

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2018

Cumulative for May, June, July and August 2018



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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2018

New listings (pages 25-27)

- Taliglucerase alfa (Elelyso) inj 200 unit vial – Special Authority – Retail pharmacy
- Ferrous sulphate (Ferrograd) tab long-acting 325 mg (105 mg elemental)
- Rivaroxaban (Xarelto) tab 10 mg; 30 tab pack, tab 15 mg and 20 mg
- Sodium chloride (Pfizer) inj 0.9%, 10 ml ampoule – up to 5 inj available on a PSO
- Atropine sulphate (Martindale) inj 600 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO
- Metoprolol tartrate (Metoprolol IV Mylan) inj 1 mg per ml, 5 ml vial
- Nifedipine (Adefin XL) tab long-acting 30 mg
- Verapamil hydrochloride (Isoptin) tab 80 mg
- Clonidine hydrochloride (Medsurge) inj 150 mcg per ml, 1 ml ampoule
- Bosentan (Bosentan Dr Reddy's) tab 62.5 mg and 125 mg – Special Authority – Retail pharmacy
- Isotretinoin (Oratane) cap 5 mg – Special Authority – Retail pharmacy
- Azithromycin tab 250 mg (Zithromax) and tab 500 mg (Apo-Azithromycin) – up to 8 tab available on a PSO – maximum of 5 days treatment per prescription, can be waived by Special Authority
- Entecavir (Entecavir Sandoz) tab 0.5 mg
- Phenytoin sodium (Dilantin) cap 30 mg
- Pizotifen (Sandomigran S29) tab 500 mcg – S29 and wastage claimable
- Bee venom allergy treatment (Hymenoptera) treatment kit – 1 vial 550 mcg freeze dried venom with diluent, 1 OP – Special Authority – Retail pharmacy – S29
- Wasp venom allergy treatment (Hymenoptera) treatment kit (Paper wasp and Yellow jacket venom) – 1 vial 550 mcg freeze dried venom, with diluent, 1 OP – Special Authority – Retail pharmacy – S29
- Budesonide (SteroClear) metered aqueous nasal spray, 50 mcg and 100 mcg per dose, 200 dose OP
- Travoprost (Travatan) eye drops 0.004%, 2.5 ml OP

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

Changes to restrictions (pages 36-40)

- Dual blood glucose and blood ketone diagnostic test meter (CareSens Dual) meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips – Pharmacist note and Brand Switch Fee removed and amended subsidy by endorsement
- Blood glucose diagnostic test meter (CareSens N, CareSens N POP and CareSens N Premier) meter with 50 lancets, a lancing device and 10 diagnostic test strips – Pharmacist note and Brand Switch Fee removed and amended subsidy by endorsement
- Blood glucose diagnostic test strip (CareSens N and CareSens PRO) test strips – note removed
- Rivaroxaban (Xarelto) tab 10 mg, 15 mg and 20 mg – Special Authority removed and tablet restriction added on 10 mg tablet presentation
- Nifedipine (Adalat Oros) tab long-acting 30 mg – Sole Supply suspended
- Emulsifying ointment (AFT) oint BP – STAT dispensing removed
- Levonorgestrel (Postinor-1) tab 1.5 mg – amended note
- Oxybutynin (Apo-Oxybutynin) tab 5 mg – addition of S29 and wastage claimable
- Tenofovir disoproxil (Viread) tab 245 mg (300 mg as a fumarate) – repeat rule added
- Gabapentin (Arrow-Gabapentin, Neurontin and Nupentin) cap 100 mg, 300 mg and 400 mg – Special Authority removed and STAT dispensing added
- Aripiprazole (Abilify) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg – Special Authority and dispensing quantity restriction removed (Abilify tab 5 mg)
- Pericyazine (Neulactil S29) tab 2.5 mg and 10 mg – removal of S29 and wastage claimable
- Ziprasidone (Zusdone) cap 20 mg – Sole Supply delayed
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg; lozenge 1 mg and 2 mg and gum (fruit and mint) 2 mg and 4 mg – amended note
- Varenicline tartrate (Champix) tab 1 mg and 0.5 mg x 11 and 1 mg x 14 – amended note
- Travoprost (Travopt) eye drops 0.004%, 5 ml OP – Sole Supply suspended

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

Increased subsidy (pages 49-53)

- Glibenclamide (Daonil) tab 5 mg
- Glycerol (PSM) suppos 3.6 g
- Folic acid (Apo-Folic Acid) tab 0.8 mg and 5 mg
- Potassium chloride (Span-K) tab long-acting 600 mg (8mmol)
- Metoprolol tartrate (Apo-Metoprolol) tab 50 mg and 100 mg
- Nadolol (Apo-Nadolol) tab 40 mg and 80 mg
- Pindolol (Apo-Pindolol) tab 5 mg, 10 mg and 15 mg
- Propranolol (Apo-Propranolol) tab 10 mg and 40 mg
- Diltiazem hydrochloride (Apo-Diltiazem CD) cap long-acting 120 mg, 180 mg and 240 mg
- Betamethasone valerate crm 0.1% (Beta Cream) and oint 0.1% (Beta Ointment), 50 g OP
- Oxytocin with ergometrine maleate (Syntometrine) inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml
- Potassium citrate (Biomed) oral liq 3 mmol per ml, 200 ml OP
- Dexamethasone (Dexmethsone) tab 0.5 mg and 4 mg
- Cefalexin (Cefalexin Sandoz) grans for oral liq 25 mg per ml and 50 mg per ml
- Flucloxacillin (AFT) grans for oral liq 50 mg per ml
- Trimethoprim (TMP) tab 300 mg
- Isoniazid (PSM) tab 100 mg
- Diclofenac sodium tab EC 50 mg (Diclofenac Sandoz) and tab long-acting 75 mg (Apo-Diclo SR)
- Naproxen tab long-acting 750 mg (Naprosyn SR 750) and 1 g (Naprosyn SR 1000)
- Baclofen (Pacifen) tab 10 mg
- Methadone hydrochloride oral liq 2 mg per ml (Biodone); 5 mg per ml (Biodone Forte) and 10 mg per ml (Biodone Extra Forte)
- Clomipramine hydrochloride (Apo-Clomipramine) tab 10 mg and 25 mg
- Mirtazapine (Apo-Mirtazapine) tab 30 mg and 45 mg
- Phenobarbitone (PSM) tab 15 mg and 30 mg
- Glatiramer acetate (Copaxone) inj 20 mg prefilled syringe
- Dexamfetamine sulfate (PSM) tab 5 mg
- Cyclophosphamide (Endoxan) inj 1 g and 2 g vial

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

- Fluorouracil (Fluorouracil Ebewe) inj 50 mg per ml, 20 ml vial
- Megestrol acetate (Apo-Megestrol) tab 160 mg
- Salbutamol (Asthalin) nebuliser soln, 1 mg per ml and 2 mg per ml, 2.5 ml ampoule
- Salbutamol with ipratropium bromide (Duolin) nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule
- Sodium fusidate [fusidic acid] (Fucithalmic) eye drops 1%, 5 g OP

Decreased subsidy (pages 49-52)

- Rivaroxaban (Xarelto) tab 10 mg; 15 tab pack
- Clonidine hydrochloride (Clonidine BNM) tab 25 mcg
- Isotretinoin (Oratane) cap 10 mg and 20 mg
- Imiquimod (Apo-Imiquimod Cream 5%) crm 5%, 250 mg sachet
- Somatropin (Omnitrope) inj 5 mg, 10 mg and 15 mg cartridge
- Lamivudine (Zeffix) tab 100 mg
- Tenofovir disoproxil (Viread) tab 245 mg (300 mg as a fumarate)
- Diclofenac sodium tab EC 25 mg (Diclofenac Sandoz) and tab long-acting 100 mg (Apo-Diclo SR)
- Gabapentin (Arrow-Gabapentin, Neurontin and Nupentin) cap 100 mg, 300 mg and 400 mg
- Aripiprazole (Abilify) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg
- Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg vial

News Stories – August 2018 Update

New tender listings for 1 August 2018

- Atropine sulphate (Martindale) inj 600 mcg per ml, 1 ml ampoule
- Bosentan (Bosentan Dr Reddy's) tab 62.5 mg and 125 mg
- Budesonide (SteroClear) metered aqueous nasal spray, 50 mcg and 100 mcg, 200 dose OP
- Clonidine hydrochloride (Medsurge) inj 150 mcg per ml, 1 ml ampoule
- Entecavir (Entecavir Sandoz) tab 0.5 mg
- Isotretinoin (Oratane) cap 5 mg
- Metoprolol tartrate (Metoprolol IV Mylan) inj 1 mg per ml, 5 ml vial per dose



Bosentan

Bosentan tab 62.5 mg and 125 mg – The reference pricing (subsidy reduction) on Bosentan-Mylan tab 62.5 mg and 125 mg has been delayed from 1 November 2018 until 1 December 2018 and Sole Supply on the Bosentan Dr Reddy's brand has also been delayed from 1 February 2019 until 1 March 2019.

New listings

Taliglucerase (Elelyso) injection

From 1 August 2018, the enzyme replacement therapy (ERT) Elelyso (taliglucerase alfa) will be funded for people with the rare disorder, Gaucher disease. From 1 March 2019, the currently funded ERT, imiglucerase (Cerezyme) will be delisted and taliglucerase alfa will be the sole subsidised ERT.

A new Special Authority approval number for taliglucerase will be issued automatically for patients with current Special Authority approval for imiglucerase. A Brand Switch Fee will apply to dispensings of taliglucerase between 1 March 2019 and 31 May 2019. PHARMAC has directly contacted relevant pharmacies involved in dispensing ERT, to provide transition guidance. More detailed information on this change can be found on our website at: <https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/gaucher-disease-treatment/>

Rivaroxaban tablets

From 1 August 2018, rivaroxaban (Xarelto) 10 mg (in a 30 tab pack), 15 mg and 20 mg tablets (in a 28 tab pack) will be listed. There is a price and subsidy decrease for the already listed 10 mg 15 tab pack.

For dispensings of the 10 mg tablet presentation a subsidy restriction will apply of no more than 1 tablet per day. If 2 or more tablets of the 10 mg strength are dispensed per day, then the whole 10 mg supply will not be subsidised.

Important safety information

Given the bleeding risks associated with anti-coagulants there are a range of resources for health care professional to learn about the **safe and appropriate use of rivaroxaban**. They include:

- BPACnz article: Rivaroxaban: a fully-subsidised oral anticoagulant
- PHARMAC online seminar: Anticoagulation update

It will be important to ensure patients understand how to safely take rivaroxaban. Health Navigator have produced a patient information leaflet on rivaroxaban which you may find useful to print off and discuss with your patient.

More information on the brand change and links to these resources can be found on our website at: www.pharmac.govt.nz/medicines/my-medicine-has-changed/rivaroxaban/

The Special Authority approval for rivaroxaban, all strengths, will no longer be required to access subsidy from 1 August 2018. Please note that the Special Authority form will not be available a few days prior as subsidy from 1 August 2018 will no longer require a Special Authority approval.

Changed listings

Isotretinoin – brand change

From 1 January 2019, only the Oratane brand of isotretinoin capsules will be funded.

- From 1 August 2018, a new 5 mg capsule strength of Oratane will be listed.
- From 1 October 2018, the subsidy for Isotane will reduce. A manufacturer's surcharge may apply.
- From 1 January 2019, Isotane will be delisted and Oratane will be the sole subsidised brand.

More information on the brand change can be found on our website at:

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

Tenofovir disoproxil (Viread) – brand change

A subsidy decrease will apply to the Viread brand of tenofovir disoproxil tab 245 mg (300 mg as a fumarate) from 1 August 2018. The repeat rule will be applied to dispensing meaning that where the initial dispensing was before 1 August 2018, the repeat dispensings will be fully subsidised. Prescriptions first dispensed for Viread from 1 August 2018 will incur a manufacturer's surcharge.

Gabapentin – SA removed and addition of STAT dispensing

The Special Authority criteria applying to gabapentin will be removed from 1 August 2018. Please note that the Special Authority form will no longer be available from a few days prior. Gabapentin can be dispensed STAT from 1 August 2018.

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

Aripiprazole – SA removed and tab max removed

The Special Authority criteria applying to aripiprazole will be removed from 1 August 2018. Please note that the Special Authority form will no longer be available from a few days prior. Also from 1 August 2018, the restriction “no more than 1 tab per day” will no longer apply.

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

Stock issues

Ezetimibe-Sandoz – stock now available

We advised pharmacists of a stock issue with Ezetimibe-Sandoz tablets. Novartis has advised that Ezetimibe-Sandoz tablets are now available again. Pharmacists can return to dispensing ezetimibe stat (three months all-at-once).

Bee and Wasp venom allergy treatments – new listing

The Hymenoptera brand of bee and wasp (paper wasp and yellow jacket) venom allergy treatment kits will be listed from 1 August 2018, due to a stock issue with the currently listed brands, Albey and Venomil.

Travoprost eye drops – new listing

We are listing Travatan (travoprost) 0.004% eye drops, 2.5 ml OP from 1 August 2018, due to a supply issue with the Travopt brand. This presentation is BAK free.

Azithromycin (Apo-Azithromycin) tab 500 mg – new listing

Apo-Azithromycin 500 mg tablets in different packaging (with a new Pharmacode) will be listed temporarily from 1 August 2018 until 1 June 2019 due to a supply issue with the currently listed pack.

Sodium chloride 0.9%, 10 ml ampoule – new listing

Sodium chloride (Pfizer) 0.9%, 10 ml ampoule will be listed from 1 August 2018, due to a supply issue with the currently listed product.

Delists

Ketostix (sodium nitroprusside) test strip

Ketostix (sodium nitroprusside) test strip will be delisted from 1 February 2019. Ketostix are used to test for ketones in the urine. We received clinical advice that suggested that blood ketone testing is a suitable alternative. Primary care clinics can access blood ketone meters and strips on PSO.

Etidronate disodium (Arrow-Etidronate) tablets

Etidronate disodium (Arrow-Etidronate) 200 mg tablets will be delisted from 1 January 2019. Etidronate is used infrequently and there are several suitable alternative bisphosphonates that are funded.

Isradipine (Dynacirc-SR) capsules

Isradipine (Dynacirc-SR) 2.5 mg and 5 mg capsules will be delisted from 1 February 2019 due to supplier global discontinuation.

Meloxicam tablets

Meloxicam (Arrow-Meloxicam) 7.5 mg tablets will be delisted from 1 November 2018 due to supplier discontinuation. Clinical advice has suggested that celecoxib could be considered an alternative.

News in brief

- **Pizotifen** (Sandomigran S29) tab 500 mcg – new listing of bottle presentation. Supplied via Section 29 of the Medicines Act, 1981.
- **Methyl hydroxybenzoate** (PSM) powder, 25 g will be delisted 1 January 2019. The supplier, API/PSM is discontinuing supply due to minimal sales.
- **Oxybutynin** (Apo-Oxybutynin) tab 5 mg – Section 29 and wastage claimable from 1 August 2018
- **Pericyazine** (Neulactil) tab 2.5 mg and 10 mg – Section 29 and wastage claimable removed from 1 August 2018
- **Ziprasidone** (Zusdone) cap 20 mg – Sole Subsidised Supply delayed until further notice
- **Verapamil hydrochloride** (Isoptin) tab 80 mg – new Pharmacode
- **Ferrous sulphate** (Ferrograd) tab long-acting 325 mg (105 mg elemental) – new Pharmacode



Tender News

Sole Subsidised Supply changes – effective 1 September 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ciprofloxacin	Eye drops 0.3%; 5 ml OP	Ciprofloxacin Teva (Actavis)
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule; 5 inj pack	DBL Naloxone Hydrochloride (Pfizer)
Paracetamol	Oral liq 250 mg per 5 ml; 1,000 ml	Paracare Double Strength (API)
Riluzole	Tab 50 mg; 56 tab	Rilutek (Sanofi)

Sole Subsidised Supply Products – cumulative to August 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	ViruPOS Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
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	MycONail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP	Alphamox 125	2020
	Grans for oral liq 250 mg per 5 ml, 100 ml OP	Alphamox 250	
	Inj 250 mg, 500 mg and 1 g vials	Ibiamox	2019
	Cap 250 mg & 500 mg	Apo-Amoxi	
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2020
	Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP	Curam	2019
Anastrozole	Tab 1 mg	Rolin	2020
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
Ascorbic acid	Tab 100 mg	Cvite	2019
Aspirin	Tab 100 mg	Ethics Aspirin EC	2019
	Tab dispersible 300 mg	Ethics Aspirin	
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2020
Azathioprine	Tab 25 mg & 50 mg	Imuran	2019
	Inj 50 mg vial		
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 August 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
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022
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

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Sole Subsidised Supply Products – cumulative to August 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 Tab 100 mcg & 200 mcg	Desmopressin-Ph&T Minirin	2020 2019
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Dimethicone	Lotn 4%, 200 ml OP Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 4% Lotion healthE Dimethicone 5%	2019
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2020

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Sole Subsidised Supply Products – cumulative to August 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
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
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	2022
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
Ethinylestradiol 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 Ferodan	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

*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 August 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Haemophilus influenzae type B vaccine	Haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	Hiberix	2020
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml ampoule	Serenace	2019
Hepatitis A vaccine	Inj 720 ELISA units in 0.5 ml syringe Inj 1440 ELISA units in 1 ml syringe	Havrix Junior Havrix	2020
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2020
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Powder Crm 1%, 30 g OP Crm 1%, 500 g Inj 100 mg vial	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

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Sole Subsidised Supply Products – cumulative to August 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Tab 1.5 mg Intra-uterine system 20 mcg per day	Jadelle Postinor-1 Mirena	2020 2019
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	Crm 2%; 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2020

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Sole Subsidised Supply Products – cumulative to August 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Misoprostol	Tab 200 mcg	Cytotec	2019
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	Naitraccord	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 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
Oestrinol	Crn 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

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Sole Subsidised Supply Products – cumulative to August 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	Crm 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml ampoules	DBL Pethidine Hydrochloride	2020
Phenoxymethylpenicillin (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

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Sole Subsidised Supply Products – cumulative to August 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	Cilicaïne	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

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Sole Subsidised Supply Products – cumulative to August 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 Inj 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	Pfizer Biomed Baxter	2019
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium fusidate [fusidic acid]	Tab 250 mg	Fucidin	2020
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2019
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2020
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 1 mg Tab 2 mg & 5 mg	Actavis Apo-Terazosin	2019
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP	Arrow-Timolol Timoptol XE	2020 2019
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Travoprost	Eye drops 0.004%; 2.5 ml OP	Travopt	2020
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021

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Sole Subsidised Supply Products – cumulative to August 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 Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crn 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
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

August changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 August 2018

45 TALIGLUCERASE ALFA – Special Authority see SA1734 – Retail pharmacy
Inj 200 unit vial..... 1,072.00 1 ✓Elelyso

▶ SA1734 Special Authority for subsidy

Special Authority approved by the Gaucher's Treatment Panel

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

The Co-ordinator, Gaucher's Treatment Panel
PHARMAC, PO Box 10 254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 916 7571
Email: gaucherpanel@pharmac.govt.nz

Completed application forms must be sent to the coordinator for the Gaucher's Treatment Panel and will be considered by Gaucher's Treatment Panel at the next practicable opportunity.

Notification of Gaucher's Treatment Panel's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

Access Criteria

Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has a diagnosis of symptomatic type 1 or type 3* Gaucher disease confirmed by the demonstration of specific deficiency of glucocerebrosidase in leukocytes or cultured skin fibroblasts, and genotypic analysis; and
- 2 Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by taliglucerase alfa or might be reasonably expected to compromise a response to therapy with taliglucerase alfa; and
- 3 Taliglucerase alfa is to be administered at a dose no greater than 30 unit/kg every other week rounded to the nearest whole vial (200 units), unless otherwise agreed by PHARMAC; and
- 4 Supporting clinical information including test reports, MRI whole body STIR, serum glucosylsphingosine, haematological data, and other relevant investigations, are submitted to the Gaucher Panel for assessment; and
- 5 Any of the following:
 - 5.1 Patient has haematological complications such as haemoglobin less than 95 g/l, symptomatic anaemia, thrombocytopenia; at least two episodes of severely symptomatic splenic infarcts confirmed with imagery; or massive symptomatic splenomegaly; or
 - 5.2 Patient has skeletal complications such as acute bone crisis requiring hospitalisation or major pain management strategies; radiological MRI Evidence of incipient destruction of any major joint (e.g. hips or shoulder); spontaneous fractures or vertebral collapse; chronic bone pain not controlled by other pharmaceuticals; or
 - 5.3 Patient has significant liver dysfunction or hepatomegaly attributable to Gaucher disease; or
 - 5.4 Patient has reduced vital capacity from clinically significant or progressive pulmonary disease due to Gaucher disease; or
 - 5.5 Patient is a child and has experienced growth failure with significant decrease in percentile linear growth over a 6-12 month period.

*Unapproved indication

Renewal from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has demonstrated a symptomatic improvement or no deterioration in the main symptom for which therapy was initiated; and
- 2 Patient has demonstrated a clinically objective improvement or no deterioration in haemoglobin levels, platelet counts and liver and spleen size; 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**

New Listings – effective 1 August 2018 (continued)

continued...

- 3 Radiological (MRI) signs of bone activity performed at one year and two years since initiation of treatment begins, and two to three yearly thereafter, demonstrate no deterioration shown by the MRI, compared with MRI taken immediately prior to commencement of therapy or adjusted dose; and
- 4 Serum glucosylsphingosine levels taken at least 6 to 12 monthly show a decrease compared with baseline; and
- 5 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
- 6 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
- 7 Patient is compliant with regular treatment and taliglucerase alfa is to be administered at a dose no greater than 30 unit/kg every other week rounded to the nearest whole vial (200 units), unless otherwise agreed by PHARMAC; and
- 8 Supporting clinical information including test reports, MRI whole body STIR, serum glucosylsphingosine, haematological data, and other relevant investigations are submitted to the Gaucher Panel for assessment as required.

49	FERROUS SULPHATE * Tab long-acting 325 mg (105 mg elemental).....	2.06	30	✓ Ferrograd
	Note – this is a new Pharmacode listing, 2534819.			
57	RIVAROXABAN Tab 10 mg – No more than 1 tab per day	83.10	30	✓ Xarelto
	Tab 15 mg	77.56	28	✓ Xarelto
	Tab 20 mg	77.56	28	✓ Xarelto
58	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✓ Pfizer
	Note – this is a new Pharmacode listing, 2549484.			
61	ATROPINE SULPHATE * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	12.07	10	✓ Martindale
63	METOPROLOL TARTRATE * Inj 1 mg per ml, 5 ml vial	29.50	5	✓ Metoprolol IV Mylan
64	NIFEDIPINE * Tab long-acting 30 mg	3.75	30	✓ Adefin XL
65	VERAPAMIL HYDROCHLORIDE * Tab 80 mg	11.74	100	✓ Isoptin
	Note – this is a new Pharmacode listing, 2535335.			
65	CLONIDINE HYDROCHLORIDE * Inj 150 mcg per ml, 1 ml ampoule	25.96	10	✓ Medsurge

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

70	BOSENTAN – Special Authority see SA1712 – Retail pharmacy Tab 62.5 mg 141.00 Tab 125 mg 141.00	60 60	✓ Bosentan Dr Reddy's ✓ Bosentan Dr Reddy's
73	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy Cap 5 mg 8.14	60	✓ Oratane
103	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see SA1683 A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority. Tab 250 mg 8.50 Tab 500 mg – up to 8 tab available on a PSO 0.93 Note – this is an alternate listing for azithromycin tab 500 mg Pharmacode, 2550059.	6 2	✓ Zithromax ✓ Apo-Azithromycin
115	ENTECAVIR * Tab 0.5 mg 52.00	30	✓ Entecavir Sandoz
146	PHENYTOIN SODIUM Cap 30 mg 22.00 Note – this is a new Pharmacode listing, 2550229.	200	✓ Dilantin
148	PIZOTIFEN * Tab 500 mcg 23.21 Wastage claimable Note – this is a new listing for the bottle presentation.	100	✓ Sandomigran S29
211	BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Treatment kit – 1 vial 550 mcg freeze dried venom, with diluent 305.00	1 OP	✓ Hymenoptera S29
211	WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Treatment kit (Paper wasp venom) – 1 vial 550 mcg freeze dried venom, with diluent 305.00 Treatment kit (Yellow jacket venom) – 1 vial 550 mcg freeze dried venom, with diluent 305.00	1 OP 1 OP	✓ Hymenoptera S29 ✓ Hymenoptera S29
217	BUDESONIDE Metered aqueous nasal spray, 50 mcg per dose 2.59 Metered aqueous nasal spray, 100 mcg per dose 2.87	200 dose OP 200 dose OP	✓ SteroClear ✓ SteroClear
222	TRAVOPROST * Eye drops 0.004% 19.50 Note – this is an alternate listing Pharmacode, 2550091.	2.5 ml OP	✓ Travatan

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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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	✓ Inspira
	<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
	Note – this is a listing of new Pharmacodes: tab 25 mcg, 2534789; tab 50 mcg, 2534797 and tab 100 mcg 2534800.			

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	✓ Neulactil S29 S29
	Tab 10 mg	37.34	84	✓ Neulactil S29 S29
	Wastage claimable			
216	MONTELUKAST			
	Tab 10 mg	5.65	28	✓ Accord S29
	Wastage claimable			
269	INFLUENZA VACCINE			
	Inj 45 mcg in 0.5 ml syringe (trivalent vaccine)	90.00	10	✓ Influvac
	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...

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
30

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

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
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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 Crn 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

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Generic Mnfr
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New Listings – effective 1 June 2018 (continued)

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

▶ SA1726 Special Authority for Subsidy

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

Either:

1 All of the following:

1.1 Any of the following:

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

1.2 Either:

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

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

2 Any of the following:

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

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

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

All of the following:

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

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

Either:

1 All of the following:

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

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

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

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 June 2018 (continued)

continued...

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

All of the following:

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

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

Effective 9 May 2018

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

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

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

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

Effective 10 April 2018

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

Effective 1 April 2018

77	AQUEOUS CREAM Crm.....	1.99	500 g	✓ Home Essentials
245	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.			
	Powder (chocolate) – Higher subsidy of up to \$26.00 per 840 g with Endorsement.....	9.54 (26.00)	840g OP	Sustagen Hospital Formula Active
Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.				
	Powder (vanilla) – Higher subsidy of up to \$26.00 per 840 g with Endorsement.....	9.54 (26.00)	840 g OP	Sustagen Hospital Formula Active
Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.				
Note – this is a listing of new Pharmacodes with new brand names.				

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

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

Changes to Restrictions, Chemical Names and Presentations Effective 1 August 2018

27 DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER – Subsidy by endorsement (Pharmacist note and Brand Switch Fee removed and amended subsidy by endorsement)

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

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

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

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

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

Meter with 50 lancets, a lancing device and 10 blood

glucose diagnostic test strips 20.00 1 OP ✓ **CareSens Dual**

a) ~~Brand switch fee payable (Pharmacode 2535890)~~

b) No patient co-payment payable

28 BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement (Pharmacist note and Brand Switch Fee removed and amended subsidy by endorsement)

- a) Maximum of 1 pack per prescription
- b) Up to 1 pack available on a PSO
- c) ~~Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.~~
- d) A diagnostic blood glucose test meter is subsidised for a patient who:
 - 1) is receiving insulin or sulphonylurea therapy; or
 - 2) is pregnant with diabetes; or
 - 3) is on home TPN at risk of hypoglycaemia or hyperglycaemia; or
 - 4) has a genetic or an acquired disorder of glucose homeostasis, excluding type 1 or type 2 diabetes and metabolic syndrome.

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

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

Patients already using the CareSens N POP meter and CareSens N meter are not eligible for a new meter, unless they have: ~~met the criteria for a dual blood glucose and blood ketone diagnostic test meter.~~

1. **type 1 diabetes; or**
2. **permanent neonatal diabetes; or**
3. **underdone a pancreatectomy; or**
4. **cystic fibrosis-related diabetes.**

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

~~From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter~~

continued...

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

continued...

and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria:

Meter with 50 lancets, a lancing device and 10 diagnostic test strips – Note differing brand requirements below

– No patient co-payment payable	10.00	1 OP	✓ CareSens N ✓ CareSens N POP ✓ CareSens N Premier
	20.00		

a) CareSens N brand: Brand switch fee payable (Pharmacode 2423138)

b) CareSens N POP brand: Brand switch fee payable (Pharmacode 2423154)

e) CareSens N Premier brand: Brand switch fee payable (Pharmacode 2535882)

d) Note: Only 1 meter available per PSO

29 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO (note removed)

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

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

Test strips – Note differing brand requirements below	10.56	50 test OP	✓ CareSens N ✓ CareSens PRO
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e) Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO

57 RIVAROXABAN – Special Authority see SA1066 – Retail pharmacy (Special Authority removed and tablet restriction added on tab 10 mg presentation)

Tab 10 mg – No more than 1 tab per day	83.10	30	✓ Xarelto
	41.55	15	✓ Xarelto
Tab 15 mg	77.56	28	✓ Xarelto
Tab 20 mg	77.56	28	✓ Xarelto

▶ SA1066 – Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 5 weeks for applications meeting the following criteria:

Either:

- 1 – For the prophylaxis of venous thromboembolism following a total hip replacement; or
- 2 – For the prophylaxis of venous thromboembolism following a total knee replacement.

Note: Rivaroxaban is only currently indicated and subsidised for up to 5 weeks therapy for prophylaxis of venous thromboembolism following a total hip replacement and up to 2 weeks therapy for prophylaxis of venous thromboembolism following a total knee replacement.

Renewal from any relevant practitioner. Approvals valid for 5 weeks where prophylaxis for venous thromboembolism is required for patients following a subsequent total hip or knee replacement.

62 NIFEDIPINE (Sole Supply suspended)

* Tab long-acting 30 mg	3.14	30	✓ Adalat Oros
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78 EMULSIFYING OINTMENT (STAT dispensing removed)

* Oint BP	3.59	500 g	✓ AFT
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber or pharmacist

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

Check your Schedule for full details
Schedule page ref

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Brand or
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✓ fully subsidised

Changes to Restrictions – effective 1 August 2018 (continued)

86 LEVONORGESTREL (amended note)
* Tab 1.5 mg 4.95 1 ✓ **Postinor-1**
a) Maximum of 2 tab per prescription
b) Up to 5 tab available on a PSO
c) Note: **Direct Provision by a pharmacist permitted under the provisions in Part I of Section A** may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.

88 OXYBUTYNIN (addition of S29 and wastage claimable)
* Tab 5 mg 8.85 500 ✓ **Apo-Oxybutynin** **S29**
Wastage claimable

117 TENOFOVIR DISOPROXIL (repeat rule added)
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) 538.10 30
(531.00) Viread

Note: Repeat dispensings fully subsidised where initial dispensing was before 1 August 2018.

The repeat rule will apply from 1 August 2018 until 31 October 2018.

144 GABAPENTIN – Special Authority see SA1477 – Retail pharmacy (STAT dispensing added and Special Authority removed)

▲* Cap 100 mg 2.65 100
(7.16) Arrow-Gabapentin
Neurontin
Nupentin

▲* Cap 300 mg 4.07 100
(11.00) Arrow-Gabapentin
Neurontin
Nupentin

▲* Cap 400 mg 5.64 100
(13.75) Arrow-Gabapentin
Neurontin
Nupentin

▶▶ SA1477 – Special Authority for Subsidy

Initial application (Epilepsy) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Either:

- 1—Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2—Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: “Optimal treatment with other antiepilepsy agents” is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient’s age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application (Neuropathic pain or Chronic Kidney Disease associated pruritus) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Either:

- 1—The patient has been diagnosed with neuropathic pain; or
- 2—Both:
 - 2.1 The patient has Chronic Kidney Disease Stage 5 associated pruritus* where no other cause for pruritus can be identified (e.g. scabies, allergy); and

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 August 2018 (continued)

continued...

2.2 The patient has persistent pruritus not relieved with a trial of emollient/moisturising creams alone.

Renewal (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Renewal (Neuropathic pain or Chronic Kidney Disease associated pruritus) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain or itch (prescriber determined); or
- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

Note: Indications marked with * are Unapproved Indications (see Interpretations and Definitions). Dosage adjustment of gabapentin is recommended for patients with renal impairment.

150 ARIPIRAZOLE – Special Authority see SA1539 – Retail pharmacy (Special Authority and dispensing quantity restriction (Abilify 5 mg) removed)

Safety medicine; prescriber may determine dispensing frequency

Tab 5 mg – No more than 1 tab per day	17.50	30	
	(123.54)		Abilify
Tab 10 mg	17.50	30	
	(123.54)		Abilify
Tab 15 mg	17.50	30	
	(175.28)		Abilify
Tab 20 mg	17.50	30	
	(213.42)		Abilify
Tab 30 mg	17.50	30	
	(260.07)		Abilify

▶ SA1539 – Special Authority for Subsidy

Initial application (Schizophrenia or related psychoses) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Patient is suffering from schizophrenia or related psychoses; and
- 2 Either:

- 2.1 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of unacceptable side effects; or
- 2.2 An effective dose of risperidone or quetiapine has been trialled and has been discontinued, or is in the process of being discontinued, because of inadequate clinical response.

Initial application (Autism spectrum disorder*) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has been diagnosed with an autism spectrum disorder* and has symptoms of severe irritability; and
- 2 An effective dose of risperidone has been trialled and has been discontinued because of unacceptable side effects or inadequate response; and
- 3 The patient is aged less than 18 years.

Renewal (Schizophrenia or related psychoses) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

continued...

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

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

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

continued...

Renewal (Autism spectrum disorder*) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Note: Indications marked with * are Unapproved Indications

151	PERICYAZINE – Safety medicine; prescriber may determine dispensing frequency (removal of S29 and wastage)			
	Tab 2.5 mg	10.49	84	✓ Neulactil S29 S29
	Tab 10 mg	37.34	84	✓ Neulactil S29 S29
151	ZIPRASIDONE – Safety medicine; prescriber may determine dispensing frequency (Sole Supply delayed)			
	Cap 20 mg	14.56	60	✓ Zudone
	Note – Sole Supply Status delayed until further notice.			
168	NICOTINE (amended notes)			
	a) Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.			
	b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.			
	Patch 7 mg – Up to 28 patch available on a PSO	16.00	28	✓ Habitrol
	Patch 7 mg for direct distribution only – [Xpharm]	3.94	7	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO	17.59	28	✓ Habitrol
	Patch 14 mg for direct distribution only – [Xpharm]	4.52	7	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO	20.16	28	✓ Habitrol
	Patch 21 mg for direct distribution only – [Xpharm]	5.18	7	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO	16.61	216	✓ Habitrol
	Lozenge 1 mg for direct distribution only – [Xpharm]	3.20	36	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO	18.20	216	✓ Habitrol
	Lozenge 2 mg for direct distribution only – [Xpharm]	3.24	36	✓ Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	33.69	384	✓ Habitrol
	Gum 2 mg (Fruit) for direct distribution only – [Xpharm]	8.64	96	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	33.69	384	✓ Habitrol
	Gum 2 mg (Mint) for direct distribution only – [Xpharm]	8.64	96	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	38.95	384	✓ Habitrol
	Gum 4 mg (Fruit) for direct distribution only – [Xpharm]	10.01	96	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	38.95	384	✓ Habitrol
	Gum 4 mg (Mint) for direct distribution only – [Xpharm]	10.01	96	✓ Habitrol
168	VARENICLINE TARTRATE – Special Authority see SA1575 – Retail pharmacy (amended note)			
	a) Varenicline will not be funded under the Dispensing Frequency Rule in amounts less than 2 weeks of treatment.			
	b) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack			
	Tab 1 mg	67.74	28	✓ Champix
		135.48	56	✓ Champix
	Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP	✓ Champix
222	TRAVOPROST (Sole Supply suspended)			
	* Eye drops 0.004%	7.30	5 ml OP	✓ Travopt

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 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 re-trial (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
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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	✓ Trichozone
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber or pharmacist

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

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

➡ **SA1729** ~~1107~~ 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.

Check your Schedule for full details
Schedule page ref

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Brand or
Generic Mnfr
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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-naïve; and 3 – Entecavir dose 0.5 mg/day; and 4 – Either: 4.1 – ALT greater than upper limit of normal; or 4.2 – Bridging fibrosis (Metavir stage 3 or greater or moderate fibrosis) or cirrhosis on liver histology; and 5 – Either: 5.1 – HBeAg positive; or 5.2 – patient has a minimum of 2,000 IU HBV DNA units per ml and fibrosis (Metavir stage 2 or greater) on liver histology; and 6 – No continuing alcohol abuse or intravenous drug use; and 7 – Not co-infected with HCV, HIV or HDV; and 8 – Neither ALT nor AST greater than 10 times upper limit of normal; and 9 – No history of hypersensitivity to entecavir; and 10 – No previous documented lamivudine resistance (either clinical or genotypic). Notes: • Entecavir should be continued for 6 months following documentation of complete HBeAg seroconversion (defined as loss of HBeAg plus appearance of anti-HBe plus loss of serum HBV DNA) for patients who were HBeAg positive prior to commencing this agent. This period of consolidation therapy should be extended to 12 months in patients with advanced fibrosis (Metavir Stage F3 or F4). • Entecavir should be taken on an empty stomach to improve absorption.

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

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

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

116	<p>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)</p> <p>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.</p> <p>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.</p>			
	* 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	<p>GABAPENTIN (Special Authority moved from chemical to these brands)</p> <p>Note – Not subsidised in combination with subsidised pregabalin</p>			
	▲ 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	<p>ARIPRAZOLE (amended presentation description (tab 5 mg), Special Authority moved from chemical to Abilify brand)</p> <p>Safety medicine; prescriber may determine dispensing frequency</p>			
	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

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

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...

▲ 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 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.

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...

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

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

Check your Schedule for full details
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(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
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227 Pharmaceuticals with standardised formula for compounding in Ora products (amended chemical name)

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

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

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

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✓ **fully subsidised**

Changes to Restrictions – effective 1 May 2018

48	VITAMINS * Cap (fat soluble vitamins A, D, E, K) – Special Authority see ▶▶ SA1720 †002 – Retail pharmacy 23.40	60	✓ Vitabdeck
	▶▶ SA1720 †002 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: Any of the following: 1 Patient has cystic fibrosis with pancreatic insufficiency; or 2 Patient is an infant or child with liver disease or short gut syndrome; or 3 Patient has severe malabsorption syndrome.		
87	OXYTOCIN – Up to 5 inj available on a PSO (Sole Supply suspended) Inj 10 iu per ml, 1 ml ampoule 5.03	5	✓ Oxytocin BNM
144	GABAPENTIN – Special Authority see SA1477 – Retail pharmacy Note – Not subsidised in combination with subsidised pregabalin. ▲ Cap 100 mg 7.16	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
	▲ Cap 300 mg – For gabapentin oral liquid formulation refer 11.00	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
	▲ Cap 400 mg 13.75	100	✓ Arrow-Gabapentin ✓ Neurontin ✓ Nupentin
188	LETROZOLE (STAT dispensing removed) Tab 2.5 mg 2.95	30	✓ Letrole

Effective 1 April 2018

77	AQUEOUS CREAM (Sole Supply suspended and STAT dispensing removed) Crm 1.99	500 g	✓ AFT SLS-free
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Changes to Subsidy and Manufacturer's Price

Effective 1 August 2018

25	GLIBENCLAMIDE († subsidy) * Tab 5 mg	6.00	100	✓ Daonil
43	GLYCEROL († subsidy) * Suppos 3.6 g – Only on a prescription	9.25	20	✓ PSM
52	FOLIC ACID († subsidy) * Tab 0.8 mg	21.84	1,000	✓ Apo-Folic Acid
	* Tab 5 mg	12.12	500	✓ Apo-Folic Acid
57	RIVAROXABAN (↓ subsidy) Tab 10 mg – no more than 1 tablet per day	41.55	15	✓ Xarelto
59	POTASSIUM CHLORIDE († subsidy) * Tab long-acting 600 mg (8 mmol)	8.90	200	✓ Span-K
63	METOPROLOL TARTRATE († subsidy) * Tab 50 mg	5.66	100	✓ Apo-Metoprolol
	* Tab 100 mg	7.55	60	✓ Apo-Metoprolol
63	NADOLOL († subsidy) * Tab 40 mg	16.69	100	✓ Apo-Nadolol
	* Tab 80 mg	26.43	100	✓ Apo-Nadolol
63	PINDOLOL († subsidy) * Tab 5 mg	13.22	100	✓ Apo-Pindolol
	* Tab 10 mg	23.12	100	✓ Apo-Pindolol
	* Tab 15 mg	33.31	100	✓ Apo-Pindolol
63	PROPRANOLOL († subsidy) * Tab 10 mg	4.64	100	✓ Apo-Propranolol
	* Tab 40 mg	5.72	100	✓ Apo-Propranolol
64	DILTIAZEM HYDROCHLORIDE († subsidy) * Cap long-acting 120 mg	33.42	500	✓ Apo-Diltiazem CD
	* Cap long-acting 180 mg	50.05	500	✓ Apo-Diltiazem CD
	* Cap long-acting 240 mg	66.76	500	✓ Apo-Diltiazem CD
65	CLONIDINE HYDROCHLORIDE (↓ subsidy) * Tab 25 mcg	8.75	112	✓ Clonidine BNM
73	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy (↓ subsidy) Cap 10 mg	13.34	120	✓ Oratane
	Cap 20 mg	20.49	120	✓ Oratane
76	BETAMETHASONE VALERATE († subsidy) * Crm 0.1%	3.45	50 g OP	✓ Beta Cream
	* Oint 0.1%	3.45	50 g OP	✓ Beta Ointment

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

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

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

82	IMIQUIMOD (↓ subsidy) Crm 5%, 250 mg sachet.....	10.86 (17.98)	12	Apo-Imiquimod Cream 5%
87	OXYTOCIN WITH ERGOMETRINE MALEATE – Up to 5 inj available on a PSO (↑ subsidy) Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	15.00	5	✓ Syntometrine
88	POTASSIUM CITRATE (↑ subsidy) Oral liq 3 mmol per ml – Special Authority see SA1083 – Retail pharmacy.....	31.80	200 ml OP	✓ Biomed
91	DEXAMETHASONE (↑ subsidy) * Tab 0.5 mg – Retail pharmacy-Specialist..... Up to 60 tab available on a PSO * Tab 4 mg – Retail pharmacy-Specialist..... Up to 30 tab available on a PSO	0.99 1.90	30 30	✓ Dexamethsone ✓ Dexamethsone
96	SOMATROPIN (OMNITROPE) – Special Authority see SA1629 – Retail pharmacy (↓ subsidy) * Inj 5 mg cartridge	34.88	1	✓ Omnitrope
	* Inj 10 mg cartridge	69.75	1	✓ Omnitrope
	* Inj 15 mg cartridge	104.63	1	✓ Omnitrope
102	CEFALEXIN (↑ subsidy) Grans for oral liq 25 mg per ml – Wastage claimable..... Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing. Grans for oral liq 50 mg per ml – Wastage claimable..... Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing.	8.75 11.75	100 ml 100 ml	✓ Cefalexin Sandoz ✓ Cefalexin Sandoz
106	FLUCLOXACILLIN (↑ subsidy) Grans for oral liq 50 mg per ml	3.68	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO b) Wastage claimable			
109	TRIMETHOPRIM (↑ subsidy) * Tab 300 mg – Up to 30 tab available on a PSO	16.50	50	✓ TMP
114	ISONIAZID – Retail pharmacy-Specialist (↑ subsidy) 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	22.00	100	✓ PSM
116	LAMIVUDINE – Special Authority see SA1685 – Retail pharmacy (↓ subsidy) Tab 100 mg	4.20 (6.00)	28	Zeffix

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

117	TENOFOVIR DISOPROXIL (↓ subsidy) 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)	38.10	30	
		(531.00)		Viread
	Note: Repeat dispensings fully subsidised where initial dispensing was before 1 August 2018.			
126	DICLOFENAC SODIUM (↓ subsidy)			
	* Tab EC 25 mg	1.23	50	✓ Diclofenac Sandoz
	* Tab long-acting 100 mg	25.15	500	✓ Apo-Diclo SR
126	DICLOFENAC SODIUM (↑ subsidy)			
	* Tab EC 50 mg	1.23	50	✓ Diclofenac Sandoz
	* Tab long-acting 75 mg	22.80	500	✓ Apo-Diclo SR
126	NAPROXEN (↑ subsidy)			
	* Tab long-acting 750 mg	6.16	28	✓ Naprosyn SR 750
	* Tab long-acting 1 g	8.21	28	✓ Naprosyn SR 1000
134	BACLOFEN (↑ subsidy)			
	* Tab 10 mg	4.20	100	✓ Pacifen
139	METHADONE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	e) For methadone hydrochloride oral liquid refer Standard Formulae			
	Oral liq 2 mg per ml	5.79	200 ml	✓ Biodone
	Oral liq 5 mg per ml	5.79	200 ml	✓ Biodone Forte
	Oral liq 10 mg per ml	6.79	200 ml	✓ Biodone Extra Forte
141	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 10 mg	13.99	100	✓ Apo-Clomipramine
	Tab 25 mg	9.46	100	✓ Apo-Clomipramine
143	MIRTAZAPINE (↑ subsidy)			
	Tab 30 mg	2.63	30	✓ Apo-Mirtazapine
	Tab 45 mg	3.48	30	✓ Apo-Mirtazapine

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

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

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

144	GABAPENTIN († subsidy) Note: Not subsidised in combination with subsidised pregabalin			
	* Cap 100 mg	2.65 (7.16)	100	Arrow-Gabapentin Neurontin Nupentin
	* Cap 300 mg	4.07 (11.00)	100	Arrow-Gabapentin Neurontin Nupentin
	* Cap 400 mg	5.64 (13.75)	100	Arrow-Gabapentin Neurontin Nupentin
146	PHENOBARBITONE († subsidy) For phenobarbitone oral liquid refer Standard Formulae			
	* Tab 15 mg	40.00	500	✓ PSM
	* Tab 30 mg	40.00	500	✓ PSM
149	ARIPIPRAZOLE († subsidy) Safety medicine; prescriber may determine dispensing frequency			
	Tablet 5 mg	17.50 (123.54)	30	Abilify
	Tab 10 mg	17.50 (123.54)	30	Abilify
	Tab 15 mg	17.50 (175.28)	30	Abilify
	Tab 20 mg	17.50 (213.42)	30	Abilify
	Tab 30 mg	17.50 (260.07)	30	Abilify
152	OLANZAPINE – Special Authority see SA1428 – Retail pharmacy († subsidy) Safety medicine; prescriber may determine dispensing frequency			
	Inj 210 mg vial	252.00	1	✓ Zyprexa Relprevv
	Inj 300 mg vial	414.00	1	✓ Zyprexa Relprevv
	Inj 405 mg vial	504.00	1	✓ Zyprexa Relprevv
157	GLATIRAMER ACETATE – Special Authority see SA1564 – [Xpharm] († subsidy)			
	Inj 20 mg prefilled syringe.....	2,250.00	28	✓ Copaxone
163	DEXAMFETAMINE SULFATE – Special Authority see SA1149 – Retail pharmacy († subsidy)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 5 mg	20.00	100	✓ PSM
171	CYCLOPHOSPHAMIDE († subsidy)			
	Inj 1 g vial – PCT – Retail pharmacy-Specialist.....	35.65	1	✓ Endoxan
	Inj 2 g vial – PCT only – Specialist.....	71.25	1	✓ Endoxan

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

173	FLUOROURACIL (↑ subsidy) Inj 50 mg per ml, 20 ml vial – PCT only – Specialist.....	12.00	1	✓ Fluorouracil Ebewe
187	MEGESTROL ACETATE – Retail pharmacy-Specialist (↑ subsidy) Tab 160 mg	63.53	30	✓ Apo-Megestrol
214	SALBUTAMOL (↑ subsidy) Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	3.93	20	✓ Asthalin
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	4.03	20	✓ Asthalin
214	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↑ subsidy) Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO....	5.20	20	✓ Duolin
219	SODIUM FUSIDATE [FUSIDIC ACID] (↑ subsidy) Eye drops 1%	5.29	5 g OP	✓ Fucithalmic

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

▲ 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
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Changes to Subsidy and Manufacturer's Price – effective 1 July 2018 (continued)

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				
	Crn 10%.....	3.29	20 g OP	✓ Itch-Soothe	
77	DIMETHICONE (↓ subsidy)				
	* Crm 10% pump bottle.....	4.52	500 ml OP	✓ healthE Dimethicone 10%	
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)				
	Crn 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	2	✓ Dostinex	
		15.20	8	✓ 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	

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

106	FLUCLOXACILLIN (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO 16.83 Cap 500 mg 56.61	250 500	✓ Staphlex ✓ Staphlex
106	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO 2.59 Cap 500 mg 4.26 a) Up to 20 cap available on a PSO b) Up to 2 x the maximum PSO quantity for RPPP	50 50	✓ Cilicaine VK ✓ Cilicaine VK
107	GENTAMICIN SULPHATE (↑ subsidy) Inj 10 mg per ml, 1 ml ampoule – Subsidy by endorsement 25.00 Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.	5	✓ DBL Gentamicin
112	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy (↓ subsidy) Tab 50 mg 91.00 Tab 200 mg 350.00	56 56	✓ Vttack ✓ Vttack
116	VALACICLOVIR (↓ subsidy) Tab 500 mg 5.75 Tab 1,000 mg 11.35	30 30	✓ Vaclovir ✓ Vaclovir
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

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

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

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

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
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

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
56

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

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

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

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

▲ 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 (continued)

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	✓ Paracore 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
219	CIPROFLOXACIN (↓ subsidy) Eye drops 0.3% – Subsidy by endorsement 9.99 (12.43)	5 ml OP	Ciloxan
	When prescribed for the treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol; or for the second line treatment of chronic suppurative otitis media (CSOM)*; and the prescription is endorsed accordingly. Note: Indication marked with a * is an Unapproved Indication.		
224	NALOXONE HYDROCHLORIDE (↓ subsidy) a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule 22.60	5	✓ DBL Naloxone Hydrochloride

Effective 1 May 2018

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

Effective 27 April 2018

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

▲ 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 August 2018

26	<p>BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump. Only one meter per patient will be subsidised every 5 years.</p> <p>Meter 40.00</p>	1	✓ Freestyle Optium Neo
26	<p>KETONE BLOOD BETA-KETONE ELECTRODES a) Maximum of 20 strip per prescription b) Up to 10 strip available on a PSO Test strip – Not on a BSO 15.50</p>	10 strip OP	✓ Freestyle Optium Ketone
28	<p>BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement Restrictions apply – see Schedule listing. Meter with 50 × lancets, 10 × diagnostic test strips and a lancing device..... 20.00</p>	1 OP	✓ CareSens II
29	<p>BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO Restrictions apply – see Schedule listing. Test strips – Note differing brand requirements below 10.56 28.75</p> <p>a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy c) Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO</p>	50 test OP	✓ CareSens ✓ Accu-Chek Performa ✓ Freestyle Optium
64	<p>SOTALOL * Inj 10 mg per ml, 4 ml ampoule 65.39</p>	5	✓ Sotacor
148	<p>APREPITANT – Special Authority see SA0987 – Retail pharmacy Cap 40 mg 71.43</p>	5 OP	✓ Emend
180	<p>VINBLASTINE SULPHATE Inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist..... 37.29</p>	1	✓ Vinblastina Teva S29
224	<p>PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... 4.50</p> <p>a) The Pharmacode for BSF CareSens N is 2423138 b) The Pharmacode for BSF CareSens N POP is 2423154 c) The Pharmacode for BSF CareSens N Premier is 2535882 d) The Pharmacode for BSF CareSens Dual is 2535890</p>	1 fee	✓ BSF CareSens Dual ✓ BSF CareSens N ✓ BSF CareSens N POP ✓ BSF CareSens N Premier

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

245	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (vanilla)	3.67	350 g OP	✓ Fortisip
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Effective 1 July 2018

63	PROPRANOLOL * Tab 10 mg	3.65	100	✓ Apo-Propranolol S29
	* Tab 40 mg	4.65	100	✓ Apo-Propranolol 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

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

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

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

64	DILTIAZEM HYDROCHLORIDE			
	* Cap long-acting 120 mg	1.91	30	✓Cardizem CD
	* Cap long-acting 180 mg	7.56	30	✓Cardizem CD
	* Cap long-acting 240 mg	10.22	30	✓Cardizem CD
65	FUROSEMIDE [FRUSEMIDE]			
	Tab 500 mg	25.00	50	✓Furosemid STADA
	Wastage claimable			\$29
67	PRAVASTATIN – See prescribing guideline above			
	* Tab 20 mg	1.42	30	
		(3.45)		Cholvastin
	* Tab 40 mg	2.42	30	
		(6.36)		Cholvastin
67	SIMVASTATIN – See prescribing guideline			
	* Tab 10 mg	0.95	90	✓Arrow-Simva 10mg
	* Tab 20 mg	1.52	90	
		(1.61)		Arrow-Simva 20mg
	* Tab 40 mg	2.63	90	
		(2.83)		Arrow-Simva 40mg
	* Tab 80 mg	6.00	90	
		(7.91)		Arrow-Simva 80mg
68	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy			
	Tab 10 mg	2.00	30	
		(3.35)		Ezemibe
94	OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline			
	* Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28)	5.40	28 OP	
		(22.96)		Premia 2.5 Continuous
	* Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate tab (28)	5.40	28 OP	
		(22.96)		Premia 5 Continuous
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
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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	30	Lax-Sachets
	(7.65)		

▲ 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	✓ Doxylin 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
82	IMIQUIMOD Crm 5%, 250 mg sachet 10.86 12 Apo-Imiquimod (17.98) Cream 5%
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.
116	LAMIVUDINE – Special Authority see SA1685 – Retail pharmacy Tab 100 mg 4.20 28 Zeffix (6.00)
117	TENOFOVIR DISOPROXIL 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) 38.10 30 Viread (531.00)
121	MELOXICAM – Special Authority see SA1034 – Retail pharmacy * Tab 7.5 mg 11.50 30 ✓ Arrow-Meloxicam

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

144	GABAPENTIN			
	* Cap 100 mg	2.65 (7.16)	100	Arrow-Gabapentin Neurontin Nupentin
	* Cap 300 mg	4.07 (11.00)	100	Arrow-Gabapentin Neurontin Nupentin
	* Cap 400 mg	5.64 (13.75)	100	Arrow-Gabapentin Neurontin Nupentin
149	ARIPIPIRAZOLE			
	Safety medicine; prescriber may determine dispensing frequency			
	Tablet 5 mg	17.50 (123.54)	30	Abilify
	Tab 10 mg	17.50 (123.54)	30	Abilify
	Tab 15 mg	17.50 (175.28)	30	Abilify
	Tab 20 mg	17.50 (213.42)	30	Abilify
	Tab 30 mg	17.50 (260.07)	30	Abilify
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

▲ 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 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.				
129	ETIDRONATE DISODIUM – See prescribing guideline * Tab 200 mg	13.50	100	✓ Arrow-Etidronate
217	BUDESONIDE Metered aqueous nasal spray, 50 mcg per dose	2.35 (5.26)	200 dose OP	Butacort Aqueous
	Metered aqueous nasal spray, 100 mcg per dose	2.61 (6.00)	200 dose OP	Butacort Aqueous
231	METHYL HYDROXYBENZOATE Powder	8.00	25 g	✓ PSM

Effective 1 February 2019

26	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription * Test strip – Not on a BSO	12.00	50 strip OP	✓ Ketostix
49	FERROUS SULPHATE * Tab long-acting 325 mg (105 mg elemental).....	2.06	30	✓ Ferrograd
Note – this delist applies to Pharmacode 604321. A new Pharmacode was listed 1 August 2018.				
63	METOPROLOL TARTRATE * Inj 1 mg per ml, 5 ml vial	24.00	5	✓ Lopresor
64	ISRADIPINE * Cap long-acting 2.5 mg	7.50	30	✓ Dynacirc-SRO
	* Cap long-acting 5 mg	7.85	30	✓ Dynacirc-SRO
95	LEVOTHYROXINE * Tab 25 mcg.....	3.89	90	✓ Synthroid
Note – this delist applies to Pharmacode 2390019. A new Pharmacode was listed 1 July 2018.				
212	TRIMEPAZINE TARTRATE Oral liq 30 mg per 5 ml.....	2.79 (8.06)	100 ml OP	Vallergan Forte

Effective 1 March 2019

44	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy Inj 40 iu per ml, 200 iu vial	1,072.00	1	✓ Cerezyme
	Inj 40 iu per ml, 400 iu vial	2,144.00	1	✓ Cerezyme

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