

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2017

Cumulative for September, October, November and
December 2017



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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2017

New listings (page 25)

- Nifedipine (Adefin) tab long-acting 10 mg – S29, wastage claimable
- Pravastatin (Apo-Pravastatin) tab 20 mg
- Oxybutynin (Ditropan) tab 5 mg – S29, wastage claimable
- Amoxicillin (Alphamox 125) grans for oral liq 125 mg per 5 ml, 100 ml – up to 200 ml available on a PSO, wastage claimable
- Fluconazole (Mylan) cap 50 mg and 200 mg – Retail pharmacy-Specialist
- Fluconazole (Mylan) cap 150 mg – maximum of 1 cap per prescription, can be waived by endorsement, and indication restriction, can be waived by endorsement
- Ibuprofen (Relieve) tab 200 mg
- Bicalutamide (Binarex) tab 50 mg
- Pharmacy services (BSF Mylan Clonidine) brand switch fee – may be claimed once per patient
- Hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe – [Xpharm]

Changes to restrictions (pages 31-34)

- Water inj 5 ml ampoule (InterPharma), inj 10 ml ampoule (Pfizer) and inj 20 ml ampoule (Multichem and InterPharma) – amended restriction
- Quinapril with hydrochlorothiazide (Accuretic 10 and Accuretic 20) tab 10 mg with hydrochlorothiazide 12.5 mg and 20 mg with hydrochlorothiazide 12.5 mg – reinstate Stat (all-at-once) dispensing
- Nifedipine (Adalat 10) tab long-acting 10 mg – Sole Supply suspended
- Clonidine (Mylan) patch 2.5 mg, 100 mcg per day; 5 mg, 200 mcg per day and 7.5 mg, 300 mcg per day – Brand Switch Fee payable
- Levonorgestrel (Postinor-1) tab 1.5 mg – Pharmacist able to claim subsidy without a prescription
- Azithromycin tab 250 mg and 500 mg (Apo-Azithromycin) and grans for oral liq 200 mg per 5 ml (40 mg per ml) (Zithromax) – amended Special Authority criteria
- Primaquine phosphate (Primacin) tab 7.5 mg – amended Special Authority criteria
- Lamivudine (Zeffix) tab 100 mg and oral liq 5 mg per ml, 240 ml OP – amended Special Authority criteria
- Leflunomide (Apo-Leflunomide) tab 10 mg and 20 mg – Brand Switch Fee removed

Summary of PHARMAC decisions – effective 1 December 2017 (continued)

- Venlafaxine (Enlafax XR) cap 37.5 mg, 75 mg and 150 mg – Brand Switch Fee removed and addition of Stat (all-at-once) dispensing
- Rituximab inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Dexamethasone (Ozurdex) ocular implant 700 mcg – amended Special Authority note
- Hepatitis B recombinant vaccine (HBvaxPRO) inj 10 mcg per 1 ml vial – Sole Supply suspended

Increased subsidy (page 39)

- Ispaghula (psyllium) husk (Bonvit) powder for oral soln, 500 g OP
- Pentoxifylline [oxpentifylline] (Trental 400) tab 400 mg

Decreased subsidy (page 39)

- Hyoscine butylbromide (Gastrosoothe) tab 10 mg
- Carvedilol (Dicarz) tab 6.25 mg, 12.5 mg and 25 mg
- Nifedipine (Adefin XL) tab long-acting 30 mg and 60 mg
- Finasteride (Finpro) tab 5 mg
- Levodopa with carbidopa (Sinemet) tab 100 mg with carbidopa 25 mg and tab 250 mg with carbidopa 25 mg
- Levodopa with carbidopa (Sinemet CR) tab long-acting 200 mg with carbidopa 50 mg
- Escitalopram (Air Flow Products) tab 10 mg and 20 mg
- Brimonidine tartrate (Arrow-Brimonidine) eye drops 0.2%, 5 ml OP

New tender listings for 1 December 2017

- Amoxicillin (Alphamox 125) grans for oral liq 125 mg per 5 ml, 100 ml
- Bicalutamide (Binarex) tab 50 mg
- Fluconazole (Mylan) cap 50 mg, 150 mg and 200 mg
- Ibuprofen (Relieve) tab 200 mg
- Oxybutynin (Ditropan) tab 5 mg
- Pravastatin (Apo-Pravastatin) tab 20 mg

Pravastatin (Apo-Pravastatin) tab 20 mg will be listed from 1 December 2017. This is being listed earlier than the notified date of 1 January 2018, due to a supply shortage of the current brand.

Changed listings

Emergency contraceptive pill – pharmacist provision without a prescription

From 1 December 2017, pharmacists will be able to provide funded emergency contraceptive pill (ECP) in the form of levonorgestrel 1.5 mg tablet without a prescription from a prescriber. We have information on our website about this change at:

<https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/>

If pharmacists have questions about providing this service, they should contact their DHB pharmacy portfolio manager or visit the TAS website.



Changes to Special Authority criteria for several pharmaceuticals

The Special Authority criteria for the following medicines will change from 1 December 2017:

- Azithromycin 250 mg and 500 mg tab and grans for oral liq 200 mg per 5 ml (40 mg per ml) – access widened to include patients with post-transplant bronchiolitis obliterans.
- Primaquine phosphate 7.5 mg tab – addition of renewal criteria for patients with relapsed malaria
- Lamivudine 100 mg tab and oral liq 5 mg per ml – access widened to all patients for prevention or treatment of hepatitis B, when recommended by a relevant Specialist
- Dexamethasone ocular implant 700 mcg (Ozurdex) – minor correction
- Rituximab – minor change

Stat dispensing for venlafaxine

The default dispensing period for venlafaxine will change to three months all-at-once (stat) from 1 December 2017. However, if a pharmacist or prescriber considers that 3 months' supply is not suitable for an individual patient, then smaller quantities may be given.

- For LTC registered patients, the pharmacist can alter the dispensing as appropriate to meet that patient's needs; or
- For Core (non-LTC) patients, the pharmacist can authorise monthly dispensing. If more frequent dispensing is required the pharmacist would need to discuss it with the prescriber.

Change to restriction for water for injection

From 1 December 2017, the restriction applying to water for injection will be amended to include use for dilution of sodium chloride 7% solution in cystic fibrosis patients.

Changes to safety cap information

The Pharmacy Council has revised the Code of Ethics and the revised code no longer contains standards or guidelines for safety caps. Therefore, we are amending the statement referring to Safety Caps (in Section G) to remove the reference to the Code of Ethics.

We are planning a comprehensive review of the Schedule rules, and will be looking at this section again in the near future as part of the review.

Ispaghula (psyllium) husk (Bonvit) listing – incorrect price

We listed Bonvit last month as a replacement for Konsyl-D at an incorrect price and subsidy. The price and subsidy will be corrected from 1 December 2017.

Sertraline

“Stat” dispensing, three months all-at-once, will be reinstated for sertraline 50 mg and 100 mg tablets from 1 January 2018.

Pentoxifylline [oxpentifylline] – full funding

From 1 December 2017, pentoxifylline [oxpentifylline] (Trental 400) 400 mg tablets will be fully funded.

Ethinylestradiol with levonorgestrel – Ava 30 to Levlen ED

We understand that Ava 30 has been exhausted in some areas and the switch to Levlen ED is well underway. We encourage prescribers to prescribe using the formulation rather than brand.

Supply issues

Heparin sodium 1,000 iu per ml, 35 ml

The DBL brand of heparin sodium injection 1,000 iu per ml, 35 ml vial will be in short supply until March 2018. This product is used by a small number of patients in the community during home haemodialysis. The alternatives are heparin sodium (Pfizer) 1,000 iu per ml, 5 ml ampoule (50 amps pack), and 5,000 iu per ml, 5 ml ampoule (50 amps pack). DHB hospital pharmacists and renal units have been advised.

Hepatitis B recombinant vaccine (Engerix-B)

The Engerix-B brand of hepatitis B recombinant vaccine inj 20 mcg per 1 ml prefilled syringe will be listed temporarily from 1 December 2017 and will be distributed to vaccinators once HBvaxPRO inj 10 mcg per 1 ml vial stock is exhausted, which is expected to be in January 2018. Sole supply for this presentation of HBvaxPRO brand will be suspended. Information will be provided to vaccinators regarding this.

Other

Insulin pump infusion sets – discontinuation of some sets

From 1 May 2018, the Comfort and Comfort Short insulin pump infusion set range will be delisted, along with the pink and blue Inset 30 (angle) and Inset II (straight) insertion cannulas with insertion device. The supplier has indicated that supplies are now exhausted and patients have been switched to suitable alternatives.

News in brief

- **Clonidine** (Mylan) – a Brand Switch Fee will apply to dispensings of clonidine patches from 1 December 2017 to 28 February 2018.
- **Nifedipine** – The Adefin brand of nifedipine tab LA 10 mg is being listed 1 December 2017. It will be supplied under section 29 of the Medicines Act, 1981.

Tender News

Sole Subsidised Supply changes – effective 1 January 2018

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|--------------------------------------|-------------------------------------|--|
| Lidocaine [lignocaine] hydrochloride | Oral (gel) soln 2%; 200 ml | Mucosoothe (Orion) |
| Nystatin | Oral liq 100,000 u per ml; 24 ml OP | Nilstat (Aspen) |
| Paracetamol | Oral liq 120 mg per 5 ml; 1,000 ml | Paracare (API) |
| Permethrin | Crm 5%; 30 g OP | Lyderm (API) |
| Risperidone | Tab 0.5 mg; 60 tab | Actavis (Actavis) |
| Risperidone | Tab 1 mg; 60 tab | Actavis (Actavis) |
| Risperidone | Tab 2 mg; 60 tab | Actavis (Actavis) |
| Risperidone | Tab 3 mg; 60 tab | Actavis (Actavis) |
| Risperidone | Tab 4 mg; 60 tab | Actavis (Actavis) |



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 January 2018

- Alendronate sodium (Fosamax) tab 70 mg – price and subsidy decrease
- Alendronate sodium (Fosamax Plus) tab 70 mg alendronate with colecalciferol 5,600 iu – price and subsidy decrease
- Dapsone (Dapsone) tab 25 mg and 100 mg – price and subsidy increase
- Ibuprofen (Fenpaed) oral liq 20 mg per ml, 200 ml – price and subsidy increase
- Nicotine (Habitrol) lozenge 1 mg and 2 mg, patch 7 mg, 14 mg and 21 mg, and gum (fruit and mint) 2 mg and 4 mg – new listing of smaller pack sizes for Direct Distribution only, Xpharm.
- Nicotine (Habitrol) lozenge 1 mg and 2 mg, patch 7 mg, 14 mg and 21 mg, and gum (fruit and mint) 2 mg and 4 mg – price and subsidy increase
- Omeprazole (Omeprazole Actavis) cap 10 mg, 20 mg and 40 mg – new listing
- Paracetamol (Paracare Double Strength) oral liq 250 mg per 5 ml, 1,000 ml – price and subsidy increase
- Potassium iodate (NeuroTabs) tab 253 mcg (150 mcg elemental iodine) – price and subsidy increase
- Sertraline (Arrow-Sertraline) tab 50 mg and 100 mg – reinstate Stat dispensing
- Sodium citrate with sodium lauryl sulphoacetate (Micolette) enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – price and subsidy increase

Possible decisions for future implementation 1 January 2018

- Methylnaltrexone bromide (Relistor) inj 12 mg per 0.6 ml – new listing with Special Authority criteria
- Zoledronic acid (Zoledronic acid Mylan and Zometa) inj 4 mg per 5 ml vial – amended Special Authority criteria

Sole Subsidised Supply Products – cumulative to December 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 |
| Aminophylline | Inj 25 mg per ml, 10 ml ampoule | DBL Aminophylline | 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 |
| Amoxicillin with clavulanic acid | Tab 500 mg with clavulanic acid 125 mg Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP | Augmentin Curam | 2020 2019 |
| Aqueous cream | Crm, 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) Tab 250 mg & 500 mg | Zithromax Apo-Azithromycin | 2018 |
| Baclofen | Inj 0.05 mg per ml, 1 ml ampoule | Liorsesal Intrathecal | 2018 |
| Benzathine benzylpenicillin | Inj 900 mg (1.2 million units) in 2.3 ml syringe | Bicillin LA | 2018 |

*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 December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|--------------|
| Benzylpenicillin sodium [penicillin G] | Inj 600 mg (1 million units) vial | Sandoz | 2020 |
| 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 |

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| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--|--------------|
| Chlorhexidine gluconate | Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2% | healthE | 2018 |
| 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 | Crm 0.05%, 30 g OP Oint 0.05%, 30 g OP | Dermol | 2019 |
| 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 | Mylan | 2020 |
| 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 |
| Colecalciferol | Cap 1.25 mg (50,000 iu) | Vit.D3 | 2020 |
| Compound electrolytes | Powder for oral soln | Enerlyte | 2019 |
| Crotamiton | Crm 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 |
| Desmopressin acetate | Nasal spray 10 mcg per dose, 6 ml OP Tab 100 mcg & 200 mcg | Desmopressin-Ph&T Minirin | 2020 2019 |
| Dexamethasone | Tab 0.5 mg & 4 mg | Dexmethsone | 2018 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|-----------------------------------|--------------|
| 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 |
| 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% | |
| | Crn 10% pump bottle, 500 ml OP | healthE Dimethicone 10% | 2018 |
| 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 |
| Emulsifying ointment | Oint BP; 500 g | AFT | 2020 |
| 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 December 2017

| 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 | 2020 |
| 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 |
| Fentanyl | Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour Inj 50 mcg per ml, 2 ml & 10 ml ampoule | Fentanyl Sandoz Boucher and Muir | 2020 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 1 g vial 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 | Flucil Flucloxin AFT Staphlex | 2020 2018 |
| Fludarabine phosphate | Tab 10 mg | Fludara Oral | 2018 |
| Fluorometholone | Eye drops 0.1%, 5 ml OP | FML | 2018 |
| Fluorouracil sodium | Crn 5%, 20 g OP | Efudix | 2018 |
| Fluoxetine hydrochloride | Cap 20 mg Tab dispersible 20 mg, scored | Arrow-Fluoxetine | 2019 |
| 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 Diurin 40 Urex Forte | 2019 2018 |
| Fusidic acid | Tab 250 mg | Fucidin | 2020 |
| Galsulfase | Inj 1 mg per ml, 5 ml vial | Naglazyme | 2018 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|--------------|
| 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 |
| Glucose [dextrose] | Inj 50%, 10 ml ampoule, 5 inj Inj 50%, 90 ml bottle, 1 inj | Biomed | 2020 |
| Glycerol | Liquid Suppos 3.6 g | healthE Glycerol BP PSM | 2020 2018 |
| 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 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 DermAssist | 2020 |
| | Crn 1%, 30 g OP | | 2019 |
| | Crn 1%, 500 g | Pharmacy Health Solu-Cortef Douglas | 2018 |
| | Inj 100 mg vial Tab 5 mg & 20 mg | | 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 |
| Imatinib mesilate | Cap 100 mg & 400 mg | Imatinib-AFT | 2020 |
| Indapamide | Tab 2.5 mg | Dapa-Tabs | 2019 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------|--|-------------------------|--------------|
| Influenza vaccine | Inj 45 mcg in 0.5 ml syringe | Influvac | 31/12/19 |
| Ipratropium bromide | Aqueous nasal spray 0.03%, 15 ml OP | Univent | 2020 |
| | Nebuliser soln, 250 mcg per ml, 1 ml ampoule Nebuliser soln, 250 mcg per ml, 2 ml ampoule | Univent | 2019 |
| Isoniazid | Tab 100 mg | PSM | 2018 |
| | Tab 100 mg with rifampicin 150 mg | Rifinah | |
| | Tab 150 mg with rifampicin 300 mg | | |
| Isosorbide mononitrate | Tab 20 mg | Ismo 20 | 2020 |
| | Tab long-acting 60 mg | Duride | 2019 |
| | Tab long-acting 40 mg | Ismo 40 Retard | |
| 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 | |
| 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 |
| Losartan potassium | Tab 12.5 mg, 25 mg, 50 mg and 100 mg | Losartan Actavis | 2020 |
| Magnesium sulphate | Inj 2 mmol per ml, 5 ml ampoule | DBL | 2020 |
| Mask for spacer device | Small | e-chamber Mask | 2018 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--|--------------|
| 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 ml | Priorix | 2020 |
| Medroxyprogesterone acetate | Tab 2.5 mg, 5 mg & 10 mg Tab 100 mg Inj 150 mg per ml, 1 ml syringe | Provera Provera HD Depo-Provera | 2019 |
| 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 |
| 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 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--------------------------------|---|---|------------------|
| Mometasone furoate | Crm 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 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 Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg | Sevredol DBL Morphine Sulphate Arrow-Morphine LA | 2020 2019 |
| 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 |
| Neostigmine metisulfate | Inj 2.5 mg per ml, 1 ml ampoule | AstraZeneca | 2020 |
| Nevirapine | Tab 200 mg | Nevirapine Alphapharm | 2018 |
| Nicotinic acid | Tab 50 mg & 500 mg | Apo-Nicotinic Acid | 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 |
| 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 Octreotide | 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 |
| Oestriol | Crm 1 mg per g with applicator, 15 g OP Pessaries 500 mcg | Ovestin | 2020 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-----------------------------------|--|--|--------------|
| 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 |
| 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) Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) | Creon 10000 Creon 25000 | 2018 |
| Pantoprazole | Tab EC 20 mg & 40 mg | Panzop Relief | 2019 |
| Paracetamol | Tab 500 mg – bottle pack Tab 500 mg – blister pack Suppos 125 mg & 250 mg Suppos 500 mg | Pharmacare Gacet Paracare | 2020 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 Normal range | Mini-Wright AFS Low Range Mini-Wright Standard | 2018 |
| Pegylated interferon alpha-2a | Inj 180 mcg prefilled syringe; 4 inj | Pegasys | 2020 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|--|-----------------------------|--------------|
| Perhexiline maleate | Tab 100 mg | Pexsig | 2019 |
| Perindopril | Tab 2 mg & 4 mg | Apo-Perindopril | 2020 |
| Permethrin | Lotn 5%, 30 ml OP | A-Scabies | 2020 |
| 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 |
| Phenoxymethylpenicillin (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 Inj 50 mg per ml, 5 ml ampoule | Hospira | 2018 |
| Pine tar with trolamine laurilsulfate and fluorescein | Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml | Pinetarsol | 2020 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Vexazone | 2018 |
| Pizotifen | Tab 500 mcg | Sandomigran | 2018 |
| 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 | Vistil | 2019 |
| | Eye drops 3%, 15 ml OP | Vistil Forte | |
| 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 | Hospira | 2019 |
| | Oral liq 1 mg per ml | Allersoothe | 2018 |
| | Tab 10 mg & 25 mg | | |
| Pyridostigmine bromide | Tab 60 mg | Mestinon | 2019 |
| Pyridoxine hydrochloride | Tab 50 mg | Apo-Pyridoxine | 2020 |
| Quetiapine | Tab 25 mg, 100 mg, 200 mg & 300 mg | Quetapel | 2020 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------------|---|---|--------------|
| 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 |
| Ranitidine | Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml | Ranitidine Relief Peptisoothe | 2020 |
| 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 |
| 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 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|--------------|
| Spironolactone | Tab 25 mg & 100 mg | Spiractin | 2019 |
| Sulfadiazine silver | Crm 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 |
| 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 Crm 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 |
| Trimethoprim with sulphamethoxazole [Co-trimoxazole] | Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml | Deprim | 2020 |
| Tuberculin PPD [Mantoux] test | Inj 5 TU per 0.1 ml, 1 ml vial | Tubersol | 2020 |
| Urea | Crm 10%, 100 g OP | healthE Urea Cream | 2019 |
| Ursodeoxycholic acid | Cap 250 mg | Urosan | 2020 |
| Valaciclovir | Tab 500 mg & 1,000 mg | Vaclovir | 2018 |

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Sole Subsidised Supply Products – cumulative to December 2017

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|-----------------------|--------------|
| 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 |

December 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 December 2017

| | | | | | |
|-----|--|-------|--------|-----------------------|-----|
| 59 | NIFEDIPINE | | | | |
| | * Tab long-acting 10 mg | 10.63 | 60 | ✓ Adefin | S29 |
| | Wastage claimable – see rule 3.3.2 | | | | |
| 62 | PRAVASTATIN – See prescribing guideline | | | | |
| | * Tab 20 mg | 4.72 | 100 | ✓ Apo-Pravastatin | |
| 82 | OXYBUTYNIN | | | | |
| | * Tab 5 mg | 1.77 | 100 | ✓ Ditropan | S29 |
| | Wastage claimable – see rule 3.3.2 | | | | |
| 98 | AMOXICILLIN | | | | |
| | Grans for oral liq 125 mg per 5 ml | 1.20 | 100 ml | ✓ Alphamox 125 | |
| | a) Up to 200 ml available on a PSO | | | | |
| | b) Wastage claimable – see rule 3.3.2 | | | | |
| 102 | FLUCONAZOLE | | | | |
| | Cap 50 mg – Retail pharmacy-Specialist..... | 2.09 | 28 | ✓ Mylan | |
| | Cap 150 mg – Subsidy by endorsement | 0.33 | 1 | ✓ Mylan | |
| | a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist | | | | |
| | b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used Intra-vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist. | | | | |
| | Cap 200 mg – Retail pharmacy-Specialist..... | 5.08 | 28 | ✓ Mylan | |
| 118 | IBUPROFEN | | | | |
| | * Tab 200 mg | 11.71 | 1,000 | ✓ Relieve | |
| 179 | BICALUTAMIDE | | | | |
| | Tab 50 mg | 3.80 | 28 | ✓ Binarex | |
| 217 | PHARMACY SERVICES – May only be claimed once per patient | | | | |
| | * Brand switch fee..... | 4.50 | 1 fee | ✓ BSF Mylan Clonidine | |
| | a) The Pharmacode for BSF Mylan Clonidine is 2533839 | | | | |
| 257 | HEPATITIS B RECOMBINANT VACCINE – [Xpharm] | | | | |
| | Inj 20 mcg per 1 ml prefilled syringe | 0.00 | 1 | ✓ Engerix-B | |
| | Funded for patients meeting any of the following criteria: | | | | |
| | 1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or | | | | |
| | 2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or | | | | |
| | 3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or | | | | |
| | 4) for HIV positive patients; or | | | | |
| | 5) for hepatitis C positive patients; or | | | | |
| | 6) for patients following non-consensual sexual intercourse; or | | | | |
| | 7) for patients following immunosuppression; or | | | | |
| | 8) for solid organ transplant patients; or | | | | |
| | 9) for post-haematopoietic stem cell transplant (HSCT) patients; or | | | | |
| | 10) following needle stick injury. | | | | |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 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 | POMETREXED – 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/m² 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/m² every 21 days for a maximum of 6 cycles.

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:

continued...

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Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 November 2017 (continued)

continued...

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/m² 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/m² 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/m² 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:

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.

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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✓ fully subsidised

New Listings – effective 1 November 2017 (continued)

continued...

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 | ✓ Travopt |
| 243 | AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured) | 53.00 | 400 g OP | ✓ Neocate Junior Unflavoured |
| | Powder (vanilla) | 53.00 | 400 g OP | ✓ Neocate Junior Vanilla |

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 | ✓ Buscopan |
| 38 | ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription * Powder for oral soln | 5.51 | 500 g OP | ✓ Bonvit |
| 44 | FERRIC CARBOXYMALTOSE – Special Authority see SA1675 – Retail pharmacy Inj 50 mg per ml, 10 ml vial | 150.00 | 1 | ✓ Ferinject |

➡ 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.

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:

continued...

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New Listings – effective 1 October 2017 (continued)

continued...

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 |

Effective 21 September 2017

| | | | | |
|----|--|------|--------|---------------|
| 98 | AMOXICILLIN | | | |
| | Grans for oral liq 250 mg per 5 ml | 1.31 | 100 ml | ✓Alphamox 250 |
| | 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 | | | |

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

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

| Check your Schedule for full details Schedule page ref | Subsidy (Mnfr's price) \$ | Per | Brand or Generic Mnfr ✓ fully subsidised |
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New Listings – effective 1 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 | ✓ Multichem |
| 58 | PROPRANOLOL * Tab 10 mg * Tab 40 mg | 3.65 4.65 | 100 100 | ✓ Apo-Propranolol ✓ Apo-Propranolol |
| Note – This is the listing of new Pharmacodes for Apo-Propranolol tab 10 mg, 2525941 and 40 mg, 2525968. | | | | |
| 64 | HYDRALAZINE HYDROCHLORIDE * Tab 25 mg – Special Authority see SA1321 – Retail Pharmacy | CBS | 84 | ✓ AMDIPHARM S29 |
| 172 | TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy Cap 20 mg Wastage claimable – see 3.3.2 Cap 140 mg | 18.30 56.00 | 5 5 | ✓ Temizole 20 S29 ✓ Orion Temozolomide |
| 213 | PREDNISOLONE ACETATE Eye drops 1% | 7.00 | 5 ml OP | ✓ Pred Forte |
| 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 |
| 217 | PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Apo-Leflunomide is 2527014 b) The Pharmacode for BSF Enlifax XR is 2527022 | 4.50 | 1 fee | ✓ BSF Apo-Leflunomide ✓ BSF Enlifax XR |

Effective 11 August 2017

| | | | | |
|----|---|-------|-------|---------------------------------|
| 57 | DIGOXIN * ‡ Oral liq 50 mcg per ml Wastage claimable – see rule 3.3.2 | 16.60 | 60 ml | ✓ Lanoxin S29 S29 |
|----|---|-------|-------|---------------------------------|

Effective 1 August 2017

| | | | | |
|-----|--|-----------------|-------------|-------------------------------------|
| 128 | LIDOCAINE [LIGNOCAINE] Gel 2%, tube – Subsidy by endorsement 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 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. | 14.50 212.50 | 30 ml 25 | ✓ Xylocaine 2% Jelly ✓ Cathejell |
|-----|--|-----------------|-------------|-------------------------------------|

Check your Schedule for full details
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Changes to Restrictions, Chemical Names and Presentations Effective 1 December 2017

53 WATER

- 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or
- 2) On a bulk supply order; or
- 3) When used in the extemporaneous compounding of eye drops; or

4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only.

| | | | |
|---|------|----|----------------------|
| Inj 5 ml ampoule – Up to 5 inj available on a PSO..... | 7.00 | 50 | ✓ InterPharma |
| Inj 10 ml ampoule – Up to 5 inj available on a PSO..... | 6.63 | 50 | ✓ Pfizer |
| Inj 20 ml ampoule – Up to 5 inj available on a PSO..... | 5.00 | 20 | ✓ Multichem |
| | 7.50 | 30 | ✓ InterPharma |

56 QUINAPRIL WITH HYDROCHLOROTHIAZIDE (STAT reinstated)

| | | | |
|---|------|----|-----------------------|
| * Tab 10 mg with hydrochlorothiazide 12.5 mg..... | 3.65 | 30 | ✓ Accuretic 10 |
| * Tab 20 mg with hydrochlorothiazide 12.5 mg..... | 4.78 | 30 | ✓ Accuretic 20 |

59 NIFEDIPINE (Sole Supply suspended)

| | | | |
|-------------------------------|-------|----|--------------------|
| * Tab long-acting 10 mg | 10.63 | 60 | ✓ Adalat 10 |
|-------------------------------|-------|----|--------------------|

60 CLONIDINE – Brand switch fee payable (Pharmacode 2533839)

| | | | |
|--|-------|---|----------------|
| * Patch 2.5 mg, 100 mcg per day – Only on a prescription | 7.40 | 4 | ✓ Mylan |
| * Patch 5 mg, 200 mcg per day – Only on a prescription | 10.04 | 4 | ✓ Mylan |
| * Patch 7.5 mg, 300 mcg per day – Only on a prescription | 12.34 | 4 | ✓ Mylan |

80 LEVONORGESTREL

| | | | |
|--------------------------------------|------|---|---------------------|
| * Tab 1.5 mg | 4.95 | 1 | ✓ Postinor-1 |
| a) Maximum of 2 tab per prescription | | | |
| b) Up to 5 tab available on a PSO | | | |

Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.

96 AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see **SA1683 1648**

A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority.

| | | | |
|---|-------|-------|---------------------------|
| Tab 250 mg | 9.00 | 30 | ✓ Apo-Azithromycin |
| Tab 500 mg – Up to 8 tab available on a PSO | 1.05 | 2 | ✓ Apo-Azithromycin |
| Grans for oral liq 200 mg per 5 ml (40 mg per ml) | | | |
| – Wastage claimable – see rule 3.3.2..... | 12.50 | 15 ml | ✓ Zithromax |

SA1683 1648 Special Authority for Waiver of Rule

Initial application — (bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterium infections) only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Patient has received a lung transplant, **stem cell transplant, or bone marrow transplant** and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or
- 2 Patient has received a lung transplant and requires prophylaxis for bronchiolitis obliterans syndrome*; or
- 23 Patient has cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas-related gram negative organisms*; or
- 34 Patient has an atypical Mycobacterium infection.

Note: Indications marked with * are Unapproved Indications.

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
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Changes to Restrictions – effective 1 December 2017 (continued)

continued...

Initial application — (non-cystic fibrosis bronchiectasis*) only from a respiratory specialist or paediatrician.

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

All of the following:

- 1 For prophylaxis of exacerbations of non-cystic fibrosis bronchiectasis*; and
- 2 Patient is aged 18 and under; and
- 3 Either:
 - 3.1 Patient has had 3 or more exacerbations of their bronchiectasis, within a 12 month period; or
 - 3.2 Patient has had 3 acute admissions to hospital for treatment of infective respiratory exacerbations within a 12 month period.

Note: Indications marked with * are Unapproved Indications.

Renewal — (non-cystic fibrosis bronchiectasis*) only from a respiratory specialist or paediatrician.

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

All of the following:

- 1 The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and
- 2 Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and
- 3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).
The patient must not have had more than 1 prior approval.

Note: No further renewals will be subsidised. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised. Indications marked with * are Unapproved Indications.

105 PRIMAQUINE PHOSPHATE – Special Authority see **SA1684** ~~1326~~ – Retail pharmacy

Tab 7.5 mg 117.00 56 ✓ **Primacin** **S29**

► **SA1684** ~~1326~~ Special Authority for Subsidy

Initial application only from an infectious disease specialist or clinical microbiologist. Approvals valid for 1 month for applications meeting the following criteria:

Both:

- 1 The patient has vivax or ovale malaria; and
- 2 Primaquine is to be given for a maximum of 21 days.

Renewal only from an infectious disease specialist or clinical microbiologist. Approvals valid for 1 month for applications meeting the following criteria:

Both:

- 1 **The patient has relapsed vivax or ovale malaria; and**
- 2 **Primaquine is to be given for a maximum of 21 days.**

108 LAMIVUDINE – Special Authority see **SA1685** ~~1650~~ – Retail pharmacy

Tab 100 mg 6.00 28 ✓ **Zeffix**
Oral liq 5 mg per ml 270.00 240 ml OP ✓ **Zeffix**

► **SA1685** ~~1650~~ Special Authority for Subsidy

Initial application only from a **relevant specialist or medical practitioner on the recommendation of a relevant specialist. gastroenterologist, infectious disease specialist, paediatrician, general physician or medical practitioner on the recommendation of a gastroenterologist, infectious disease specialist, paediatrician or general physician.** Approvals valid for 1 year **where used for the treatment or prevention of hepatitis B.** for applications meeting the following criteria:

Any of the following:

- 1 Hepatitis B virus (HBV) DNA positive cirrhosis prior to liver transplantation; or
- 2 Hepatitis B surface antigen (HBsAg) positive and have had a liver, kidney, heart, lung or bone marrow transplant; or

continued...

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Schedule page ref

Subsidy
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\$ Per

Brand or
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✓ fully subsidised

Changes to Restrictions – effective 1 December 2017 (continued)

continued...

- 3 HBV-naïve patient who has received a liver transplant from a hepatitis B core antibody (anti-HBc)-positive donor; or
- 4 HbsAg-positive patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20mg/day for at least 7 days), or who has received such treatment within the previous two months; or
- 5 HbsAg-positive patient who is receiving anti-tumour necrosis factor treatment; or
- 6 Anti-HBc-positive patient who is receiving rituximab in combination with immunosuppressive chemotherapies for a malignancy.

Renewal only from **any relevant practitioner**, a gastroenterologist, infectious disease specialist, paediatrician, general physician or medical practitioner on the recommendation of a gastroenterologist, infectious disease specialist, paediatrician or general physician. Approvals valid for 2 years **where used for the treatment or prevention of hepatitis B**, for applications meeting the following criteria:

Any of the following:

Renewal for patients who have maintained continuous treatment and response to lamivudine

1 All of the following:

- 1.1 Have maintained continuous treatment with lamivudine; and
- 1.2 Most recent test result shows continuing biochemical response (normal ALT); and
- 1.3 HBV DNA < 100,000 copies per ml by quantitative PCR at a reference laboratory; or

Renewal when given in combination with adefovir dipivoxil for patients with cirrhosis and resistance to lamivudine

2 All of the following:

- 2.1 Lamivudine to be used in combination with adefovir dipivoxil; and
- 2.2 Patient is cirrhotic; and
Documented resistance to lamivudine, defined as:
- 2.3 Patient has raised serum ALT (> 1 × ULN); and
- 2.4 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
- 2.5 Detection of M204I or M204V mutation; or

Renewal when given in combination with adefovir dipivoxil for patients with resistance to adefovir dipivoxil

3 All of the following:

- 3.1 Lamivudine to be used in combination with adefovir dipivoxil; and
Documented resistance to adefovir, defined as:
- 3.2 Patient has raised serum ALT (> 1 × ULN); and
- 3.3 Patient has HBV DNA greater than 100,000 copies per mL, or viral load = 10 fold over nadir; and
- 3.4 Detection of N236T or A181T/V mutation.

| | | | | |
|-----|---|----------|------|-------------------|
| 119 | LEFLUNOMIDE – Brand switch fee payable (Pharmacode 2527014) | | | |
| | Tab 10 mg | 2.90 | 30 | ✓ Apo-Leflunomide |
| | Tab 20 mg | 2.90 | 30 | ✓ Apo-Leflunomide |
| 135 | VENLAFAXINE – Brand switch fee payable (Pharmacode 2527022) (addition of Stat (all-at-once) dispensing) | | | |
| | * Cap 37.5 mg | 6.38 | 84 | ✓ Enlafax XR |
| | * Cap 75 mg | 8.11 | 84 | ✓ Enlafax XR |
| | * Cap 150 mg | 11.16 | 84 | ✓ Enlafax XR |
| 196 | RITUXIMAB – PCT only – Specialist – Special Authority see SA1686 1655 (affected criteria only shown) | | | |
| | Inj 100 mg per 10 ml vial..... | 1,075.50 | 2 | ✓ Mabthera |
| | Inj 500 mg per 50 ml vial..... | 2,688.30 | 1 | ✓ Mabthera |
| | Inj 1 mg for ECP | 5.64 | 1 mg | ✓ Baxter |

▶ SA1686 1655 Special Authority for Subsidy

Renewal application - Chronic Lymphocytic Leukaemia

Only from a relevant specialist or any other medical practitioner on the recommendation of a relevant specialist.
Approvals valid for 12 months for applications meeting the following criteria:

continued...

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

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

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Changes to Restrictions – effective 1 December 2017 (continued)

continued...

All of the following:

- 1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
- 2 The patient has had an ~~rituximab treatment~~ free interval of 36 months or more **since commencement of initial rituximab treatment**; and
- 3 The patient does not have chromosome 17p deletion CLL; and
- 4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of 6 treatment cycles

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

213 DEXAMETHASONE (affected criteria only shown)

Ocular implant 700 mcg – Special Authority see SA1680

– Retail pharmacy..... 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 Patient has 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 Any of the following:
 - 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~~ **anti-VEGF agents**; or
 - 3.3 Patient lives in an area considered to be geographically isolated; 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.

257 HEPATITIS B RECOMBINANT VACCINE – [Xpharm] (Sole Supply suspended)

Inj 10 mcg per 1 ml vial..... 0.00 1 ✓ **HBvaxPRO**

Funded for patients meeting any of the following criteria:

- 1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
- 2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
- 3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
- 4) for HIV positive patients; or
- 5) for hepatitis C positive patients; or
- 6) for patients following non-consensual sexual intercourse; or
- 7) for patients following immunosuppression; or
- 8) for solid organ transplant patients; or
- 9) for post-haematopoietic stem cell transplant (HSCT) patients; or
- 10) following needle stick injury.

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Changes to Restrictions – effective 1 November 2017

| | | | | |
|---|---|-----------------|---------|---|
| 21 | SODIUM CROMOGLICATE CROMOGLYCAT Cap 100 mg | 92.91 | 100 | ✓ Nalcrom |
| 61 | METOLAZONE – Special Authority see SA1678 1349 — Retail pharmacy Tab 5 mg | CBS | 1 50 | ✓ Metolazone S29 ✓ Zaroxolyn S29 |
| <p>➔ SA1678 1349 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 for applications meeting the following criteria: Either: 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 2 Paediatric patient has oedema secondary to nephrotic syndrome that has not responded to loop diuretics.</p> | | | | |
| 64 | MINOXIDIL – Special Authority see SA1271 — Retail pharmacy ▲ Tab 10 mg | 70.00 | 100 | ✓ Loniten |
| <p>➔ SA1271 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 | SODIUM FUSIDATE [FUSIDIC ACID] Crm 2% | 2.52 | 15 g OP | ✓ DP Fusidic Acid Cream |
| <p>a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination</p> | | | | |
| | Oint 2% | 3.45 | 15 g OP | ✓ Foban |
| <p>a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination</p> | | | | |
| 71 | BETAMETHASONE VALERATE WITH SODIUM FUSIDATE [FUSIDIC ACID] Crm 0.1% with sodium fusidate (fusidic acid) 2% | 3.49 (10.45) | 15 g OP | Fucicort |
| <p>a) Maximum of 15 g per prescription b) Only on a prescription</p> | | | | |
| 79 | ETHINYLLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets tab – Up to 84 tab available on a PSO | 2.65 2.18 | 84 | ✓ Ava 20 ED ✓ Microgynon 20 ED |
| | * Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets tab – Up to 84 tab available on a PSO | 2.30 1.77 | 84 | ✓ Ava 30 ED ✓ Levien ED |
| 86 | TESTOSTERONE CIPIONATE GYPIONATE – Retail pharmacy-Specialist Inj 100 mg per ml, 10 ml vial | 76.50 | 1 | ✓ Depo-Testosterone |

▲ 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)

100 **SODIUM FUSIDATE [FUSIDIC ACID]**

Tab 250 mg – Retail pharmacy-Specialist.....34.50 12 ✓ **Fucidin**

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...

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

Effective 1 October 2017

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

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

▲ 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 October 2017 (continued)

| | | | | |
|-----|---|-------|---------|------------------|
| 212 | CIPROFLOXACIN Eye Drops 0.3% – Subsidy by endorsement | 12.43 | 5 ml OP | ✓ Ciloxan |
| | For treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol. 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. Notes: Indication marked with a * is an Unapproved Indication | | | |

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 | ✓ InterPharma |
| 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 | ✓ Accuretic 10 ✓ Accuretic 20 |
| 99 | FLUCLOXACILLIN Inj 1 g vial – Up to 5 † inj available on a PSO | 5.22 10.44 | 5 10 | ✓ Flucil ✓ Flucloxin |
| 119 | LEFLUNOMIDE – Brand Switch Fee payable (Pharmacode 2527014) Tab 10 mg Tab 20 mg | 2.90 2.90 | 30 30 | ✓ Apo-Leflunomide ✓ Apo-Leflunomide |
| 135 | VENLAFAXINE – Brand Switch Fee payable (Pharmacode 2527022) Cap 37.5 mg Cap 75 mg Cap 150 mg | 6.38 8.11 11.16 | 84 84 84 | ✓ Enlafax XR ✓ Enlafax XR ✓ Enlafax XR |
| 213 | PREDNISOLONE ACETATE (Sole Supply suspended) Eye drops 1% | 3.93 | 10 ml OP | ✓ Prednisolone-AFT |

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 December 2017

| | | | | | |
|-----|---|----------------|----------|---------------------|--------------|
| 22 | HYOSCINE BUTYLBROMIDE (↓ subsidy) * Tab 10 mg | 1.75 (2.18) | 20 | | Gastrosoothe |
| 38 | ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription (↑ subsidy) * Powder for oral soln | 6.05 | 500 g OP | ✓ Bonvit | |
| 57 | CARVEDILOL (↓ subsidy) * Tab 6.25 mg | 2.24 (3.90) | 60 | | Dicarz |
| | * Tab 12.5 mg | 2.30 (5.10) | 60 | | Dicarz |
| | * Tab 25 mg – For carvedilol oral liquid formulation refer | 2.95 (6.30) | 60 | | Dicarz |
| 59 | NIFEDIPINE (↓ subsidy) * Tab long-acting 30 mg | 3.14 | 30 | ✓ Adefin XL | |
| | * Tab long-acting 60 mg | 5.67 | 30 | ✓ Adefin XL | |
| 65 | PENTOXIFYLLINE [OXPENTIFYLLINE] (↑ subsidy) Tab 400 mg | 42.26 | 50 | ✓ Trental 400 | |
| 81 | FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (↓ subsidy) * Tab 5 mg | 1.44 (2.08) | 30 | | Finpro |
| 127 | LEVODOPA WITH CARBIDOPA (↓ subsidy) * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer | 17.97 | 100 | ✓ Sinemet | |
| | * Tab long-acting 200 mg with carbidopa 50 mg | 37.15 | 100 | ✓ Sinemet CR | |
| | * Tab 250 mg with carbidopa 25 mg | 32.67 | 100 | ✓ Sinemet | |
| 133 | ESCITALOPRAM (↓ subsidy) * Tab 10 mg | 1.11 | 28 | ✓ Air Flow Products | |
| | * Tab 20 mg | 1.90 | 28 | ✓ Air Flow Products | |
| 214 | BRIMONIDINE TARTRATE (↓ subsidy) * Eye drops 0.2% | 4.29 | 5 ml OP | ✓ Arrow-Brimonidine | |

▲ 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 | ✓ Vitamin B6 25 |
| 68 | CLOTRIMAZOLE (↑ subsidy) * Crm 1%..... a) Only on a prescription b) Not in combination | 0.70 | 20 g OP | ✓ Clomazol |
| 69 | MICONAZOLE NITRATE (↑ subsidy) * Crm 2%..... a) Only on a prescription b) Not in combination | 0.74 | 15 g OP | ✓ Multichem |
| 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 | 4.34 (8.23) | 20 | Telfast |
| | * Tab 120 mg | 14.22 (26.44) 4.74 (8.23) | 30 10 | 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 |
|---|--|---------------------------------|-----|--|
|---|--|---------------------------------|-----|--|

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

| | | | | |
|-----|--|------------------|----------|------------------------|
| 21 | OLSALAZINE (↑ subsidy) | | | |
| | Tab 500 mg | 93.37 | 100 | ✓ Dipentum |
| | Cap 250 mg | 53.00 | 100 | ✓ Dipentum |
| 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 | ✓ Clinicians Renal Vit |
| 58 | METOPROLOL SUCCINATE (↓ subsidy) | | | |
| | * Tab long-acting 47.5 mg | 1.25 | 30 | ✓ Betaloc CR |
| | * Tab long-acting 95 mg | 1.99 | 30 | ✓ Betaloc CR |
| 74 | PERMETHRIN (↑ subsidy) | | | |
| | Crn 5% | 4.95 | 30 g OP | ✓ Lyderm |
| 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 | ✓ Paracare |
| | 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 | ✓ Actavis |
| | Tab 1 mg | 2.06 | 60 | ✓ Actavis |
| | Tab 2 mg | 2.29 | 60 | ✓ Actavis |
| | Tab 3 mg | 2.50 | 60 | ✓ Actavis |
| | Tab 4 mg | 3.43 | 60 | ✓ Actavis |
| 165 | METHOTREXATE (↑ subsidy) | | | |
| | * Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist | 47.50 | 5 | ✓ Hospira |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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
42

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 December 2017

| | | | | |
|-----|---|-------------------|-------|---|
| 52 | PROTAMINE SULPHATE * Inj 10 mg per ml, 5 ml | 22.40 (149.33) | 10 | Artex |
| 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 |
| 129 | LIDOCAINE [LIGNOCAINE] – Special Authority see SA0906 – Retail pharmacy Crm 4% (5 g tubes) | 27.00 | 5 | ✓ LMX4 |
| | Note – LMX4 5 g tube, single pack, will be listed 1 July 2017. | | | |
| 131 | MORPHINE TARTRATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 80 mg per ml, 5 ml | 107.67 | 5 | ✓ Hospira |
| 144 | TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride. | | | |
| | Tab 1 mg | 19.75 | 100 | ✓ Apo-Trifluoperazine S29 |
| | Tab 5 mg | 26.23 | 100 | ✓ Apo-Trifluoperazine S29 |
| 217 | PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... | 4.50 | 1 fee | ✓BSF Apo-Leflunomide ✓BSF Enlifax XR |
| | a) The Pharmacode for BSF Apo-Leflunomide is 2527014 b) The Pharmacode for BSF Enlifax XR is 2527022 | | | |

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

Delisted Items – effective 1 November 2017

| | | | | |
|-----|---|------------------|--------|--|
| 54 | POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol) | 3.71 | 100 | ✓ Duro-K S29 ✓ Slow-K S29 |
| 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 S29 |
| 75 | PHENOTHTRIN Shampoo 0.5%..... Note – Parasidose shampoo 0.5%, 200 ml OP remains subsidised. | 5.68 | 100 ml OP | ✓ Parasidose |
| 126 | DANTROLENE Cap 25 mg | 65.00 | 100 | ✓ Dantrium S29 S29 |
| 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..... Tab immediate-release 20 mg..... Note – this delist only applies to Pharmacodes 242675 and 242756. New Pharmacodes were listed 1 July 2017. | 2.80 5.52 | 10 10 | ✓ Sevredol ✓ Sevredol |
| 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 |

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

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

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

Delisted Items – effective 1 October 2017 (continued)

| | | | | |
|-----|--|------|---------|------------------------|
| 217 | PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Apo-Paroxetine is 2523930 | 4.50 | 1 fee | ✓BSF Apo-Paroxetine |
| 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 1 | ✓Gardasil ✓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 1 | ✓M-M-R II ✓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 |

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

Delisted Items – effective 1 September 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 S29 |
| | | 114.98 | 100 | ✓Ridaura s29 S29 |
| 119 | LEFLUNOMIDE | | | |
| | Tab 10 mg | 2.90 (55.00) | 30 | Arava |
| | Tab 20 mg | 2.90 (76.00) | 30 | Arava |
| 135 | VENLAFAXINE | | | |
| | Tab 37.5 mg | 2.13 (5.06) | 28 | Arrow-Venlafaxine XR |
| | Tab 75 mg | 2.70 (6.44) | 28 | Arrow-Venlafaxine XR |
| | Tab 150 mg | 3.72 (8.86) | 28 | Arrow-Venlafaxine XR |
| | Tab 225 mg | 8.10 (14.34) | 28 | Arrow-Venlafaxine XR |
| | Cap 37.5 mg | 2.13 (2.80) | 28 | Efexor XR |
| | Cap 75 mg | 2.70 (5.59) | 28 | Efexor XR |
| | Cap 150 mg | 3.72 (6.59) | 28 | Efexor XR |
| 140 | RIZATRIPTAN | | | |
| | Tab orodispersible 10 mg | 3.24 | 12 | ✓Rizamelt |
| 140 | SUMATRIPTAN | | | |
| | Tab 50 mg | 24.44 (29.80) | 100 | Arrow-Sumatriptan |
| | Tab 100 mg | 46.23 (54.80) | 100 | Arrow-Sumatriptan |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 September 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 |

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 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 |
|----|--|------|-----|---|--------|

Effective 1 March 2018

| | | | | | |
|----|--|----------------|-------------|---|-------------------------|
| 22 | HYOSCINE BUTYLBROMIDE * Tab 10 mg | 1.75 (2.18) | 20 | | Gastrosoothe |
| 25 | SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription * Test strip – Not on a BSO | 6.00 | 50 strip OP | ✓ | Accu-Chek Ketur-Test |
| 57 | BISOPROLOL FUMARATE Tab 2.5 mg | 1.18 | 30 | ✓ | Bosvate |
| | Tab 5 mg | 1.72 | 30 | ✓ | Bosvate |
| | Tab 10 mg | 3.13 | 30 | ✓ | Bosvate |
| | Note – this delist applies to 30 tab pack, the 90 tab pack remains listed. | | | | |
| 57 | CARVEDILOL * Tab 6.25 mg | 2.24 (3.90) | 60 | | Dicarz |
| | * Tab 12.5 mg | 2.30 (5.10) | 60 | | Dicarz |
| | * Tab 25 mg – For carvedilol oral liquid formulation refer | 2.95 (6.30) | 60 | | Dicarz |

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

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

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

Items to be Delisted – effective 1 March 2018 (continued)

| | | | | | | |
|-----|--|--------|-------|-----------------------|--------|--|
| 58 | METOPROLOL SUCCINATE | | | | | |
| | * Tab long-acting 23.75 mg | 0.80 | 30 | ✓ Myloc CR | | |
| | | 2.39 | 90 | ✓ Metoprolol - AFT CR | | |
| | * Tab long-acting 47.5 mg | 2.59 | 30 | ✓ Myloc CR | | |
| | | 3.48 | 90 | ✓ Metoprolol - AFT CR | | |
| | * Tab long-acting 95 mg | 1.91 | 30 | ✓ Myloc CR | | |
| | | 5.73 | 90 | ✓ Metoprolol - AFT CR | | |
| | * Tab long-acting 190 mg | 3.85 | 30 | ✓ Myloc CR | | |
| | | 11.54 | 90 | ✓ Metoprolol - AFT CR | | |
| 59 | NIFEDIPINE | | | | | |
| | * Tab long-acting 30 mg | 3.14 | 30 | ✓ Adefin XL | | |
| | * Tab long-acting 60 mg | 5.67 | 30 | ✓ Adefin XL | | |
| 81 | FINASTERIDE – Special Authority see SA0928 – Retail pharmacy | | | | | |
| | * Tab 5 mg | 1.44 | 30 | | Finpro | |
| | | (2.08) | | | | |
| 82 | OXYBUTYNIN | | | | | |
| | * Tab 5 mg | 1.77 | 100 | ✓ Ditropan | S29 | |
| | Wastage claimable – see rule 3.3.2 | | | | | |
| 86 | TESTOSTERONE | | | | | |
| | Transdermal patch, 2.5 mg per day | 80.00 | 60 | ✓ Androderm | | |
| 114 | INDINAVIR – Special Authority see SA1651 – Retail pharmacy | | | | | |
| | Cap 200 mg | 519.75 | 360 | ✓ Crixivan | | |
| | Cap 400 mg | 519.75 | 180 | ✓ Crixivan | | |
| 133 | ESCITALOPRAM | | | | | |
| | * Tab 10 mg | 1.11 | 28 | ✓ Air Flow Products | | |
| | * Tab 20 mg | 1.90 | 28 | ✓ Air Flow Products | | |
| 173 | VINBLASTINE SULPHATE | | | | | |
| | Inj 1 mg per ml, 10 ml vial – PCT | | | | | |
| | – Retail pharmacy-Specialist..... | 37.29 | 1 | ✓ Hospira | | |
| | Note – the 5 inj pack remains subsidised. | | | | | |
| 217 | PHARMACY SERVICES – May only be claimed once per patient | | | | | |
| | * Brand switch fee..... | 4.50 | 1 fee | ✓ BSF Mylan Clonidine | | |
| | a) The Pharmacode for BSF Mylan Clonidine is 2533839 | | | | | |

| 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 April 2018

| | | | | |
|-----|------------------------------------|-------|----|--------------------|
| 138 | LAMOTRIGINE | | | |
| | ▲ Tab dispersible 25 mg | 14.74 | 56 | ✓ Motrig |
| | ▲ Tab dispersible 50 mg | 24.73 | 56 | ✓ Motrig |
| | ▲ Tab dispersible 100 mg | 42.34 | 56 | ✓ Motrig |
| 171 | PACLITAXEL – PCT only – Specialist | | | |
| | Inj 600 mg | 73.06 | 1 | ✓ Paclitaxel Ebewe |

Effective 1 May 2018

| | | | | |
|----|--|--------|------|-----------------|
| 34 | INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 13 mm teflon cannula; angle insertion; insertion device; | | | |
| | 60 cm pink line × 10 with 10 needles..... | 140.00 | 1 OP | ✓ Inset 30 |
| | 13 mm teflon cannula; angle insertion; insertion device; | | | |
| | 60 cm blue line × 10 with 10 needles..... | 140.00 | 1 OP | ✓ Inset 30 |
| 34 | INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 13 mm teflon cannula; angle insertion; 60 cm grey line × 5 with 10 needles | 120.00 | 1 OP | ✓ Comfort Short |
| | 17 mm teflon cannula; angle insertion; 110 cm grey line × 5 with 10 needles | 120.00 | 1 OP | ✓ Comfort |
| | 17 mm teflon cannula; angle insertion; 60 cm grey line × 5 with 10 needles | 120.00 | 1 OP | ✓ Comfort |
| 35 | INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 6 mm teflon cannula; straight insertion; insertion device; | | | |
| | 60 cm blue line × 10 with 10 needles..... | 140.00 | 1 OP | ✓ Inset II |
| | 6 mm teflon cannula; straight insertion; insertion device; | | | |
| | 60 cm pink line × 10 with 10 needles..... | 140.00 | 1 OP | ✓ Inset II |
| | 9 mm teflon cannula; straight insertion; insertion device; | | | |
| | 60 cm blue line × 10 with 10 needles..... | 140.00 | 1 OP | ✓ Inset II |
| | 9 mm teflon cannula; straight insertion; insertion device; | | | |
| | 60 cm pink line × 10 with 10 needles..... | 140.00 | 1 OP | ✓ Inset II |

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

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

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

Items to be Delisted – effective 1 May 2018 (continued)

| | | | | |
|----|--|------|--------|-----------------------|
| 98 | AMOXICILLIN | | | |
| | Grans for oral liq 125 mg per 5 ml | 0.88 | 100 ml | ✓ Amoxicillin Actavis |
| | | 2.00 | | ✓ Ospamox |
| | a) Up to 200 ml available on a PSO | | | |
| | b) Wastage claimable – see rule 3.3.2 | | | |
| | Grans for oral liq 250 mg per 5 ml | 0.97 | 100 ml | ✓ Amoxicillin Actavis |
| | | 2.00 | | ✓ 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 | | | |

| | | | | |
|-----|--|-------|----------|-------------------|
| 243 | AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] | | | |
| | Powder (unflavoured) | 53.00 | 400 g OP | ✓ Neocate Advance |
| | Powder (vanilla) | 53.00 | 400 g OP | ✓ Neocate Advance |
| | 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. | | | |

Effective 1 June 2018

| | | | | |
|-----|---|-------|-----|-------------------|
| 140 | SUMATRIPTAN | | | |
| | Tab 50 mg | 24.44 | 102 | ✓ Apo-Sumatriptan |
| | Tab 100 mg | 46.23 | 102 | ✓ Apo-Sumatriptan |
| | Note – this delist applies to the 102 tab pack, the 100 tab pack remains listed | | | |

Effective 1 December 2018

| | | | | |
|-----|---|------|---|-------------|
| 257 | HEPATITIS B RECOMBINANT VACCINE – [Xpharm] | | | |
| | Inj 20 mcg per 1 ml prefilled syringe | 0.00 | 1 | ✓ Engerix-B |

Effective 1 June 2019

| | | | | |
|-----|--|--------|----|------------|
| 146 | PIPTHIAZINE 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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