

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2018

Cumulative for May, June and July 2018



Contents

Summary of PHARMAC decisions effective 1 July 2018	4
News Stories – July 2018 Update	7
New tender listings for 1 July 2018	7
Lamivudine 100 mg tablet - Tender delay.....	7
New listings.....	7
Denosumab 60 mg prefilled syringe.....	7
Eplerenone (Inspra) tab 25 mg.....	7
Montelukast 10 mg tablets	7
Pericyazine 2.5 mg and 10 mg tablets.....	8
Betaine powder for oral solution.....	8
Heparinised saline	8
Changed listings.....	8
Diabetes meter changes – reminder	8
Gluten free foods – Special Authority amended	9
Candesartan cilexetil – removal of Special Authority	9
Metronidazole	9
Stock issues	9
Montelukast.....	9
Letrozole	9
Influenza vaccine.....	9
Other.....	10
Trimeprazine tartrate (Vallergan Forte) oral liquid discontinuation.....	10
News in brief.....	10
Tender News.....	11
Looking Forward	12
Sole Subsidised Supply Products cumulative to July 2018	13
New Listings.....	24
Changes to Restrictions, Chemical Names and Presentations	32

Changes to Subsidy and Manufacturer’s Price..... 40
Changes to PSO..... 46
Delisted Items 47
Items to be Delisted 51
Index 53

Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2018

New listings (pages 24-27)

- Betaine (Cystadane) powder for oral soln, 180 g OP – Special Authority – Retail pharmacy
- Heparinised saline (BD PosiFlush) inj 10 iu per ml, 5 ml – S29 and wastage claimable
- Eplerenone (Inspra) tab 25 mg – Special Authority – Retail Pharmacy
- Sildenafil (Vedafil) tab 100 mg, 12 tab pack size – Special Authority – Retail pharmacy
- Pregnancy test – HCG urine (Smith BioMed Rapid Pregnancy Test) cassette, 40 test OP – up to 200 test available on a PSO, only on a PSO
- Levothyroxine (Synthroid) tab 25 mcg, 50 mcg and 100 mcg – new Pharmacodes
- Denosumab (Prolia) inj 60 mg prefilled syringe – Special Authority – Retail pharmacy
- Pericyazine (Neulactil S29) tab 2.5 mg and 10 mg – S29 and wastage claimable
- Montelukast (Accord) tab 10 mg – S29 and wastage claimable
- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe (trivalent vaccine) – only on a prescription, no patient co-payment payable and restriction criteria apply

Changes to restrictions (pages 32-33)

- Enoxaparin sodium (Clexane) all listed presentations – amended Special Authority criteria
- Candesartan cilexetil (Candestar) tab 4 mg, 8 mg, 16 mg and 32 mg – Special Authority removed
- Gentamicin sulphate (DBL Gentamicin) inj 10 mg per ml, 1 ml ampoule – amended brand name and presentation description
- Metronidazole (Trichozole) tab 400 mg – PSO quantity added
- Isoniazid with rifampicin (Rifinah) tab 100 mg with rifampicin 150 mg and tab 150 mg with rifampicin 300 mg – amended chemical name
- Anastrozole (Rolin) tab 1 mg – Brand Switch Fee removed
- Montelukast (Apo-Montelukast and Accord) tab 4 mg, 5 mg and 10 mg – STAT dispensing and Prescribing Guideline removed
- Gluten free foods – amended Special Authority criteria

Increased subsidy (pages 41-43)

- Gentamicin sulphate (DBL Gentamicin) inj 10 mg per ml, 1 ml ampoule
- Interferon alfa-2A (Roferon-A) inj 3 m iu prefilled syringe

Summary of PHARMAC decisions – effective 1 July 2018 (continued)

- Levodopa with benserazide (Madopar Rapid) tab dispersible 50 mg with benserazide 12.5 mg
- Levodopa with benserazide (Madopar 62.5) cap 50 mg with benserazide 12.5 mg
- Levodopa with benserazide (Madopar 125) cap 100 mg with benserazide 25 mg
- Levodopa with benserazide (Madopar HBS) cap long-acting 100 mg with benserazide 25 mg
- Levodopa with benserazide (Madopar 250) cap 200 mg with benserazide 50 mg
- Clonazepam (Rivotril) inj 1 mg per ml, 1 ml
- Midazolam (Pfizer) inj 1 mg per ml, 5 ml plastic ampoule
- Promethazine hydrochloride (Allersoothe) oral liq 1 mg per 1 ml, 100 ml

Decreased subsidy (pages 40-43)

- Lansoprazole (Lanzol Relief) cap 15 mg and 30 mg
 - Acarbose (Glucobay) tab 50 mg and 100 mg
 - Bisacodyl (Lax-Suppositories) suppos 10 mg
 - Miconazole (Decozol) oral gel 20 mg per g, 40 g OP
 - Hydroxocobalamin (Neo-B12) inj 1 mg per ml, 1 ml ampoule
 - Candesartan cilexetil (Candestar) tab 4 mg, 8 mg, 16 mg and 32 mg
 - Atenolol (Mylan Atenolol) tab 50 mg and 100 mg
 - Atorvastatin (Lorstat) tab 10 mg, 20 mg, 40 mg and 80 mg
 - Sildenafil (Vedafil) tab 25 mg and 50 mg
 - Ciclopirox olamine (Apo-Ciclopirox) nail soln 8%, 7 ml OP
 - Crotamiton (Itch-Soothe) crm 10%, 20 g OP
 - Dimethicone (healthE Dimethicone 10%) crm 10% pump bottle, 500 ml OP
 - Zinc and castor oil (Multichem) oint, 500 g
 - Cetomacrogol (healthE) crm BP, 500 g
 - Fluorouracil sodium (Efudix) crm 5%, 20 g OP
 - Tamsulosin hydrochloride (Tamsulosin-Rex) cap 400 mcg
 - Cinacalcet (Sensipar) tab 30 mg
 - Cabergoline (Dostinex) tab 0.5 mg, 2 and 8 tab packs
 - Azithromycin (Apo-Azithromycin) tab 250 mg and 500 mg
 - Flucloxacillin (Staphlex) cap 250 mg and 500 mg
 - Phenoxymethylpenicillin (Penicillin V) (Cilicaine VK) cap 250 mg and 500 mg
-

Summary of PHARMAC decisions – effective 1 July 2018 (continued)

- Voriconazole (Vttack) tab 50 mg and 200 mg
- Valaciclovir (Vaclovir) tab 500 mg and 1,000 mg
- Emtricitabine with tenofovir disoproxil fumarate (Truvada) tab 200 mg with tenofovir disoproxil fumarate 300 mg
- Nevirapine (Nevirapine Alphapharm) tab 200 mg
- Efavirenz with emtricitabine and tenofovir disoproxil fumarate (Atripla) Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg
- Hydroxychloroquine (Plaquenil) tab 200 mg
- Entacapone (Entapone) tab 200 mg
- Oxycodone hydrochloride (OxyNorm) cap immediate-release 5 mg, 10 mg and 20 mg
- Oxycodone hydrochloride (OxyNorm) inj 10 mg per ml, 1 ml and 2 ml ampoules
- Oxycodone hydrochloride (OxyNorm) inj 50 mg per ml, 1 ml ampoule
- Citalopram hydrobromide (PSM Citalopram) tab 20 mg
- Ziprasidone (Zusdone) cap 20 mg, 40 mg, 60 mg and 80 mg
- Buspirone hydrochloride (Orion) tab 5 mg and 10 mg
- Lorazepam (Ativan) tab 1 mg and 2.5 mg
- Cisplatin inj 1 mg per ml, 100 ml vial (DBL Cisplatin) and inj 1 mg for ECP (Baxter)
- Idarubicin hydrochloride inj 5 mg and 10 mg vials (Zavedos) and inj 1 mg for ECP (Baxter)
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg
- Olopatadine (Patanol) eye drops 0.1%, 5 ml OP
- Acetylcysteine (DBL Acetylcysteine) inj 200 mg per ml, 10 ml ampoule

News Stories – July 2018 Update

New tender listings for 1 July 2018

- Pregnancy tests – HCG urine (Smith BioMed Rapid Pregnancy Test) cassette, 40 test OP*

*Sole supply for the Smith BioMed Rapid Pregnancy Tests will commence 1 December 2018. Smith BioMed supply these tests to the UK, Spain, Italy, France, and hold ISO quality certification for this product. More information on this product can be found on the Smith BioMed website: www.smithbiomed.com/pregnancy-tests/



Lamivudine 100 mg tablet - Tender delay

Due to a delay in arrival of the new brand, Zetlam, reference pricing for the Zeffix brand of lamivudine 100 mg tablets will be delayed until 1 August 2018. Delisting of Zeffix, and Sole Supply for Zetlam, are delayed until 1 November 2018.

New listings

Denosumab 60 mg prefilled syringe

From 1 July 2018, denosumab 60 mg prefilled syringes (Prolia) will be listed for people with severe, established osteoporosis, subject to Special Authority criteria.

Eplerenone (Inspra) tab 25 mg

From 1 July 2018, eplerenone 25 mg tablets will be funded, subject to Special Authority criteria, for people with heart failure who are intolerant to, or experience significant side effects while on, spironolactone.

The 50 mg strength will be listed from 1 October 2018.

Montelukast 10 mg tablets

From 1 July 2018, the Accord brand of montelukast 10 mg tablets will be listed in Section B of the Pharmaceutical Schedule as a Section 29 medicine. This listing is to manage a stock issue currently affecting the Apotex brand of montelukast 10 mg tablets.

Pericyazine 2.5 mg and 10 mg tablets

An alternative presentation of pericyazine tablets 2.5 mg and 10 mg, Neulactil S29, will be listed temporarily from 1 July 2018 and supplied via section 29 of the Medicines Act 1981.

Betaine powder for oral solution

From 1 July 2018, betaine powder for oral solution (Cystadane) will be listed, funded for people with homocystinuria subject to Special Authority criteria. The proposal to list Betaine was included in the Rare Disorders RFP.

Heparinised saline

An alternate brand of heparinised saline, BD PosiFlush, inj 10 iu per ml, 5 ml will be listed temporarily from 1 July 2018. It will be supplied via s29 of the Medicines Act 1981.

Changed listings

Diabetes meter changes – reminder

This is a reminder about the changes happening to funded diabetes meters. From 1 August 2018:

- Four CareSens meters and their associated tests strips will be the only funded meters that measure glucose and ketones for people living with diabetes. All other brands of meters and test strips will no longer be funded.
- A brand switch fee will no longer be paid to pharmacists for changing people to the funded brand of meter.
- People will have to pay a co-payment for their new funded CareSens meter.
- Pharmacists will no longer be able to claim for CareSens meters for eligible patients without a prescription

It is important to note that:

- People are not required to return their old meter to the pharmacy to be eligible to access a funded CareSens meter and test strips.
- All people living with Type 1 diabetes are eligible for a funded CareSens Dual meter which tests for both glucose and ketones.

There is detailed information about the changes on our website at:

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

Gluten free foods – Special Authority amended

The Special Authority criteria for gluten free foods will be amended from 1 July 2018, to allow paediatric gastroenterologist via the ESPGHAN guidelines to apply for paediatric patients.

Candesartan cilexetil – removal of Special Authority

From 1 July 2018, Special Authority approval will no longer be required to access subsidy for candesartan cilexetil (Candestar). Please note that the Special Authority application form will not be available from late June 2018.

Metronidazole

From 1 July 2018, metronidazole 400 mg tablets will be available for subsidy via a Practitioners Supply Order. A maximum of 15 tablets will apply.

Stock issues

Montelukast

STAT (all-at-once) dispensing will be removed from all strengths of montelukast from 1 July 2018 until further notice due to a stock issue. PHARMAC contacted pharmacists on 7 June 2018, asking them to immediately start dispensing montelukast monthly.

An alternate brand, Accord, of montelukast 10 mg tablets will be listed from 1 July 2018. It will be supplied under section 29 of the Medicines Act 1981.

Letrozole

Letromyl (letrozole) 2.5 mg tablet was listed temporarily from 11 June 2018 until 1 November 2018 due to a supply issue with Letrole.

PHARMAC has been working with the supplier, Mylan to manage stock in the supply chain. STAT (all-at-once) dispensing was removed from 1 May 2018 to 1 August 2018 to assist with this.

Influenza vaccine

Influvac trivalent vaccine will be listed fully funded, subject to restriction from 1 July 2018. This vaccine will be available for both adults and children, to be used when the quadrivalent vaccine is not available.

Other

Trimeprazine tartrate (Vallergan Forte) oral liquid discontinuation

The supplier of trimeprazine tartrate (Vallergan Forte) oral liquid 30 mg per 5 ml is being discontinued from 1 February 2019 due to low usage. Alternative oral liquid antihistamines are funded, including promethazine oral liquid (Allersoothe).

News in brief

- **Antiretroviral treatments named Specialists** – Dr Heather Lynn Isenman (Canterbury) and Dr Yuki Aoyagi (Northland) have been added to the named Specialist list for antiretroviral treatment prescribing. Dr Jennifer Mary Hayward (Wellington) has been approved as a named specialist for PrEP only.
- **Sildenafil** (Vedafil) 100 mg tablets – new pack size of 12 tablets
- **Levothyroxine** (Synthroid) 25 mcg, 50 mcg and 100 mcg – new Pharmacodes listed



Tender News

Sole Subsidised Supply changes – effective 1 August 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg; 3 OP	Emend Tri-Pack (MSD)
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips; 1 OP	CareSens N (Pharmaco)
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips; 1 OP	CareSens N POP (Pharmaco)
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips; 1 OP	CareSens N Premier (Pharmaco)
Blood glucose diagnostic test strip	Test strips; 50 test OP	CareSens N (Pharmaco)
Blood glucose diagnostic test strip	Test strips; 50 test OP	CareSens PRO (Pharmaco)
Blood ketone diagnostic test strip	Test strips; 10 strip OP	KetoSens (Pharmaco)
Dual blood glucose and blood ketone diagnostic test meter	Meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips; 1 OP	CareSens Dual (Pharmaco)

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 August 2018

- Aripiprazole (Abilify) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg
 - Remove Special Authority and ‘no more than 1 tab per day’ restriction removed from 5 mg tabs, and subsidy decrease
- Bosentan (Dr Reddys) tab 62.5 mg and 125 mg – new listing
- Blood glucose diagnostic test meters (CareSens N, CareSens N POP and CareSens N Premier) meter – remove Brand Switch fee, Pharmacist note and “No patient co-payment payable”
- Dual Blood Glucose and Blood Ketone Testing (CareSens Dual) meter
 - remove Brand Switch fee, Pharmacist note and “No patient co-payment payable”
- Gabapentin (Nupentin, Arrow-Gabapentin and Neurontin) cap 100 mg, 300 mg and 400 mg – remove Special Authority and STAT dispensing added
- Rivaroxaban (Xarelto) tab 10 mg (30 tab pack), 15 mg and 20 mg – new listing without Special Authority
- Rivaroxaban (Xarelto) tab 10 mg, 15 tab pack – price and subsidy decrease and Special Authority removed
- Rivaroxaban (Xarelto) tab 10 mg – ‘not more than 1 tablet per day’ restriction applied
- Tenofovir disoproxil (Viread) tab 245 mg (300 mg as a fumarate) – subsidy decrease and Repeat Rule added to dispensings

Possible decisions for future implementation 1 August 2018

- Letrozole (Letrole) tab 2.5 mg – STAT dispensing reinstated
- Taliglucerase alfa (Elelyso) inj 200 unit vial – Special Authority
 - Retail pharmacy

Sole Subsidised Supply Products – cumulative to July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2020
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 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
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2020
Azathioprine	Tab 25 mg & 50 mg Inj 50 mg vial	Imuran	2019
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020

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

Sole Subsidised Supply Products – cumulative to July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Bicalutamide	Tab 50 mg	Binarex	2020
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2020
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
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
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	Cephalexin ABM	2019
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 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	Chlorsig	2019
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
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
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
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
Clopidogrel	Tab 75 mg	Arrow - Clopid	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 July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-Ph&T	2020
	Tab 100 mcg & 200 mcg	Minirin	2019
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
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%	
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
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020

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

Sole Subsidised Supply Products – cumulative to July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Emulsifying ointment	Oint BP; 500 g	AFT	2020
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Ethinylloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Microgynon 20 ED Levlen ED	2020
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
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	Fentanyl Sandoz	2020
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferdan	2021 2019
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Inj 1 g vial Inj 250 mg & 500 mg vials	Flucil Flucloxin	2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris	2019
Gemfibrozil	Tab 600 mg	Lipazil	2019
Gliclazide	Tab 80 mg	Glizide	2020
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerol	Liquid	healthE Glycerol BP	2020
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

*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 July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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	ABM DermAssist Pharmacy Health Solu-Cortef	2020 2019
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Tab 200 mg	Relieve	2020
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
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
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Levetiracetam	Oral liq 100 mg per ml, 300 ml OP	Levetiracetam-AFT	2020
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet Sinemet CR	2020
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	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 July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%	Mucosoothe	2020
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
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
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
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
Methotrexate	Inj 100 mg per ml, 50 ml vial Inj 25 mg per ml, 2 ml & 20 ml vials	Methotrexate Ebewe DBL Methotrexate Onco-Vial	2020 2019
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
Miconazole nitrate	Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2020
Misoprostol	Tab 200 mcg	Cytotec	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 July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Mitomycin C	Inj 5 mg vial	Arrow	2019
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
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
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
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
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
Oestriol	Crm 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2020

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

Sole Subsidised Supply Products – cumulative to July 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
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2019
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		
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		
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paroxetine	Tab 20 mg	Apo-Paroxetine	2019
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	Lyderm A-Scabies	2020
	Lotn 5%, 30 ml OP		
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml ampoules	DBL Pethidine Hydrochloride	2020
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2019
	Grans for oral liq 250 mg per 5 ml		
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
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

*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 July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Prednisone	Tab 1 mg , 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Pregabalin	Cap 25 mg,75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
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	Hospira	2019
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
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
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	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 July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Simvastatin	Tab 10 mg, 20 mg, 40 mg and 80 mg	Simvastatin Mylan	2020
Sodium chloride	Inj 0.9%, 10 ml ampoule	Pfizer	2019
	Inj 23.4% (4 mmol/ml), 20 ml ampoule	Biomed	
	Inj 0.9%, bag; 500 ml & 1,000 ml	Baxter	
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium fusidate [fusidic acid]	Tab 250 mg	Fucidin	2020
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sulphasalazine	Tab 500 mg	Salazopyrin	2019
	Tab EC 500 mg	Salazopyrin EN	
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	Actavis	2019
	Tab 2 mg & 5 mg	Apo-Terazosin	
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP	Arrow-Timolol	2020
	Eye drops 0.25%, gel forming, 2.5 ml OP	Timoptol XE	2019
	Eye drops 0.5%, gel forming, 2.5 ml OP		
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2020
	Tab sustained-release 100 mg	Tramal SR 100	
	Tab sustained-release 150 mg	Tramal SR 150	
	Tab sustained-release 200 mg	Tramal SR 200	
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Travoprost	Eye drops 0.004%; 2.5 ml OP	Travopt	2020
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021

*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 July 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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 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	Ursosan	2020
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
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

July changes are in bold type

*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.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 July 2018

44	BETAINE – Special Authority see SA1727 – Retail pharmacy Powder for oral soln	575.00	180 g OP	✓Cystadane
	<p>▶ SA1727 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria: All of the following: 1 The patient has a confirmed diagnosis of homocystinuria; and 2 Any of the following: 2.1 A cystathionine beta-synthase (CBS) deficiency; or 2.2 A 5,10-methylene-tetrahydrofolate reductase (MTHFR) deficiency; or 2.3 A disorder of intracellular cobalamin metabolism; and 3 An appropriate homocysteine level has not been achieved despite a sufficient trial of appropriate vitamin supplementation. Renewal only from a metabolic physician. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
57	HEPARINISED SALINE Inj 10 iu per ml, 5 ml	53.40	30	✓BD PosiFlush S29 Wastage claimable
65	EPLERENONE – Special Authority see SA1728 – Retail pharmacy Tab 25 mg	11.87	30	✓Inspra
	<p>▶ SA1728 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal for applications meeting the following criteria: Both: 1 Patient has heart failure with ejection fraction less than 40%; and 2 Either: 2.1 Patient is intolerant to optimal dosing of spironolactone; or 2.2 Patient has experienced a clinically significant adverse effect while on optimal dosing of spironolactone.</p>			
71	SILDENAFIL – Special Authority see SA1704 – Retail pharmacy Tab 100 mg – For sildenafil oral liquid formulation refer.....	6.60	12	✓Vedafil Note – this is the listing of a new pack size.
87	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette.....	12.00	40 test OP	✓Smith BioMed Rapid Pregnancy Test
95	LEVOTHYROXINE * Tab 25 mcg..... * Tab 50 mcg..... * Tab 100 mcg.....	3.89 4.05 4.21	90 90 90	✓Synthroid ✓Synthroid ✓Synthroid
	<p>Note – this is a listing of new Pharmacodes: tab 25 mcg, 2534789; tab 50 mcg, 2534797 and tab 100 mcg 2534800.</p>			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 July 2018 (continued)

129 DENOSUMAB – Special Authority see SA1730 – Retail pharmacy
Inj 60 mg prefilled syringe.....326.00 1 ✓Prolia

▶ SA1730 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 The patient has severe, established osteoporosis; and
- 2 Either:
 - 2.1 The patient is female and postmenopausal; or
 - 2.2 The patient is male or non-binary; and
- 3 Any of the following:
 - 3.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
 - 3.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or
 - 3.3 History of two significant osteoporotic fractures demonstrated radiologically; or
 - 3.4 Documented T-Score less than or equal to -3.0 (see Note); or
 - 3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
 - 3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) or raloxifene; and
- 4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
- 5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and
- 6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

Notes:

- a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
- b) Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab.
- c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
- d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.
- e) Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous 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

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

New Listings – effective 1 July 2018 (continued)

151	PERICYAZINE – Safety medicine; prescriber may determine dispensing frequency		
	Tab 2.5 mg	10.49	84
	Tab 10 mg	37.34	84
	Wastage claimable		
			✓ Neulactil S29 S29
			✓ Neulactil S29 S29
216	MONTELUKAST		
	Tab 10 mg	5.65	28
	Wastage claimable		
			✓ Accord S29
269	INFLUENZA VACCINE		
	Inj 45 mcg in 0.5 ml syringe (trivalent vaccine)	90.00	10
	a) Only on a prescription		
	b) No patient co-payment payable		
	c)		
	A) is available each year for patients who meet the following criteria, as set by PHARMAC, for use if a funded quadrivalent influenza vaccine is not available:		
	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) 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		
	c) children aged four years and under 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;		

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 July 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) 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.

Effective 11 June 2018

188	LETROZOLE			
	Tab 2.5 mg	5.90	60	✓ Letromyl

▲ 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

68	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy * Tab 10 mg 2.00 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 mg 65.00 Wastage claimable	100	✓ Dantrium S29 S29
144	GABAPENTIN Note – Not subsidised in combination with subsidised pregabalin. ▲ Cap 100 mg 2.65 ▲ Cap 300 mg – For gabapentin oral liquid formulation refer 4.07 ▲ Cap 400 mg 5.64	100 100 100	✓ Apo-Gabapentin ✓ Apo-Gabapentin ✓ Apo-Gabapentin
149	ARIPIPRAZOLE Safety medicine; prescriber may determine dispensing frequency Tab 5 mg 17.50 Tab 10 mg 17.50 Tab 15 mg 17.50 Tab 20 mg 17.50 Tab 30 mg 17.50	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 mg 14.56	60	✓ Zeldox
173	CALCIUM FOLINATE Inj 10 mg per ml, 100 ml vial – PCT only – Specialist 60.00	1	✓ Calcium Folate Sandoz
174	MERCAPTOPYRINE Oral suspension 20 mg per ml – Special Authority see SA1725 – Retail pharmacy-Specialist 428.00	100 ml OP	✓ Allmercap

➡ SA1725 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
	<p>▶ SA1726 Special Authority for Subsidy</p> <p>Initial application – (wet age related macular degeneration) only from an ophthalmologist. Approvals valid for 3 months for applications meeting the following criteria:</p> <p>Either:</p> <ol style="list-style-type: none"> 1 All of the following: <ol style="list-style-type: none"> 1.1 Any of the following: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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: <ol style="list-style-type: none"> 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. <p>Note: Criteria 2.3 and 2.4 will be removed from 1 January 2019.</p> <p>Renewal – (wet age related macular degeneration) only from an ophthalmologist. Approvals valid for 12 months for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 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. <p>Initial application – (diabetic macular oedema) only from an ophthalmologist. Approvals valid for 4 months for applications meeting the following criteria:</p> <p>Either:</p> <ol style="list-style-type: none"> 1 All of the following: <ol style="list-style-type: none"> 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. <p>NOTE: Criterion 2 will be removed from 1 January 2019.</p>			

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
-----	---	------	----	---------------

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
---	---------------------------------	-----	--

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 July 2018

56 ENOXAPARIN SODIUM – Special Authority see SA1646 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg in 0.2 ml syringe	27.93	10	✓Clexane
Inj 40 mg in 0.4 ml syringe	37.27	10	✓Clexane
Inj 60 mg in 0.6 ml syringe	56.18	10	✓Clexane
Inj 80 mg in 0.8 ml syringe	74.90	10	✓Clexane
Inj 100 mg in 1 ml syringe	93.80	10	✓Clexane
Inj 120 mg in 0.8 ml syringe	116.55	10	✓Clexane
Inj 150 mg in 1 ml syringe	133.20	10	✓Clexane

▶ SA1646 Special Authority for Subsidy

Initial application — (Pregnancy, Malignancy or Haemodialysis) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Low molecular weight heparin treatment is required during a patients pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy; or
- 3 For the prevention of thrombus formation in the extra-corporeal circulation during home haemodialysis.

Renewal — (Pregnancy, Malignancy or Haemodialysis) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy; or
- 3 For the prevention of thrombus formation in the extra-corporeal circulation during home haemodialysis.

61 CANDESARTAN CILEXETIL – Special Authority see SA1223 – Retail pharmacy (Special Authority removed)

* Tab 4 mg	1.90	90	✓Candestar
* Tab 8 mg	2.28	90	✓Candestar
* Tab 16 mg	3.67	90	✓Candestar
* Tab 32 mg	6.39	90	✓Candestar

▶ SA1223 Special Authority for Subsidy

Initial application — (ACE inhibitor intolerance) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 Patient has persistent ACE inhibitor induced cough that is not resolved by ACE inhibitor retreat (same or new ACE inhibitor); or
- 2 Patient has a history of angioedema.

Initial application — (Unsatisfactory response to ACE inhibitor) from any relevant practitioner. Approvals valid without further renewal unless notified where patient is not adequately controlled on maximum tolerated dose of an ACE inhibitor.

107 GENTAMICIN SULPHATE (amended brand name and presentation description)

Inj 10 mg per ml, 1 ml ampoule – Subsidy by endorsement	25.00	5	✓DBL Gentamicin Hospira
---	-------	---	-------------------------

Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.

113 METRONIDAZOLE (PSO restriction added)

Tab 400 mg – Up to 15 tab available on a PSO	18.15	100	✓Trichozole
--	-------	-----	-------------

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 July 2018 (continued)

114	ISONIAZID WITH RIFAMPICIN – Retail pharmacy-Specialist (amended chemical name)		
	a) No patient co-payment payable		
	b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician		
	* Tab 100 mg with rifampicin 150 mg	85.54	100 ✓ Rifinah
	* Tab 150 mg with rifampicin 300 mg	170.60	100 ✓ Rifinah
188	ANASTROZOLE – Brand switch fee payable (Pharmacode 2540959)		
	* Tab 1 mg	5.04	30 ✓ Rolin
216	MONTELUKAST (removal of STAT (all-at-once) dispensing and prescribing guideline)		
	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	28 ✓ Apo-Montelukast
	Tab 5 mg	5.50	28 ✓ Apo-Montelukast
	Tab 10 mg	5.65	28 ✓ Apo-Montelukast
			✓ Accord ^{S29}
247	GLUTEN FREE FOODS (amended Special Authority)		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> SA1729 1407 </div> Special Authority for Subsidy		
	Initial application (all patients) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:		
	Either:		
	1 Gluten enteropathy has been diagnosed by biopsy; or		
	2 Patient suffers from dermatitis herpetiformis.		
	Initial application (paediatric patients diagnosed by ESPGHAN criteria) only from a paediatric gastroenterologist. Approvals valid without further renewal unless notified where the paediatric patient fulfils ESPGHAN criteria for biopsy free diagnosis of coeliac disease.		

▲ 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

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 HBcAg 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 HBcAg seroconversion (defined as loss of HBcAg plus appearance of anti-HBc plus loss of serum HBV DNA) for patients who were HBcAg 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
---	---------------------------------	-----	--

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
---	---------------------------------	-----	--

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
--	-------	---	--

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
---	---------------------------------	-----	--

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
----	---	-------	----------------

▲ 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 July 2018

22	LANSOPRAZOLE (↓ subsidy)			
	* Cap 15 mg	4.58	100	✓ Lanzol Relief
	* Cap 30 mg	5.41	100	✓ Lanzol Relief
25	ACARBOSE (↓ subsidy)			
	* Tab 50 mg	3.50	90	✓ Glucobay
	* Tab 100 mg	6.40	90	✓ Glucobay
43	BISACODYL – Only on a prescription (↓ subsidy)			
	* Suppos 10 mg.....	3.74	10	✓ Lax-Suppositories
46	MICONAZOLE (↓ subsidy)			
	Oral gel 20 mg per g.....	4.74	40 g OP	✓ Decozol
47	HYDROXOCOBALAMIN (↓ subsidy)			
	* Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO ..	1.89	3	✓ Neo-B12
61	CANDESARTAN CILEXETIL (↓ subsidy)			
	* Tab 4 mg	1.90	90	✓ Candestar
	* Tab 8 mg	2.28	90	✓ Candestar
	* Tab 16 mg	3.67	90	✓ Candestar
	* Tab 32 mg	6.39	90	✓ Candestar
62	ATENOLOL (↓ subsidy)			
	* Tab 50 mg	4.26	500	✓ Mylan Atenolol
	* Tab 100 mg	7.30	500	✓ Mylan Atenolol
67	ATORVASTATIN – See prescribing guideline (↓ subsidy)			
	* Tab 10 mg	6.96	500	✓ Lorstat
	* Tab 20 mg	9.99	500	✓ Lorstat
	* Tab 40 mg	15.93	500	✓ Lorstat
	* Tab 80 mg	27.19	500	✓ Lorstat
71	SILDENAFIL – Special Authority see SA1704 – Retail pharmacy (↓ subsidy)			
	Tab 25 mg	0.64	4	✓ VEDAFIL
	Tab 50 mg	0.64	4	✓ VEDAFIL
74	CICLOPIROX OLAMINE (↓ subsidy)			
	a) Only on a prescription			
	b) Not in combination			
	Nail-soln 8%.....	5.72	7 ml OP	✓ Apo-Ciclopirox
75	CROTAMITON (↓ subsidy)			
	a) Only on a prescription			
	b) Not in combination			
	Crm 10%.....	3.29	20 g OP	✓ Itch-Soothe
77	DIMETHICONE (↓ subsidy)			
	* Crm 10% pump bottle.....	4.52	500 ml OP	✓ healthE Dimethicone 10%

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
Changes to Subsidy and Manufacturer's Price – effective 1 July 2018 (continued)				
77	ZINC AND CASTOR OIL (↓ subsidy) * Oint.....	4.25	500 g	✓ Multichem
77	CETOMACROGOL (↓ subsidy) * Crm BP	2.48	500 g	✓ healthE
83	FLUOROURACIL SODIUM (↓ subsidy) Crm 5%.....	7.95	20 g OP	✓ Efudix
88	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy (↓ subsidy) * Cap 400 mcg	11.25	100	✓ Tamsulosin-Rex
90	CINACALCET – Special Authority see SA1618 – Retail pharmacy (↓ subsidy) Tab 30 mg – Wastage claimable.....	210.30	28	✓ Sensipar
100	CABERGOLINE (↓ subsidy) Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1370.....	3.75 15.20	2 8	✓ Dostinex ✓ Dostinex
103	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see SA1683 (↓ subsidy) A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority. Tab 250 mg	8.19	30	✓ Apo-Azithromycin
	Tab 500 mg – Up to 8 tab available on a PSO	0.93	2	✓ Apo-Azithromycin
106	FLUCLOXACILLIN (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO	16.83	250	✓ Staphlex
	Cap 500 mg.....	56.61	500	✓ Staphlex
106	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO	2.59	50	✓ Cilicaine VK
	Cap 500 mg.....	4.26	50	✓ Cilicaine VK
	a) Up to 20 cap available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RFPP			
107	GENTAMICIN SULPHATE (↑ subsidy) Inj 10 mg per ml, 1 ml ampoule – Subsidy by endorsement	25.00	5	✓ DBL Gentamicin
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
112	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy (↓ subsidy) Tab 50 mg	91.00	56	✓ Vttack
	Tab 200 mg	350.00	56	✓ Vttack
116	VALACICLOVIR (↓ subsidy) Tab 500 mg	5.75	30	✓ Vavlovir
	Tab 1,000 mg	11.35	30	✓ Vavlovir

▲ 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 July 2018 (continued)

119	EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see SA1714 (↓ subsidy) 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. Tab 200 mg with tenofovir disoproxil fumarate 300 mg	190.02	30	✓ Truvada
122	NEVIRAPINE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy) Tab 200 mg	60.00	60	✓ Nevirapine Alphapharm
122	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy) Note: Efavirenz with emtricitabine and tenofovir disoproxil fumarate counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil fumarate 300 mg	237.52	30	✓ Atripla
124	INTERFERON ALFA-2A – PCT – Retail pharmacy-Specialist (↑ subsidy) a) See prescribing guideline b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist Inj 3 m iu prefilled syringe	38.00	1	✓ Roferon-A
127	HYDROXYCHLOROQUINE (↓ subsidy) * Tab 200 mg	7.98	100	✓ Plaquenil
136	ENTACAPONE (↓ subsidy) ▲ Tab 200 mg	22.00	100	✓ Entapone
136	LEVODOPA WITH BENSERAZIDE (↑ subsidy) * Tab dispersible 50 mg with benserazide 12.5 mg	13.25	100	✓ Madopar Rapid
	* Cap 50 mg with benserazide 12.5 mg	13.75	100	✓ Madopar 62.5
	* Cap 100 mg with benserazide 25 mg	15.80	100	✓ Madopar 125
	* Cap long-acting 100 mg with benserazide 25 mg	22.85	100	✓ Madopar HBS
	* Cap 200 mg with benserazide 50 mg	26.25	100	✓ Madopar 250
141	OXYCODONE HYDROCHLORIDE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Cap immediate-release 5 mg	1.88	20	✓ OxyNorm
	Cap immediate-release 10 mg	3.32	20	✓ OxyNorm
	Cap immediate-release 20 mg	5.81	20	✓ OxyNorm
	Inj 10 mg per ml, 1 ml ampoule	7.28	5	✓ OxyNorm
	Inj 10 mg per ml, 2 ml ampoule	14.36	5	✓ OxyNorm
	Inj 50 mg per ml, 1 ml ampoule	30.60	5	✓ OxyNorm

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 July 2018 (continued)

142	CITALOPRAM HYDROBROMIDE (↓ subsidy) * Tab 20 mg	1.52	84	✓PSM Citalopram
143	CLONAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Inj 1 mg per ml, 1 ml	21.00	5	✓Rivotril
151	ZIPRASIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Cap 20 mg	14.50	60	✓Zusdone
	Cap 40 mg	24.70	60	✓Zusdone
	Cap 60 mg	33.80	60	✓Zusdone
	Cap 80 mg	39.70	60	✓Zusdone
153	BUSPIRONE HYDROCHLORIDE (↓ subsidy) * Tab 5 mg	20.23	100	✓Orion
	* Tab 10 mg	13.16	100	✓Orion
153	LORAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 1 mg	9.72	250	✓Ativan
	Tab 2.5 mg	12.50	100	✓Ativan
162	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Inj 1 mg per ml, 5 ml plastic ampoule – Up to 10 inj available on a PSO	14.90	10	✓Pfizer
	On a PSO for status epilepticus use only. PSO must be endorsed for status epilepticus use only.			
171	CISPLATIN – PCT only – Specialist (↓ subsidy) Inj 1 mg per ml, 100 ml vial	19.70	1	✓DBL Cisplatin
	Inj 1 mg for ECP	0.25	1 mg	✓Baxter
177	IDARUBICIN HYDROCHLORIDE (↓ subsidy) Inj 5 mg vial – PCT only – Specialist	93.00	1	✓Zavedos
	Inj 10 mg vial – PCT only – Specialist	198.00	1	✓Zavedos
	Inj 1 mg for ECP – PCT only – Specialist	21.84	1 mg	✓Baxter
212	PROMETHAZINE HYDROCHLORIDE (↓ subsidy) * Tab 10 mg	1.68	50	✓Allersoothe
	* Tab 25 mg	1.89	50	✓Allersoothe
212	PROMETHAZINE HYDROCHLORIDE (↑ subsidy) * Oral liq 1 mg per 1 ml	2.69	100 ml	✓Allersoothe
223	OLOPATADINE (↓ subsidy) Eye drops 0.1%	10.00	5 ml OP	✓Patanol
224	ACETYLCYSTEINE – Retail pharmacy-Specialist (↓ subsidy) Inj 200 mg per ml, 10 ml ampoule	58.76	10	✓DBL Acetylcysteine

▲ 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
---	---------------------------------	-----	--

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
-----	--	------	----	-----------

▲ 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 PSO

Effective 1 July 2018

256 METRONIDAZOLE
✓ **Tab 400 mg** 15

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

Delisted Items

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
70	BOSENTAN – Special Authority see SA1712 – Retail pharmacy Tab 62.5 mg	375.00	56	✓ Mylan-Bosentan
	Tab 125 mg	375.00	56	✓ Mylan-Bosentan
	Note – the 60 tab pack remains listed.			
136	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer	17.97	100	✓ Kinson
141	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	✓ PSM
224	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Rolin
239	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3] Powder (vanilla)	28.00	850 g OP	✓ Pediasure
249	PRETERM POST-DISCHARGE INFANT FORMULA – Special Authority see SA1198 – Hospital pharmacy [HP3] Powder	15.25	400 g OP	✓ S-26 Gold Premgro

Effective 1 June 2018

23	OMEPRAZOLE For omeprazole suspension refer Standard Formulae * Cap 10 mg	1.98 (2.23)	90	Omezol Relief
	* Cap 20 mg	1.96 (2.91)	90	Omezol Relief
	* Cap 40 mg	3.12 (4.42)	90	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

▲ 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 (continued)

65	FUROSEMIDE [FRUSEMIDE] Tab 500 mg	25.00	50	✓ Furosemid STADA \$29
	Wastage claimable			
67	PRAVASTATIN – See prescribing guideline above			
	* 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
68	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy			
	Tab 10 mg	2.00 (3.35)	30	Ezemibe
94	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
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

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

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; angle insertion; 60 cm grey line × 5 with 10 needles	120.00	1 OP	✓ Comfort Short
	17 mm teflon cannula; angle insertion; 110 cm grey line × 5 with 10 needles	120.00	1 OP	✓ Comfort
	17 mm teflon cannula; angle insertion; 60 cm grey line × 5 with 10 needles	120.00	1 OP	✓ Comfort
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
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

▲ 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)

105	AMOXICILLIN				
	Grans for oral liq 125 mg per 5 ml	0.88	100 ml	✓ Amoxicillin Actavis	
		2.00		✓ Ospamox	
	a) Up to 200 ml available on a PSO				
	b) Wastage claimable – see rule 3.3.2				
	Grans for oral liq 250 mg per 5 ml	0.97	100 ml	✓ Amoxicillin Actavis	
		2.00		✓ Ospamox	
	a) Up to 300 ml available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6				
	c) Wastage claimable – see rule 3.3.2				
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 September 2018

106	DOXYCYCLINE * Tab 100 mg – Up to 30 tab available on a PSO	0.57	21	✓ Doxilyn 100
219	CIPROFLOXACIN 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.				
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 – Neocate Advanced was relisted 1 June 2018.				

Effective 1 October 2018

47	COLECALCIFEROL * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription 2.50	12	✓ Vit.D3	
Note – this delist applies to Pharmacode 2446154, a new Pharmacode was listed from 10 April 2018.				
77	ZINC AND CASTOR OIL * Oint	4.25	500 g ✓ Multichem	
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)	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.				
	Powder (vanilla) – Higher subsidy of up to \$26.00 per 840 g with Endorsement	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.
188	LETROZOLE Tab 2.5 mg 5.90 60 ✓ Letromyl

Effective 1 December 2018

57	HEPARINISED SALINE Inj 10 iu per ml, 5 ml 39.00 50 ✓ BD PosiFlush S29 Wastage claimable
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

Effective 1 January 2019

95	LEVOTHYROXINE * Tab 50 mcg 4.05 90 ✓ Synthroid Note – this delist applies to Pharmacode 2390000. New Pharmacode was listed 1 July 2018.
----	--

Effective 1 February 2019

212	TRIMEPRAZINE TARTRATE Oral liq 30 mg per 5 ml 2.79 100 ml OP (8.06) Vallergan Forte
-----	---

Index

Pharmaceuticals and brands

A

Abilify	35
Acarbose	40
Acetylcysteine.....	43
Adalimumab.....	37
Aflibercept	29
AFT SLS-free	39
Allersoothe.....	43
Allmercap	28
Amino acid formula.....	30, 50, 51
Aminoacid formula without phenylalanine	30
Amoxicillin	50
Amoxicillin Actavis	50
Anastrozole	33
Antinaus	48
Apo-Azithromycin	41
Apo-Ciclopirox	40
Apo-Gabapentin	28
Apo-Montelukast.....	33
Apo-Propranolol S29.....	47
Apo-Sumatriptan	48
Aprepitant	45
Aqueous cream.....	31, 39
Aripiprazole	28, 35
Aripiprazole Sandoz.....	28
Arrow-Gabapentin	35, 39
Arrow-Simva 10mg.....	48
Arrow-Simva 20mg.....	48
Arrow-Simva 40mg.....	48
Arrow-Simva 80mg.....	48
Atenolol	40
Ativan	43
Atorvastatin.....	40
Atripla	42
Azithromycin.....	41

B

Baraclude	34
BD PosiFlush	24, 52
Betaine	24
Bicalaccord.....	50
Bicalutamide.....	50
Bisacodyl.....	40
Bosentan	47
Brufen SR	31, 52
BSF Rolin.....	47
Buspirone hydrochloride.....	43

C

Cabergoline.....	41
Calcium folinate	28
Calcium Folate Sandoz	28
Candesartan cilexetil	32, 40

Candestar	32, 40
Cardizem CD.....	47
Cathejell.....	44
Cetomacrogol	41
Cholvastin.....	48
Ciclopirox olamine.....	40
Cilicaine VK.....	41
Ciloxan.....	45, 51
Cinacalcet.....	41
Ciprofloxacin.....	45, 51
Cisplatin.....	43
Citalopram hydrobromide	43
Clexane.....	32
Clonazepam	43
Colecalciferol	31, 51
Colofac	30, 52
Comfort	49
Comfort Short	49
Crotamiton.....	40
Cystadane.....	24

D

Dantrium S29.....	28
Dantrolene	28
DBL Acetylcysteine	43
DBL Cisplatin	43
DBL Gentamicin	32, 41
DBL Naloxone Hydrochloride	38, 45
Decozol	40
Denosumab	25
Diltiazem hydrochloride	47
Dimethicone.....	40
Disopyramide phosphate.....	45
Ditropan.....	52
Dostinex	41
Doxy-50.....	44, 45
Doxycycline	30, 44, 45, 51
Doxylin 100	30, 51

E

Efavirenz with emtricitabine and tenofovir disoproxil fumarate	42
Efudix	41
Emend Tri-Pack	45
Emtricitabine with tenofovir disoproxil fumarate ..	42
Enbrel	36
Enoxaparin sodium.....	32
Entacapone.....	42
Entapone	42
Entecavir.....	34
Eplerenone.....	24
Etanercept.....	36
Eylea	29

Index

Pharmaceuticals and brands

Ezemibe.....	48	Lansoprazole	40
Ezetimibe	28, 34, 48	Lanzol Relief	40
Ezetimibe Sandoz	28, 34	Lax-Sachets.....	49
F		Lax-Suppositories	40
Flucloxacillin	41	Letrole	39
Fluconazole.....	50	Letromyl	27, 52
Fluorouracil sodium.....	41	Letrozole.....	27, 39, 52
Frusemide.....	48	Levodopa with benserazide	42
Furosemide [frusemide]	48	Levodopa with carbidopa	47, 50
Furosemid STADA.....	48	Levothyroxine	24, 52
G		Lidocaine [lignocaine]	44
Gabapentin	28, 35, 39	Lignocaine	44
Gentamicin sulphate.....	32, 41	Lorazepam.....	43
Glucobay	40	Lorstat	40
Gluten free foods.....	33	M	
Glyceryl trinitrate.....	30, 52	Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride.....	49
Glytrin.....	30, 52	Madopar 62.5	42
H		Madopar 125	42
healthE Dimethicone 10%.....	40	Madopar 250	42
Heparinised saline.....	24, 44, 52	Madopar HBS	42
Heparin sodium.....	44	Madopar Rapid	42
Humira.....	37	Mebeverine hydrochloride	30, 52
HumiraPen.....	37	Menthol	52
Hydroxocobalamin	40	Mercaptopurine	28
Hydroxychloroquine	42	Metronidazole	32, 46
I		Miconazole	40
Ibugesic.....	50	Midazolam	43
Ibuprofen	31, 50, 52	Montelukast	26, 33
Idarubicin hydrochloride.....	43	Mylan Atenolol	40
Imiquimod	28	Mylan-Bosentan.....	47
Influenza vaccine.....	26	N	
Influvac.....	26	Naloxone hydrochloride.....	38, 45
Inset 30	49	Neo-B12	40
Inset II.....	49	Neocate Advance	30, 50, 51
Inspra	24	Neulactil S29	26
Insulin pump infusion set (teflon cannula, angle insertion).....	49	Neurontin	35, 39
Insulin pump infusion set (teflon cannula, angle insertion with insertion device)	49	Nevirapine.....	42
Insulin pump infusion set (teflon cannula, straight insertion with insertion device).....	49	Nevirapine Alphapharm	42
Interferon alfa-2a.....	42	Nupentin	35, 39
Isoniazid	33	O	
Isoniazid with rifampicin	33	Octreotide	48
Isoptin	30, 52	Octreotide MaxRx.....	48
Itch-Soothe	40	Oestrogens with medroxyprogesterone	48
K		Olopatadine.....	43
Ketostix.....	44	Omeprazole.....	47
Kinson	47, 50	Omezol Relief.....	47
L		Oral feed (powder)	31, 51
Lamivudine	30	Ospamox	50
		Oxybutynin.....	52
		Oxycodone hydrochloride.....	42

Index

Pharmaceuticals and brands

OxyNorm	42	Sildenafil	24, 40
Oxytocin	30, 39, 52	Simvastatin	48
Oxytocin Apotex	30, 52	Smith BioMed Rapid Pregnancy Test	24
Oxytocin BNM	39	Sodium nitroprusside	44
Ozole	50	Staphlex	41
P		Sulfadiazine sodium	44
Paediatric oral feed	47	Sulfasalazine	34
Paracare Double Strength	44	Sulphasalazine	34
Paracetamol	44	Sumatriptan	48
Patanol	43	Sustagen Hospital Formula	51
Pediasure	47	Sustagen Hospital Formula Active	31
Pericyazine	26	Synthroid	24, 52
Perrigo	28	T	
Pethidine hydrochloride	47	Tamsulosin hydrochloride	41
Pharmacy services	47	Tamsulosin-Rex	41
Phenoxyethylpenicillin (penicillin V)	41	Tenofovir disoproxil	28, 35
PKU Lophlex Powder	30	Tenofovir disoproxil fumarate	35
Plaquenil	42	Tenofovir Disoproxil Teva	28, 35
Pravastatin	48	Travatan	30
Pregabalin	31	Travoprost	30
Pregabalin Pfizer	31	Trichazole	32
Pregnancy tests - HCG urine	24	Trimeprazine tartrate	52
Premia 2.5 Continuous	48	Truvada	42
Premia 5 Continuous	48	V	
Preterm post-discharge infant formula	47	Vaclovir	41
Prochlorperazine	48	Valaciclovir	41
Prolia	25	Vallergan Forte	52
Promethazine hydrochloride	43	Vedafil	24, 40
Propranolol	47	Ventolin	44
PSM Citalopram	43	Verapamil hydrochloride	30, 52
R		Vfend	44
Rifinah	33	Viread	35
Rilutek	44	Vitabdeck	39
Riluzole	44	Vitamins	39
Rivotril	43	Vit.D3	31, 51
Roferon-A	42	Voriconazole	41, 44
Rolin	33	Vttack	41
Rythmodan	45	Z	
S		Zavedos	43
S-26 Gold Premgro	47	Zeldox	28
Salazopyrin	34	Zetlam	30
Salazopyrin EN	34	Zinc and castor oil	30, 41, 51
Salbutamol	44	Ziprasidone	28, 43
Sensipar	41	Zusdone	43



Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Email: enquiry@pharmac.govt.nz

ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.