; 1,000 tab	Metchek (API)
Mirtazapine	Tab 30 mg; 30 tab	Apo-Mirtazapine (Apotex)
Mirtazapine	Tab 45 mg; 30 tab	Apo-Mirtazapine (Apotex)
Mometasone furoate	Crn 0.1%; 15 g OP	Elocon Alcohol Free (MSD)
Mometasone furoate	Crn 0.1%; 50 g OP	Elocon Alcohol Free (MSD)
Mometasone furoate	Oint 0.1%; 15 g OP	Elocon (MSD)
Mometasone furoate	Oint 0.1%; 50 g OP	Elocon (MSD)
Peak flow meter	Low range; 1 dev	Mini-Wright AFS Low Range (EBOS)
Peak flow meter	Normal range; 1 dev	Mini-Wright Standard (EBOS)
Spacer device	220 ml (single patient); 1 dev	e-chamber Turbo (Apex)

## 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 February 2016**

- Dimethyl fumarate (Tecfidera) cap 120 mg and 240 mg – new listing, Special Authority – Retail pharmacy, wastage payable
- Teriflunomide (Aubagio) tab 14 mg – new listing, Special Authority – Retail pharmacy, wastage payable
- Fingolimod (Gilenya) cap 0.5 mg – amended Special Authority criteria
- Natalizumab (Tysabri) inj 20 mg per ml, 15 ml vial – amended Special Authority criteria
- Other multiple sclerosis treatments (glatiramer acetate, interferon beta-1-alpha, and interferon beta-1-beta) – amended Special Authority criteria
- Levetiracetam (Everet) tab 250 mg, 500 mg, 750 mg and 1,000 mg – new listing
- Mirtazapine (Apo-Mirtazapine) tab 30 mg and 45 mg – Brand Switch Fee payable

### **Decisions for future implementation 1 February 2016**

- Dexamethasone (Max Health) inj 4 mg per ml 1 ml and 2 ml ampoules – price and subsidy decrease
- Glycopyrronium bromide (Max Health) inj 200 mcg per ml, 1 ml ampoule – price and subsidy decrease

## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
<b>Acarbose</b>	<b>Tab 50 mg &amp; 100 mg</b>	<b>Glucobay</b>	<b>2018</b>
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2018
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
Adult diphtheria and tetanus vaccine	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 2.5 mg, 5 mg & 10 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
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2017
Azathioprine	Tab 50 mg	Azamun	2016
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2018
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule Tab 10 mg	Lioresal Intrathecal Pacifen	2018 2016
Bendroflumethiazide [bendrofluzide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluzide	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 January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g Oint 500 mcg with calcipotriol 50 mcg per g	Daivobet	2018
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
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bisacodyl	Tab 5 mg	Lax-Tab	2018
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
Cabergoline	Tab 0.5 mg	Dostinex	2018
<b>Calamine</b>	<b>Crn, aqueous, BP Lotn, BP</b>	<b>Pharmacy Health PSM</b>	<b>2018</b>
Calcitonin	Inj 100 iu per ml, 1 ml ampoule	Miacalcic	2017
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2017
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2017
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Winthrop	2016
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 500 mg	Cefalexin Sandoz Cephalexin ABM	2018 2016
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
Chloramphenicol	Eye drops 0.5%, 10 ml OP	Chlorafast	2018
<b>Chlorhexidine gluconate</b>	<b>Soln 4% wash</b> Handrub 1% with ethanol 70% Mouthwash 0.2%	<b>healthE</b>	<b>2018</b>
Ciclopirox olamine	Nail soln 8%	Apo-Ciclopirox	2018
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
Clobetasol propionate	Crn & oint 0.05%	Clobetasol BNM	2016
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Catapres TTS 1 Catapres TTS 2 Catapres TTS 3	2017
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Crn 1%, 20 g OP Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol	2017 2016
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Crotamiton	Crn 10%	Itch-Soothe	2018
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
<b>Cyproterone acetate</b>	<b>Tab 50 mg &amp; 100 mg</b>	<b>Procur</b>	<b>2018</b>
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	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

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Dexamfetamine sulfate</b>	<b>Tab 5 mg</b>	<b>PSM</b>	<b>2018</b>
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Voltaren Voltaren Ophtha	2017
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Dimethicone	Crn 10% pump bottle Crn 5% pump bottle	healthE Dimethicone 10% healthE Dimethicone 5%	2018 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
<b>Domperidone</b>	<b>Tab 10 mg</b>	<b>Prokinex</b>	<b>2018</b>
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
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP	AFT	2017
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 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
Escitalopram	Tab 10 mg & 20 mg	Air Flow Products	2016
Ethinylloestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Exemestane	Tab 25 mg	Aromasin	2017
Ezetimibe	Tab 10 mg	Ezemibe	2017
Ezetimibe with simvastatin	Tab 10 mg with simvastatin 10 mg Tab 10 mg with simvastatin 20 mg Tab 10 mg with simvastatin 40 mg Tab 10 mg with simvastatin 80 mg	Zimybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule 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	Boucher and Muir Fentanyl Sandoz	2018 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	31/12/15
Finasteride	Tab 5 mg	Finpro	2017
<b>Flucloxacillin</b>	<b>Inj 1 g vial</b> Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg Inj 250 mg vial & 500 mg vial	<b>Flucloxin</b> AFT Staphlex Flucloxin	<b>2017</b> 2018 2017
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Fluorometholone	Eye drops 0.1%	FML	2018
Fluorouracil sodium	Crm 5%	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Tab 40 mg Tab 500 mg	Diurin 40 Urex Forte	2018
Fusidic acid	Crm 2%  Oint 2%	DP Fusidic Acid Cream Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2018 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
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 papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg Powder Inj 100 mg vial	Douglas ABM Solu-Cortef	2018 2017 2016
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
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	Cap 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	2017 2016
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM Rifinah	2018
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
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
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	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2018 2017
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	2017
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2016
Loratadine	Oral liq 1 mg per ml Tab 10 mg	LoraPaed Lorafix	2016 2016

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	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
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2018
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
Meningococcal (groups a,c,y and w-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2018
Methotrexate	Tab 2.5 mg & 10 mg 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	Trexate Methotrexate Ebewe Hospira Methotrexate Sandoz	2018 2017 2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2018
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	Crn 2% Vaginal crn 2% with applicator	Multichem Micreme	2017
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Lotn 0.1%	Elocon	2018
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Sevredol  DBL Morphine Sulphate  m-Eslon  Arrow-Morphine LA	2017    2016
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2018
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Norethisterone	Tab 350 mcg	Noriday 28	2018
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 Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Ormezol Relief	2017
Ondansetron	Tab disp 4 mg Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Ondansetron ODT- DRLA Onrex	2017 2016
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2016
<b>Oxycodone hydrochloride</b>	<b>Inj 50 mg per ml, 1 ml ampoule</b> Cap immediate-release 5 mg, 10 mg & 20 mg	<b>OxyNorm</b>	<b>2018</b>
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml	Syntometrine	2018
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
Pancreatic enzyme	Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease	Creon 10000 Creon 25000	2018
Pantoprazole	Tab EC 20 mg Tab EC 40 mg	Pantoprazole Actavis 20 Pantoprazole Actavis 40	2016
Paracetamol	Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Pharmacare Paracare Paracare Double Strength	2018 2017 2017 2017
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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	2017
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml & 2 ml	PSM DBL Pethidine Hydrochloride	2018 2017
<b>Phenobarbitone</b>	<b>Tab 15 mg &amp; 30 mg</b>	<b>PSM</b>	<b>2018</b>
Phenoxyethylpenicillin (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
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
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
Pizotifen	Tab 500 mcg	Sandomigran	2018
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
Potassium chloride	Tab long-acting 600 mg (8mmol)	Span-K	2018
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
Pregnancy tests – HCG urine	Cassette	EasyCheck	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 1 mg per ml Tab 10 mg & 25 mg	Allersoothe	2018
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
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
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	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule Oral liq 400 mcg per ml	Asthalin Ventolin	2018 2016
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sertraline	Tab 100 mg	Arrow-Sertraline	2016
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
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

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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 cromoglycate	Eye drops 2%	Rexacrom	2018
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Sodium polystyrene sulphonate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Spironolactone	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	Arrow-Sumatriptan	2016
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2017
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
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
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	Timoptol XE	2016
	Eye drops 0.5%, gel forming; 2.5 ml OP		
Tobramycin	Eye drops 0.3%, 5 ml OP	Tobrex	2017
	Eye oint 0.3%, 3.5 g OP		
Tramadol hydrchloride	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

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## Sole Subsidised Supply Products – cumulative to January 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Paste 0.1%	Kenalog in Orabase Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017
	Oint 0.02%		
	Crn 0.02%		
	Inj 10 mg per ml, 1 ml ampoule		
	Inj 40 mg per ml, 1 ml ampoule		
Trimethoprim	Tab 300 mg	TMP	2018
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	Retrovir	2016
	Oral liq 10 mg per ml		
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017

January changes are in bold type

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Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 January 2016

21	MESALAZINE Tab 800 mg .....	85.55	90	✓ Asacol
57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (Pharmacode change) Brand switch fee payable (Pharmacode 2490773) Tab 10 mg .....	3.35	30	✓ <u>Ezemibe</u>
Note – This is a Pharmacode change from a blister pack to a bottle, 2470721 to 2488744.				
67	AQUEOUS CREAM *Crm.....	1.99	500 g	✓ AFT SLS-free
94	AMOXICILLIN Grans for oral liq 125 mg per 5 ml .....	2.00	100 ml	✓ Ospamox
a) Up to 200 ml available on a PSO				
b) Wastage claimable				
	Grans for oral liq 250 mg per 5 ml .....	2.00	100 ml	✓ Ospamox
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				
104	VALACICLOVIR – Special Authority see SA1363 – Retail pharmacy Tab 500 mg .....	6.42	30	✓ Vaclovir
	Tab 1,000 mg .....	12.75	30	✓ Vaclovir
139	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription .....	13.80	2 OP	✓ Sun Pharma <b>S29</b>
158	OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 10 ml vial .....	13.32	1	✓ Oxaliccord
	Inj 5 mg per ml, 20 ml vial .....	16.00	1	✓ Oxaliccord
180	ADALIMUMAB – Special Authority see SA1479 – Retail pharmacy Inj 10 mg per 0.2 ml prefilled syringe .....	1,599.96	2	✓ Humira
194	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	✓ Venomii <b>S29</b>
194	WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Treatment kit (Paper wasp venom) – 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml.....	305.00	1 OP	✓ Venomii <b>S29</b>
	Treatment kit (Yellow jacket venom) – 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml.....	305.00	1 OP	✓ Venomii <b>S29</b>

Patients pay a manufacturer's surcharge when  
the Manufacturer's Price is greater than the Subsidy  
28

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### New Listings – effective 1 January 2016 (continued)

194 ICATIBANT – Special Authority see SA1558 – Retail pharmacy  
Inj 10 mg per ml, 3 ml prefilled syringe ..... 2,668.00 1 ✓ **Firazyr**

Special Authority for Subsidy

Initial application only from a clinical immunologist or relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1. Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
2. The patient has undergone product training and has agreed upon an action plan for self-administration.

Renewal only from any relevant practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

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

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

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

Effective 1 January 2016

46	HEPARINISED SALINE (Stat removed) Inj 10 iu per ml, 5 ml .....	39.00	50	✓ Pfizer
132	ESCITALOPRAM – Brand switch fee payable (Pharmacode 2489112) * Tab 10 mg .....	1.40	28	✓ Air Flow Products
	* Tab 20 mg .....	2.40	28	✓ Air Flow Products
139	SUMATRIPTAN (Sole Supply suspended) Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription .....	13.80	2 OP	✓ Arrow-Sumatriptan
142	ZIPRASIDONE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) <del>Ziprasidone is subsidised for patients suffering from schizophrenia or related psychoses after a trial of an effective dose of risperidone or quetiapine that has been discontinued, or is in the process of being discontinued, because of unacceptable side effects or inadequate response, and the prescription is endorsed accordingly.</del>			
	Cap 20 mg .....	14.56 (87.88)	60	✓ Zudone Zeldox
	Cap 40 mg .....	24.75 (164.78)	60	✓ Zudone Zeldox
	Cap 60 mg .....	33.87 (247.17)	60	✓ Zudone Zeldox
	Cap 80 mg .....	39.74 (329.56)	60	✓ Zudone Zeldox
158	OXALIPLATIN – PCT only – Specialist Inj 50 mg vial .....	15.32	1	✓ Oxaliplatin Actavis 50
		55.00		✓ Oxaliplatin Ebewe
		200.00		✓ Eloxatin
	Inj 100 mg vial .....	25.01	1	✓ Oxaliplatin Actavis 100
		110.00		✓ Oxaliplatin Ebewe
		400.00		✓ Eloxatin
162	BLEOMYCIN SULPHATE – PCT only – Specialist (amended presentation description) Inj 15,000 iu (10 mg), vial .....	150.48	1	✓ DBL Bleomycin Sulfate
163	ETOPOSIDE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist .....	25.00	1	✓ Hospira
		612.20	10	✓ Vepesid

## Changes to Restrictions – effective 1 January 2016 (continued)

### 223 STANDARD SUPPLEMENTS (amended criteria only displayed)

#### ▶ SA1554 ~~1228~~ Special Authority for Subsidy

Initial application – (Children – **indications other than exclusive enteral nutrition for Crohn's disease**) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 Any of the following:
  - 2.1 The patient has a condition causing malabsorption; or
  - 2.2 The patient has failure to thrive; or
  - 2.3 The patient has increased nutritional requirements; and
- 3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal – (Children – **indications other than exclusive enteral nutrition for Crohn's disease**) 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:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment; and
- 3 A nutrition goal has been set (eg reach a specific weight or BMI).

**Initial application – (Children – exclusive enteral nutrition for Crohn's disease) only from a gastroenterologist, or a dietitian on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:**

**Both:**

- 1 The patient is under 18 years of age; and
- 2 It is to be used as exclusive enteral nutrition for the treatment of Crohn's disease.

**Renewal – (Children – exclusive enteral nutrition for Crohn's disease) only from a gastroenterologist, or dietitian or vocationally registered general practitioner on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:**

**All of the following:**

- 1 The patient is under 18 years of age; and
- 2 It is to be used as exclusive enteral nutrition for the treatment of Crohn's disease; and
- 3 General Practitioners and dietitians must include the name of the gastroenterologist recommending treatment and the date contacted.

Initial application – (Adults transitioning from hospital Discretionary Community Supply) only from 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 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and
- 2 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 3 Any of the following:

Patient is Malnourished

- 3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup>; or
- 3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
- 3.3 Patient has a BMI of less than 20 kg/m<sup>2</sup> and unintentional weight loss greater than 5% within the last 3-6 months.

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to Restrictions – effective 1 January 2016 (continued)

227	ORAL FEED 1.5KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa, <b>or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease.</b> The prescription must be endorsed accordingly. Liquid (banana) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....0.72 200 ml OP (1.26) (1.26) Ensure Plus Fortisip
	Liquid (chocolate) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement.....0.85 237 ml OP (1.33) Ensure Plus 0.72 200 ml OP (1.26) Ensure Plus (1.26) Fortisip
	Liquid (fruit of the forest) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....0.72 200 ml OP (1.26) Ensure Plus
	Liquid (strawberry) – Higher subsidy of \$1.26 per 200 ml with Endorsement.....0.72 200 ml OP (1.26) Ensure Plus (1.26) Fortisip
	Liquid (vanilla) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement.....0.85 237 ml OP (1.33) Ensure Plus 0.72 200 ml OP (1.26) Ensure Plus (1.26) Fortisip
234	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see <b>SA1557</b> <del>1380</del> – Hospital pharmacy [HP3] Powder .....15.21 450 g OP ✓ <b>Aptamil Gold+ Pepti Junior</b> ✓ <b>Pepti Junior Gold</b> <b>Karicare Aptamil</b>

➔ **SA1557** ~~1380~~ 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 diarrhoea; 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; or

**11 All of the following:**

*continued...*

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

**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

## Changes to Restrictions – effective 1 January 2016 (continued)

*continued...*

- 11.1 For step down from Amino Acid Formula; and
- 11.2 The infant is currently receiving funded amino acid formula; and
- 11.3 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
- 11.4 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

Note: A reasonable trial is defined as a 2-4 week trial, **or signs of an immediate IgE mediated allergic reaction.**

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 or soy infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

~~Renewal—(Step-Down from Amino Acid Formula) 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 The infant is currently receiving funded amino acid formula; and~~
- ~~2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and~~
- ~~3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.~~

## Effective 11 December 2015

53	METOPROLOL SUCCINATE (STAT removed)			
	Tab long-acting 23.75 mg .....	0.96	30	✓Metoprolol - AFT CR
	Tab long-acting 47.5 mg .....	1.41	30	✓Metoprolol - AFT CR
	Tab long-acting 95 mg .....	2.42	30	✓Metoprolol - AFT CR
	Tab long-acting 190 mg .....	4.66	30	✓Metoprolol - AFT CR

## Effective 20 November 2015

49	POTASSIUM CHLORIDE (STAT removed)			
	Tab long-acting 600 mg (8 mmol) .....	7.42	200	✓Span-K

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 January 2016

23	LANSOPRAZOLE (↓ subsidy)				
	* Cap 15 mg .....	1.42	28	✓ Solox	
	* Cap 30 mg .....	1.66	28	✓ Solox	
36	BISACODYL – Only on a prescription (↓ subsidy)				
	* Suppos 10 mg.....	2.27 (3.00)	6		Dulcolax
50	LISINAPRIL (↓ subsidy)				
	* Tab 5 mg .....	1.80 (3.58)	90		Arrow-Lisinopril
	* Tab 10 mg .....	2.05 (4.08)	90		Arrow-Lisinopril
	* Tab 20 mg .....	2.76 (4.88)	90		Arrow-Lisinopril
60	BOSENTAN – Special Authority see SA0967 – Retail pharmacy (↓ subsidy)				
	Tab 62.5 mg .....	401.79 (1,500.00) (4,585.00)	60		pms-Bosentan Tracleer
	Tab 125 mg .....	401.79 (1,500.00) (4,585.00)	60		pms-Bosentan Tracleer
79	DEXAMETHASONE (↓ subsidy)				
	* Tab 4 mg – Retail pharmacy-Specialist .....	6.13	100	✓ Douglas	
	Up to 30 tab available on a PSO				
80	BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE (↑ price)				
	* Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml.....	19.20 (36.96)	5		Celestone Chronodose
99	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy (↓ subsidy)				
	Tab 50 mg .....	130.00 (730.00)	56		Vfend
	Tab 200 mg .....	500.00 (2,930.00)	56		Vfend
133	CITALOPRAM HYDROBROMIDE (↓ subsidy)				
	* Tab 20 mg .....	1.79	84	✓ Arrow-Citalopram	
139	CYCLIZINE HYDROCHLORIDE (↓ subsidy)				
	Tab 50 mg .....	0.30 (0.59)	10		Nausicalm

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 January 2016 (continued)

143	ZIPRASIDONE (↓ subsidy) Safety medicine; prescriber may determine dispensing frequency			
	Cap 20 mg .....	14.56	60	
		(87.88)		Zeldox
	Cap 40 mg .....	24.75	60	
		(164.78)		Zeldox
	Cap 60 mg .....	33.87	60	
		(247.17)		Zeldox
	Cap 80 mg .....	39.74	60	
		(329.56)		Zeldox
173	LETROZOLE (↓ subsidy) * Tab 2.5 mg .....	2.95	30	
		(4.85)		Letraccord
181	ADALIMUMAB – Special Authority see SA1479 – Retail pharmacy (↓ subsidy)			
	Inj 20 mg per 0.4 ml prefilled syringe .....	1,599.96	2	✓ Humira
	Inj 40 mg per 0.8 ml prefilled pen .....	1,599.96	2	✓ HumiraPen
	Inj 40 mg per 0.8 ml prefilled syringe .....	1,599.96	2	✓ Humira
202	CHLORAMPHENICOL (↑ subsidy) Eye oint 1% .....	3.19	4 g OP	✓ Chlorsig
214	GLYCERIN WITH SODIUM SACCHARIN – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension .....	32.50	473 ml	✓ Ora-Sweet SF
214	GLYCERIN WITH SUCROSE – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension .....	32.50	473 ml	✓ Ora-Sweet
214	METHYLCELLULOSE (↓ subsidy) Suspension – Only in combination .....	32.50	473 ml	✓ Ora-Plus
215	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination (↓ subsidy) Suspension .....	32.50	473 ml	✓ Ora-Blend SF
215	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination (↓ subsidy) Suspension .....	32.50	473 ml	✓ Ora-Blend

### Effective 1 December 2015

36	NYSTATIN (↓ subsidy) (decision rescinded) Oral liq 100,000 u per ml .....	2.55	24 ml OP	✓ Nilstat
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber or pharmacist

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
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Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 January 2016

25	ACARBOSE				
	* Tab 50 mg .....	4.28	90	✓ Accarb	
	* Tab 100 mg .....	7.78	90	✓ Accarb	
66	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		Orion
		(5.90)			
68	GAMMA BENZENE HEXACHLORIDE				
	Crm 1% .....	3.50	50 g OP	✓ Benhex	
73	CONDOMS				
	* 56 mm – Up to 144 dev available on a PSO .....	13.36	144	✓ Durex Select Flavours	
80	CYPROTERONE ACETATE – Retail pharmacy-Specialist				
	Tab 50 mg .....	15.87	50		Siterone
		(18.80)			
	Tab 100 mg .....	30.40	50		Siterone
		(34.25)			
94	FLUCLOXACILLIN				
	Inj 1 g vial – Up to 10 inj available on a PSO .....	5.80	5	✓ DBL Flucloxacillin	
157	CARBOPLATIN – PCT only – Specialist				
	Inj 10 mg per ml, 45 ml vial .....	32.59	1	✓ DBL Carboplatin	
	Note – This is an old Pharmacode, 702315. The new Pharmacode, 2482517, was listed 1 June 2015.				
164	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	1		Onkotrone
		(413.21)			
206	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee.....	4.33	1 fee	✓ BSF Air Flow Escitalopram	
	a) The Pharmacode for BSF Air Flow Escitalopram is 2489112.				

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 February 2016

62	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy			
	Cap 10 mg .....	14.96	120	✓ Oratane
	Cap 20 mg .....	23.12	120	✓ Oratane
	Note – the delist of Oratane cap 10 mg and 20 mg has been rescinded.			

Effective 1 April 2016

23	LANSOPRAZOLE			
	* Cap 15 mg .....	1.42	28	✓ Solox
	* Cap 30 mg .....	1.66	28	✓ Solox
36	BISACODYL – Only on a prescription			
	* Suppos 10 mg.....	2.27 (3.00)	6	Dulcolax
50	LISINAPRIL			
	* Tab 5 mg .....	1.80 (3.58)	90	Arrow-Lisinopril
	* Tab 10 mg .....	2.05 (4.08)	90	Arrow-Lisinopril
	* Tab 20 mg .....	2.76 (4.88)	90	Arrow-Lisinopril
60	BOSENTAN – Special Authority see SA0967 – Retail pharmacy			
	Tab 62.5 mg .....	401.79 (1,500.00) (4,585.00)	60	pms-Bosentan Tracleer
	Tab 125 mg .....	401.79 (1,500.00) (4,585.00)	60	pms-Bosentan Tracleer
79	DEXAMETHASONE			
	* Tab 1 mg – Retail pharmacy-Specialist .....	5.87	100	✓ Douglas
	Up to 30 tab available on a PSO			
	* Tab 4 mg – Retail pharmacy-Specialist .....	6.13	100	✓ Douglas
	Up to 30 tab available on a PSO			
99	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy			
	Tab 50 mg .....	130.00 (730.00)	56	Vfend
	Tab 200 mg .....	500.00 (2,930.00)	56	Vfend
133	CITALOPRAM HYDROBROMIDE			
	* Tab 20 mg .....	1.79	84	✓ Arrow-Citalopram

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Items to be Delisted – effective 1 April 2016 (continued)

139	CYCLIZINE HYDROCHLORIDE Tab 50 mg .....	0.30 (0.59)	10	Nausicalm
143	ZIPRASIDONE Safety medicine; prescriber may determine dispensing frequency			
	Cap 20 mg .....	14.56 (87.88)	60	Zeldox
	Cap 40 mg .....	24.75 (164.78)	60	Zeldox
	Cap 60 mg .....	33.87 (247.17)	60	Zeldox
	Cap 80 mg .....	39.74 (329.56)	60	Zeldox
173	LETROZOLE * Tab 2.5 mg .....	2.95 (4.85)	30	Letraccord

### Effective 1 July 2016

57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy Brand switch fee payable (Pharmacode 2490773) Tab 10 mg .....	3.35	30	✓ <b>Ezemibe</b>
	Note – This is the delisting of the blister pack. The bottle presentation was listed 1 January 2016.			
102	RIFAMPICIN – Subsidy by endorsement a) No patient co-payment payable b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy – Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician.			
	* Tab 600 mg .....	108.70	30	✓ <b>Rifadin</b>
140	PROCHLORPERAZINE * Suppos 25 mg.....	23.87	5	✓ <b>Stemetil</b>
173	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg .....	16.50	30	✓ <b>Flutamide</b> <b>Mylan</b> <b>S29</b>

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New Zealand  
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