

Pharmaceutical Management Agency

# Update

## New Zealand Pharmaceutical Schedule

Effective 1 April 2018

Cumulative for January, February, March and April 2018



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## Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2018

### New listings (page 25)

- Phenoxybenzamine hydrochloride (Dibenzylin) cap 10 mg – S29 and wastage claimable
- Ethambutol hydrochloride (EMB Fatol) tab 100 mg – Retail pharmacy-Specialist – S29 and wastage claimable
- Ciprofloxacin (Ciprofloxacin Teva) eye drops 0.3%, 5 ml OP – subsidy by endorsement
- Prednisolone acetate (Pred Forte) eye drops 1%, 5 ml OP
- Pharmacy services (BSF Rolin) brand switch fee – may only be claimed once per patient
- Aminoacid formula without phenylalanine liquid (juicy tropical) 125 ml, 30 OP (PKU Lophlex LQ 20) and oral semi-solid (berries) 109 g, 36 OP (PKU Lophlex Sensation 20) – Special Authority – Hospital pharmacy [HP3]
- Varicella zoster virus (oka strain) live attenuated vaccine [shingles vaccine] (Zostavax) inj 19,400 PFU prefilled syringe plus vial – Xpharm

### Changes to restrictions (page 34)

- Furosemide [frusemide] (Urex Forte) tab 500 mg – Sole Supply suspended
- Escitalopram (Escitalopram-Apotex) tab 10 mg and 20 mg – amended brand name
- Anastrozole (Rolin) tab 1 mg – Brand Switch Fee payable
- Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg – Special Authority removed, addition of STAT dispensing

### Increased subsidy (page 49)

- Cytarabine inj 20 mg per ml, 5 ml vial (Pfizer) and inj 100 mg intrathecal syringe for ECP, 100 mg OP (Baxter)
- Daunorubicin inj 2 mg per ml, 10 ml (Pfizer) and inj 20 mg for ECP, 20 mg OP (Baxter)

### Decreased subsidy (page 49)

- Docusate sodium with sennosides (Laxsol) tab 50 mg with sennosides 8 mg
- Ferrous fumarate with folic acid (Ferro-F-Tabs) tab 310 mg (100 mg elemental) with folic acid 350 mcg
- Prednisolone (Redipred) oral liq 5 mg per ml, 30 ml OP
- Clonazepam (Paxam) tab 500 mcg and 2 mg

## New tender listings for 1 April 2018

- Ciprofloxacin (Ciprofloxacin Teva) eye drops 0.3%, 5 ml OP.

The opening instructions for the Ciprofloxacin Teva eye drops are different and patients will need to be advised of these. The tip of the bottle is sealed and there's a point inside the lid that can break the seal. To open the eye drops for the first time, screw the lid down tightly to twist the point inside the lid through the seal on the bottle.



## Arrow-Losartan & Hydrochlorothiazide (losartan potassium with hydrochlorothiazide) – change to tender decision

The subsidy for Losartan potassium with hydrochlorothiazide (50/12.5 mg) tablets will not decrease from 1 April 2018 as previously notified. Arrow-Losartan & Hydrochlorothiazide tablets will remain listed at the current price and subsidy of \$15.25 until further notice.

## New listings

### Shingles vaccine

From April 2018, one dose of Zostavax (varicella zoster) vaccine will be funded for adults aged 65 years. A 'catch-up' programme will be available for the first two years, for people aged from 66-80 years inclusively. Funded vaccine doses will only be available from general practice. More information about the decision can be found on our website at <https://www.pharmac.govt.nz/news/notification-2017-11-09-zoster-vaccine>. More information about the vaccine can be found on the [immune.org.nz](http://immune.org.nz) website.

### Prednisolone acetate eye drops 1% (Pred Forte) – new pharmacode listing

From 1 April 2018, a new 5 ml bottle pack, with new Pharmacode, will be listed for Pred Forte (prednisolone acetate) eye drops 1%. The currently supplied bottle in Hong Kong packaging will be delisted from 1 September 2018.

## **Aripiprazole Sandoz tablets**

Upcoming new listing and changes for aripiprazole tablets.

From 1 June 2018.

- Aripiprazole Sandoz tablets (5 mg, 10 mg, 15 mg, 20 mg, 30 mg) will be listed. The Special Authority will not apply to the Aripiprazole Sandoz brand.

From 1 August 2018

- The subsidy for Abilify will reduce. A part charge may apply.
- Special Authority will be removed from Abilify.
- Removal of 1 tablet per day limit for Abilify 5 mg tablet

From 1 November 2018

- Abilify will be delisted.
- Aripiprazole Sandoz will be Sole Supply.
- Pharmacists may claim a Brand Switch Fee on dispensings between 1 November 2018 to 31 January 2019.

More information including patient resources will be available the PHARMAC website closer to the listing date.

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## **Changed listings**

### **Montelukast tablets – removal of Special Authority criteria, stat dispensing**

From 1 April 2018, the Special Authority criteria will be removed from montelukast. Please note that the Special Authority form will not be available from several days before this date. Montelukast will also change to dispense three months all-at-once (stat dispensing) from 1 April 2018.

### **Sustagen Hospital Formula – increased price**

The price of Sustagen Hospital Formula, chocolate and vanilla oral feed powders will increase from 1 April 2018. This will mean an increase in the manufacturer's surcharge for patients that do not meet the endorsement criteria for full subsidy. We have put information for patients about this price increase on our website:

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

## **PKU Lophlex extended range**

There will be several changes to the PKU Lophlex range of products over the next few months:

- PKU Lophlex LQ 20 – discontinue juicy citrus flavour (delist 1 October 2018)
  - PKU Lophlex LQ 20 – list juicy tropical flavour (1 April 2018)
  - PKU Lophlex Sensation 20 Berries – list semi-solid (1 April 2018)
  - PKU Lophlex Powder unflavoured – list unflavoured (1 June 2018)
- 

## **Stock issues**

### **Phenoxybenzamine hydrochloride (Dibenzyline) cap 10 mg – new pack size listing**

A 100 capsule pack size of Dibenzyline (phenoxybenzamine hydrochloride) 10 mg capsule will be listed from 1 April 2018, due to a potential supply issue with the 30 capsule packsize. Dibenzyline is not a registered medicine in New Zealand so will be supplied in accordance with Section 29 of the Medicines Act, 1981.

### **Ethambutol hydrochloride – list alternative brand (s29)**

The EMB Fatol brand of ethambutol hydrochloride 100 mg tablet in a 100 tablet packsize, will be listed temporarily from 1 April 2018, due to a stock issue with the Myambutol brand. EMB Fatol is supplied in accordance with Section 29 of the Medicines Act 1981.

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## News in brief

- **Dr Jeannie Oliphant** has been added to the list of approved prescribers of antiretroviral agents.
- Cardizem CD (diltiazem hydrochloride) long-acting capsule (120 mg, 180 mg and 240 mg) was listed temporarily to cover a supply issue. The supply issue has been resolved and Cardizem CD will be delisted from 1 June 2018.
- PSM Pethidine (pethidine hydrochloride) 100 mg tablet has been out of stock and has now been discontinued by the supplier. It will be delisted from 1 July 2018.
- Noctamid (**lormetazepam**) 1 mg tablet, has been discontinued by the supplier and will be delisted 1 December 2018. Alternative treatments for insomnia are available.
- Propranolol (Apo-Propranolol S29) 10 mg and 40 mg tablet, has been discontinued and will be delisted 1 July 2018. A registered brand, Apo-Propranolol was listed from 1 September 2017.
- The brand name for **escitalopram** 10 mg and 20 mg tablets will be corrected to reflect the product being supplied, Escitalopram-Apotex.
- A brand switch fee will apply to dispensings of anastrozole (Rolin) 1 mg tablet from 1 April to 30 June 2018.





# Tender News

## Sole Subsidised Supply changes – effective 1 May 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg; 30 sachet	Molaxole (Mylan)
Fluconazole	Cap 50 mg; 28 cap	Mylan (Mylan)
Fluconazole	Cap 150 mg; 1 cap	Mylan (Mylan)
Fluconazole	Cap 200 mg; 28 cap	Mylan (Mylan)
Bicalutamide	Tab 50 mg; 28 tab	Binarex (Rex Medical)
Ibuprofen	Tab 200 mg; 1,000 tab	Relieve (Mylan)
Amitriptyline	Tab 10 mg; 100 tab	Arrow-Amitriptyline (Actavis)
Amitriptyline	Tab 25 mg; 100 tab	Arrow-Amitriptyline (Actavis)
Amitriptyline	Tab 50 mg; 100 tab	Arrow-Amitriptyline (Actavis)
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg; 100 tab	Sinemet (Merck Sharp & Dohme)
Amoxicillin	Grans for oral liq 125 mg per 5 ml; 100 ml OP	Alphamox 125 (Mylan)
Amoxicillin	Grans for oral liq 250 mg per 5 ml; 100 ml OP	Alphamox 250 (Mylan)
Ondansetron	Tab disp 4 mg; 10 tab	Ondansetron ODT-DRLA (Dr Reddy's)
Ondansetron	Tab disp 8 mg; 10 tab	Ondansetron ODT-DRLA (Dr Reddy's)

## 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 May 2018

- Pregabalin (Pregabalin Pfizer) cap 25 mg, 75 mg, 150 mg and 300 mg – new listing with Stat dispensing, not subsidised in combination with gabapentin
- Aprepitant (Emend Tri-Pack) cap 2 x 80 mg and 1 x 125 mg, per 3 OP – price and subsidy decrease

## Sole Subsidised Supply Products – cumulative to April 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	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
<b>Allopurinol</b>	<b>Tab 100 mg &amp; 300 mg</b>	<b>DP-Allopurinol</b>	<b>2020</b>
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
<b>Anastrozole</b>	<b>Tab 1 mg</b>	<b>Rolin</b>	<b>2020</b>
Aqueous cream	Crn, 500 g	AFT SLS-free	2018
Ascorbic acid	Tab 100 mg	Cvite	2019
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2019
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2020
Azathioprine	Tab 25 mg & 50 mg Inj 50 mg vial	Imuran	2019
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2018
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Lioresal Intrathecal	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 April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
<b>Bendroflumethiazide [bendrofluazide]</b>	<b>Tab 2.5 mg &amp; 5 mg</b>	<b>Arrow- Bendrofluazide</b>	<b>2020</b>
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
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
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2020
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
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
<b>Calcium carbonate</b>	<b>Tab 1.25 g (500 mg elemental)</b>	<b>Arrow-Calcium</b>	<b>2020</b>
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Brinov	2019
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
Cetomacrogol	Crn BP	healthE	2018
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorafast	2019 2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
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	Crn 1%; 20 g OP Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP	Clomazol	2020 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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
<b>Diazepam</b>	<b>Tab 2 mg &amp; 5 mg</b>	<b>Arrow-Diazepam</b>	<b>2020</b>
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 Crm 5%, pump bottle, 500 ml OP Crm 10% pump bottle, 500 ml OP	healthE Dimethicone 4% Lotion healthE Dimethicone 5% healthE Dimethicone 10%	2019 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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
<b>Ethinylestradiol with levonorgestrel</b>	<b>Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets</b> <b>Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets</b>	<b>Microgynon 20 ED</b> <b>Levlen ED</b>	<b>2020</b>
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
Finasteride	Tab 5 mg	Ricit	2020
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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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	Frusemide-Claris Diurin 40	2019 2018
Fusidic acid	Tab 250 mg	Fucidin	2020
Galsulfase	Inj 1 mg per ml, 5 ml vial	Naglazyme	2018
Gemfibrozil	Tab 600 mg	Lipazil	2019
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2020
Glipizide	Tab 5 mg	Minidiab	2018
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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
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
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP	Univent	2020
	Nebuliser soln, 250 mcg per ml, 1 ml ampoule	Univent	2019
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule		
Isoniazid	Tab 100 mg	PSM	2018
	Tab 100 mg with rifampicin 150 mg	Rifinah	
	Tab 150 mg with rifampicin 300 mg		
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
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg	Sinemet	2020
	Tab long-acting 200 mg with carbidopa 50 mg	Sinemet CR	
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
<b>Levonorgestrel</b>	<b>Subdermal implant (2 x 75 mg rods)</b> Tab 1.5 mg Intra-uterine system 20 mcg per day	<b>Jadelle</b> Postinor-1 Mirena	<b>2020</b> 2019
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%	Mucosoothe	2020
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2018

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Loperamide hydrochloride	Tab 2 mg Cap 2 mg	Nodia Diamide Relief	2019
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Loratadine	Oral liq 1 mg per ml, 120 ml Tab 10 mg	Lorfast Lorafix	2019
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
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 850 mg Tab immediate-release 500 mg	Metformin Mylan 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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Metoclopramide hydrochloride</b>	<b>Tab 10 mg</b>	<b>Metoclopramide Actavis 10</b>	<b>2020</b>
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2018
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2018
Miconazole nitrate	Crn 2%; 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2020
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019
Mitomycin C	Inj 5 mg vial	Arrow	2019
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2018
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab immediate-release 10 mg & 20 mg 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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Nicotine	Gum 2 mg & 4 mg (Fruit & Mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only Lozenge 1 mg & 2 mg for direct distribution only Patch 7 mg, 14 mg & 21 mg for direct distribution only	Habitrol	2020
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 30 mg & 60 mg	Adalat Oros	2020
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2020
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	Crm 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Oil in water emulsion	Crm; 500 g	O/W Fatty Emulsion Cream	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2020
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
Ondansetron	Tab 4 mg & 8 mg	Apo-Ondansetron	2019
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2019
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Inj 10 mg per ml, 1 ml & 2 ml ampoules Inj 50 mg per ml, 1 ml ampoule Cap immediate-release 5 mg, 10 mg & 20 mg	BNM OxyNorm	2018

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml	Syntometrine	2018
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2020
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2018
	Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
Paracetamol	Oral liq 120 mg per 5 ml	Paracare	2020
	Tab 500 mg – bottle pack	Pharmacare	
	Tab 500 mg – blister pack Suppos 125 mg & 250 mg Suppos 500 mg	Gacet Paracare	2018
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paroxetine	Tab 20 mg	Apo-Paroxetine	2019
Peak flow meter	Low range	Mini-Wright AFS	2018
	Normal range	Low Range Mini-Wright Standard	
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe; 4 inj	Pegasys	2020
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm 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
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2019
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule 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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2018
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
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	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml	Actavis Risperon	2020

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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 sulphionate	Powder	Resonium A	2018
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spirolactone	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
<b>Terbinafine</b>	<b>Tab 250 mg</b>	<b>Deolate</b>	<b>2020</b>
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Travoprost</b>	<b>Eye drops 0.004%; 2.5 ml OP</b>	<b>Travopt</b>	<b>2020</b>
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
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

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## Sole Subsidised Supply Products – cumulative to April 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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

April 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 April 2018

56	PHENOXYBENZAMINE HYDROCHLORIDE				
	* Cap 10 mg .....	216.67	100	✓ Dibenzyline	S29
	Wastage claimable – see rule 3.3.2				
108	ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist				
	a) No patient co-payment payable				
	b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician				
	Tab 100 mg .....	85.73	100	✓ EMB Fatol	S29
	Wastage claimable – see rule 3.3.2				
213	CIPROFLOXACIN				
	Eye Drops 0.3% – Subsidy by endorsement .....	9.99	5 ml OP	✓ Ciprofloxacin Teva	
	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.				
	Note: Indication marked with a * is an Unapproved Indication.				
215	PREDNISOLONE ACETATE				
	Eye drops 1% .....	7.00	5 ml OP	✓ Pred Forte	
	Note – this is a listing of a new Pharmacode, 260533.				
218	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee .....	4.50	1 fee	✓ BSF Rolin	
	a) The Pharmacode for BSF Rolin is 2540959				
243	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]				
	Liquid (juicy tropical) 125 ml .....	936.00	30 OP	✓ PKU Lophlex LQ 20	
	Oral semi-solid (berries) 109 g .....	1,123.20	36 OP	✓ PKU Lophlex Sensation 20	
266	VARICELLA ZOSTER VIRUS (OKA STRAIN) LIVE ATTENUATED VACCINE [SHINGLES VACCINE] – [Xpharm]				
	Inj 19,400 PFU prefilled syringe plus vial .....	0.00	1	✓ Zostavax	
			10	✓ Zostavax	
	Funded for patients meeting either of the following criteria:				
	1) One dose for all people aged 65 years; or				
	2) One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 March 2020.				

Effective 2 March 2018

62	FUROSEMIDE [FRUSEMIDE]				
	* Tab 500 mg .....	25.00	50	✓ Furosemid STADA	S29
	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

## New Listings – effective 1 March 2018

167	CALCIUM FOLINATE Inj 10 mg per ml, 5 ml vial – PCT – Retail pharmacy- Specialist.....	4.55	1	✓ Calcium Folate Sandoz
	Inj 10 mg per ml, 10 ml vial – PCT only – Specialist.....	7.30	1	✓ Calcium Folate Sandoz
	Inj 10 mg per ml, 35 ml vial – PCT only – Specialist.....	20.95	1	✓ Calcium Folate Sandoz
170	DACARBAZINE – PCT only – Specialist Inj 200 mg vial .....	580.60	10	✓ Dacarbazine APP <b>S29</b>
239	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (vanilla) .....	8.54	857 g OP	✓ Fortisip
262	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)..... a) Only on a prescription b) No patient co-payment payable c) INFLUENZA VACCINE – people 3 years and over A) is available each year for patients aged 3 years and over who meet the following criteria, as set by PHARMAC: a) all people 65 years of age and over; or b) people under 65 years of age who: i) have any of the following cardiovascular diseases: a) ischaemic heart disease, or b) congestive heart failure, or c) rheumatic heart disease, or d) congenital heart disease, or e) cerebro-vascular disease; or ii) have either of the following chronic respiratory diseases: a) asthma, if on a regular preventative therapy, or b) other chronic respiratory disease with impaired lung function; or iii) have diabetes; or iv) have chronic renal disease; or v) have any cancer, excluding basal and squamous skin cancers if not invasive; or vi) have any of the following other conditions: a) autoimmune disease, or b) immune suppression or immune deficiency, or c) HIV, or d) transplant recipients, or e) neuromuscular and CNS diseases/disorders, or f) haemoglobinopathies, or g) are children on long term aspirin, or h) have a cochlear implant, or i) errors of metabolism at risk of major metabolic decompensation, or j) pre and post splenectomy, or k) down syndrome, or vii) are pregnant; or	90.00	10	✓ Influvac Tetra

*continued...*

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 March 2018 (continued)

*continued...*

- c) children aged four years or less (but over three years) who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
- d) people under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board).
- e) people under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region;

Unless meeting the criteria set out above, the following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
- b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
- B) Contractors will be entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm] .....	9.00	1	✓ Fluarix Tetra
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A) is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by PHARMAC:

- i) have any of the following cardiovascular diseases:
  - a) ischaemic heart disease, or
  - b) congestive heart failure, or
  - c) rheumatic heart disease, or
  - d) congenital heart disease, or
  - e) cerebro-vascular disease; or
- ii) have either of the following chronic respiratory diseases:
  - a) asthma, if on a regular preventative therapy, or
  - b) other chronic respiratory disease with impaired lung function; or
- iii) have diabetes; or
- iv) have chronic renal disease; or
- v) have any cancer, excluding basal and squamous skin cancers if not invasive; or
- vi) have any of the following other conditions:
  - a) autoimmune disease, or
  - b) immune suppression or immune deficiency, or
  - c) HIV, or
  - d) transplant recipients, or
  - e) neuromuscular and CNS diseases/disorders, or
  - f) haemoglobinopathies, or
  - g) on long term aspirin, or
  - h) have a cochlear implant, or
  - i) errors of metabolism at risk of major metabolic decompensation, or
  - j) pre and post splenectomy, or
  - k) down syndrome, or
- vii) have been hospitalised for respiratory illness or have a history of significant respiratory illness;
- viii) are living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board).
- ix) have been displaced from their homes in Edgecumbe and the surrounding region;

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

continued...

Unless meeting the criteria set out above, the following conditions are excluded from funding:

- a) asthma not requiring regular preventative therapy,
  - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

## Effective 1 February 2018

20	<p><b>BUDESONIDE</b> Cap 3 mg – Special Authority see SA1155 – Retail pharmacy..... 166.50      90      ✓ <b>Entocort CIR</b></p> <p>Note – this is a listing of a new Pharmacode, 2536528</p>
21	<p><b>MESALAZINE</b></p> <p>Tab 400 mg ..... 49.50      100      ✓ <b>Asacol</b> Tab 800 mg ..... 85.50      90      ✓ <b>Asacol</b> Suppos 500 mg ..... 22.80      20      ✓ <b>Asacol</b></p> <p>Note – this is a listing for new Pharmacodes. Asacol tab 400 mg, 2536544; tab 800 mg, 2536552 and suppos 500 mg, 2536560.</p>
25	<p><b>BLOOD KETONE DIAGNOSTIC TEST STRIP – Subsidy by endorsement</b></p> <p>a) Maximum of 20 strip per prescription b) Up to 10 strip available on a PSO c) Not on a BSO d) Patient has any of the following: 1 type 1 diabetes; or 2 permanent neonatal diabetes; or 3 undergone a pancreatectomy; or 4 cystic fibrosis-related diabetes; or 5 metabolic disease or epilepsy under the care of a paediatrician, neurologist or metabolic specialist</p> <p>The prescription must be endorsed accordingly. Test strips ..... 15.50      10 strip OP      ✓ <b>KetoSens</b></p>
26	<p><b>BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement</b></p> <p>a) Maximum of 1 pack per prescription b) Up to 1 pack available on a PSO c) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A d) A diagnostic blood glucose test meter is subsidised for a patient who: 1 is receiving insulin or sulphonylurea therapy; or 2 is pregnant with diabetes; or 3 is on home TPN at risk of hypoglycaemia or hyperglycaemia; or 4 has a genetic or an acquired disorder of glucose homeostasis, excluding type 1 or type 2 diabetes and metabolic syndrome.</p> <p>The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas. Only one meter per patient will be subsidised (no repeat prescriptions). Patients already using the CareSens N POP meter and CareSens N meter are not eligible for a new meter, unless they meet the criteria for a dual blood glucose and blood ketone diagnostic test meter.</p>

continued...

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

*continued...*

For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.

From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria.

Meter with 50 lancets, a lancing device and

10 diagnostic test strips – No patient co-payment payable ....	20.00	1 OP	✓ CareSens N Premier
a) CareSens N Premier brand: Brand Switch Fee payable (2535882).			

### 26 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO

The number of test strips available on a prescription is restricted to 50 unless:

- 1) Prescribed for a patient on insulin or a sulphonylurea and endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylurea; or
- 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
- 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or
- 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or
- 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.

Test strips .....	10.56	50 test OP	✓ CareSens PRO
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### 27 DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER – Subsidy by endorsement

- a) Maximum of 1 pack per prescription
- b) Up to 1 pack available on a PSO
- c) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A
- d) A dual blood glucose and blood ketone diagnostic test meter is subsidised for a patient who has:
  - 1 type 1 diabetes; or
  - 2 permanent neonatal diabetes; or
  - 3 undergone a pancreatectomy; or
  - 4 cystic fibrosis-related diabetes; or
  - 5 metabolic disease or epilepsy under the care of a paediatrician, neurologist or metabolic specialist.

The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.

Only 1 meter per patient will be subsidised (no repeat prescriptions).

For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.

From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria.

Meter with 50 lancets, a lancing device and 10 blood glucose

diagnostic test strips – No patient co-payment payable, Brand switch fee payable (Pharmacode 2535890) .....	20.00	1 OP	✓ CareSens Dual
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber or pharmacist

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

- 42 LARONIDASE – Special Authority see SA1695 – Retail pharmacy  
Inj 100 U per ml, 5 ml vial..... 1,335.16 1 ✓ **Aldurazyme**
- ▶ SA1695 Special Authority for Subsidy
- Initial application only from a metabolic physician. Approvals valid for 24 weeks for applications meeting the following criteria:  
All of the following:
- 1 The patient has been diagnosed with Hurler Syndrome (mucopolysaccharidosis I-H); and
  - 2 Either:
    - 2.1 Diagnosis confirmed by demonstration of alpha-L-iduronidase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
    - 2.2 Detection of two disease causing mutations in the alpha-L-iduronidase gene and patient has a sibling who is known to have Hurler syndrome; and
  - 3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with laronidase would be bridging treatment to transplant; and
  - 4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and
  - 5 Laronidase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 post-HSCT) at doses no greater than 100 units/kg every week.

- 67 EPOPROSTENOL – Special Authority see SA1696 – Retail pharmacy  
Inj 500 mcg vial ..... 36.61 1 ✓ **Veletri**  
Inj 1.5 mg vial ..... 73.21 1 ✓ **Veletri**

▶ SA1696 Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Coordinator, PAH Panel

PHARMAC, PO Box 10-254, WELLINGTON

Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz

- 140 LEVETIRACETAM  
‡ Oral liq 100 mg per ml..... 44.78 300 ml OP ✓ **Levetiracetam-AFT**

- 195 CETUXIMAB – PCT only – Specialist – Special Authority see SA1697  
Inj 5 mg per ml, 20 ml vial ..... 364.00 1 ✓ **Erbitux**  
Inj 5 mg per ml, 100 ml vial ..... 1,820.00 1 ✓ **Erbitux**  
Inj 1 mg for ECP ..... 3.82 1 mg ✓ **Baxter**

▶ SA1697 Special Authority for Subsidy

Initial application – only from a medical oncologist or a medical practitioner on the recommendation of a medical oncologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and
- 2 Patient is contraindicated to, or is intolerant of, cisplatin; and
- 3 Patient has good performance status; and
- 4 To be administered in combination with radiation therapy.

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 February 2018 (continued)

218	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	<ul style="list-style-type: none"> <li>✓BSF CareSens N</li> <li>✓BSF CareSens N POP</li> <li>✓BSF CareSens N Premier</li> <li>✓BSF CareSens Dual</li> </ul>
	<ul style="list-style-type: none"> <li>a) The Pharmacode for BSF CareSens N is 2423138</li> <li>b) The Pharmacode for BSF CareSens N POP is 2423154</li> <li>c) The Pharmacode for BSF CareSens N Premier is 2535882</li> <li>d) The Pharmacode for BSF CareSens Dual is 2535890</li> </ul>			
243	PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Special Authority see SA1698 – Hospital pharmacy [HP3] Liquid .....	2.35	125 ml OP	✓Infatrin
	<p>▶▶ SA1698 Special Authority for Subsidy</p> <p>Initial application only from a paediatrician, dietitian, or general practitioner on the recommendation of a paediatrician or dietitian. Approvals valid for 12 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> <li>1 Patient is fluid restricted or volume intolerant and has been diagnosed with faltering growth; and</li> <li>2 Patient is under the care of a paediatrician or dietitian who has recommended treatment with a high energy infant formula; and</li> <li>3 Patient is under 18 months of age or weighs less than 8 kg.</li> </ol> <p>Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.</p> <p>Renewal only from a paediatrician, dietitian, or general practitioner on the recommendation of a paediatrician or dietitian. Approvals valid for 6 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> <li>1 Patient continues to be fluid restricted or volume intolerant and has faltering growth; and</li> <li>2 Patient is under the care of a hospital paediatrician or dietitian who has recommended treatment with a high energy infant formula; and</li> <li>3 Patient is under 18 months of age or weighs less than 8 kg.</li> </ol> <p>Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.</p>			

▲ 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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\$ Per

Brand or  
Generic Mnfr  
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## 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 <sup>S29</sup>
	Wastage claimable – see rule 3.3.2			
143	PROCHLORPERAZINE			
	* Tab 5 mg – Up to 30 tab available on a PSO .....	6.35	250	✓ Nausafix



Check your Schedule for full details  
Schedule page ref

Subsidy  
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\$ Per

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✓ fully subsidised

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

#### 174 VINBLASTINE SULPHATE

Inj 1 mg per ml, 10 ml vial – PCT

– Retail pharmacy-Specialist..... 37.29      1      ✓ **Vinblastina Teva**

S29

Wastage claimable – see rule 3.3.2

### 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

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions, Chemical Names and Presentations Effective 1 April 2018

62	FUROSEMIDE [FRUSEMIDE] (Sole Supply suspended) * Tab 500 mg ..... 25.00	50	✓ <b>Urex Forte</b>
136	ESCITALOPRAM (brand name change) * Tab 10 mg ..... 1.11 * Tab 20 mg ..... 1.90	28 28	✓ <b>Escitalopram-Apotex</b> Apo-Escitalopram ✓ <b>Escitalopram-Apotex</b> Apo-Escitalopram
182	ANASTROZOLE – <b>Brand switch fee payable (Pharmacode 2540959)</b> * Tab 1 mg ..... 5.04	30	✓ <b>Rolin</b>
216	MONTELUKAST – <b>Special Authority see SA1421 – Retail pharmacy</b> (Special Authority removed, addition of STAT dispensing) Prescribing Guideline: Clinical evidence indicates that the effectiveness of montelukast is strongest when montelukast is used in short treatment courses. * Tab 4 mg ..... 5.25 * Tab 5 mg ..... 5.50 * Tab 10 mg ..... 5.65	28 28 28	✓ <b>Apo-Montelukast</b> ✓ <b>Apo-Montelukast</b> ✓ <b>Apo-Montelukast</b>

➡ **SA1421** – Special Authority for Subsidy

Initial application — (Pre-school wheeze) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 To be used for the treatment of intermittent severe wheezing (possibly viral) in children under 5 years; and
- 2 The patient has had at least three episodes in the previous 12 months of acute wheeze severe enough to seek medical attention.

Renewal — (Pre-school wheeze) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application — (exercise-induced asthma) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has been trialled with maximal asthma therapy, including inhaled corticosteroids and long-acting beta-adrenoceptor agonists; and
- 2 Patient continues to receive optimal inhaled corticosteroid therapy; and
- 3 Patient continues to experience frequent episodes of exercise-induced bronchoconstriction.

Initial application — (aspirin desensitisation) only from a clinical immunologist or allergist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient is undergoing aspirin desensitisation therapy under the supervision of a Clinical Immunologist or Allergist; and
- 2 Patient has moderate to severe aspirin-exacerbated respiratory disease or Samter's triad; and
- 3 Nasal polyposis, confirmed radiologically or surgically; and
- 4 Documented aspirin or NSAID allergy confirmed by aspirin challenge or a clinical history of severe reaction to aspirin or NSAID where challenge would be considered dangerous.

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

39	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 sachet per prescription .....	6.78 (7.65)	30	✓ <b>Molaxole</b> Lax-Sachets
<p>▶ <b>SA1473</b> Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 The patient has problematic constipation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; and 2 The patient would otherwise require a per rectal preparation. Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is compliant and is continuing to gain benefit from treatment.</p>				
58	BISOPROLOL FUMARATE (addition of STAT dispensing) * Tab 2.5 mg .....	3.53	90	✓ <b>Bosvate</b>
	* Tab 5 mg .....	5.15	90	✓ <b>Bosvate</b>
	* Tab 10 mg .....	9.40	90	✓ <b>Bosvate</b>
64	SIMVASTATIN – See prescribing guideline (STAT reinstated) * Tab 10 mg .....	0.95	90	✓ <b>Simvastatin Mylan</b> ✓ <b>Arrow-Simva 10mg</b>
	* Tab 20 mg .....	1.52 (1.61)	90	✓ <b>Simvastatin Mylan</b> Arrow-Simva 20mg
	* Tab 40 mg .....	2.63 (2.83)	90	✓ <b>Simvastatin Mylan</b> Arrow-Simva 40mg
	* Tab 80 mg .....	6.00 (7.91)	90	✓ <b>Simvastatin Mylan</b> Arrow-Simva 80mg
66	BOSENTAN – Special Authority see <b>SA1712 4703</b> – Retail pharmacy (affected criteria only shown) Tab 62.5 mg .....	375.00 401.79	56 60	✓ <b>Mylan-Bosentan</b> ✓ <b>Bosentan-Mylan</b>
	Tab 125 mg .....	375.00 401.79	56 60	✓ <b>Mylan-Bosentan</b> ✓ <b>Bosentan-Mylan</b>

▶ **SA1712 4703** Special Authority for Subsidy  
Initial application only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 6 months for applications meeting the following criteria:  
All of the following:  
1 Patient has pulmonary arterial hypertension (PAH)\*; and  
2 **PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and Any of the following:**  
2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or  
2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or  
2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and  
3 **PAH is at NYHA/WHO functional class II, III, or IV; and Any of the following:**  
3.1 PAH is in NYHA/WHO functional class II; or  
3.2 PAH is in NYHA/WHO functional class III; or

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
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\$

Per

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

continued...

- 3.3 PAH is in NYHA/WHO functional class IV; and
- 4 Any of the following:
- 4.1 Both:
- 4.1.1 Bosentan is to be used as PAH monotherapy; and
- 4.1.2 Either:
- 4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or
- 4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or
- 4.2 Both:
- 4.2.1 Bosentan is to be used as PAH dual therapy; and
- 4.2.2 Either:
- 4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond; or
- 4.2.2.2 Patient deteriorated while on a PAH monotherapy; or
- 4.3 Both:
- 4.3.1 Bosentan is to be used as PAH triple therapy; and
- 4.3.2 Any of the following:
- 4.3.2.1 Patient is on the lung transplant list; or
- 4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
- 4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
- 4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

- 119 EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – **Subsidy by endorsement; can be waived by Special Authority SA1714** Special Authority see SA1651—Retail pharmacy  
**Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil fumarate is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.**

**Note:**

Emtricitabine with tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651.

There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website.

Note: Emtricitabine with tenofovir disoproxil fumarate counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority

Tab 200 mg with tenofovir disoproxil fumarate 300 mg ..... 838.20      30      ✓ Truvada

► **SA1714** Special Authority for Waiver of Rule

Initial application only from a named specialist or medical practitioner on the recommendation of a named specialist. Approvals valid for 3 months for applications meeting the following criteria:

**Both:**

1 Patient has tested HIV negative; and

2 Either:

2.1 All of the following:

2.1.1 Patient is male or transgender; and

2.1.2 Patient has sex with men; and

2.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

continued...

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

continued...

### 2.1.4 Any of the following:

2.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

2.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

2.1.4.3 Patient has used methamphetamine in the last three months; or

### 2.2 All of the following:

2.2.1 Patient has a regular partner who has HIV infection; and

2.2.2 Partner is either not on treatment or has a detectable viral load; and

2.2.3 Condoms have not been consistently used.

Renewal only from a relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis; and
- 2 Patient has undergone testing for HIV, syphilis, and a full STI screen in the previous two weeks; and
- 3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; and
- 4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
- 5 Patient has tested HIV negative; and
- 6 Either:
  - 6.1 All of the following:
    - 6.1.1 Patient is male or transgender; and
    - 6.1.2 Patient has sex with men; and
    - 6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
    - 6.1.4 Any of the following
      - 6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
      - 6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
      - 6.1.4.3 Patient has used methamphetamine in the last three months; or
  - 6.2 All of the following:
    - 6.2.1 Patient has a regular partner who has HIV infection; and
    - 6.2.2 Partner is either not on treatment or has a detectable viral load; and
    - 6.2.3 Condoms have not been consistently used.

### 212 MASK FOR SPACER DEVICE

a) Up to 50 20 dev available on a PSO

b) Only on a PSO

c) Only for children aged six years and under

Small ..... 2.20 1 ✓ e-chamber Mask

### 212 PEAK FLOW METER

a) Up to 25 10 dev available on a PSO

b) Only on a PSO

Low range ..... 9.54 1 ✓ Mini-Wright AFS

Normal range ..... 9.54 1 ✓ Mini-Wright Standard

▲ 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 March 2018 (continued)

212	SPACER DEVICE a) Up to <del>50</del> 20 dev available on a PSO b) Only on a PSO 220 ml (single patient).....2.95 510 ml (single patient).....5.12  800 ml.....6.50	1   1  1	✓ <b>e-chamber Turbo</b> ✓ <b>e-chamber La Grande</b> ✓ <b>Volumatic</b>
215	PREDNISOLONE SODIUM PHOSPHATE – Special Authority see <b>SA1715</b> <del>1547</del> – Retail pharmacy Eye drops 0.5%, single dose (preservative free) .....38.50 <b>SA1715</b> <del>1547</del> Special Authority for Subsidy Initial application only from an ophthalmologist or optometrist. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Patient has severe inflammation; and 2 Patient has a confirmed allergic reaction to preservative in eye drops. Renewal from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.	20 dose	✓ <b>Minims Prednisolone</b>
262	INFLUENZA VACCINE (Sole Supply revoked) a) Only on a prescription b) No patient co-payment payable c) Access criteria applies Inj 45 mcg in 0.5 ml syringe .....90.00 Note – Influvac inj 45 mcg in 0.5 ml syringe to be delisted from 1 March 2018.	10	✓ <b>Influvac</b>

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 February 2018

- 25 METFORMIN HYDROCHLORIDE (Sole Supply reinstated)  
\* Tab immediate-release 850 mg..... 7.82 500 ✓ **Metformin Mylan**
- 26 BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement  
a) Maximum of 1 pack per prescription  
b) Up to 1 pack available on a PSO  
c) **Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.**  
d) A diagnostic blood glucose test meter is subsidised for a patient who:  
1 is receiving insulin or sulphonylurea therapy; or  
2 is pregnant with diabetes; or  
3 is on home TPN at risk of hypoglycaemia or hyperglycaemia; or  
4 has a genetic or an acquired disorder of glucose homeostasis, excluding type 1 or type 2 diabetes and metabolic syndrome.

Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter.

The prescription must be endorsed accordingly.

Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.

**The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.**

**Only one meter per patient will be subsidised (no repeat prescriptions).**

**Patients already using the CareSens N POP meter or CareSens N meter are not eligible for a new meter, unless they meet the criteria for a dual blood glucose and blood ketone diagnostic test meter.**

**For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.**

**From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria.**

Meter with 50 lancets, a lancing device and 10 diagnostic test strips.....	20.00	1 OP	✓ CareSens II
Meter with 50 lancets, a lancing device and 10 diagnostic test strips – <b>No patient co-payment payable</b>			
– <b>Note differing brand requirements below</b> .....	20.00	1 OP	✓ CareSens N Premier
	10.00		✓ CareSens N
			✓ CareSens N POP

- a) CareSens N brand; Brand switch fee payable (Pharmacode 2423138)  
b) CareSens N POP brand; Brand switch fee payable (Pharmacode 2423154)  
c) CareSens N Premier brand; Brand switch fee payable (Pharmacode 2535882)

▲ 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 February 2018 (continued)

- 26 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO  
The number of test strips available on a prescription is restricted to 50 unless:
- 1) Prescribed for a patient on insulin or a sulphonylurea and endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylurea; or
  - 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
  - 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or
  - 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or
  - 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.
- Blood glucose test strips
- |   |       |            |                      |
|---|-------|------------|----------------------|
| – Note differing brand requirements below ..... | 10.56 | 50 test OP | ✓ CareSens           |
|   | 28.75 |            | ✓ CareSens N         |
|   |       |            | ✓ Accu-Chek Performa |
|   |       |            | ✓ Freestyle Optium   |
- a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy  
b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy  
c) Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO
- 66 ENDOTHELIN RECEPTOR ANTAGONISTS
- ▶ SA0967 Special Authority for Subsidy
- Special Authority approved by the Pulmonary Arterial Hypertension Panel  
Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:  
The Coordinator, PAH Panel  
PHARMAC, PO Box 10-254, WELLINGTON  
Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz
- 66 AMBRISENTAN – Special Authority see SA1702 0967 – Retail pharmacy
- |                 |          |    |            |
|-----------------|----------|----|------------|
| Tab 5 mg .....  | 4,585.00 | 30 | ✓ Volibris |
| Tab 10 mg ..... | 4,585.00 | 30 | ✓ Volibris |
- ▶ SA1702 0967 Special Authority for Subsidy
- Special Authority approved by the Pulmonary Arterial Hypertension Panel  
Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:  
The Coordinator, PAH Panel  
PHARMAC, PO Box 10-254, WELLINGTON  
Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz
- 66 BOSENTAN – Special Authority see SA1703 0967 – Retail pharmacy
- |                   |        |    |                  |
|-------------------|--------|----|------------------|
| Tab 62.5 mg ..... | 375.00 | 56 | ✓ Mylan-Bosentan |
|                   | 401.79 | 60 | ✓ Bosentan-Mylan |
| Tab 125 mg .....  | 375.00 | 56 | ✓ Mylan-Bosentan |
|                   | 401.79 | 60 | ✓ Bosentan-Mylan |
- ▶ SA1703 0967 Special Authority for Subsidy
- Initial application only from a respiratory physician or cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 6 months for applications meeting the following criteria:
- All of the following:
- 1 Patient has pulmonary arterial hypertension (PAH); and
  - 2 Any of the following:

continued...



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

*continued...*

- 2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
- 2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications, or
- 2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
- 3 Any of the following:
  - 3.1 PAH is at NYHA/WHO functional class II; or
  - 3.2 PAH is at NYHA/WHO functional class III; or
  - 3.3 PAH is at NYHA/WHO functional class IV; and
- 4 Any one of the following:
  - 4.1 Both:
    - 4.1.1 Bosentan is to be used as PAH monotherapy; and
    - 4.1.2 Either:
      - 4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or
      - 4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or
  - 4.2 Both:
    - 4.2.1 Bosentan is to be used as PAH dual therapy; and
    - 4.2.2 Either:
      - 4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond, or
      - 4.2.2.2 Patient deteriorated while on a PAH monotherapy; or
  - 4.3 Both:
    - 4.3.1 Bosentan is to be used as PAH triple therapy; and
    - 4.3.2 Any of the following:
      - 4.3.2.1 Patient is on the lung transplant list; or
      - 4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
      - 4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
      - 4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

Renewal only from a respiratory physician or cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 2 years for applications meeting the following criteria: Any one of the following:

- 1 Both:
  - 1.1 Bosentan is to be used as PAH monotherapy; and
  - 1.2 Patient is stable or has improved while on bosentan; or
- 2 Both:
  - 2.1 Bosentan is to be used as PAH dual therapy; and
  - 2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or
- 3 Both:
  - 3.1 Bosentan is to be used as PAH triple therapy; and
  - 3.2 Any of the following:
    - 3.2.1 Patient is on the lung transplant list; or
    - 3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
    - 3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
    - 3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

▲ 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 February 2018 (continued)

### 67 PHOSPHODIESTERASE TYPE 5 INHIBITORS

#### ▶▶ SA1293 Special Authority for Subsidy

Initial application — (Raynaud's Phenomenon\* – for Pulmonary Arterial Hypertension see note below) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has Raynaud's Phenomenon\*; and
- 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
- 3 Patient is following lifestyle management (avoidance of cold exposure, sufficient protection, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient is being treated with calcium channel blockers and nitrates (or these are contraindicated/not tolerated).

Notes: Sildenafil is also funded for patients with Pulmonary Arterial Hypertension who are approved by the Pulmonary Arterial Hypertension Panel (an application must be made using form SA1293-PAH).

Application details may be obtained from:

The Coordinator, PAH Panel

PHARMAC, PO Box 10 254, Wellington

Phone: (04) 916 7561 Facsimile: (04) 974 4858 Email: PAH@pharmac.govt.nz

Indications marked with \* are Unapproved Indications.

67	SILDENAFIL – Special Authority see SA1704+293 – Retail pharmacy			
	Tab 25 mg .....	0.75	4	✓ <b>Vedafil</b>
	Tab 50 mg .....	0.75	4	✓ <b>Vedafil</b>
	Tab 100 mg – For sildenafil oral liquid formulation refer.....	2.75	4	✓ <b>Vedafil</b>

#### ▶▶ SA1704 Special Authority for Subsidy

Initial application — (Raynaud's Phenomenon) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has Raynaud's Phenomenon\*; and
- 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
- 3 Patient is following lifestyle management (avoidance of cold exposure, sufficient protection, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient is being treated with calcium channel blockers and nitrates (or these are contraindicated/not tolerated).

Initial application – (Pulmonary arterial hypertension\*) only from a respiratory physician or cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)\*; and
- 2 Any of the following:
  - 2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
  - 2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
  - 2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
- 3 Any of the following:
  - 3.1 PAH is in NYHA/WHO functional class II; or
  - 3.2 PAH is in NYHA/WHO functional class III; or
  - 3.3 PAH is in NYHA/WHO functional class IV; and

*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 February 2018 (continued)

continued...

- 4 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
- 5 Either:
  - 5.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
  - 5.2 Patient is peri Fontan repair; and
- 6 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm<sup>-5</sup>).

Indications marked with \* are Unapproved Indications.

### 67 PROSTACYCLIN ANALOGUES

▶ SA0969 Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:  
The Coordinator, PAH Panel

PHARMAC, PO Box 10-254, WELLINGTON

Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz

### 67 ILOPROST – Special Authority see SA1705 0969 – Retail pharmacy

▶ SA1705 0969 Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:  
The Coordinator, PAH Panel

PHARMAC, PO Box 10-254, WELLINGTON

Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz

Nebuliser soln 10 mcg per ml, 2 ml ..... 1,185.00 30 ✓ Ventavis

### 72 ZINC AND CASTOR OIL

\* Oint BP ..... 5.95 500 g ✓ Multichem

### 140 LEVETIRACETAM

Tab 500 mg – For levetiracetam oral liquid formulation refer ..... 28.71 60 ✓ Everet

### 143 ONDANSETRON

\* Tab disp 4 mg ..... 0.95 10 ✓ Dr Reddy's  
Ondansetron  
ODT-DRLA

### 223 PHARMACEUTICALS WITH STANDARDISED FORMULA FOR COMPOUNDING IN ORA PRODUCTS

Levetiracetam 100 mg/ml

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

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

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

64	SIMVASTATIN – See prescribing guideline (remove Stat (all-at-once) dispensing)			
	Tab 10 mg .....	0.95	90	✓ Arrow-Simva 10mg ✓ Simvastatin Mylan
	Tab 20 mg .....	1.52	90	✓ Simvastatin Mylan
	Tab 40 mg .....	1.61		✓ Arrow-Simva 20mg
	Tab 80 mg .....	2.63	90	✓ Simvastatin Mylan
85	ZOLEDRONIC ACID			
	Inj 4 mg per 5 ml, vial – Special Authority see SA1687 †512 –			
	Retail pharmacy.....	84.50	1	✓ Zoledronic acid Mylan
		550.00		✓ Zometa

▶ SA1687 †512 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

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## 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.

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
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Per

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Generic Mnfr  
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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.



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 April 2018

39	DOCUSATE SODIUM WITH SENNOSIDES (↓ subsidy) * Tab 50 mg with sennosides 8 mg.....	3.10	200	✓ Laxsol
46	FERROUS FUMARATE WITH FOLIC ACID (↓ subsidy) * Tab 310 mg (100 mg elemental) with folic acid 350 mcg.....	4.68	60	✓ Ferro-F-Tabs
86	PREDNISOLONE (↓ subsidy) * Oral liq 5 mg per ml – Up to 30 ml available on a PSO..... Restricted to children under 12 years of age.	6.00	30 ml OP	✓ Redipred
88	OESTROGENS – See prescribing guideline (↑ price) * Conjugated, equine tab 300 mcg ..... * Conjugated, equine tab 625 mcg .....	3.01 (13.50) 4.12 (13.50)	28 28	Premarin Premarin
148	CLONAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 500 mcg..... Tab 2 mg .....	5.64 10.78	100 100	✓ Paxam ✓ Paxam
167	CYTARABINE (↑ subsidy) Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy – Specialist ..... Inj 100 mg intrathecal syringe for ECP – PCT only – Specialist.....	400.00 80.00	5 100 mg OP	✓ Pfizer ✓ Baxter
170	DAUNORUBICIN – PCT only – Specialist (↑ subsidy) Inj 2 mg per ml, 10 ml ..... Inj 20 mg for ECP .....	130.00 130.00	1 20 mg OP	✓ Pfizer ✓ Baxter
239	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] (↑ price) Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription. Powder (chocolate) – Higher subsidy of up to \$26.00 per 840 g with Endorsement..... Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly. Powder (vanilla) – Higher subsidy of up to \$26.00 per 840 g with Endorsement..... Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.	9.54 (26.00) 9.54 (26.00)	840 g OP 840 g OP	Sustagen Hospital Formula Sustagen Hospital Formula

▲ 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 March 2018

23	OMEPRAZOLE (↓ subsidy) For omeprazole suspension refer Standard Formulae				
	* Cap 10 mg .....	1.98	90		
		(2.23)			Omezol Relief
	* Cap 20 mg .....	1.96	90		
		(2.91)			Omezol Relief
	* Cap 40 mg .....	3.12	90		
		(4.42)			Omezol Relief
63	COLESTIPOL HYDROCHLORIDE (↑ subsidy) Grans for oral liq 5 g .....	28.60	30		✓ Colestid
64	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) Tab 10 mg .....	2.00	30		
		(3.35)			Ezemibe
64	PRAVASTATIN – See prescribing guideline (↓ subsidy)				
	* Tab 20 mg .....	1.42	30		
		(3.45)			Cholvastin
	* Tab 40 mg .....	2.42	30		
		(6.36)			Cholvastin
64	SIMVASTATIN – See prescribing guideline (↓ subsidy)				
	* Tab 20 mg .....	1.52	90		
		(1.61)			Arrow-Simva 20mg
	* Tab 40 mg .....	2.63	90		
		(2.83)			Arrow-Simva 40mg
	* Tab 80 mg .....	6.00	90		
		(7.91)			Arrow-Simva 80mg
167	CYTARABINE (↑ subsidy)				
	Inj 100 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist .....	41.36	1		✓ Pfizer
	Inj 1 mg for ECP – PCT only – Specialist .....	0.25	10 mg		✓ Baxter
170	DACTINOMYCIN [ACTINOMYCIN D] – PCT only – Specialist (↑ subsidy)				
	Inj 0.5 mg vial .....	166.75	1		✓ Cosmegen
	Inj 0.5 mg for ECP .....	166.75	0.5 mg OP		✓ Baxter
182	TAMOXIFEN CITRATE (↑ subsidy)				
	* Tab 10 mg .....	19.50	100		✓ Genox
	* Tab 20 mg .....	12.50	100		✓ Genox

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 February 2018

26	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement (↓ subsidy) a) Maximum of 1 pack per prescription b) Up to 1 pack available on a PSO c) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A d) A diagnostic blood glucose test meter is subsidised for a patient who: 1 is receiving insulin or sulphonylurea therapy; or 2 is pregnant with diabetes; or 3 is on home TPN at risk of hypoglycaemia or hyperglycaemia; or 4 has a genetic or an acquired disorder of glucose homeostasis, excluding type 1 or type 2 diabetes and metabolic syndrome.  The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.  Only 1 meter per patient will be subsidised (no repeat prescriptions).  Patients already using the CareSens N POP meter and CareSens N meter are not eligible for a new meter, unless they meet the criteria for a dual blood glucose and blood ketone diagnostic test meter.  For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.  From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria. Meter with 50 lancets, a lancing device and 10 diagnostic test strips.....	10.00	1 OP	✓ CareSens N ✓ CareSens N POP
39	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – Special Authority see SA1473 on the next page – Retail pharmacy (↓ subsidy) 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 (7.65)	30	Lax-Sachets
58	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↑ subsidy) Tab 50 mg with hydrochlorothiazide 12.5 mg.....	15.25	30	✓ Arrow-Losartan & Hydrochlorothiazide
104	FLUCONAZOLE (↓ subsidy) Cap 50 mg – Retail pharmacy-Specialist .....	2.09	28	✓ Ozole
	Cap 150 mg – Subsidy by endorsement .....	0.33	1	✓ Ozole
	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	✓ Ozole

▲ 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 February 2018 (continued)

130	LEVODOPA WITH CARBIDOPA (↓ subsidy) Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer .....	17.97	100	✓ Kinson
131	LIDOCAINE [LIGNOCAINE] (↑ subsidy) Gel 2%, 10 ml urethral syringe – Subsidy by endorsement .....	81.50	10	✓ Pfizer
	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.			
132	LIDOCAINE [LIGNOCAINE] WITH CHLORHEXIDINE (↑ subsidy) Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes – Subsidy by endorsement .....	81.50	10	✓ Pfizer
	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.			
135	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 10 mg .....	1.96	100	✓ Arrow-Amitriptyline
135	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 25 mg .....	1.52	100	✓ Arrow-Amitriptyline
	Tab 50 mg .....	2.51	100	✓ Arrow-Amitriptyline
143	ONDANSETRON (↓ subsidy) * Tab disp 4 mg .....	0.95	10	✓ Ondansetron ODT-DRLA
	* Tab disp 8 mg .....	1.43	10	✓ Ondansetron ODT-DRLA
180	BICALUTAMIDE (↓ subsidy) Tab 50 mg .....	3.80 (4.90)	28	Bicalaccord

### 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 .....	12.50	500	✓ Arrow-Bendrofluazide
	May be supplied on a PSO for reasons other than emergency.			
	* Tab 5 mg .....	20.42	500	✓ Arrow-Bendrofluazide

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
<b>Changes to Subsidy and Manufacturer's Price – effective 1 January 2018 (continued)</b>				
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	✓ <b>Jadelle</b>
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	✓ <b>Dapsone</b>
	Tab 100 mg .....	329.50	100	✓ <b>Dapsone</b>
119	NORFLOXACIN (↑ subsidy) Tab 400 mg – Subsidy by endorsement..... 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.	135.00	100	✓ <b>Arrow-Norfloxacina</b>
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

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“certified exemption” by the prescriber or pharmacist

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

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

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

## Changes to PSO

Effective 1 March 2018

249	MASK FOR SPACER DEVICE		
	✓ Small – See note .....	50	<del>20</del>
249	PEAK FLOW METER		
	✓ Low range .....	25	<del>10</del>
	✓ Normal range .....	25	<del>10</del>
250	SPACER DEVICE		
	✓ 220 ml (single patient) .....	50	<del>20</del>
	✓ 510 ml (single patient) .....	50	<del>20</del>
	✓ 800 ml .....	50	<del>20</del>

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“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 April 2018

80	ETHINYLOESTRADIOL 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
140	LAMOTRIGINE ▲ Tab dispersible 25 mg ..... 14.74 ▲ Tab dispersible 50 mg ..... 24.73 ▲ Tab dispersible 100 mg ..... 42.34	56 56 56		✓ Motrig ✓ Motrig ✓ Motrig
143	METOCLOPRAMIDE HYDROCHLORIDE * Tab 10 mg – For metoclopramide hydrochloride oral liquid formulation refer ..... 1.30 (1.82)	100		Metamide
172	PACLITAXEL – PCT only – Specialist Inj 600 mg ..... 73.06	1		✓ Paclitaxel Ebewe
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



Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – effective 1 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
58	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 the 30 tab pack only, the 90 tab pack remains listed.			
59	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
59	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
61	NIFEDIPINE * Tab long-acting 30 mg .....	3.14	30	✓ Adefin XL
	* Tab long-acting 60 mg .....	5.67	30	✓ Adefin XL
82	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy * Tab 5 mg .....	1.44 (2.08)	30	Finpro
87	TESTOSTERONE Transdermal patch, 2.5 mg per day .....	80.00	60	✓ Androderm
116	INDINAVIR – Special Authority see SA1651 – Retail pharmacy Cap 200 mg .....	519.75	360	✓ Crixivan
	Cap 400 mg .....	519.75	180	✓ Crixivan

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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – effective 1 March 2018 (continued)

136	ESCITALOPRAM * Tab 10 mg .....	1.11	28	✓ Air Flow Products
146	FLUPHENAZINE DECANOATE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking fluphenazine decanoate prior to 1 December 2016 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of fluphenazine decanoate. Inj 12.5 mg per 0.5 ml, 0.5 ml – Up to 5 inj available on a PSO.....	17.60	5	✓ Modecate
	Inj 25 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	27.90	5	✓ Modecate ✓ Modecate S29 <b>S29</b>
	Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	77.25	5	✓ Modecate S29 <b>S29</b>
	Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO .....	154.50	5	✓ Modecate
174	VINBLASTINE SULPHATE Inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy -Specialist .....	37.29	1	✓ Hospira
	Note – the 5 injection 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 - see also page 61			
262	INFLUENZA VACCINE a) Only on a prescription b) No patient co-payment payable c) Access criteria applies Inj 45 mcg in 0.5 ml syringe .....	90.00	10	✓ Influvac

### Effective 1 February 2018

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....	7.82	500	✓ Apotex
86	DEXAMETHASONE PHOSPHATE * Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO .....	12.59	5	✓ Max Health
	Note – Max Health inj 4 mg per ml, 2 ml ampoule, 10 inj pack remains subsidised.			
173	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy Cap 20 mg .....	18.30	5	✓ Temaccord

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – effective 1 January 2018

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

▲ 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

39	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg .....	6.78 (7.65)	30		Lax-Sachets
104	FLUCONAZOLE Cap 50 mg – Retail pharmacy-Specialist .....	2.09	28	✓ Ozole	
	Cap 150 mg – Subsidy by endorsement .....	0.33	1	✓ Ozole	
	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	✓ Ozole	
120	IBUPROFEN * Tab 200 mg .....	9.45	1,000	✓ Ibugesic	
130	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation, refer .....	17.97	100	✓ Kinson	
180	BICALUTAMIDE Tab 50 mg .....	3.80 (4.90)	28		Bicalaccord

### Effective 1 June 2018

23	OMEPRAZOLE For omeprazole suspension refer Standard Formulae * Cap 10 mg .....	1.98 (2.23)	90		Omazol Relief
	* Cap 20 mg .....	1.96 (2.91)	90		Omazol Relief
	* Cap 40 mg .....	3.12 (4.42)	90		Omazol Relief
61	DILTIAZEM HYDROCHLORIDE * Cap long-acting 120 mg .....	1.91	30	✓ Cardizem CD	
	* Cap long-acting 180 mg .....	7.56	30	✓ Cardizem CD	
	* Cap long-acting 240 mg .....	10.22	30	✓ Cardizem CD	
62	FUROSEMIDE [FRUSEMIDE] * Tab 500 mg .....	25.00	50	✓ Furosemid STADA	

Wastage claimable – see rule 3.3.2

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Items to be Delisted – effective 1 June 2018 (continued)

64	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy Tab 10 mg .....	2.00 (3.35)	30	Ezemibe
64	PRAVASTATIN – See prescribing guideline * Tab 20 mg .....	1.42 (3.45)	30	Cholvastin
	* Tab 40 mg .....	2.42 (6.36)	30	Cholvastin
67	SIMVASTATIN – See prescribing guideline * Tab 10 mg .....	0.95	90	✓ Arrow-Simva 10mg
	* Tab 20 mg .....	1.52 (1.61)	90	Arrow-Simva 20mg
	* Tab 40 mg .....	2.63 (2.83)	90	Arrow-Simva 40mg
	* Tab 80 mg .....	6.00 (7.91)	90	Arrow-Simva 80mg
89	OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline * Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28) .....	5.40 (22.96)	28 OP	Premia 2.5 Continuous
	* Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate tab (28) .....	5.40 (22.96)	28 OP	Premia 5 Continuous
143	PROCHLORPERAZINE * Tab 5 mg – Up to 30 tab available on a PSO .....	9.75	500	✓ Antinaus
181	OCTREOTIDE Inj 500 mcg per ml, 1 ml ampoule .....	72.50	5	✓ Octreotide MaxRx

### Effective 1 July 2018

63	PROPRANOLOL * Tab 10 mg .....	3.65	100	✓ Apo-Propranolol S29 S29
	* Tab 40 mg .....	4.65	100	✓ Apo-Propranolol S29 S29
	Note – this is the delisting of the unregistered S29 packs only (Pharmacodes 2400790 and 2400804 respectively).			
66	BOSENTAN – Special Authority see SA0967 – Retail pharmacy Tab 62.5 mg .....	375.00	56	✓ Mylan-Bosentan
	Tab 125 mg .....	375.00	56	✓ Mylan-Bosentan
	Note – the 60 tab pack size remains listed.			

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Items to be Delisted – effective 1 July 2018 (continued)

83	OXYBUTYNIN * Tab 5 mg ..... 1.77 Wastage claimable – see rule 3.3.2	100	✓ <b>Ditropan</b> <b>S29</b>
135	PETHIDINE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab 100 mg ..... 6.25	10	✓ <b>PSM</b>
218	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... 4.50 The Pharmacode for BSF Rolin is 2540959	1 fee	✓ <b>BSF Rolin</b>
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>

### Effective 1 August 2018

25	BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump. Only one meter per patient will be subsidised every 5 years. Meter ..... 40.00	1	✓ <b>Freestyle Optium Neo</b>
25	KETONE BLOOD BETA-KETONE ELECTRODES a) Maximum of 20 strip per prescription b) Up to 10 strip available on a PSO Test strip – Not on a BSO ..... 15.50	10 strip OP	✓ <b>Freestyle Optium Ketone</b>
26	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement Restrictions apply – see Schedule listing. Meter with 50 lancets, a lancing device and 10 diagnostic test Strips ..... 20.00	1 OP	✓ <b>CareSens II</b>
26	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO Restrictions apply – see Schedule listing. Blood glucose test strips – Note differing brand requirements ..... 10.56 28.75	50 test OP	✓ <b>CareSens</b> ✓ <b>Accu-Chek Performa</b> ✓ <b>Freestyle Optium</b>
	a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy c) Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO		

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Items to be Delisted – effective 1 August 2018 (continued)

60	SOTALOL * Inj 10 mg per ml, 4 ml ampoule .....	65.39	5	✓ Sotacor
142	APREPITANT – Special Authority see SA0987 below – Retail pharmacy Cap 40 mg .....	71.43	5 OP	✓ Emend
174	VINBLASTINE SULPHATE Inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy -Specialist .....	37.29	1	✓ Vinblastina Teva S29
218	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF CareSens N ✓ BSF CareSens N POP ✓ BSF CareSens N Premier ✓ BSF CareSens Dual  a) The Pharmacode for BSF CareSens N is 2423138 b) The Pharmacode for BSF CareSens N POP is 2423154 c) The Pharmacode for BSF CareSens N Premier is 2535882 d) The Pharmacode for BSF CareSens Dual is 2535890
239	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (vanilla) .....	3.67	350 g OP	✓ Fortisip

### Effective 1 September 2018

46	FERROUS SULPHATE WITH FOLIC ACID * Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg.....	1.80 (4.29)	30	Ferrograd F
88	MEDROXYPROGESTERONE ACETATE – See prescribing guideline * Tab 2.5 mg .....	7.00	56	✓ Provera S29 S29 Note – Provera tab 2.5 mg remains listed.
221	PREDNISOLONE ACETATE Eye drops 1% .....	7.00	5 ml OP	✓ Pred Forte Note – this delist only applies to Pharmacode 2528258.

### Effective 1 October 2018

167	CYTARABINE Inj 100 mg per ml, 10 ml vial – PCT – Retail pharmacy -Specialist .....	8.83	1	✓ Pfizer
243	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108– Hospital pharmacy [HP3] Liquid (juicy citrus) 125 ml.....	936.00	30 OP	✓ PKU Lophlex LQ 20

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

### Items to be Delisted – effective 1 December 2018

156	LORMETAZEPAM – Safety medicine; prescriber may determine dispensing frequency			
	Tab 1 mg .....	3.11	30	Noctamid
		(23.50)		
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

### Effective 1 January 2019

62	AMILORIDE HYDROCHLORIDE			
	* Tab 5 mg .....	15.00	100	✓ <b>Apo-Amiloride</b>



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