

Pharmaceutical Management Agency

# Update

## New Zealand Pharmaceutical Schedule

Effective 1 November 2017

Cumulative for September, October and November 2017



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## Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2017

### New listings (pages 22-24)

- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Molaxole) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg with sodium chloride 350.7 mg – Maximum of 90 sach per prescription – Special Authority – Retail pharmacy
- Simvastatin (Simvastatin Mylan) tab 10 mg, 20 mg, 40 mg and 80 mg
- Ethinyloestradiol with levonorgestrel tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets (Microgynon 20 ED) and tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets (Levlen ED) – Up to 84 tab available on PSO
- Terbinafine (Deolate) tab 250 mg
- Allopurinol (DP-Allopurinol) tab 100 mg and 300 mg
- Metoclopramide hydrochloride (Metoclopramide Actavis 10) tab 10 mg
- Pemetrexed inj 100 mg and 500 mg vial (Juno Pemetrexed) and inj 1 mg for ECP (Baxter) – PCT only – Specialist – Special Authority
- Anastrozole (Rolin) tab 1 mg
- Dexamethasone (Ozurdex) ocular implant 700 mcg – Special Authority – Retail pharmacy
- Travoprost (Travopt) eye drops 0.004%, 5 ml OP
- Amino acid formula powder (unflavoured) (Neocate Junior Unflavoured) and powder (vanilla) (Neocate Junior Vanilla), 400 g OP – Special Authority – Hospital pharmacy [HP3]

### Changes to restrictions (pages 28-30)

- Sodium cromoglicate cap 100 mg (Nalcrom); powder for inhalation, 20 mg per dose, 50 dose (Intal Spincaps); aerosol inhaler, 5 mg per dose CFC-free, 112 dose OP (Intal Forte CFC Free) and eye drops 2%, 5 ml OP (Rexacrom) – amended chemical name
- Metolazone (Metolazone and Zaroxolyn) tab 5 mg – amended Special Authority criteria
- Minoxidil (Loniten) tab 10 mg – removal of Special Authority
- Sodium fusidate [fusidic acid] crm 2%, 15 g OP (DP Fusidic Acid Cream); oint 2%, 15 g OP (Foban); tab 250 mg (Fucidin) and eye drops 1%, 5 g OP (Fucithalmic) – amended chemical name
- Betamethasone valerate with sodium fusidate [fusidic acid] (Fucicort) crm 0.1% with sodium fusidate (fusidic acid) 2%, 15 g OP – amended chemical name and presentation description

## Summary of PHARMAC decisions – effective 1 November 2017 (continued)

- Ethinyloestradiol with levonorgestrel tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets (Ava 20 ED and Microgynon 20 ED) and tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets (Ava 30 ED and Levlen ED) – amended presentation description
- Testosterone cypionate (Depo-Testosterone) inj 100 mg per ml, 10 ml vial – amended chemical name
- Antiretrovirals – amended Special Authority criteria

### Increased subsidy (page 32)

- Pyridoxine hydrochloride (Vitamin B6 25) tab 25 mg
- Clotrimazole (Clomazol) crm 1%, 20 g OP
- Miconazole nitrate (Multichem) crm 2%, 15 g OP

## New tender listings for 1 November 2017

- Allopurinol (DP-Allopurinol) 100 mg and 300 mg tab
- Anastrozole (Rolin) 1 mg tab
- Ethinyloestradiol with levonorgestrel (Microgynon 20 ED) 20 mcg/100 mcg with inert tab
- Ethinyloestradiol with levonorgestrel (Levlen ED) 30 mcg/150 mcg with inert tab
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Molaxole) powder for oral soln
- Metoclopramide hydrochloride (Metoclopramide Actavis 10) 10 mg tab
- Simvastatin (Simvastatin Mylan) 10 mg, 20 mg, 40 mg and 80 mg tab
- Terbinafine (Deolate) 250 mg tab
- Travoprost (Travopt) 0.004% eye drops, 5 ml OP



The Molaxole brand of macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride will be listed from 1 November 2017. This is being listed earlier than the notified date of 1 December 2017, due to a quality issue with the Lax-Sachets brand.

We have detailed information on the anastrozole 1 mg tab and travoprost 0.004% eye drops brand changes on our 'My medicine has changed' website page.

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## New listings

### Pemetrexed

Pemetrexed injections will be listed from 1 November 2017, funded for people with mesothelioma and non-small cell lung carcinoma, subject to meeting Special Authority criteria. Pemetrexed will be listed PCT only, meaning that only a DHB hospital can claim subsidy for the treatment.

## **Dexamethasone ocular implant (Ozurdex)**

Dexamethasone ocular implant 700 mcg will be listed from 1 November 2017, subject to restrictions, for the treatment of diabetic macular oedema. This treatment is administered by an ophthalmologist and is particularly suitable for patients who have previously had cataract surgery, and for whom anti-VEGF agents (such as bevacizumab) are considered unsuitable or contraindicated.

## **Neocate Junior Unflavoured and Neocate Junior Vanilla**

Neocate Junior Unflavoured and Neocate Junior Vanilla will be listed from 1 November 2017, replacing Neocate Advance (unflavoured and vanilla), which will be delisted 1 May 2018. Please note that there are minor changes to the micronutrients for Neocate Junior Unflavoured.

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## **Changed listings**

### **Minoxidil 10 mg tablets – Special Authority removal**

Special Authority approval for minoxidil will no longer be required from 1 November 2017.

### **Metolazone 5 mg tablets – widen access**

From 1 November 2017, the Special Authority criteria for metolazone will be widened to include paediatric patients with nephrotic syndrome that have not responded to loop diuretics.

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## **Supply issues**

### **Refresh Night Time (liquid paraffin with white soft paraffin)**

There is a supply issue with Refresh Night Time (liquid paraffin with white soft paraffin) eye ointment. We are expecting further supply in December 2017.

## Other

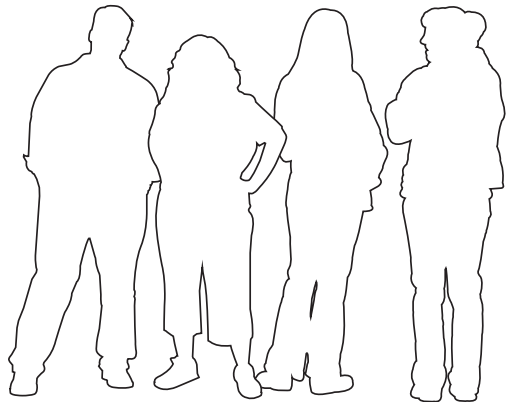
### Schedule subscription enquiries

We are no longer using a third party to manage our Schedule subscriptions. To subscribe to our list to receive email publications, go to [www.schedule.co.nz](http://www.schedule.co.nz). For all other subscription enquiries, please contact us at [enquiry@pharmac.govt.nz](mailto:enquiry@pharmac.govt.nz).

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### News in brief

**Chemical name changes** – the spelling of sodium cromoglycate will change to cromoglicate, and fusidic acid will change to sodium fusidate [fusidic acid] to align with NZULM and NZ formulary for consistency across the health sector.



## Tender News

### Sole Subsidised Supply changes – effective 1 December 2017

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aminophylline	Inj 25 mg per ml, 10 ml ampoule; 5 inj	DBL Aminophylline (Pfizer)
Clonidine	Patch 2.5 mg, 100 mcg per day; 4 patch	Mylan (Mylan)
Clonidine	Patch 5 mg, 200 mcg per day; 4 patch	Mylan (Mylan)
Clonidine	Patch 7.5 mg, 300 mcg per day; 4 patch	Mylan (Mylan)
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule; 5 inj	DBL Ergometrine (Pfizer)
Flucloxacillin	Inj 1 g vial; 5 inj	Flucil (Aspen)
Losartan potassium	Tab 12.5 mg; 84 tab	Losartan Actavis (Actavis)
Losartan potassium	Tab 25 mg; 84 tab	Losartan Actavis (Actavis)
Losartan potassium	Tab 50 mg; 84 tab	Losartan Actavis (Actavis)
Losartan potassium	Tab 100 mg; 84 tab	Losartan Actavis (Actavis)
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule; 50 inj	AstraZeneca (AstraZeneca)
Octreotide	Inj 50 mcg per ml, 1 ml vial; 5 inj	DBL Octreotide (Pfizer)
Octreotide	Inj 100 mcg per ml, 1 ml vial; 5 inj	DBL Octreotide (Pfizer)
Octreotide	Inj 500 mcg per ml, 1 ml vial; 5 inj	DBL Octreotide (Pfizer)

## 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 December 2017

- Clonidine (Mylan) patch 2.5 mg, 100 mcg per day; 5 mg, 200 mcg per day and 7.5 mg, 300 mcg per day – addition of Brand Switch Fee
- Leflunomide (Apo-Leflunomide) tab 10 mg and 20 mg – removal of Brand Switch Fee
- Levonorgestrel (Postinor-1) tab 1.5 mg – Pharmacists able to claim subsidy without a prescription
- Venlafaxine (Enlax XR) cap 37.5 mg, 75 mg and 150 mg – add stat dispensing and removal of Brand Switch Fee



## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2020
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2018
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	VirusPOS Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Lodi Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix Solian	2019
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2020
Amoxicillin	Inj 250 mg, 500 mg and 1 g vials Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2020 2019
<b>Amoxicillin with clavulanic acid</b>	<b>Tab 500 mg with clavulanic acid 125 mg</b>	<b>Augmentin</b>	<b>2020</b>
	<b>Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP</b>	<b>Curam</b>	<b>2019</b>
Aqueous cream	Crn, 500 g	AFT SLS-free	2018
Ascorbic acid	Tab 100 mg	Cvite	2019
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2019
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2020
Azathioprine	Tab 25 mg & 50 mg Inj 50 mg vial	Imuran	2019
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml)	Zithromax	2018
	Tab 250 mg & 500 mg	Apo-Azithromycin	
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Lioresal Intrathecal	2018
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	2020

\*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 November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 30 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2018
Betamethasone valerate	Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP	Beta Cream Beta Ointment	2018
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bimatoprost	Eye drops 0.03%; 3 ml OP	Bimatoprost Actavis	2018
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Lax-Tab	2018
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2018
Cabergoline	Tab 0.5 mg	Dostinex	2018
Calamine	Crn, aqueous, BP Lotn, BP	Pharmacy Health PSM	2018
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Brinov	2019
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml Cap 250 mg	Ranbaxy-Cefaclor	2019
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cephalexin ABM Cefalexin Sandoz	2019 2018
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Ceftriaxone	Inj 500 mg & 1 g vial	DEVA	2019
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
Cetomacrogol	Crn BP	healthE	2018
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorafast	2019 2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Ciclopirox olamine	Nail soln 8%, 7 ml OP	Apo-Ciclopirox	2018
Cilazapril	Tab 2.5 mg & 5 mg	Apo-Cilazapril	2019
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2019
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2018
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2020
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Clindamycin ABM Dalacin C	2019
Clobetasol propionate	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clopidogrel	Tab 75 mg	Arrow - Clopid	2019
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP	Clomazol	2019
Coal tar	Soln BP	Midwest	2019
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2019
<b>Colecalciferol</b>	<b>Cap 1.25 mg (50,000 iu)</b>	<b>Vit.D3</b>	<b>2020</b>
Compound electrolytes	Powder for oral soln	Enerlyte	2019
Crotamiton	Crn 10%, 20 g OP	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
<b>Desmopressin acetate</b>	<b>Nasal spray 10 mcg per dose, 6 ml OP</b> Tab 100 mcg & 200 mcg	<b>Desmopressin-Ph&amp;T</b> Minirin	<b>2020</b> 2019
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2018
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2018
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Dimethicone	Lotn 4%, 200 ml OP	healthE Dimethicone 4% Lotion	2019
	Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 5%	2018
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	
Diphtheria, tetanus and acellular 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	2020
Diphtheria, tetanus, acellular pertussis and inactivated 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 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2020
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
<b>Emulsifying ointment</b>	<b>Oint BP; 500 g</b>	<b>AFT</b>	<b>2020</b>
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018
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

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Etoposide	Inj 20 mg per ml, 5 ml vial	Rex Medical	2018
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
<b>Fentanyl</b>	<b>Patch 12.5 mcg per hour</b>	<b>Fentanyl Sandoz</b>	<b>2020</b>
	<b>Patch 25 mcg per hour</b>		
	<b>Patch 50 mcg per hour</b>		
	<b>Patch 75 mcg per hour</b>		
	<b>Patch 100 mcg per hour</b>		
	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Boucher and Muir	2018
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2019
Flucloxacillin	Inj 250 mg & 500 mg vials Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg	Flucloxin	2020
		AFT	2018
		Staphlex	
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%, 5 ml OP	FML	2018
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg	Arrow-Fluoxetine	2019
	Tab dispersible 20 mg, scored		
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]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg Tab 500 mg	Frusemide-Claris	2019
		Diurin 40	2018
		Urex Forte	
Fusidic acid	Tab 250 mg	Fucidin	2020
Galsulfase	Inj 1 mg per ml, 5 ml vial	Naglazyme	2018
Gemfibrozil	Tab 600 mg	Lipazil	2019
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2020
Glipizide	Tab 5 mg	Minidiab	2018
<b>Glucose [dextrose]</b>	<b>Inj 50%, 10 ml ampoule, 5 inj</b> <b>Inj 50%, 90 ml bottle, 1 inj</b>	<b>Biomed</b>	<b>2020</b>
Glycerol	Liquid Suppos 3.6 g	healthE Glycerol BP	2020
		PSM	2018

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Goserelin	Implant 3.6 mg & 10.8 mg syringe	Zoladex	2019
Haemophilus influenzae type B vaccine	Haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	Hiberix	2020
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml ampoule	Serenace	2019
Hepatitis A vaccine	Inj 720 ELISA units in 0.5 ml syringe Inj 1440 ELISA units in 1 ml syringe	Havrix Junior Havrix	2020
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mcg per 1 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2020
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Powder	ABM	2020
	Crn 1%, 30 g OP	DermAssist	2019
	Crn 1%, 500 g	Pharmacy Health	
	Inj 100 mg vial Tab 5 mg & 20 mg	Solu-Cortef Douglas	2018
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%, 250 ml	DP Lotn HC	2020
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%, 15 g OP	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
Ibuprofen	Tab long-acting 800 mg	Brufen SR	2018
<b>Imatinib mesilate</b>	<b>Cap 100 mg &amp; 400 mg</b>	<b>Imatinib-AFT</b>	<b>2020</b>
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
Influenza vaccine	Inj 45 mcg in 0.5 ml syringe	Influvac	31/12/19
<b>Ipratropium bromide</b>	<b>Aqueous nasal spray 0.03%, 15 ml OP</b>	<b>Univent</b>	<b>2020</b>
	Nebuliser soln, 250 mcg per ml, 1 ml ampoule	Univent	2019
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule		
Isoniazid	Tab 100 mg	PSM	2018
	Tab 100 mg with rifampicin 150 mg	Rifinah	
	Tab 150 mg with rifampicin 300 mg		

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2020
	Tab long-acting 60 mg Tab long-acting 40 mg	Duride Ismo 40 Retard	2019
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020
Itraconazole	Cap 100 mg	Itrazole	2019
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2019
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2018
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Tab 1.5 mg	Postinor-1	2019
	Intra-uterine system 20 mcg per day	Mirena	
	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/17
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2018
Loperamide hydrochloride	Tab 2 mg	Nodia	2019
	Cap 2 mg	Diamide Relief	
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Loratadine	Oral liq 1 mg per ml, 120 ml	Lorfast	2019
	Tab 10 mg	Lorafix	
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2020
Mask for spacer device	Small	e-chamber Mask	2018
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 m	Priorix	2020
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg & 10 mg	Provera	2019
	Tab 100 mg	Provera HD	
	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2018
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2020
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 0.5ml vial	Menactra	2020

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
Metformin hydrochloride	Tab immediate-release 500 mg	Metchek	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	Inj 100 mg per ml, 50 ml vial	Methotrexate Ebewe	2020
	Inj 25 mg per ml, 2 ml & 20 ml vials	DBL Methotrexate Onco-Vial Trexate	2019
	Tab 2.5 mg & 10 mg		2018
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
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2018
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2018
Miconazole nitrate	Vaginal crm 2% with applicator, 40 g OP	Micreme	2020
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019
Mitomycin C	Inj 5 mg vial	Arrow	2019
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2018
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
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	Sevredol	2020
	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	
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	2019

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule	DBL Morphine Tartrate	2019
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
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
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
<b>Nicotinic acid</b>	<b>Tab 50 mg &amp; 500 mg</b>	<b>Apo-Nicotinic Acid</b>	<b>2020</b>
Nifedipine	Tab long-acting 10 mg	Adalat 10	2020
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2020
Oestradiol	Patch 25 mcg per day Patch 50 mcg per day Patch 75 mcg per day Patch 100 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
<b>Oestriol</b>	<b>Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg</b>	<b>Ovestin</b>	<b>2020</b>
Oil in water emulsion	Crn; 500 g	O/W Fatty Emulsion Cream	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2020
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
Ondansetron	Tab 4 mg & 8 mg	Apo-Ondansetron	2019
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2019
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Inj 10 mg per ml, 1 ml & 2 ml ampoules Inj 50 mg per ml, 1 ml ampoule Cap immediate-release 5 mg, 10 mg & 20 mg	BNM OxyNorm	2018

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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	2020
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2018
	Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
<b>Paracetamol</b>	<b>Tab 500 mg – bottle pack</b>	<b>Pharmacare</b>	<b>2020</b>
	<b>Tab 500 mg – blister pack</b>		
	Suppos 125 mg & 250 mg Suppos 500 mg	Gacet Paracare	2018
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paroxetine	Tab 20 mg	Apo-Paroxetine	2019
Peak flow meter	Low range	Mini-Wright AFS Low Range	2018
	Normal range	Mini-Wright Standard	
<b>Pegylated interferon alpha-2a</b>	<b>Inj 180 mcg prefilled syringe; 4 inj</b>	<b>Pegasys</b>	<b>2020</b>
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
<b>Permethrin</b>	<b>Lotn 5%, 30 ml OP</b>	<b>A-Scabies</b>	<b>2020</b>
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml ampoules	DBL Pethidine Hydrochloride	2020
	Tab 50 mg & 100 mg	PSM	2018
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2019
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule	Hospira	2018
	Inj 50 mg per ml, 5 ml ampoule		
<b>Pine tar with trolamine laurilsulfate and fluorescein</b>	<b>Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml</b>	<b>Pinetarsol</b>	<b>2020</b>
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2020
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Prednisone	Tab 1 mg , 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Progesterone	Cap 100 mg	Urogestan	2019
Promethazine hydrochloride	Inj 25 mg per ml, 2 ml ampoule Oral liq 1 mg per ml Tab 10 mg & 25 mg	Hospira Allersoothe	2019 2018
Pyridostigmine bromide	Tab 60 mg	Mestinon	2019
<b>Pyridoxine hydrochloride</b>	<b>Tab 50 mg</b>	<b>Apo-Pyridoxine</b>	<b>2020</b>
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2018
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
<b>Ranitidine</b>	<b>Tab 150 mg &amp; 300 mg Oral liq 150 mg per 10 ml</b>	<b>Ranitidine Relief Peptisoothe</b>	<b>2020</b>
Rifabutin	Cap 150 mg	Mycobutin	2019
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2020
Rifaximin	Tab 550 mg	Xifaxan	2020
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2019
Risperidone	Oral liq 1 mg per ml	Risperon	2020
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2020
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Apo-Ropinirole	2019

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Rotavirus vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2020
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Asthalin	2018
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 50 mg & 100 mg	Arrow-Sertraline	2019
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Siltuximab	Inj 100 mg & 400 mg vials	Sylvant	2018
Sodium chloride	Inj 0.9%, 10 ml ampoule Inj 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	Pfizer Biomed Baxter	2019
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphonate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2019
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2020
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 2 mg Tab 5 mg Tab 1 mg	Apo-Terazosin Apo-Terazosin Actavis	2019
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019

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## Sole Subsidised Supply Products – cumulative to November 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol	Eye drops 0.25% & 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	Arrow-Timolol Timoptol XE	2020 2019
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2018
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort  Kenalog in Orabase	2020
Trimethoprim	Tab 300 mg	TMP	2018
<b>Trimethoprim with sulphamethoxazole [Co-trimoxazole]</b>	<b>Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml</b>	<b>Deprim</b>	<b>2020</b>
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crn 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Urosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg vial	Mylan	2020
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Water	Inj 5 ml ampoule Inj 10 ml ampoule	InterPharma Pfizer	2019
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml, 200 ml OP	Retrovir	2019
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2020
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

### November changes are in bold type

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## New Listings

Effective 1 November 2017

38	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – Special Authority see SA1473 – Retail pharmacy Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – Maximum of 90 sach per prescription .....	6.78	30	✓ Molaxole
62	SIMVASTATIN – See prescribing guideline * Tab 10 mg .....	0.95	90	✓ Simvastatin Mylan
	* Tab 20 mg .....	1.52	90	✓ Simvastatin Mylan
	* Tab 40 mg .....	2.63	90	✓ Simvastatin Mylan
	* Tab 80 mg .....	6.00	90	✓ Simvastatin Mylan
79	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 84 tab available on a PSO .....	2.18	84	✓ Microgynon 20 ED
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 84 tab available on a PSO .....	1.77	84	✓ Levlen ED
104	TERBINAFINE * Tab 250 mg – For terbinafine oral liquid formulation refer .....	1.33	14	✓ Deolate
125	ALLOPURINOL * Tab 100 mg .....	4.54	500	✓ DP-Allopurinol
	* Tab 300 mg – For allopurinol oral liquid formulation refer .....	10.35	500	✓ DP-Allopurinol
140	METOCLOPRAMIDE HYDROCHLORIDE * Tab 10 mg – For metoclopramide hydrochloride oral liquid formulation refer .....	1.30	100	✓ Metoclopramide Actavis 10
168	PEMETREXED – PCT only – Specialist – Special Authority see SA1679 Inj 100 mg vial .....	60.89	1	✓ Juno Pemetrexed
	Inj 500 mg vial .....	217.77	1	✓ Juno Pemetrexed
	Inj 1 mg for ECP .....	0.55	1 mg	✓ Baxter

### ▶ SA1679 Special Authority for Subsidy

Initial application – (mesothelioma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

Both:

- 1 Patient has been diagnosed with mesothelioma; and
- 2 Pemetrexed to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.

Renewal – (mesothelioma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

All of the following:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment; and
- 3 Pemetrexed to be administered at a dose of 500mg/m<sup>2</sup> every 21 days for a maximum of 6 cycles.

*continued...*

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## New Listings – effective 1 November 2017 (continued)

*continued...*

Initial application – (non-small cell lung carcinoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

Both:

1 Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma; and

2 Either:

2.1 Both:

2.1.1 Patient has chemotherapy-naïve disease; and

2.1.2 Pemetrexed is to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles, or

2.2. All the following:

2.2.1 Patient has had first-line treatment with platinum based chemotherapy; and

2.2.2 Patient has not received prior funded treatment with pemetrexed; and

2.2.3 Pemetrexed is to be administered at a dose of 500 mg/m<sup>2</sup> every 21 days for a maximum of 6 cycles.

Renewal application – (non-small cell lung carcinoma) only from a relevant specialist. or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:

All of the following:

1 No evidence of disease progression; and

2 The treatment remains appropriate and the patient is benefitting from treatment; and

3 Pemetrexed is to be administered at a dose of 500mg/m<sup>2</sup> every 21 days.

181 ANASTROZOLE  
\* Tab 1 mg ..... 5.04 30 ✓ **Rolin**

213 DEXAMETHASONE – Special Authority see SA1680 – Retail pharmacy  
Ocular implant 700 mcg ..... 1,444.50 1 ✓ **Ozurdex**

▶ SA1680 Special Authority for Subsidy

Initial application – (Diabetic macular oedema) only from an ophthalmologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Patients have diabetic macular oedema with pseudophakic lens; and

2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and

3 Either:

3.1 Patient's disease has progressed despite 3 injections with bevacizumab; or

3.2 Patient is unsuitable or contraindicated to treatment with anti-VEGF inhibitors; and

4 Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

Renewal – (Diabetic macular oedema) only from an ophthalmologist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Patient's vision is stable or has improved (prescriber determined)

2 Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

Initial application – (Women of child bearing age with diabetic macular oedema) only from an ophthalmologist.

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

All of the following:

*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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## New Listings – effective 1 November 2017 (continued)

*continued...*

- 1 Patients have diabetic macular oedema; and
- 2 Patient has reduced visual acuity of between 6/9 – 6/48 with functional awareness of reduction in vision; and
- 3 Patient is of child bearing potential and has not yet completed a family
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

Renewal – (Women of child bearing age with diabetic macular oedema) Only from an ophthalmologist.

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

All of the following:

- 1 Patient's vision is stable or has improved (prescriber determined)
- 2 Patient is of child bearing potential and has not yet completed a family
- 3 Dexamethasone implants are to be administered not more frequently than once every 4 months, and up to a maximum of 3 implants per year.

214	TRAVOPROST * Eye drops 0.004%.....	7.30	5 ml OP	✓ <b>Travopt</b>
243	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured) .....	53.00	400 g OP	✓ <b>Neocate Junior Unflavoured</b>
	Powder (vanilla) .....	53.00	400 g OP	✓ <b>Neocate Junior Vanilla</b>

Note – This is a new listing for new Pharmacodes 2530252 and 2530260 due to a change in brand name.

## Effective 1 October 2017

22	HYOSCINE BUTYLBROMIDE * Tab 10 mg .....	8.75	100	✓ <b>Buscopan</b>
38	ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription * Powder for oral soln .....	5.51	500 g OP	✓ <b>Bonvit</b>
44	FERRIC CARBOXYMALTOSE – Special Authority see SA1675 – Retail pharmacy Inj 50 mg per ml, 10 ml vial .....	150.00	1	✓ <b>Ferinject</b>

➡ SA1675 Special Authority for Subsidy  
Initial application – (serum ferritin less than or equal to 20 mcg/L) from any medical practitioner. Approval valid for 3 months for applications meeting the following criteria:  
Both:  
1. Patient has been diagnosed with iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and  
2. Any of the following:  
2.1. Patient has been compliant with oral iron treatment and treatment has proven ineffective; or  
2.2. Treatment with oral iron has resulted in dose-limiting intolerance; or  
2.3. Rapid correction of anaemia is required.

Renewal – (serum ferritin less than or equal to 20 mcg/L) from any medical practitioner. Approval valid for 3 months for applications meeting the following criteria:  
Both:  
1. Patient continues to have iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and  
2. A re-trial with oral iron is clinically inappropriate.

*continued...*



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\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings – effective 1 October 2017 (continued)

*continued...*

Initial application (iron deficiency anaemia) only from an internal medicine physician, obstetrician, gynaecologist, anaesthetist or a medical practitioner on the recommendation of an internal medicine physician, obstetrician, gynaecologist or anaesthetist. Approval valid for 3 months for applications meeting the following criteria:

Both:

1. Patient has been diagnosed with iron-deficiency anaemia; and
2. Any of the following:
  - 2.1. Patient has been compliant with oral iron treatment and treatment has proven ineffective; or
  - 2.2. Treatment with oral iron has resulted in dose-limiting intolerance; or
  - 2.3. Patient has symptomatic heart failure, chronic kidney disease stage 3 or more or active inflammatory bowel disease and a trial of oral iron is unlikely to be effective; or
  - 2.4. Rapid correction of anaemia is required.

Renewal (iron deficiency anaemia) only from an internal medicine physician, obstetrician, gynaecologist, anaesthetist or a medical practitioner on the recommendation of an internal medicine physician, obstetrician, gynaecologist or anaesthetist. Approval valid for 3 months for applications meeting the following criteria:

Both:

1. Patient continues to have iron-deficiency anaemia; and
2. A re-trial with oral iron is clinically inappropriate.

57	BISOPROLOL FUMARATE			
	Tab 2.5 mg .....	3.53	90	✓Bosvate
	Tab 5 mg .....	5.15	90	✓Bosvate
	Tab 10 mg .....	9.40	90	✓Bosvate
	Note – this is a listing of a new pack size.			
57	CARVEDILOL			
	* Tab 6.25 mg .....	2.24	60	✓Carvedilol Sandoz
	* Tab 12.5 mg .....	2.30	60	✓Carvedilol Sandoz
	* Tab 25 mg – For carvedilol oral liquid formulation refer .....	2.95	60	✓Carvedilol Sandoz
58	METOPROLOL SUCCINATE			
	* Tab long-acting 190 mg .....	3.00	30	✓Betaloc CR
59	NIFEDIPINE			
	* Tab long-acting 30 mg .....	3.14	30	✓Adalat Oros
	* Tab long-acting 60 mg .....	5.67	30	✓Adalat Oros
81	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	* Tab 5 mg .....	4.81	100	✓Ricit
133	ESCITALOPRAM			
	* Tab 10 mg .....	1.11	28	✓Apo-Escitalopram
	* Tab 20 mg .....	1.90	28	✓Apo-Escitalopram

▲ 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 21 September 2017

98	AMOXICILLIN Grans for oral liq 250 mg per 5 ml ..... 1.31	100 ml	✓ <b>Alphamox 250</b>
	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		

## Effective 1 September 2017

53	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO ..... 7.00	50	✓ <b>Multichem</b>
58	PROPRANOLOL * Tab 10 mg ..... 3.65 * Tab 40 mg ..... 4.65 Note – This is the listing of new Pharmacodes for Apo-Propranolol tab 10 mg, 2525941 and 40 mg, 2525968.	100 100	✓ <b>Apo-Propranolol</b> ✓ <b>Apo-Propranolol</b>
64	HYDRALAZINE HYDROCHLORIDE * Tab 25 mg – Special Authority see SA1321 – Retail Pharmacy ..... CBS	84	✓ <b>AMDIPHARM</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
172	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy Cap 20 mg ..... 18.30 Wastage claimable – see 3.3.2 Cap 140 mg ..... 56.00	5 5	✓ <b>Temizole 20</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span> ✓ <b>Orion Temozolomide</b>
213	PREDNISOLONE ACETATE Eye drops 1% ..... 7.00	5 ml OP	✓ <b>Pred Forte</b>
215	MACROGOL 400 AND PROPYLENE GLYCOL – Special Authority see SA1388 – Retail pharmacy Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml ..... 7.00	24	✓ <b>Systane Unit Dose Ultra</b>
217	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee ..... 4.50 a) The Pharmacode for BSF Apo-Leflunomide is 2527014 b) The Pharmacode for BSF Enlafax XR is 2527022	1 fee	✓ <b>BSF Apo-Leflunomide</b> ✓ <b>BSF Enlafax XR</b>

## Effective 11 August 2017

57	DIGOXIN * ‡ Oral liq 50 mcg per ml ..... 16.60 Wastage claimable – see rule 3.3.2	60 ml	✓ <b>Lanoxin S29</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
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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 August 2017

128	LIDOCAINE [LIGNOCAINE]				
	Gel 2%, tube – Subsidy by endorsement .....	14.50	30 ml	✓ Xylocaine 2% Jelly	
	a) Up to 150 ml available on a PSO				
	b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.				
	Gel 2%, 10 ml urethral syringe – Subsidy by endorsement .....	212.50	25	✓ Cathejell	
	a) Up to 5 each available on a PSO				
	b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.				

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions, Chemical Names and Presentations Effective 1 November 2017

21	SODIUM <b>CROMOGLICATE</b> <del>CROMOGLYCAT</del> Cap 100 mg.....	92.91	100	✓ <b>Nalcrom</b>
61	METOLAZONE – Special Authority see <b>SA1678</b> <del>1349</del> — Retail pharmacy Tab 5 mg .....	CBS	1 50	✓ <b>Metolazone</b> <b>S29</b> ✓ <b>Zaroxolyn</b> <b>S29</b>
<p>➔ <b>SA1678</b> <del>1349</del> Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where used for the treatment of patients with <b>for applications meeting the following criteria:</b> <b>Either:</b> <b>1 Patient has refractory heart failure who are and is intolerant or have has not responded to loop diuretics and/ or loop-thiazide combination therapy; or</b> <b>2 Paediatric patient has oedema secondary to nephrotic syndrome that has not responded to loop diuretics.</b></p>				
64	MINOXIDIL – Special Authority see SA1271 — Retail pharmacy ▲ Tab 10 mg .....	70.00	100	✓ <b>Loniten</b>
<p>➔ <b>SA1271</b> Special Authority for Subsidy Initial application only from a relevant specialist. Approvals valid without further renewal unless notified where patient has severe refractory hypertension which has failed to respond to extensive multiple therapies.</p>				
68	<b>SODIUM FUSIDATE [FUSIDIC ACID]</b> Crm 2%.....	2.52	15 g OP	✓ <b>DP Fusidic Acid Cream</b>
	a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination			
	Oint 2% .....	3.45	15 g OP	✓ <b>Foban</b>
	a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination			
71	BETAMETHASONE VALERATE WITH <b>SODIUM FUSIDATE [FUSIDIC ACID]</b> Crm 0.1% with <b>sodium fusidate</b> (fusidic acid) 2% .....	3.49 (10.45)	15 g OP	Fucicort
	a) Maximum of 15 g per prescription b) Only on a prescription			
79	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert <b>tablets tab</b> – Up to 84 tab available on a PSO .....	2.65 2.18	84	✓ <b>Ava 20 ED</b> ✓ <b>Microgynon 20 ED</b>
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert <b>tablets tab</b> – Up to 84 tab available on a PSO .....	2.30 1.77	84	✓ <b>Ava 30 ED</b> ✓ <b>Levlen ED</b>
86	TESTOSTERONE <b>CIPIONATE</b> <del>GYPIONATE</del> – Retail pharmacy-Specialist Inj 100 mg per ml, 10 ml vial.....	76.50	1	✓ <b>Depo-Testosterone</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
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## Changes to Restrictions – effective 1 November 2017 (continued)

100	<b>SODIUM FUSIDATE [FUSIDIC ACID]</b> Tab 250 mg – Retail pharmacy-Specialist.....	34.50	12	✓ <b>Fucidin</b>
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Prescriptions must be written by, or on the recommendation of, an infectious disease physician or a clinical microbiologist.

### 112 ANTIRETROVIRALS

▶ SA1651 Special Authority for Subsidy

Initial application — (Confirmed HIV) only from a named specialist. Approvals valid without further renewal unless notified where the patient has confirmed HIV infection.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.

Subsidies **apply** for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Renewal — (Confirmed HIV) only from a named specialist. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application — (Prevention of maternal transmission) only from a named specialist. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Prevention of maternal foetal transmission; or
- 2 Treatment of the newborn for up to eight weeks.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.

Subsidies **apply** for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Some antiretrovirals are unapproved or contraindicated for this indication. Practitioners prescribing these medications should exercise their own skill, judgement, expertise and discretion, and make their own prescribing decisions with respect to the use of a Pharmaceutical for an indication for which it is not approved or contraindicated.

Initial application — (post-exposure prophylaxis following non-occupational exposure to HIV) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
  - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or
  - 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or
  - 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.

Subsidies **apply** for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Renewal — (second or subsequent post-exposure prophylaxis) only from a named specialist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

- 1 Treatment course to be initiated within 72 hours post exposure; and
- 2 Any of the following:
  - 2.1 Patient has had unprotected receptive anal intercourse with a known HIV positive person; or

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 November 2017 (continued)

continued...

- 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or  
2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is required.

Initial application — (Percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.

Subsidies **apply** for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Renewal — (Second or subsequent percutaneous exposure) only from a named specialist. Approvals valid for 6 weeks where the patient has percutaneous exposure to blood known to be HIV positive.

210	<b>SODIUM CROMOGLICATE CROMOGLYCATE</b>			
	Powder for inhalation, 20 mg per dose.....	26.35	50 dose	✓ <b>Intal Spincaps</b>
	Aerosol inhaler, 5 mg per dose CFC-free.....	28.07	112 dose OP	✓ <b>Intal Forte CFC Free</b>
212	<b>SODIUM FUSIDATE [FUSIDIC ACID]</b>			
	Eye drops 1%.....	4.50	5 g OP	✓ <b>Fucithalmic</b>
213	<b>SODIUM CROMOGLICATE CROMOGLYCATE</b>			
	Eye drops 2%.....	0.85	5 ml OP	✓ <b>Rexacrom</b>

## Effective 1 October 2017

22	<b>HYOSCINE N-BUTYLBROMIDE BUTYLBROMIDE</b>			
	* Tab 10 mg.....	8.75	100	✓ <b>Buscopan</b>
		2.18	20	✓ <b>Gastrosoothe</b>
	* Inj 20 mg, 1 ml – Up to 5 inj available on a PSO.....	9.57	5	✓ <b>Buscopan</b>
134	<b>PAROXETINE – Brand switch fee payable (Pharmacode 2523930)</b>			
	* Tab 20 mg.....	4.02	90	✓ <b>Apo-Paroxetine</b>

## 162 NICOTINE

Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.

**Note – may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of**

### Section A

Patch 7 mg – Up to 28 patch available on a PSO.....	10.57	28	✓ <b>Habitrol</b>
Patch 14 mg – Up to 28 patch available on a PSO.....	11.31	28	✓ <b>Habitrol</b>
Patch 21 mg – Up to 28 patch available on a PSO.....	11.95	28	✓ <b>Habitrol</b>
Lozenge 1 mg – Up to 216 loz available on a PSO.....	12.91	216	✓ <b>Habitrol</b>
Lozenge 2 mg – Up to 216 loz available on a PSO.....	14.14	216	✓ <b>Habitrol</b>
Gum 2 mg (Fruit) – Up to 384 piece available on a PSO.....	22.26	384	✓ <b>Habitrol</b>
Gum 2 mg (Mint) – Up to 384 piece available on a PSO.....	22.26	384	✓ <b>Habitrol</b>
Gum 4 mg (Fruit) – Up to 384 piece available on a PSO.....	25.67	384	✓ <b>Habitrol</b>
Gum 4 mg (Mint) – Up to 384 piece available on a PSO.....	25.67	384	✓ <b>Habitrol</b>

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 October 2017 (continued)

212	CIPROFLOXACIN Eye Drops 0.3% – <b>Subsidy by endorsement</b> .....	12.43	5 ml OP	✓ <b>Ciloxan</b>
For treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol. <b>When prescribed for the treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol; or for the second line treatment of chronic suppurative otitis media (CSOM)*; and the prescription is endorsed accordingly.</b> <b>Notes: Indication marked with a * is an Unapproved Indication</b>				

### Effective 1 September 2017

53	SODIUM CHLORIDE (Sole Supply suspended) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO .....	7.00	50	✓ <b>InterPharma</b>
56	QUINAPRIL WITH HYDROCHLOROTHIAZIDE (Stat dispensing removed) Tab 10 mg with hydrochlorothiazide 12.5 mg..... Tab 20 mg with hydrochlorothiazide 12.5 mg.....	3.65 4.78	30 30	✓ <b>Accuretic 10</b> ✓ <b>Accuretic 20</b>
99	FLUCLOXACILLIN Inj 1 g vial – Up to 5 inj available on a PSO .....	5.22 10.44	5 10	✓ <b>Flucil</b> ✓ <b>Flucloxin</b>
119	LEFLUNOMIDE – <b>Brand Switch Fee payable (Pharmacode 2527014)</b> Tab 10 mg ..... Tab 20 mg .....	2.90 2.90	30 30	✓ <b>Apo-Leflunomide</b> ✓ <b>Apo-Leflunomide</b>
135	VENLAFAXINE – <b>Brand Switch Fee payable (Pharmacode 2527022)</b> Cap 37.5 mg ..... Cap 75 mg ..... Cap 150 mg .....	6.38 8.11 11.16	84 84 84	✓ <b>Enlifax XR</b> ✓ <b>Enlifax XR</b> ✓ <b>Enlifax XR</b>
213	PREDNISOLONE ACETATE (Sole Supply suspended) Eye drops 1% .....	3.93	10 ml OP	✓ <b>Prednisolone-AFT</b>

▲ 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 November 2017

43	PYRIDOXINE HYDROCHLORIDE (↑ subsidy) a) No more than 100 mg per dose b) Only on a prescription * Tab 25 mg – No patient co-payment payable .....	2.70	90	✓ <b>Vitamin B6 25</b>
68	CLOTRIMAZOLE (↑ subsidy) * Crm 1% ..... a) Only on a prescription b) Not in combination	0.70	20 g OP	✓ <b>Clomazol</b>
69	MICONAZOLE NITRATE (↑ subsidy) * Crm 2% ..... a) Only on a prescription b) Not in combination	0.74	15 g OP	✓ <b>Multichem</b>
73	POVIDONE IODINE (↑ price) Antiseptic soln 10% .....	1.28 (13.27) 0.19 (7.41)	100 ml  15 ml	  Betadine Betadine
73	POVIDONE IODINE (↓ price) Skin preparation, povidone iodine 10% with 30% alcohol .....	1.63 (3.48)	100 ml	Betadine Skin Prep
142	PROMETHAZINE THEOCLATE (↓ price) * Tab 25 mg .....	1.20 (5.59)	10	Avomine
205	FEXOFENADINE HYDROCHLORIDE (↓ price) * Tab 60 mg ..... * Tab 120 mg .....	4.34 (8.23) 14.22 (26.44) 4.74 (8.23)	20  30  10	 Telfast Telfast Telfast
212	PROPAMIDINE ISETHIONATE (↑ price) * Eye drops 0.1% .....	2.97 (14.55)	10 ml OP	Brolene



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 October 2017

21	OLSALAZINE (↑ subsidy)			
	Tab 500 mg .....	93.37	100	✓ <b>Dipentum</b>
	Cap 250 mg .....	53.00	100	✓ <b>Dipentum</b>
42	NYSTATIN (↓ subsidy)			
	Oral liq 100,000 u per ml .....	1.95 (2.55)	24 ml OP	m-Nystatin
43	MULTIVITAMIN RENAL – Special Authority see SA1546 – Retail pharmacy (↓ subsidy)			
	* Cap .....	6.49	30	✓ <b>Clinicians Renal Vit</b>
58	METOPROLOL SUCCINATE (↓ subsidy)			
	* Tab long-acting 47.5 mg .....	1.25	30	✓ <b>Betaloc CR</b>
	* Tab long-acting 95 mg .....	1.99	30	✓ <b>Betaloc CR</b>
74	PERMETHRIN (↑ subsidy)			
	Crn 5% .....	4.95	30 g OP	✓ <b>Lyderm</b>
129	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy)			
	Oral (gel) soln 2% .....	38.00 (55.00)	200 ml	Xylocaine Viscous
130	PARACETAMOL (↑ subsidy)			
	*‡ Oral liq 120 mg per 5 ml .....	5.35	1,000 ml	✓ <b>Paracare</b>
	a) Up to 200 ml available on a PSO			
	b) Not in combination			
144	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 0.5 mg .....	1.86	60	✓ <b>Actavis</b>
	Tab 1 mg .....	2.06	60	✓ <b>Actavis</b>
	Tab 2 mg .....	2.29	60	✓ <b>Actavis</b>
	Tab 3 mg .....	2.50	60	✓ <b>Actavis</b>
	Tab 4 mg .....	3.43	60	✓ <b>Actavis</b>
165	METHOTREXATE (↑ subsidy)			
	* Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist .....	47.50	5	✓ <b>Hospira</b>

▲ 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  
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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price – effective 1 September 2017

25	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription (↓ subsidy) * Test strip – Not on a BSO .....	12.00	50 strip OP	✓ Ketostix
51	ENOXAPARIN SODIUM – Special Authority see SA1646 – Retail pharmacy (↓ subsidy) Inj 20 mg in 0.2 ml syringe..... Inj 40 mg in 0.4 ml syringe..... Inj 60 mg in 0.6 ml syringe..... Inj 80 mg in 0.8 ml syringe..... Inj 100 mg in 1 ml syringe..... Inj 120 mg in 0.8 ml syringe..... Inj 150 mg in 1 ml syringe.....	27.93 37.27 56.18 74.90 93.80 116.55 133.20	10 10 10 10 10 10 10	✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane
56	LOSARTAN POTASSIUM (↓ subsidy) * Tab 12.5 mg .....	1.39	84	✓ Losartan Actavis
	* Tab 25 mg .....	1.63	84	✓ Losartan Actavis
	* Tab 50 mg .....	2.00	84	✓ Losartan Actavis
	* Tab 100 mg .....	2.31	84	✓ Losartan Actavis
60	CLONIDINE (↓ subsidy) * Patch 2.5 mg, 100 mcg per day – Only on a prescription .....	7.40	4	✓ Catapres-TTS-1
	* Patch 5 mg, 200 mcg per day – Only on a prescription .....	10.04	4	✓ Catapres-TTS-2
	* Patch 7.5 mg, 300 mcg per day – Only on a prescription .....	12.34	4	✓ Catapres-TTS-3
81	ERGOMETRINE MALEATE (↑ subsidy) Inj 500 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO .....	105.00	5	✓ DBL Ergometrine
99	FLUCLOXACILLIN (↓ subsidy) Inj 1 g vial – Up to 5 inj available on a PSO .....	10.44	10	✓ Flucloxin
180	OCTREOTIDE (↑ subsidy) Inj 50 mcg per ml, 1 ml vial .....	30.64	5	✓ DBL Octreotide
180	OCTREOTIDE (↓ subsidy) Inj 100 mcg per ml, 1 ml vial .....	18.69	5	✓ DBL Octreotide
	Inj 500 mcg per ml, 1 ml vial .....	72.50	5	✓ DBL Octreotide
205	FLUTICASONE (↓ subsidy) Aerosol inhaler, 50 mcg per dose .....	4.68	120 dose OP	✓ Floair
	Aerosol inhaler, 125 mcg per dose .....	7.22	120 dose OP	✓ Floair
	Aerosol inhaler, 250 mcg per dose .....	10.18	120 dose OP	✓ Floair
206	SALMETEROL (↓ subsidy) Aerosol inhaler 25 mcg per dose .....	9.90	120 dose OP	✓ Meterol
206	FLUTICASONE WITH SALMETEROL (↓ subsidy) Aerosol inhaler 50 mcg with salmeterol 25 mcg .....	14.58	120 dose OP	✓ RexAir
	Aerosol inhaler 125 mcg with salmeterol 25 mcg .....	16.83	120 dose OP	✓ RexAir
210	AMINOPHYLLINE (↑ subsidy) * Inj 25 mg per ml, 10 ml ampoule – Up to 5 inj available on a PSO .....	124.37	5	✓ DBL Aminophylline

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Brand Name

Effective 1 September 2017

180	OCTREOTIDE				
	Inj 50 mcg per ml, 1 ml vial .....	30.64	5	✓ DBL Octreotide	
	Inj 100 mcg per ml, 1 ml vial .....	18.69	5	✓ DBL Octreotide	
	Inj 500 mcg per ml, 1 ml vial .....	72.50	5	✓ DBL Octreotide	

## Changes to PSO

Effective 1 September 2017

246	FLUCLOXACILLIN				
	✓ Inj 1 g vial .....	5 10			

▲ 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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✓ fully subsidised

## Delisted Items

### Effective 1 November 2017

54	POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol) .....	3.71	100	✓Duro-K <b>S29</b> ✓Slow-K <b>S29</b>
98	AMOXICILLIN WITH CLAVULANIC ACID Grans for oral liquid amoxicillin 50 mg with clavulanic acid 12.5 mg per ml .....	2.20 (4.97)	100 ml	Augmentin
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
215	MACROGOL 400 AND PROPYLENE GLYCOL – Special Authority see SA1388 – Retail pharmacy Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml .....	7.00	24	✓Systane Unit Dose Ultra
224	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency Powder – Only in combination .....	12.62 (25.46)	5 g	Douglas
	a) Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric. b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.			

### Effective 1 October 2017

44	CALCIUM GLUCONATE * Inj 10%, 10 ml ampoule .....	34.24	10	✓Hameln <b>S29</b>
75	PHENOTHTRIN Shampoo 0.5% .....	5.68	100 ml OP	✓Parasidose
	Note – Parasidose shampoo 0.5%, 200 ml OP remains subsidised.			
126	DANTROLENE Cap 25 mg .....	65.00	100	✓Dantrium S29 <b>S29</b>
131	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab immediate-release 10 mg .....	2.80	10	✓Sevredol
	Tab immediate-release 20 mg .....	5.52	10	✓Sevredol
	Note – this delist only applies to Pharmacodes 242675 and 242756. New Pharmacodes were listed 1 July 2017.			
141	GRANISETRON * Tab 1 mg .....	5.98	50	✓Granirex
179	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 25 mg .....	5.80	60	✓Azamun
	* Tab 50 mg – For azathioprine oral liquid formulation refer .....	10.58	100	✓Azamun

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – effective 1 October 2017 (continued)

217	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓BSF Apo-Paroxetine
	a) The Pharmacode for BSF Apo-Paroxetine is 2523930			
256	HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm] One dose for patients meeting any of the following: 1) For primary vaccination in children; or 2) An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or 3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.			
	Inj 10 mcg vial with diluent syringe .....	0.00	1	✓ Act-HIB
258	HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – [Xpharm] Funded for patient meeting either of the following criteria: 1) Maximum of 3 doses for people aged 9 to 26 years inclusive; or 2) Maximum of four doses for people aged 9 to 26 years inclusive, post chemotherapy.			
	Inj 120 mcg in 0.5 ml syringe .....	0.00	10	✓ Gardasil
			1	✓ Gardasil
260	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	10	✓ M-M-R II
			1	✓ M-M-R II
262	ROTAVIRUS LIVE REASSORTANT ORAL VACCINE – [Xpharm] Maximum of three doses for patients meeting the following: 1) first dose to be administered in infants aged under 15 weeks of age; and 2) no vaccination being administered to children aged 8 months or over. Oral susp G1, G2, G3, G4, P1(8)11.5 million CCID50 units per 2 ml, tube .....	0.00	10	✓ RotaTeq

### Effective 1 September 2017

53	PEGFILGRASTIM – Special Authority see SA1384 – Retail pharmacy Inj 6 mg per 0.6 ml syringe .....	1,080.00	1	✓ Neulastim
	Note – This delist only applies to Pharmacode 2265478. Pharmacode 2513145 was listed 16 January 2017.			
56	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 5 inj available on a PSO .....	11.98	6	✓ Cordarone-X

▲ 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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Generic Mnfr  
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### Delisted Items – effective 1 September 2017 (continued)

60	METHYLDOPA * Tab 125 mg .....	14.25	100	✓ Prodopa
119	AURANOFIN – Subsidy by endorsement Subsidised for patients who were taking auranofin tab prior to 1 April 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of auranofin.			
	Tab 3 mg .....	68.99	60	✓ Ridaura s29 <b>S29</b>
		114.98	100	✓ Ridaura s29 <b>S29</b>
119	LEFLUNOMIDE			
	Tab 10 mg .....	2.90	30	
		(55.00)		Arava
	Tab 20 mg .....	2.90	30	
		(76.00)		Arava
135	VENLAFAXINE			
	Tab 37.5 mg .....	2.13	28	
		(5.06)		Arrow-Venlafaxine XR
	Tab 75 mg .....	2.70	28	
		(6.44)		Arrow-Venlafaxine XR
	Tab 150 mg .....	3.72	28	
		(8.86)		Arrow-Venlafaxine XR
	Tab 225 mg .....	8.10	28	
		(14.34)		Arrow-Venlafaxine XR
	Cap 37.5 mg .....	2.13	28	
		(2.80)		Efexor XR
	Cap 75 mg .....	2.70	28	
		(5.59)		Efexor XR
	Cap 150 mg .....	3.72	28	
		(6.59)		Efexor XR
140	RIZATRIPTAN			
	Tab orodispersible 10 mg .....	3.24	12	✓ Rizamelt
140	SUMATRIPTAN			
	Tab 50 mg .....	24.44	100	
		(29.80)		Arrow-Sumatriptan
	Tab 100 mg .....	46.23	100	
		(54.80)		Arrow-Sumatriptan

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**Delisted Items – effective 1 September 2017 (continued)**

147	ALPRAZOLAM – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking alprazolam prior to 1 December 2016 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of alprazolam.			
	Tab 250 mcg.....	2.50 (4.84)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 500 mcg.....	3.25 (5.92)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 1 mg .....	5.00 (12.00)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
155	INTERFERON BETA-1-ALPHA – Special Authority see SA1564 – [Xpharm] Inj 6 million iu per vial .....	1,170.00	4	✓ Avonex
167	CYTARABINE Inj 500 mg – PCT – Retail pharmacy-Specialist .....	18.15	1	✓ Pfizer
234	ENTERAL/ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Powder .....	7.50	76 g OP	✓ Alitraq

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

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Generic Mnfr  
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## Items to be Delisted

### Effective 1 December 2017

60	CLONIDINE				
	* Patch 2.5 mg, 100 mcg per day – Only on a prescription .....	7.40	4		✓ Catapres-TTS-1
	* Patch 5 mg, 200 mcg per day – Only on a prescription .....	10.04	4		✓ Catapres-TTS-2
	* Patch 7.5 mg, 300 mcg per day – Only on a prescription .....	12.34	4		✓ Catapres-TTS-3
99	FLUCLOXACILLIN				
	Inj 1 g vial – Up to 5 inj available on a PSO .....	10.44	10		✓ Flucloxin
217	PHARMACY SERVICES				
	May only be claimed once per patient.				
	* Brand switch fee.....	4.50	1 fee		✓ BSF Apo-Leflunomide ✓ BSF Enlafax XR
	a) The Pharmacode for BSF Apo-Leflunomide is 2527014				
	b) The Pharmacode for BSF Enlafax XR is 2527022				

### Effective 1 January 2018

42	NYSTATIN				
	Oral liq 100,000 u per ml.....	1.95 (2.55)	24 ml OP		m-Nystatin
129	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE				
	Oral (gel) soln 2%.....	38.00 (55.00)	200 ml		Xylocaine Viscous
167	CYTARABINE				
	Inj 20 mg per ml, 5 ml vial – PCT				
	– Retail pharmacy-Specialist.....	80.00	5		✓ Hospira
	Inj 500 mg – PCT – Retail pharmacy-Specialist.....	95.36	5		✓ Hospira
	Inj 100 mg per ml, 10 ml vial – PCT				
	– Retail pharmacy-Specialist.....	42.65	1		✓ Hospira
	Inj 100 mg per ml, 20 ml vial – PCT				
	– Retail pharmacy-Specialist.....	34.47	1		✓ Hospira

### Effective 1 February 2018

25	METFORMIN HYDROCHLORIDE				
	* Tab immediate-release 850 mg.....	7.82	500		✓ Apotex



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 March 2018

25	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription * Test strip – Not on a BSO .....	6.00	50 strip OP	✓ <b>Accu-Chek Ketur-Test</b>
58	METOPROLOL SUCCINATE * Tab long-acting 23.75 mg .....	0.80	30	✓ <b>Myloc CR</b>
		2.39	90	✓ <b>Metoprolol - AFT CR</b>
	* Tab long-acting 47.5 mg .....	2.59	30	✓ <b>Myloc CR</b>
		3.48	90	✓ <b>Metoprolol - AFT CR</b>
	* Tab long-acting 95 mg .....	1.91	30	✓ <b>Myloc CR</b>
		5.73	90	✓ <b>Metoprolol - AFT CR</b>
	* Tab long-acting 190 mg .....	3.85	30	✓ <b>Myloc CR</b>
		11.54	90	✓ <b>Metoprolol - AFT CR</b>
86	TESTOSTERONE Transdermal patch, 2.5 mg per day .....	80.00	60	✓ <b>Androderm</b>
114	INDINAVIR – Special Authority see SA1651 – Retail pharmacy Cap 200 mg .....	519.75	360	✓ <b>Crixivan</b>
	Cap 400 mg .....	519.75	180	✓ <b>Crixivan</b>
173	VINBLASTINE SULPHATE Inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist..... Note – the 5 inj pack remains subsidised.	37.29	1	✓ <b>Hospira</b>

### Effective 1 April 2018

138	LAMOTRIGINE ▲ Tab dispersible 25 mg .....	14.74	56	✓ <b>Motrig</b>
	▲ Tab dispersible 50 mg .....	24.73	56	✓ <b>Motrig</b>
	▲ Tab dispersible 100 mg .....	42.34	56	✓ <b>Motrig</b>
171	PACLITAXEL – PCT only – Specialist Inj 600 mg .....	73.06	1	✓ <b>Paclitaxel Ebewe</b>

### Effective 1 May 2018

243	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured) .....	53.00	400 g OP	✓ <b>Neocate Advance</b>
	Powder (vanilla) .....	53.00	400 g OP	✓ <b>Neocate Advance</b>
Note – This delist applies to Pharmacodes 2212285 and 2400472. New Pharmacodes listed from 1 November 2017 under brand name Neocate Junior Unflavoured and Neocate Junior Vanilla.				

▲ 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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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
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### Items to be Delisted – effective 1 June 2019

146	PIPOTHIAZINE PALMITATE – Subsidy by endorsement			
	a) Safety medicine; prescriber may determine dispensing frequency			
	b) Subsidised for patients who were taking pipothiazine palmitate prior to 1 August 2014 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of pipothiazine palmitate.			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	178.48	10	✓ Piportil
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	353.32	10	✓ Piportil

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**ISSN 1172-9376 (Print)**

**ISSN 1179-3686 (Online)**

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