

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2018

Cumulative for May and June 2018



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Summary of PHARMAC decisions

EFFECTIVE 1 JUNE 2018

New listings (pages 28-30)

- Ezetimibe (Ezetimibe Sandoz) tab 10 mg – Special Authority – Retail pharmacy, new Pharmacode
- Imiquimod (Perrigo) crm 5%, 250 mg sachet
- Tenofovir disoproxil (Tenofovir Disoproxil Teva) tab 245 mg (300.6 mg as a succinate) – is included in the count of up to 4 subsidised antiretrovirals
- Dantrolene (Dantrium S29) cap 25 mg – S29 and wastage claimable
- Gabapentin (Apo-Gabapentin) cap 100 mg, 300 mg and 400 mg – not subsidised in combination with subsidised pregabalin
- Aripiprazole (Aripiprazole Sandoz) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg – Safety medicine
- Ziprasidone (Zeldox) cap 20 mg – Safety medicine
- Calcium folinate (Calcium Folate Sandoz) inj 10 mg per ml, 100 ml vial – PCT only – Specialist
- Mercaptopurine (Allmercap) oral suspension 20 mg per ml, 100 ml OP – Special Authority – Retail pharmacy-Specialist
- Aflibercept (Eylea) inj 40 mg per ml, 0.1 ml vial – Special Authority – Retail pharmacy
- Travoprost (Travatan) eye drops 0.004%, 2.5 ml OP
- Aminoacid formula without phenylalanine (PKU Lophlex Powder) powder (unflavoured) 27.8 g sachet – Special Authority – Hospital pharmacy [HP3]
- Amino acid formula (Neocate Advance) powder (unflavoured and vanilla) 400 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 32-36)

- Sulfasalazine tab 500 mg (Salazopyrin) and tab EC 500 mg (Salazopyrin EN) – amended chemical name
 - Ezetimibe (Ezetimibe Sandoz) tab 10 mg – STAT dispensing added
 - Entecavir (Baraclude) tab 0.5 mg – STAT dispensing added and Special Authority removed
 - Tenofovir disoproxil (Viread) tab 245 mg (300 mg as a fumarate) – STAT dispensing added, amended presentation description, and removal of Endorsement and Special Authority
 - Gabapentin (Arrow-Gabapentin, Neurontin and Nupentin) cap 100 mg, 300 mg and 400 mg – Special Authority moved from chemical to these brands
 - Aripiprazole (Abilify) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg – amended presentation description (tab 5 mg only), Special Authority moved from chemical to the Abilify brand
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Summary of PHARMAC decisions – effective 1 June 2018 (continued)

- Etanercept (Enbrel) inj 25 mg, inj 50 mg autoinjector and inj 50 mg prefilled syringe – amended Special Authority criteria
- Adalimumab inj 20 mg per 0.4 ml and 40 mg per 0.8 ml prefilled syringes (Humira), and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria
- Naloxone hydrochloride (DBL Naloxone Hydrochloride) inj 400 mcg per ml, 1 ml ampoule – brand name change
- Pharmaceuticals with standardised formula for compounding in Ora products, sulfasalazine 100 mg/ml – amended chemical name

Increased subsidy (page 38)

- Sodium nitroprusside (Ketostix) test strip, 50 strip OP
- Heparin sodium (Hospira) inj 1,000 iu per ml, 35 ml vial; inj 5,000 iu per ml, 1 ml and inj 25,000 iu per ml, 0.2 ml
- Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml and inj 5,000 iu per ml, 5 ml
- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml
- Sulfadiazine sodium (Wockhardt) tab 500 mg
- Voriconazole (Vfend) powder for oral suspension 40 mg per ml
- Paracetamol (Paracare Double Strength) oral liq 250 mg per 5 ml
- Salbutamol (Ventolin) oral liq 400 mcg per ml

Decreased subsidy (pages 38-39)

- Doxycycline (Doxy-50) tab 50 mg
- Riluzole (Rilutek) tab 50 mg
- Lidocaine [lignocaine] (Cathejell) gel 2%, 10 ml urethral syringe
- Ciprofloxacin (Ciloxan) eye drops 0.3%, 5 ml OP
- Naloxone hydrochloride (DBL Naloxone Hydrochloride) inj 400 mcg per ml, 1 ml ampoule

News Stories – June 2018 Update

We've made the Pharmaceutical Schedule Rules easier to find, use and apply – from 1 June 2018

PHARMAC is pleased to announce the approval of a revised set of General Rules for the Pharmaceutical Schedule.



The rules for Community and Hospital Pharmaceuticals have been tidied up and brought together. We've made the rules easier to follow, but we haven't changed their intent or meaning.

From 1 June 2018 Section A of the Pharmaceutical Schedule will be the General Rules for the entire Pharmaceutical Schedule, including Section H.

The Rules will no longer be included in the PDF and book versions of the Schedule from July 2018 (Section H) and August 2018 (Pharmaceutical Schedule excluding Section H).

More information, including the new General Rules, can be found on the PHARMAC website: <https://www.pharmac.govt.nz/news/notification-2018-05-14-schedule-rules-changes/>

New tender listings for 1 June 2018

- Aripiprazole (Aripiprazole Sandoz) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg
- Gabapentin (Apo-Gabapentin) cap 100 mg, 300 mg and 400 mg
- Imiquimod (Perrigo) crm 5%, 250 mg sachet
- Tenofovir disoproxil (Tenofovir Disoproxil Teva) tab 245 mg (300.6 mg as a succinate).



New listings

Aflibercept

From 1 June 2018 aflibercept injection 40 mg per ml, 0.1 ml vial will be listed, fully funded, for patients with wet age related macular degeneration and diabetic macular oedema subject to Special Authority criteria.

Patients may be required to collect the injection from their community pharmacy and bring it to their ophthalmologist for administration. Patients will need to be educated on the correct storage instructions for aflibercept:

- must be stored between 2° and 8°C
- must not be frozen
- can be stored at or below 25°C for up to 24 hours

More information can be found on our website, <https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/aflibercept/>

Gabapentin brand change

From 1 June 2018 the Apo-Gabapentin brand of gabapentin will be listed fully funded without a Special Authority. The Special Authority will remain on the other currently listed brands, Arrow-Gabapentin, Neurontin and Nupentin until 1 August 2018.

From 1 August 2018 the subsidy will reduce on the Arrow-Gabapentin, Neurontin and Nupentin brands of gabapentin and these will be delisted from 1 November 2018. The Apo-Gabapentin brand of gabapentin will have Sole Supply from this date.

From 1 August, 3 months of gabapentin capsules can be dispensed instead of a 1-month supply.

A restriction will prevent concurrent funded use of gabapentin and pregabalin.

More information can be found on our website, <https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/gabapentin/>

Mercaptopurine (Allmercap) oral suspension

From 1 June 2018, the Allmercap brand of mercaptopurine oral suspension 20 mg per ml, 100 ml OP will be listed fully funded, subject to Special Authority criteria, for children requiring a total dose of less than one full 50 mg tablet per day.

Tenofovir disoproxil

From 1 June 2018, the Tenofovir Disoproxil Teva brand of tenofovir disoproxil will be listed.

The Teva brand is a different salt and strength to the currently funded brand (Viread), but both are clinically equivalent. Prescriptions can be written for the base chemical (tenofovir disoproxil 245 mg) or the new salt (tenofovir disoproxil succinate 300.6 mg).

The funded brand of entecavir will also be changing. We will notify the change dates once Medsafe registration of entecavir has been confirmed.

From 1 June 2018, the Special Authority will be removed from both tenofovir and entecavir and both treatments may be dispensed three months at once (stat).

The Teva brand will be Sole Supply from 1 November 2018. A Brand Switch Fee will apply from 1 November 2018 to 31 January 2019.

Aripiprazole – brand change

New listing and changes for aripiprazole tablets.

From 1 June 2018:

- Aripiprazole Sandoz tablets (5 mg, 10 mg, 15 mg, 20 mg, and 30 mg) will be listed fully funded. The Special Authority will not apply to the Aripiprazole Sandoz brand.
- Funding for Abilify tablets will still require a valid Special Authority to gain funding.
- The dispensing quantity rule of “No more than 1 tab per day” that currently applies to Abilify 5 mg tablets will not apply to dispensings of Aripiprazole Sandoz 5 mg tablets.

From 1 August 2018:

- The subsidy for Abilify will reduce to match the subsidy for Aripiprazole Sandoz. A manufacturer's surcharge 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:

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

More information, including patient resources, can be found on our website, www.pharmac.govt.nz/aripiprazole

Changed listings

Atripla and Truvada

The price and subsidy of Atripla and Truvada will decrease from 1 July 2018. The supplier, Gilead is reducing the price from 22 June 2018 for sales via Healthcare Logistics. Gilead is offering a credit for the price difference for stock on hand. Pharmacists should contact their wholesaler or Gilead directly for further information.

Neocate Advance amino acid formula powder – temporary relisting

Neocate Junior amino acid formula powder (unflavoured and vanilla) 400 g OP were listed from November 2017. These were listed to replace Neocate Advance powder. Neocate Advance was delisted from 1 May 2018. A significant amount of stock of Neocate Advance is still available in the supply chain, so it is being temporarily relisted from 1 June 2018 to 31 August 2018.

Atropine injection 600 mcg per ml, 1 ml ampoule – tender delay

Due to late arrival of stock, the Martindale brand atropine sulphate injection 600 mcg per ml, 1 ml ampoule will not be listed from 1 June 2018 as previously notified. This product will now be listed from 1 August 2018. Reference pricing will occur from 1 October 2018 and the AstraZeneca brand will be delisted from 1 January 2019.

Clonidine hydrochloride inj 150 mcg per ml, 1 ml ampoule – tender delay

Due to late arrival of stock, the Medsurge brand clonidine hydrochloride injection 150 mcg per ml, 1 ml ampoule will not be listed from 1 June 2018 as previously notified. The listing will be delayed until further notice.

Stock issues

Ezetimibe 10 mg tablets

An additional Pharmacode for the Ezetimibe Sandoz brand of ezetimibe 10 mg tablets will be listed fully funded from 1 June 2018. This is a temporary listing due to a shortage of the other Ezetimibe Sandoz pack. Stat dispensing will also apply to all dispensings of ezetimibe.

Travoprost eye drops

The Travatan brand of travoprost eye drops 0.004% will be relisted fully funded from 1 June 2018 due to a potential shortage of Travopt eye drops.

Ziprasidone (Zeldox) – to cover stock shortage

The Zeldox brand of ziprasidone 20 mg capsules will be temporarily listed fully funded from 1 June 2018 due to an anticipated shortage of Zusdone.

Dantrolene

The Dantrium S29 brand of dantrolene 25 mg capsules will be temporarily listed fully funded from 1 June 2018 due to a supply shortage of registered Dantrium. Dantrium S29 will be supplied by Pfizer in accordance with Section 29 of the Medicines Act 1981.

Doxycycline tab 50 mg and 100 mg

The Doxylin 100 brand of doxycycline 100 mg tablet was listed fully funded from 9 May 2018, due to a supply issue with the currently listed brand. Doxylin 100 will be delisted from 1 September 2018.

Due to availability of the 100 mg tablets, the 50 mg tablets will no longer be fully subsidised. From 1 June 2018, the subsidy for doxycycline tab 50 mg (Doxy-50) will be reduced to the level of subsidy prior to 27 April 2018, and a manufacturer's surcharge will apply.

Gardasil 9 (HPV) vaccine

Remaining Gardasil 9 vaccine stock at ProPharma is limited to school based programme vaccinators and those vaccinating high risk patients (as defined in the National Immunisation Schedule criteria - people aged 9 to 26 inclusive with HIV infection, transplant patients (including stem cells) or post chemotherapy). The shortage is due to a delay in the arrival of new stock with resupply expected in September 2018.

News in brief

- **Sulfasalazine** – the chemical name will change from sulphasalazine to sulfasalazine to align with Medsafe registration, NZF and NZULM.

Tender News

Sole Subsidised Supply changes – effective 1 July 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Clonazepam	Tab 500 mcg; 100 tab	Paxam (Mylan)
Clonazepam	Tab 2 mg; 100 tab	Paxam (Mylan)
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg; 200 tab	Laxsol (Aspen Pharma)
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg; 60 tab	Ferro-F-Tabs (AFT)
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental); 30 tab	Ferrograd (Mylan)
Levetiracetam	Oral liq 100 mg per ml; 300 ml OP	Levetiracetam-AFT (AFT)
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg; 100 tab	Sinemet (MSD)
Orphenadrine citrate	Tab 100 mg; 100 tab	Norflex (Inova)
Prednisolone	Oral liq 5 mg per ml; 30 ml OP	Redipred (Aspen Pharma)
Pregabalin	Cap 25 mg; 56 cap	Pregabalin Pfizer (Pfizer)
Pregabalin	Cap 75 mg; 56 cap	Pregabalin Pfizer (Pfizer)
Pregabalin	Cap 150 mg; 56 cap	Pregabalin Pfizer (Pfizer)
Pregabalin	Cap 300 mg; 56 cap	Pregabalin Pfizer (Pfizer)
Tretinoin	Crn 0.5 mg per g; 50 g OP	ReTrieve (Inova)

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 July 2018

- Anastrozole (Rolin) tab 1 mg – Brand Switch fee removed
- Candesartan cilexetil (Candestar) tab 4 mg, 8 mg, 16 mg and 32 mg – price decrease and Special Authority removed
- Eplerenone (Inspra) tab 25 mg – new listing with Special Authority

Possible decisions for future implementation 1 July 2018

- Efavirenz with emtricitabine and tenofovir disoproxil fumarate (Atripla) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg – price and subsidy decrease
- Emtricitabine with tenofovir disoproxil fumarate (Truvada) tab 200 mg with tenofovir disoproxil fumarate 300 mg – price and subsidy decrease

Sole Subsidised Supply Products – cumulative to June 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
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2020
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2020
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Lodi Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix Solian	2019
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg, 500 mg and 1 g vials Cap 250 mg & 500 mg	Alphamox 125 Alphamox 250 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
Anastrozole	Tab 1 mg	Rolin	2020
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

*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 June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2020
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
Bicalutamide	Tab 50 mg	Binarex	2020
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
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2018
Cabergoline	Tab 0.5 mg	Dostinex	2018
Calamine	Crn, aqueous, BP Lotn, BP	Pharmacy Health PSM	2018
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2020
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

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cephalexin ABM Cefalexin Sandoz	2019 2018
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Ceftriaxone	Inj 500 mg & 1 g vial	DEVA	2019
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
Cetomacrogol	Crm BP	healthE	2018
Cetomacrogol with glycerol	Crm 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	Ciindamycin ABM Dalacin C	2019
Clobetasol propionate	Crm 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2020
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clopidogrel	Tab 75 mg	Arrow - Clopid	2019
Clotrimazole	Crm 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

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2020
Compound electrolytes	Powder for oral soln	Enerlyte	2019
Crotamiton	Crn 10%, 20 g OP	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-Ph&T	2020
	Tab 100 mcg & 200 mcg	Minirin	2019
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2018
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2018
	Tab long-acting 75 mg & 100 mg	Apo-Diclo SR	
Digoxin	Tab 62.5 mcg	Lanoxin PG	2019
	Tab 250 mcg	Lanoxin	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Dimethicone	Lotn 4%, 200 ml OP	healthE Dimethicone 4% Lotion	2019
	Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 5%	
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml 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

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP; 500 g	AFT	2020
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018
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
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets	Microgynon 20 ED	2020
	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Levlen ED	
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
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
Fentanyl	Patch 12.5 mcg per hour	Fentanyl Sandoz	2020
	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	Boucher and Muir	2018	
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2019
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Inj 1 g vial	Flucil	2020
	Inj 250 mg & 500 mg vials	Flucloxin	2018
	Grans for oral liq 25 mcg per ml	AFT	
	Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg	Staphlex	
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%, 5 ml OP	FML	2018
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Tab 500 mg Inj 10 mg per ml, 2 ml ampoule Tab 40 mg	Urex Forte Frusemide-Claris Diurin 40	2018 2019 2018
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 Inj 50%, 90 ml bottle	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 Crn 1%, 30 g OP Crn 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

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Tab 200 mg Tab long-acting 800 mg	Relieve Brufen SR	2020 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 Nebuliser soln, 250 mcg per ml, 1 ml ampoule Nebuliser soln, 250 mcg per ml, 2 ml ampoule	Univent	2020 2019
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM Rifinah	2018
Isosorbide mononitrate	Tab 20 mg Tab long-acting 60 mg Tab long-acting 40 mg	Ismo 20 Duride Ismo 40 Retard	2020 2019
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020
Itraconazole	Cap 100 mg	Itrazole	2019
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2019
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2018
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Tab 1.5 mg Intra-uterine system 20 mcg per day	Jadelle Postinor-1 Mirena	2020 2019

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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	Molaxole	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	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

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Inj 100 mg per ml, 50 ml vial	Methotrexate Ebewe	2020
	Inj 25 mg per ml, 2 ml & 20 ml vials	DBL Methotrexate Onco-Vial	2019
	Tab 2.5 mg & 10 mg	Trexate	2018
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2018
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2020
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	Crm 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	Crm 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2018
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	Sevredol DBL Morphine Sulphate	2020
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	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

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 500 mcg per ml, 1 ml vial Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial	DBL Octreotide	2020
Oestradiol	Patch 25 mcg per day Patch 50 mcg per day Patch 75 mcg per day Patch 100 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Oil in water emulsion	Crn; 500 g	O/W Fatty Emulsion Cream	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2020

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Cap 10 mg	Omeprazole actavis 10	2020
	Cap 20 mg	Omeprazole actavis 20	
	Cap 40 mg	Omeprazole actavis 40	
	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
Ondansetron	Tab disp 4 mg and 8 mg	Ondansetron ODT-DRLA	2020
	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	BNM	2018
	Inj 10 mg per ml, 1 ml & 2 ml ampoules	OxyNorm	
	Inj 50 mg per ml, 1 ml ampoule		
	Cap immediate-release 5 mg, 10 mg & 20 mg		
Oxytocin	Inj 5 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	Pamisol	2020
	Inj 6 mg per ml, 10 ml vial		
	Inj 9 mg per ml, 10 ml vial		
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 Pharmacare	2020
	Tab 500 mg – bottle pack		
	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 Low Range	2018
	Normal range	Mini-Wright Standard	

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Sole Subsidised Supply Products – cumulative to June 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab 50 mg & 100 mg	DBL Pethidine Hydrochloride PSM	2020 2018
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2019 2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2020
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Pravastatin	Tab 20 mg and 40 mg	Apo-Pravastatin	2020
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
Prochlorperazine	Tab 5 mg	Nausafix	2020
Progesterone	Cap 100 mg	Ultrogestan	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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Simvastatin	Tab 10 mg, 20 mg, 40 mg and 80 mg	Simvastatin Mylan	2020
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium fusidate [fusidic acid]	Tab 250 mg	Fucidin	2020
Sodium polystyrene sulphonate	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 1 mg Tab 2 mg & 5 mg	Actavis Apo-Terazosin	2019
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP	Arrow-Timolol Timoptol XE	2020 2019
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2018
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Travoprost	Eye drops 0.004%; 2.5 ml OP	Travopt	2020
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020

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Generic Name	Presentation	Brand Name	Expiry Date*
Trimethoprim	Tab 300 mg	TMP	2018
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crn 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg vial	Mylan	2020
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Water	Inj 5 ml ampoule Inj 10 ml ampoule	InterPharma Pfizer	2019
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml, 200 ml OP	Retrovir	2019
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2020
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

June 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 June 2018

68	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy * Tab 10 mg2.00 Note – this is the listing of a new Pharmacode 2545861.	30	✓ Ezetimibe Sandoz
82	IMIQUIMOD Crm 5%, 250 mg sachet.....21.72	24	✓ Perrigo
116	TENOFOVIR DISOPROXIL Note: Tenofovir disoproxil 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 245 mg (300.6 mg as a succinate)38.10	30	✓ Tenofovir Disoproxil Teva
135	DANTROLENE Cap 25 mg65.00 Wastage claimable	100	✓ Dantrium S29 S29
144	GABAPENTIN Note – Not subsidised in combination with subsidised pregabalin. ▲ Cap 100 mg2.65 ▲ Cap 300 mg – For gabapentin oral liquid formulation refer4.07 ▲ Cap 400 mg5.64	100 100 100	✓ Apo-Gabapentin ✓ Apo-Gabapentin ✓ Apo-Gabapentin
149	ARIPIPRAZOLE Safety medicine; prescriber may determine dispensing frequency Tab 5 mg17.50 Tab 10 mg17.50 Tab 15 mg17.50 Tab 20 mg17.50 Tab 30 mg17.50	30 30 30 30 30	✓ Aripiprazole Sandoz ✓ Aripiprazole Sandoz ✓ Aripiprazole Sandoz ✓ Aripiprazole Sandoz ✓ Aripiprazole Sandoz
151	ZIPRASIDONE – Safety medicine; prescriber may determine dispensing frequency Cap 20 mg14.56	60	✓ Zeldox
173	CALCIUM FOLINATE Inj 10 mg per ml, 100 ml vial – PCT only – Specialist60.00	1	✓ Calcium Folate Sandoz
174	MERCAPTOPURINE Oral suspension 20 mg per ml – Special Authority see SA1725 – Retail pharmacy-Specialist.....428.00	100 ml OP	✓ Allmercap
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">▶ SA1725</div> Special Authority for Subsidy Initial application only from a paediatric haematologist or paediatric oncologist. Approvals valid for 12 months where the patient requires a total dose of less than one full 50 mg tablet per day. Renewal only from a paediatric haematologist or paediatric oncologist. Approvals valid for 12 months where patient still requires a total dose of less than one full 50 mg tablet per day.		

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 June 2018 (continued)

201 AFLIBERCEPT – Special Authority see SA1726 – Retail pharmacy
Inj 40 mg per ml, 0.1 ml vial 1,250.00 1 ✓Eylea

▶ SA1726 Special Authority for Subsidy

Initial application – (wet age related macular degeneration) only from an ophthalmologist. Approvals valid for 3 months for applications meeting the following criteria:

Either:

1 All of the following:

1.1 Any of the following:

- 1.1.1 Wet age-related macular degeneration (wet AMD); or
- 1.1.2 Polypoidal choroidal vasculopathy; or
- 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and

1.2 Either:

- 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
 - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
- 1.3 There is no structural damage to the central fovea of the treated eye; and

1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or

2 Any of the following:

- 2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
- 2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment; or
- 2.3 Patient has current approval to use ranibizumab for treatment of wAMD; or
- 2.4 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.

Note: Criteria 2.3 and 2.4 will be removed from 1 January 2019.

Renewal – (wet age related macular degeneration) only from an ophthalmologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Documented benefit must be demonstrated to continue; and
- 2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 3 There is no structural damage to the central fovea of the treated eye.

Initial application – (diabetic macular oedema) only from an ophthalmologist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 All of the following:

- 1.1 Patient has centre involving diabetic macular oedema (DMO); and
- 1.2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
- 1.3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
- 1.4 Patient has DMO within central OCT (ocular coherence tomography) subfield >350 micrometers; and
- 1.5 There is no centre-involving sub-retinal fibrosis or foveal atrophy; or

2 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab.

NOTE: Criterion 2 will be removed from 1 January 2019.

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 June 2018 (continued)

continued...

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

All of the following:

- 1 There is stability or two lines of Snellen visual acuity gain; and
- 2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
- 3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
- 4 There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
- 5 After each consecutive 12 months treatment with [2nd line anti-VEGF agent], patient has retrialled with at least one injection of bevacizumab and had no response.

222	TRAVOPROST * Eye drops 0.004%	19.50	2.5 ml OP	✓ Travatan
249	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 27.8 g sachet	936.00	30	✓ PKU Lophlex Powder
250	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured)	53.00	400 g OP	✓ Neocate Advance
	Powder (vanilla)	53.00	400 g OP	✓ Neocate Advance

Effective 9 May 2018

106	DOXYCYCLINE * Tab 100 mg – Up to 30 tab available on a PSO	0.57	21	✓ Doxilyn 100
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Effective 1 May 2018

22	MEBEVERINE HYDROCHLORIDE * Tab 135 mg	18.00	90	✓ Colofac
	Note – this is a listing of a new Pharmacode, 2535297.			
65	VERAPAMIL HYDROCHLORIDE * Tab 40 mg	7.01	100	✓ Isoptin
	Note – this is a listing of a new Pharmacode, 2535327.			
69	GLYCERYL TRINITRATE * Oral spray, 400 mcg per dose – Up to 250 dose available on a PSO	4.45	200 dose OP	✓ Glytrin
77	ZINC AND CASTOR OIL * Oint.	4.25	500 g	✓ Boucher
87	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule	5.03	5	✓ Oxytocin Apotex
116	LAMIVUDINE – Special Authority see SA1685 – Retail pharmacy Tab 100 mg	4.20	28	✓ Zetlam

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 May 2018 (continued)

126	IBUPROFEN * Tab long-acting 800 mg	7.99	30	✓ Brufen SR
Note – this is a listing of a new Pharmacode, 2534320.				
146	PREGABALIN Note – Not subsidised in combination with subsidised gabapentin.			
	* Cap 25 mg	2.25	56	✓ Pregabalin Pfizer
	* Cap 75 mg	2.65	56	✓ Pregabalin Pfizer
	* Cap 150 mg	4.01	56	✓ Pregabalin Pfizer
	* Cap 300 mg	7.38	56	✓ Pregabalin Pfizer

Effective 10 April 2018

47	COLECALCIFEROL * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription	2.50	12	✓ Vit.D3
Note – This is a listing of new blister pack, Pharmacode 2523590				

Effective 1 April 2018

77	AQUEOUS CREAM Crm.....	1.99	500 g	✓ Home Essentials
245	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] 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.....	9.54 (26.00)	840g OP	Sustagen Hospital Formula Active
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.....	9.54 (26.00)	840 g OP	Sustagen Hospital Formula Active
Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.				
Note – this is a listing of new Pharmacodes with new brand names.				

▲ 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 June 2018

21	SULFASALAZINE SULPHASALAZINE (amended chemical name) * Tab 500 mg – For sulphasalazine sulfasalazine oral liquid formulation refer 14.00 100 ✓ Salazopyrin * Tab EC 500 mg 13.50 100 ✓ Salazopyrin EN
68	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (addition of STAT dispensing) * Tab 10 mg 2.00 30 ✓ Ezetimibe Sandoz
115	ENTECAVIR – Special Authority see SA1361 – Retail pharmacy (addition of STAT dispensing and Special Authority removed) * Tab 0.5 mg 400.00 30 ✓ Baraclude SA1361 – Special Authority for Subsidy Initial application only from a gastroenterologist or infectious disease specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and 2 Patient is Hepatitis B nucleoside analogue treatment-naive; and 3 Entecavir dose 0.5 mg/day; and 4 Either: 4.1 ALT greater than upper limit of normal; or 4.2 Bridging fibrosis (Metavir stage 3 or greater or moderate fibrosis) or cirrhosis on liver histology; and 5 Either: 5.1 HBeAg positive; or 5.2 patient has a minimum of 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and 6 No continuing alcohol abuse or intravenous drug use; and 7 Not co-infected with HCV, HIV or HDV; and 8 Neither ALT nor AST greater than 10 times upper limit of normal; and 9 No history of hypersensitivity to entecavir; and 10 No previous documented lamivudine resistance (either clinical or genotypic). Notes: • Entecavir should be continued for 6 months following documentation of complete HBeAg seroconversion (defined as loss of HBeAg plus appearance of anti-HBe plus loss of serum HBV DNA) for patients who were HBeAg positive prior to commencing this agent. This period of consolidation therapy should be extended to 12 months in patients with advanced fibrosis (Metavir Stage F3 or F4). • Entecavir should be taken on an empty stomach to improve absorption.

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 June 2018 (continued)

116	TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see SA1690 (addition of STAT dispensing, amended presentation description, removal of endorsement and Special Authority) Endorsement for treatment of HIV: Prescription is deemed to be endorsed if 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: Tenofovir disoproxil 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 245 mg (300 mg as a fumarate)	531.00	30	✓ Viread
	* Tab 245 mg (300.6 mg as a succinate)	38.10	30	✓ Tenofovir Disoproxil Teva
144	GABAPENTIN (Special Authority moved from chemical to these brands) Note – Not subsidised in combination with subsidised pregabalin			
	▲ Cap 100 mg – Special Authority (Arrow-Gabapentin, Neurontin and Nupentin brands only) see SA1477 Retail pharmacy	7.16	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
	▲ Cap 300 mg – For gabapentin oral liquid formulation refer – Special Authority (Arrow-Gabapentin, Neurontin and Nupentin brands only) see SA1477 – Retail pharmacy	11.00	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
	▲ Cap 400 mg – Special Authority (Arrow-Gabapentin, Neurontin and Nupentin brands only) see SA1477 – Retail pharmacy ...	13.75	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
149	ARIPIPRAZOLE (amended presentation description (tab 5 mg), Special Authority moved from chemical to Abilify brand) Safety medicine; prescriber may determine dispensing frequency			
	Tablet Tab 5 mg – No more than 1 tab per day – Special Authority (Abilify brand only) see SA1539			
	– Retail pharmacy	123.54	30	✓ Abilify
	Tab 10 mg – Special Authority (Abilify brand only) see SA1539 – Retail pharmacy	123.54	30	✓ Abilify
	Tab 15 mg – Special Authority (Abilify brand only) see SA1539 – Retail pharmacy	175.28	30	✓ Abilify
	Tab 20 mg – Special Authority (Abilify brand only) see SA1539 – Retail pharmacy	213.42	30	✓ Abilify
	Tab 30 mg – Special Authority (Abilify brand only) see SA1539 – Retail pharmacy	260.07	30	✓ Abilify

▲ 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 June 2018 (continued)

186 ETANERCEPT – Special Authority see SA1620 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 25 mg	799.96	4	✓Enbrel
Inj 50 mg autoinjector	1,599.96	4	✓Enbrel
Inj 50 mg prefilled syringe.....	1,599.96	4	✓Enbrel

▶▶ SA1620 Special Authority for Subsidy

Initial application — (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or

2 All of the following:

2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and

2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine ~~sulfasalazine~~ and hydroxychloroquine sulphate (at maximum tolerated doses); and

2.5 Any of the following:

2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or

2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or

2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

2.6 Either:

2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or

2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.7 Either:

2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initial application — (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for psoriatic arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for psoriatic arthritis; or

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 June 2018 (continued)

continued...

- 2 All of the following:
 - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.3 Patient has tried and not responded to at least three months of oral or parenteral ~~sulphasalazine~~ **sulfasalazine** at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
- 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
 - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

195 ADALIMUMAB – Special Authority see SA1621 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2	✓Humira
Inj 40 mg per 0.8 ml prefilled pen	1,599.96	2	✓HumiraPen
Inj 40 mg per 0.8 ml prefilled syringe	1,599.96	2	✓Humira

▶ SA1621 Special Authority for Subsidy

Initial application — (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
 - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or
- 2 All of the following:
 - 2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
 - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
 - 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with ~~sulphasalazine~~ **sulfasalazine** and hydroxychloroquine sulphate (at maximum tolerated doses); and
 - 2.5 Any of the following:
 - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
 - 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
 - 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and

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
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Changes to Restrictions – effective 1 June 2018 (continued)

continued...

- 2.6 Either:
 - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
 - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.7 Either:
 - 2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initial application — (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for psoriatic arthritis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for psoriatic arthritis; or

2 All of the following:

2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and

2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

2.3 Patient has tried and not responded to at least three months of ~~sulphasalazine~~ **sulfasalazine** at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and

2.4 Either:

2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or

2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2.5 Any of the following:

2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or

2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

224 NALOXONE HYDROCHLORIDE (brand name change)

a) Up to 5 inj available on a PSO

b) Only on a PSO

* Inj 400 mcg per ml, 1 ml ampoule	22.60	5	✓ Hospira DBL Naloxone Hydrochloride
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227 Pharmaceuticals with standardised formula for compounding in Ora products (amended chemical name)

~~Sulphasalazine~~ **Sulfasalazine** 100 mg/ml

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 May 2018

48	VITAMINS * Cap (fat soluble vitamins A, D, E, K) – Special Authority see ▶ SA1720 1002 – Retail pharmacy 23.40	60	✓ Vitabdeck
	▶ SA1720 1002 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: Any of the following: 1 Patient has cystic fibrosis with pancreatic insufficiency; or 2 Patient is an infant or child with liver disease or short gut syndrome; or 3 Patient has severe malabsorption syndrome.		
87	OXYTOCIN – Up to 5 inj available on a PSO (Sole Supply suspended) Inj 10 iu per ml, 1 ml ampoule 5.03	5	✓ Oxytocin BNM
144	GABAPENTIN – Special Authority see SA1477 – Retail pharmacy Note – Not subsidised in combination with subsidised pregabalin. ▲ Cap 100 mg 7.16	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
	▲ Cap 300 mg – For gabapentin oral liquid formulation refer 11.00	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
	▲ Cap 400 mg 13.75	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
188	LETROZOLE (STAT dispensing removed) Tab 2.5 mg 2.95	30	✓ Letrole

Effective 1 April 2018

77	AQUEOUS CREAM (Sole Supply suspended and STAT dispensing removed) Crm 1.99	500 g	✓ AFT SLS-free
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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

Changes to Subsidy and Manufacturer's Price

Effective 1 June 2018

26	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription († subsidy) * Test strip – Not on a BSO	22.00	50 strip OP	✓ Ketostix
56	HEPARIN SODIUM († subsidy) Inj 1,000 iu per ml, 5 ml	99.50	50	✓ Pfizer
	Inj 1,000 iu per ml, 35 ml vial	24.15	1	✓ Hospira
	Inj 5,000 iu per ml, 1 ml	28.40	5	✓ Hospira
	Inj 5,000 iu per ml, 5 ml	341.89	50	✓ Pfizer
	Inj 25,000 iu per ml, 0.2 ml	19.00	5	✓ Hospira
57	HEPARINISED SALINE († subsidy) Inj 10 iu per ml, 5 ml	56.94	50	✓ Pfizer
106	DOXYCYCLINE (‡ subsidy) * Tab 50 mg – Up to 30 tab available on a PSO	2.90 (6.00)	30	Doxy-50
108	SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy († subsidy) Tab 500 mg	543.20	56	✓ Wockhardt S29
	Wastage claimable			
112	VORICONAZOLE († subsidy) Powder for oral suspension 40 mg per ml – Wastage claimable.....	1,156.32	70 ml	✓ Vfend
137	RILUZOLE – Special Authority see SA1403 – Retail pharmacy (‡ subsidy) Wastage claimable Tab 50 mg	130.00	56	✓ Rilutek
137	LIDOCAINE [LIGNOCAINE] (‡ subsidy) Gel 2%, 10 ml urethral syringe – Subsidy by endorsement	160.00	25	✓ Cathejell
	a) Up to 5 each available on a PSO			
	b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.			
139	PARACETAMOL († subsidy) * Oral liq 250 mg per 5 ml	5.81	1,000 ml	✓ Paracare Double Strength
	a) Up to 100 ml available on a PSO			
	b) Not in combination			
213	SALBUTAMOL († subsidy) Oral liq 400 mcg per ml	11.00	150 ml	✓ Ventolin

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 June 2018 (continued)

219	CIPROFLOXACIN (↓ subsidy) Eye drops 0.3% – Subsidy by endorsement	9.99 (12.43)	5 ml OP Ciloxan	
	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.			
224	NALOXONE HYDROCHLORIDE (↓ subsidy) a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule	22.60	5	✓ DBL Naloxone Hydrochloride

Effective 1 May 2018

62	DISOPYRAMIDE PHOSPHATE (↑ subsidy to match manufacturer's price) ▲ Cap 100 mg	23.87	100	✓ Rythmodan
148	APREPITANT – Special Authority see SA0987 – Retail pharmacy (↓ subsidy) Cap 2 × 80 mg and 1 × 125 mg	84.00	3 OP	✓ Emend Tri-Pack

Effective 27 April 2018

106	DOXYCYCLINE (↑ subsidy) * Tab 50 mg – Up to 30 tab available on a PSO	6.00	30	✓ Doxy-50
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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

Delisted Items

Effective 1 June 2018

23	OMEPRAZOLE 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
64	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
65	FUROSEMIDE [FRUSEMIDE]				
	Tab 500 mg	25.00	50	✓	Furosemid STADA
	Wastage claimable				S29
67	PRAVASTATIN – See prescribing guideline above				
	* Tab 20 mg	1.42	30		
		(3.45)			Cholvastin
	* Tab 40 mg	2.42	30		
		(6.36)			Cholvastin
67	SIMVASTATIN – See prescribing guideline				
	* Tab 10 mg	0.95	90	✓	Arrow-Simva 10mg
	* 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
68	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy				
	Tab 10 mg	2.00	30		
		(3.35)			Ezemibe
94	OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline				
	* Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28)	5.40	28 OP		
		(22.96)			Premia 2.5 Continuous
	* Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate tab (28)	5.40	28 OP		
		(22.96)			Premia 5 Continuous

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
40

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

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

148	SUMATRIPTAN			
	Tab 50 mg	24.44	102	✓ Apo-Sumatriptan
	Tab 100 mg	46.23	102	✓ Apo-Sumatriptan
	Note – this delist only applies to the 102 tab pack, the 100 tab pack remains listed.			
149	PROCHLORPERAZINE			
	* Tab 5 mg – Up to 30 tab available on a PSO	9.75	500	✓ Antinaus
187	OCTREOTIDE			
	Inj 500 mcg per ml, 1 ml ampoule	72.50	5	✓ Octreotide MaxRx

Effective 1 May 2018

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 May 2018 (continued)

43	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
105	AMOXICILLIN Grans for oral liq 125 mg per 5 ml	0.88 2.00	100 ml	✓ Amoxicillin Actavis ✓ Ospamox	
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2				
	Grans for oral liq 250 mg per 5 ml	0.97 2.00	100 ml	✓ Amoxicillin Actavis ✓ Ospamox	
	a) Up to 300 ml available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2				
110	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	
126	IBUPROFEN * Tab 200 mg	9.45	1,000	✓ Ibugesic	
136	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer	17.97	100	✓ Kinson	
	Note – Delisting delayed until 1 July 2018.				
186	BICALUTAMIDE Tab 50 mg	3.80 (4.90)	28		Bicalaccord
250	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured)	53.00	400 g OP	✓ Neocate Advance	
	Powder (vanilla)	53.00	400 g OP	✓ Neocate Advance	
	Note – This delist applies to Pharmacodes 2212285 and 2400472. New Pharmacodes listed from 1 November 2017 under brand name Neocate Junior Unflavoured and Neocate Junior Vanilla.				

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 July 2018

88	<p>OXYBUTYNIN * Tab 5 mg</p>	1.77	100	✓ Ditropan S29
	Note – delisting delayed until 1 December 2018.			
136	<p>LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer</p>	17.97	100	✓ Kinson

Effective 1 September 2018

106	<p>DOXYCYCLINE * Tab 100 mg – Up to 30 tab available on a PSO</p>	0.57	21	✓ Doxylin 100
219	<p>CIPROFLOXACIN Eye drops 0.3% – Subsidy by endorsement</p>	9.99 (12.43)	5 ml OP	Ciloxan
	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.			
250	<p>AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured)</p>	53.00	400 g OP	✓ Neocate Advance
	<p>Powder (vanilla)</p>	53.00	400 g OP	✓ Neocate Advance
	Note – Neocate Advanced was relisted 1 June 2018.			

Effective 1 October 2018

47	<p>COLECALCIFEROL * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription 2.50</p>	2.50	12	✓ Vit.D3
	Note – this delist applies to Pharmacode 2446154, a new Pharmacode was listed from 10 April 2018.			
245	<p>ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] 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.</p>			
	<p>Powder (chocolate) – Higher subsidy of up to \$26.00 per 840 g with Endorsement</p>	9.54 (26.00)	840 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	<p>Powder (vanilla) – Higher subsidy of up to \$26.00 per 840 g with Endorsement</p>	9.54 (26.00)	840 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	Note – this delist applies to Sustagen Hospital Formula brand only. A new brand was listed 1 April 2018.			

▲ 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 November 2018

22	MEBEVERINE HYDROCHLORIDE * Tab 135 mg 18.00 90 ✓ Colofac Note – this delist applies to Pharmacode 587575, a new Pharmacode was listed from 1 May 2018.
65	VERAPAMIL HYDROCHLORIDE * Tab 40 mg 7.01 100 ✓ Isoptin Note – this delist applies to Pharmacode 253499, a new Pharmacode was listed from 1 May 2018.
69	GLYCERYL TRINITRATE * Oral spray, 400 mcg per dose – Up to 250 dose available on a PSO 4.45 250 dose OP ✓ Glytrin Note – Glytrin in a 200 dose pack size was listed 1 May 2018.
75	MENTHOL – Only in combination 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer dermatological base 2) With or without other dermatological galenicals. Crystals 6.50 25 g ✓ PSM
107	IBUPROFEN * Tab long-acting 800 mg 7.99 30 Brufen SR Note – this delist applies to Pharmacode 2255499, a new Pharmacode was listed from 1 May 2018.

Effective 1 December 2018

87	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule 5.03 5 ✓ Oxytocin Apotex
88	OXYBUTYNIN * Tab 5 mg 1.77 100 ✓ Ditropan S29

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