

Pharmaceutical Management Agency

# Update

# New Zealand Pharmaceutical Schedule

Effective 1 January 2018



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## Summary of PHARMAC decisions

EFFECTIVE 1 JANUARY 2018

### New listings (pages 24-25)

- Omeprazole cap 10 mg (Omeprazole actavis 10), cap 20 mg (Omeprazole actavis 20) and cap 40 mg (Omeprazole actavis 40)
- Methylalntrexone bromide (Relistor) inj 12 mg per 0.6 ml vial, 1 and 7 vial packs – Special Authority – Retail pharmacy
- Pravastatin (Apo-Pravastatin) tab 40 mg – prescribing guideline
- Ezetimibe (Ezetimibe Sandoz) tab 10 mg – Special Authority – Retail pharmacy
- Bosentan (Bosentan-Mylan) tab 62.5 mg and 125 mg, 60 tab pack size – Special Authority – Retail pharmacy
- Medroxyprogesterone acetate (Provera S29) tab 2.5 mg, 56 tab pack – S29, wastage claimable
- Prochlorperazine (Nausafix) tab 5 mg – up to 30 tab available on a PSO
- Nicotine (Habitrol) for direct distribution - patch 7 mg, 14 mg and 21 mg, 7 patch pack size; lozenge 1 mg and 2 mg, 36 loz pack size; and gum (fruit and mint) 2 mg and 4 mg, 96 tab pack size – Xpharm
- Vinblastine sulphate (Vinblastina Teva) inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist – S29, wastage claimable

### Changes to restrictions (pages 26-30)

- Simvastatin tab 10 mg (Simvastatin Mylan and Arrow-Simva 10mg), tab 20 mg (Simvastatin Mylan and Arrow-Simva 20mg), tab 40 mg (Simvastatin Mylan and Arrow-Simva 40mg) and tab 80 mg (Simvastatin Mylan and Arrow-Simva 80mg) – remove Stat (all-at-once) dispensing
- Zoledronic acid (Zoledronic acid Mylan and Zometa) inj 4 mg per 5 ml, vial – amended Special Authority criteria
- Paromomycin (Humatin) cap 250 mg – amended Special Authority criteria
- Tenofovir disoproxil fumarate (Viread) tab 300 mg – amended subsidy by endorsement and amended Special Authority criteria
- Ledipasvir with sofosbuvir (Harvoni) tab 90 mg with sofosbuvir 400 mg – amended Special Authority criteria
- Sertraline (Arrow-Sertraline) tab 50 mg and 100 mg – Stat dispensing reinstated
- Dexamethasone (Ozurdex) ocular implant 700 mcg – amended Special Authority criteria

## Summary of PHARMAC decisions – effective 1 January 2018 (continued)

### Increased subsidy (pages 31-32)

- Sodium citrate with sodium lauryl sulphoacetate (Micolette) enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml
- Calcium carbonate (Arrow-Calcium) tab 1.25 g (500 mg elemental)
- Potassium iodate (NeuroTabs) tab 253 mg (150 mg elemental iodine)
- Bendroflumethiazide [bendrofluazide] (Arrow Bendrofluazide) tab 2.5 mg and 5 mg
- Dapsone (Dapsone) tab 25 mg and 100 mg
- Norfloxacin (Arrow Norfloxacin) tab 400 mg
- Ibuprofen (Fenpaed) oral liq 20 mg per ml
- Diazepam (Arrow-Diazepam) tab 2 mg and 5 mg
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg (28 patch pack size); lozenge 1 mg and 2 mg (216 loz pack size); and gum (fruit and mint) 2 mg and 4 mg (384 tab pack size)

### Decreased subsidy (pages 31-33)

- Ethinyloestradiol with levonorgestrel tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets (Ava 20 ED), and tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets (Ava 30 ED)
- Levonorgestrel (Jadelle) subdermal implant (2 x 75 mg rods)
- Terbinafine (Dr Reddy's Terbinafine) tab 250 mg
- Alendronate sodium (Fosamax) tab 70 mg
- Alendronate sodium with colecalciferol (Fosamax Plus) tab 70 mg with colecalciferol 5,600 iu
- Allopurinol (Allopurinol-Apotex) tab 100 mg and 300 mg
- Metoclopramide hydrochloride (Metamide) tab 10 mg
- Anastrozole (Aremend, Arimidex and DP-Anastrozole) tab 1 mg
- Travoprost (Travatan) eye drops 0.004%, 2.5 ml OP

## New tender listings for 1 January 2018

- Omeprazole (Omeprazole actavis) cap 10 mg, 20 mg and 40 mg
- Pravastatin (Apo-Pravastatin) tab 40 mg
- Ezetimibe (Ezetimibe Sandoz) tab 10 mg
- Prochlorperazine (Nausafix) tab 5 mg
- Nicotine (Habitrol) patches, lozenges and gum

More information about the omeprazole change and patient resources can be found on our website at [www.pharmac.govt.nz/omeprazole](http://www.pharmac.govt.nz/omeprazole)

## New listings

### Methylnaltrexone bromide

Methylnaltrexone bromide (Relistor) inj 12 mg per 0.6 ml vial will be listed from 1 January 2018 subject to Special Authority criteria, for people receiving palliative care with opioid-induced constipation.

### Nicotine for direct distribution

PHARMAC supplies nicotine products in bulk to Authorised Providers. The intent is that Authorised Providers provide the nicotine products direct to consumers at no cost. This supply cannot be dispensed and claimed by pharmacies. Pharmacists may only make a claim for products they have purchased through the normal channels.



## Changed listings

The Special Authority criteria for the following medicines will change from 1 January 2018:

- **Zoledronic acid** (Zoledronic acid Mylan and Zometa) inj 4 mg per 5 ml vial – widened access to include adjuvant therapy in postmenopausal patients with early breast cancer.
  - **Ledipasvir with sofosbuvir** – widened access through removal of the requirement for patients with decompensated cirrhosis to have a minimum MELD score. There is also a small change to the criterion for cryoglobulinaemia.
  - **Tenofovir disoproxil fumarate** – widened access for patients with hepatitis B to include all females of childbearing potential who have not yet completed a family.
  - **Paromomycin** – widened access to include eradication of *Entamoeba histolytica* carriage.
  - **Dexamethasone ocular implant** – minor change to allow for patients requiring implants in both eyes.
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## Supply issues

### Medroxyprogesterone acetate – listing of Provera S29

We are temporarily listing a 56 tablet pack size of Provera (medroxyprogesterone) 2.5 mg tablets from 1 January 2018, due to a supply issue with the currently listed product. Provera S29 will be supplied via section 29 of the Medicines Act 1981.

### Simvastatin tablets – removal of Stat dispensing and delay of reference pricing

We are delaying reference pricing from 1 January 2018 until further notice for Arrow-Simva 10mg, Arrow-Simva 20mg, Arrow-Simva 40mg and Arrow-Simva 80mg tablets due to a supply issue with Simvastatin Mylan. Sole Supply Status on Simvastatin Mylan will also be delayed until further notice. Stat (all-at-once) dispensing will be removed for all presentations of simvastatin tablets until further notice.

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## News in brief

- **Doxorubicin hydrochloride and epirubicin hydrochloride** – immediate delisting of several presentations of both doxorubicin hydrochloride and epirubicin hydrochloride that were discontinued some time ago. Alternative available brands are listed.
- **S-26 Gold Premgro** – the preterm post-discharge infant formula and preterm formula will be delisted from 1 July 2018 due to supplier discontinuation.
- **Pediasure** – Pediasure paediatric oral feed powders will be delisted 1 July 2018 due to supplier discontinuation. Several liquid products remain listed, including the Pediasure brand.
- **Oestrogens with medroxyprogesterone** – Premia 2.5 Continuous and Premia 5 Continuous will be delisted from 1 June 2018 due to supplier discontinuation. Alternative hormone replacement therapy treatments remain listed, including products containing the individual chemicals.
- **Bosentan** – a 60 tablet pack of Bosentan-Mylan 62.5 mg and 125 mg tablets will be listed from 1 January 2018. These will replace the 56 tablet packs which will be delisted 1 July 2018.
- **Sertraline** – stat dispensing, three months dispensed all-at-once, will be reinstated from 1 January 2018, for sertraline 50 mg and 100 mg tablets.



# Tender News

## Sole Subsidised Supply changes – effective 1 February 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Clotrimazole	Crn 1%; 20 g OP	Clomazol (Multichem)
Metformin hydrochloride	Tab immediate-release 850 mg; 500 tab	Metformin Mylan (Mylan)
Miconazole nitrate	Crn 2%; 15 g OP	Multichem (Multichem)
Pyridoxine hydrochloride	Tab 25 mg; 90 tab	Vitamin B6 25 (Boucher)

## Looking Forward

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

### Decisions for implementation 1 February 2018

- Blood glucose diagnostic test meter (CareSens N Premier) meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP – new listing, subsidy by endorsement, maximum of 1 pack per prescription, up to 1 pack available on a PSO
  - Blood glucose diagnostic test meter (CareSens N and CareSens N POP) meter with 50 lancets, a lancing device and 10 diagnostic test strips – price and subsidy decrease
  - Blood glucose diagnostic test meter (CareSens N, CareSens N POP and CareSens N Premier) meter with 50 lancets, a lancing device and 10 diagnostic test strips – amended restriction, including pharmacist claiming without prescription and no patient co-payment payable
  - Blood glucose diagnostic test strip (CareSens PRO) test strips – new listing, up to 50 test available on a PSO, quantity restriction applies on prescription
  - Blood ketone diagnostic test strip (KetoSens) test strips, 10 strip OP – new listing, maximum of 20 strips per prescription, up to 10 strips available on a PSO, not on a BSO, subsidy by endorsement
  - Dual blood glucose and blood ketone diagnostic test meter (CareSens Dual) meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips, 1 OP – new listing, maximum of 1 pack per prescription, up to 1 pack available on a PSO, subsidy by endorsement, pharmacist claiming without prescription and no patient co-payment payable
  - Pharmacy Services (BSF CareSens N, BSF CareSens N POP, BSF CareSens N Premier and BSF CareSens N Dual) – Brand switch fee payable
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### **Possible decisions for future implementation 1 February 2018**

- Bosentan (Mylan-Bosentan) tab 62.5 mg and 125 mg – amended Special Authority criteria
- Cetuximab inj 5 mg per ml, 20 ml vial and 100 ml vial (Erbitux) and inj 1 mg for ECP (Baxter) – new listing with Special Authority criteria, PCT only – Specialist
- Epoprostenol (Veletri) inj 500 mcg and 1.5 mg vial – new listing with Special Authority criteria
- Paediatric oral enteral feed 1 kcal/ml (Infatrini) liquid, 125 ml OP – new listing with Special Authority criteria
- Sildenafil (Vedafil) tab 25 mg, 50 mg and 100 mg – amended Special Authority criteria

## Sole Subsidised Supply Products – cumulative to January 2018

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	ViruPOS 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	Lioresal 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 January 2018

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
Buspiron 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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## Sole Subsidised Supply Products – cumulative to January 2018

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	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine	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	Crn 10%, 20 g OP	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
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	Dexamethsone	2018

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## Sole Subsidised Supply Products – cumulative to January 2018

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%	2018
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	
Diphtheria, tetanus and acellular pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, acellular pertussis and inactivated polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2020
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
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 January 2018

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	Eporex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Ethinylestradiol	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 January 2018

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 Crm 1%, 30 g OP Crm 1%, 500 g Inj 100 mg vial Tab 5 mg & 20 mg	ABM DermAssist Pharmacy Health Solu-Cortef Douglas	2020 2019 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	Crm 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 January 2018

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 Intra-uterine system 20 mcg per day	Postinor-1 Mirena	2019
<b>Lidocaine [lignocaine] hydrochloride</b>	<b>Oral (gel) soln 2%</b>	<b>Mucosoothe</b>	<b>2020</b>
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

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



## Sole Subsidised Supply Products – cumulative to January 2018

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 Inj 25 mg per ml, 2 ml & 20 ml vials Tab 2.5 mg & 10 mg	Methotrexate Ebewe DBL Methotrexate Onco-Vial Trexate	2020 2019 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 January 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2018
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab immediate-release 10 mg & 20 mg 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
<b>Nystatin</b>	<b>Oral liq 100,000 u per ml, 24 ml OP</b> Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	<b>Nilstat</b>	<b>2020</b>
Octreotide	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	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020

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## Sole Subsidised Supply Products – cumulative to January 2018

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
<b>Paracetamol</b>	<b>Oral liq 120 mg per 5 ml</b> Tab 500 mg – bottle pack Tab 500 mg – blister pack Suppos 125 mg & 250 mg Suppos 500 mg	<b>Paracare</b> Pharmacare Gacet Paracare	<b>2020</b> 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 January 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
<b>Permethrin</b>	<b>Crn 5%, 30 g OP</b> Lotn 5%, 30 ml OP	<b>Lyderm</b> A-Scabies	<b>2020</b>
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml ampoules Tab 50 mg & 100 mg	DBL Pethidine Hydrochloride PSM	2020 2018
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2019 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 Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Progesterone	Cap 100 mg	Urogestan	2019
Promethazine hydrochloride	Inj 25 mg per ml, 2 ml ampoule Oral liq 1 mg per ml Tab 10 mg & 25 mg	Hospira Allersoothe	2019 2018
Pyridostigmine bromide	Tab 60 mg	Mestinon	2019
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 January 2018

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
<b>Risperidone</b>	<b>Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg</b> Oral liq 1 mg per ml	<b>Actavis</b> Risperon	<b>2020</b>
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
Sotalol	Tab 80 mg & 160 mg	Mylan	2019

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## Sole Subsidised Supply Products – cumulative to January 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2019
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2020
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 2 mg Tab 5 mg Tab 1 mg	Apo-Terazosin Apo-Terazosin Actavis	2019
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP	Arrow-Timolol Timoptol XE	2020 2019
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2018
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim	Tab 300 mg	TMP	2018
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	Crn 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Urosan	2020

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## Sole Subsidised Supply Products – cumulative to January 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg vial	Mylan	2020
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlifax 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

January changes are in bold type

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Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 January 2018

23	OMEPRAZOLE For omeprazole suspension refer Standard Formulae				
	* Cap 10 mg .....	1.98	90	✓ Omeprazole actavis 10	
	* Cap 20 mg .....	1.96	90	✓ Omeprazole actavis 20	
	* Cap 40 mg .....	3.12	90	✓ Omeprazole actavis 40	
39	METHYLNALTREXONE BROMIDE – Special Authority see SA1691 – Retail pharmacy				
	Inj 12 mg per 0.6 ml vial .....	36.00	1	✓ Relistor	
		246.00	7	✓ Relistor	
	<p>▶ SA1691 Special Authority for Subsidy Initial application – (Opioid induced constipation) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 The patient is receiving palliative care; and 2 Either: 2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or 2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.</p>				
64	PRAVASTATIN – See prescribing guideline				
	* Tab 40 mg .....	8.06	100	✓ Apo-Pravastatin	
64	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy				
	Tab 10 mg .....	2.00	30	✓ Ezetimibe Sandoz	
66	BOSENTAN – Special Authority see SA0967 – Retail pharmacy				
	Tab 62.5 mg .....	401.79	60	✓ Bosentan-Mylan	
	Tab 125 mg .....	401.79	60	✓ Bosentan-Mylan	
88	MEDROXYPROGESTERONE ACETATE – See prescribing guideline				
	* Tab 2.5 mg .....	7.00	56	✓ Provera S29	S29
	Wastage claimable – see rule 3.3.2				
143	PROCHLORPERAZINE				
	* Tab 5 mg – Up to 30 tab available on a PSO .....	6.35	250	✓ Nausafix	



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### New Listings – effective 1 January 2018 (continued)

#### 163 NICOTINE

- a) Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.  
b) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.

Patch 7 mg for direct distribution only – [Xpharm] .....	3.94	7	✓Habitrol
Patch 14 mg for direct distribution only – [Xpharm] .....	4.52	7	✓Habitrol
Patch 21 mg for direct distribution only – [Xpharm] .....	5.18	7	✓Habitrol
Lozenge 1 mg for direct distribution only – [Xpharm] .....	3.20	36	✓Habitrol
Lozenge 2 mg for direct distribution only – [Xpharm] .....	3.24	36	✓Habitrol
Gum 2 mg (Fruit) for direct distribution only – [Xpharm] .....	8.64	96	✓Habitrol
Gum 2 mg (Mint) for direct distribution only – [Xpharm] .....	8.64	96	✓Habitrol
Gum 4 mg (Fruit) for direct distribution only – [Xpharm] .....	10.01	96	✓Habitrol
Gum 4 mg (Mint) for direct distribution only – [Xpharm] .....	10.01	96	✓Habitrol

#### 174 VINBLASTINE SULPHATE

Inj 1 mg per ml, 10 ml vial – PCT

– Retail pharmacy-Specialist..... 37.29

Wastage claimable – see rule 3.3.2

1 ✓Vinblastina Teva **S29**

### Effective 1 December 2017

#### 181 OCTREOTIDE

Inj 500 mcg per ml, 1 ml ampoule ..... 72.50

5 ✓Octreotide MaxRx

▲ 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

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Generic Mnfr  
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## Changes to Restrictions, Chemical Names and Presentations Effective 1 January 2018

64	SIMVASTATIN – See prescribing guideline (remove Stat (all-at-once) dispensing)				
	Tab 10 mg .....	0.95	90		✓ Arrow-Simva 10 mg ✓ Simvastatin Mylan
	Tab 20 mg .....	1.52	90		✓ Simvastatin Mylan
	Tab 40 mg .....	1.61 2.63	90		✓ Arrow-Simva 20mg ✓ Simvastatin Mylan
	Tab 80 mg .....	2.83 6.00 7.91	90		✓ Arrow-Simva 40mg ✓ Simvastatin Mylan ✓ Arrow-Simva 80mg
85	ZOLEDRONIC ACID				
	Inj 4 mg per 5 ml, vial – Special Authority see SA1687 †5†2 –				
	Retail pharmacy.....	84.50	1		✓ Zoledronic acid Mylan ✓ Zometa
		550.00			

➔ SA1687 †5†2 Special Authority for Subsidy

Initial application — **(bone metastases)** only from an oncologist, haematologist or palliative care specialist.

Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

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

**Initial application — (early breast cancer) only from an oncologist or medical practitioner on the recommendation of an oncologist. Approvals valid for 2 years for applications meeting the following criteria:**

**All of the following:**

- 1 Treatment to be used as adjuvant therapy for early breast cancer; and
- 2 Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
- 3 Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years.

108	PAROMOMYCIN – Special Authority see SA1689 †324— Retail pharmacy				
	Cap 250 mg .....	126.00	16		✓ Humatin S29

➔ SA1689 †324 Special Authority for Subsidy

Initial application only from an infectious disease specialist, or clinical microbiologist, or gastroenterologist.

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

**Either:**

- 1 where the pPatient has confirmed cryptosporidium infection; or
- 2 For the eradication of Entamoeba histolytica carriage.

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

**Either:**

- 1 where the pPatient has confirmed cryptosporidium infection; or
- 2 For the eradication of Entamoeba histolytica carriage.

Check your Schedule for full details  
Schedule page ref

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## Changes to Restrictions – effective 1 January 2018 (continued)

- 112 TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see **SA1690 1362**

Endorsement for treatment of HIV: Prescription is deemed to be endorsed if tenofovir disoproxil fumarate is co-prescribed with another ~~anti-retroviral~~ **antiretroviral** subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.

Note:

Tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA1651

Tab 300 mg ..... 531.00 30 ✓Viread

➔ **SA1690 1362** Special Authority for Waiver of Rule

Initial application — (Chronic Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

**Either** Any of the following:

1 All of the following:

- 1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
- 1.3 HBV DNA greater than 20,000 IU/mL or increased 10 fold or higher over nadir; and

1.4 Any of the following:

- 1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
- 1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
- 1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M, S202C/G/I, M204V or M250I/V mutation; or

2 Patient is either listed or has undergone liver transplantation for HBV; or

~~3 Patient has decompensated cirrhosis with a Mayo score > 20.~~

Initial application — (~~Pregnant~~ **Woman of child bearing age with** active hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for ~~12 months~~ **2 years** for applications meeting the following criteria:

**Both: All of the following:**

1 Patient is HBsAg positive ~~and pregnant~~; and

2 **Either:**

- 2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or
- 2.2 **HBV DNA > 20 million IU/mL and ALT normal; and**

3 **Any of the following:**

- 3.1 **Patient is of child bearing potential and has not yet completed a family; or**
- 3.2 **Patient is pregnant; or**
- 3.3 **Patient is breastfeeding.**

Renewal — (Confirmed Hepatitis B following funded tenofovir treatment for pregnancy within the previous two years) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 All of the following:

- 1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
- 1.3 HBV DNA greater than 20,000 IU/mL or increased 10 fold or higher over nadir; and

1.4 Any of the following:

- 1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
- 1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
- 1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M, S202C/G/I, M204V or M250I/V mutation; or

2 Patient is either listed or has undergone liver transplantation for HBV.

*continued...*

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

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

## Changes to Restrictions – effective 1 January 2018 (continued)

continued...

Renewal — (Subsequent pregnancy or Breastfeeding; **Woman of child bearing age with active hepatitis B**) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for ~~12 months~~ **2 years** for applications meeting the following criteria:

**Both: All of the following:**

1 Patient is HBsAg positive and pregnant or breastfeeding; and

2 **Either:**

2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or

2.2 **HBV DNA > 20 million IU/mL and ALT normal; and**

3 **Any of the following:**

3.1 **Patient is of child bearing potential and has not yet completed a family; or**

3.2 **Patient is pregnant; or**

3.3 **Patient is breastfeeding.**

Initial application — (Pregnant, prevention of vertical transmission) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 HBV DNA > 20 million IU/mL and ALT normal.

Renewal — (Subsequent pregnancy, prevention of vertical transmission) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 HBV DNA > 20 million IU/mL and ALT normal.

Notes:

- Tenofovir disoproxil fumarate should be stopped 6 months following HBeAg seroconversion for patients who were HBeAg positive prior to commencing this agent and 6 months following HBsAg seroconversion for patients who were HBeAg negative prior to commencing this agent.
- The recommended dose of Tenofovir disoproxil fumarate for the treatment of all three indications is 300 mg once daily.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Tenofovir disoproxil fumarate dose should be reduced in accordance with the approved Medsafe datasheet guidelines.
- Tenofovir disoproxil fumarate is not approved for use in children.

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Generic Mnfr  
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## Changes to Restrictions – effective 1 January 2018 (continued)

113	LEDIPASVIR WITH SOFOSBUVIR – Special Authority see SA1605 – [Xpharm] No patient co-payment payable Tab 90 mg with sofosbuvir 400 mg ..... 24,363.46	28	✓ Harvoni
	<p>▶ SA1605 Special Authority for Subsidy Chronic hepatitis C – Advanced disease - ribavirin is not contraindicated Applications from any relevant practitioner. Approvals valid for 12 weeks for applications meeting the following criteria: All of the following: 1 Patient has chronic hepatitis C (any genotype); and 2 Ribavirin treatment is not contraindicated; and 3 Any of the following: 3.1 Patient has decompensated cirrhosis (<b>Child-Pugh B or C</b>) with a MELD score of 12 or greater; or 3.2 Patient has been accepted onto a list for a liver transplant or has received a liver transplant; or 3.3 Patient has essential mixed cryoglobulinaemia with associated purpuric skin rash and; either 3.3.1 Cryoglobulinaemic Glomerulonephritis; or 3.3.2 Systemic vasculitis.</p> <p>Chronic hepatitis C – Advanced disease - ribavirin is contraindicated Applications from any relevant practitioner. Approvals valid for 24 weeks for applications meeting the following criteria: All of the following: 1 Patient has chronic hepatitis C (any genotype); and 2 Ribavirin treatment is contraindicated; and 3 Any of the following: 3.1 Patient has decompensated cirrhosis (<b>Child-Pugh B or C</b>) with a MELD score of 12 or greater; or 3.2 Patient has been accepted onto a list for a liver transplant or has received a liver transplant; or 3.3 Patient has essential mixed cryoglobulinaemia with associated purpuric skin rash and; either: 3.3.1 Cryoglobulinaemic Glomerulonephritis; or 3.3.2 Systemic vasculitis.</p>		
137	SERTRALINE (reinstate Stat (all-at-once) dispensing) * Tab 50 mg ..... 3.05 * Tab 100 mg ..... 5.25	90 90	✓ Arrow-Sertraline ✓ Arrow-Sertraline

▲ 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 January 2018 (continued)

214 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 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 agents; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** 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); and
- 2 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** 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 Patient has 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; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

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

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

All of the following:

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

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## Changes to Subsidy and Manufacturer's Price

Effective 1 January 2018

40	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription († subsidy) Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml .....	26.72	50	✓ Micolette
45	CALCIUM CARBONATE († subsidy) * Tab 1.25 g (500 mg elemental).....	7.52	250	✓ Arrow-Calcium
45	POTASSIUM IODATE († subsidy) * Tab 253 mcg (150 mcg elemental iodine).....	4.69	90	✓ NeuroTabs
63	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] († subsidy) * Tab 2.5 mg – Up to 150 tab available on a PSO ..... May be supplied on a PSO for reasons other than emergency.	12.50	500	✓ Arrow-Bendrofluazide
	* Tab 5 mg .....	20.42	500	✓ Arrow-Bendrofluazide
80	ETHINYLLOESTRADIOL WITH LEVONORGESTREL (‡ subsidy) * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 84 tab available on a PSO .....	2.18 (2.65)	84	Ava 20 ED
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 84 tab available on a PSO .....	1.77 (2.30)	84	Ava 30 ED
81	LEVONORGESTREL (‡ subsidy) * Subdermal implant (2 × 75 mg rods) – Up to 3 pack available on a PSO .....	106.92	1	✓ Jadelle
106	TERBINAFINE (‡ subsidy) * Tab 250 mg – For terbinafine oral liquid formulation refer .....	1.33 (1.50)	14	Dr Reddy's Terbinafine
108	DAPSONE – Retail pharmacy-Specialist († subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or dermatologist			
	Tab 25 mg .....	268.50	100	✓ Dapsone
	Tab 100 mg .....	329.50	100	✓ Dapsone

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 January 2018 (continued)

119	NORFLOXACIN († subsidy) Tab 400 mg – Subsidy by endorsement.....	135.00	100	✓ <b>Arrow-Norfloxacina</b>
	Only if prescribed for a patient with an uncomplicated urinary tract infection that is unresponsive to a first line agent or with proven resistance to first line agents and the prescription is endorsed accordingly.			
120	IBUPROFEN († subsidy) *‡ Oral liq 20 mg per ml.....	2.39	200 ml	✓ <b>Fenpaed</b>
123	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) * Tab 70 mg .....	4.82	4	✓ <b>Fosamax</b>
123	ALENDRONATE SODIUM WITH COLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) * Tab 70 mg with colecalciferol 5,600 iu .....	4.82	4	✓ <b>Fosamax Plus</b>
127	ALLOPURINOL (↓ subsidy) * Tab 100 mg .....	9.08 (15.11)	1,000	Allopurinol-Apotex
	* Tab 300 mg – For allopurinol oral liquid formulation refer .....	10.35 (15.91)	500	Allopurinol-Apotex
143	METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy) * Tab 10 mg – For metoclopramide hydrochloride oral liquid formulation refer .....	1.30 (1.82)	100	Metamide
148	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency († subsidy) Tab 2 mg .....	15.05	500	✓ <b>Arrow-Diazepam</b>
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 5 mg .....	16.18	500	✓ <b>Arrow-Diazepam</b>
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
163	NICOTINE († subsidy) a) Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment. b) 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.....	16.00	28	✓ <b>Habitrol</b>
	Patch 14 mg – Up to 28 patch available on a PSO.....	17.59	28	✓ <b>Habitrol</b>
	Patch 21 mg – Up to 28 patch available on a PSO.....	20.16	28	✓ <b>Habitrol</b>
	Lozenge 1 mg – Up to 216 loz available on a PSO.....	16.61	216	✓ <b>Habitrol</b>
	Lozenge 2 mg – Up to 216 loz available on a PSO.....	18.20	216	✓ <b>Habitrol</b>
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO .....	33.69	384	✓ <b>Habitrol</b>
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO .....	33.69	384	✓ <b>Habitrol</b>
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO .....	38.95	384	✓ <b>Habitrol</b>
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO .....	38.95	384	✓ <b>Habitrol</b>



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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

**Changes to Subsidy and Manufacturer's Price – effective 1 January 2018 (continued)**

182	ANASTROZOLE (↓ subsidy) * Tab 1 mg .....	5.04 (26.55)	30	Aremed Arimidex DP-Anastrozole
216	TRAVOPROST (↓ subsidy) * Eye drops 0.004% .....	3.65 (19.50)	2.5 ml OP	Travatan

▲ 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 January 2018

43	<p>NYSTATIN</p> <p>Oral liq 100,000 u per ml.....</p>	1.95 (2.55)	24 ml OP		m-Nystatin
120	<p>NAPROXEN</p> <p>* Tab long-acting 750 mg .....</p> <p>* Tab long-acting 1 g .....</p> <p>Note – Naprosyn SR 750 tab long-acting 750 mg and Naprosyn SR 1000 tab long-acting 1 g, 28 tab pack remains subsidised.</p>	18.00 21.00	90 90	✓ ✓	Naprosyn SR 750 Naprosyn SR 1000
132	<p>LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE</p> <p>Oral (gel) soln 2%.....</p>	38.00 (55.00)	200 ml		Xylocaine Viscous
167	<p>CYTARABINE</p> <p>Inj 20 mg per ml, 5 ml vial – PCT</p> <p>– Retail pharmacy-Specialist.....</p> <p>Inj 500 mg – PCT – Retail pharmacy-Specialist.....</p> <p>Inj 100 mg per ml, 10 ml vial – PCT</p> <p>– Retail pharmacy-Specialist.....</p> <p>Inj 100 mg per ml, 20 ml vial – PCT</p> <p>– Retail pharmacy-Specialist.....</p>	80.00 95.36 42.65 34.47	5 5 1 1	✓ ✓ ✓ ✓	Hospira Hospira Hospira Hospira
171	<p>DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist</p> <p>Inj 50 mg vial .....</p> <p>Inj 2 mg per ml, 100 ml vial .....</p>	40.00 150.00	1 1	✓ ✓	DBL Doxorubicin DBL Doxorubicin S29 Adriamycin
171	<p>EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist</p> <p>Inj 2 mg per ml, 25 ml vial .....</p> <p>Inj 2 mg per ml, 50 ml vial .....</p> <p>Inj 2 mg per ml, 100 ml vial .....</p>	39.38 58.20 94.50	1 1 1	✓ ✓ ✓	DBL Epirubicin Hydrochloride DBL Epirubicin Hydrochloride DBL Epirubicin Hydrochloride
211	<p>SODIUM CROMOGLICATE</p> <p>Powder for inhalation, 20 mg per dose.....</p>	26.35	50 dose	✓	Intal Spincaps

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

80	ETHINYLLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 84 tab available on a PSO .....	2.18 (2.65)	84	Ava 20 ED
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 84 tab available on a PSO .....	1.77 (2.30)	84	Ava 30 ED
106	TERBINAFINE * Tab 250 mg – For terbinafine oral liquid formulation .....	1.33 (1.50)	14	Dr Reddy's Terbinafine
127	ALLOPURINOL * Tab 100 mg .....	9.08 (15.11)	1,000	Allopurinol-Apotex
	* Tab 300 mg – For allopurinol oral liquid formulation refer .....	10.35 (15.91)	500	Allopurinol-Apotex
143	METOCLOPRAMIDE HYDROCHLORIDE * Tab 10 mg – For metoclopramide hydrochloride oral liquid formulation refer .....	1.30 (1.82)	100	Metamide
182	ANASTROZOLE * Tab 1 mg .....	5.04 (26.55)	30	Aremed Arimidex DP-Anastrozole
216	TRAVOPROST * Eye drops 0.004% .....	3.65 (19.50)	2.5 ml OP	Travatan

▲ 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 June 2018

89	OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline			
	* Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28) .....	5.40	28 OP	
		(22.96)		Premia 2.5 Continuous
	* Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate tab (28) .....	5.40	28 OP	
		(22.96)		Premia 5 Continuous
181	OCTREOTIDE			
	Inj 500 mcg per ml, 1 ml ampoule .....	72.50	5	✓ <b>Octreotide MaxRx</b>

### Effective 1 July 2018

66	BOSENTAN – Special Authority see SA0967 – Retail pharmacy			
	Tab 62.5 mg .....	375.00	56	✓ <b><u>Mylan-Bosentan</u></b>
	Tab 125 mg .....	375.00	56	✓ <b><u>Mylan-Bosentan</u></b>
	Note – the 60 tab pack size remains listed.			
233	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3]			
	Powder (vanilla) .....	28.00	850 g OP	✓ <b>Pediasure</b>
243	PRETERM POST-DISCHARGE INFANT FORMULA – Special Authority see SA1198 – Hospital pharmacy [HP3]			
	Powder .....	15.25	400 g OP	✓ <b>S-26 Gold Premgro</b>

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