

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 September 2018



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Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2018

New listings (page 24)

- Thiamine hydrochloride (Max Health) tab 50 mg – only on a prescription
- Water (Pfizer) inj 10 ml ampoule – restriction criteria applies
- Verapamil hydrochloride (Isoptin) inj 2.5 mg per ml, 2 ml ampoule – up to 5 inj available on a PSO, new Pharmacode
- Hydralazine hydrochloride (Onelink) tab 25 mg, 100 tab pack – Special Authority – Retail pharmacy – S29
- Calamine (healthE Calamine Aqueous Cream BP) crm, aqueous, BP – only on a prescription, not in combination
- Calcitonin (Miacalcic) inj 100 iu per ml, 1 ml ampoule – new Pharmacode
- Gentamicin sulphate (Wockhardt) inj 10 mg per ml, 2 ml – subsidy by endorsement, S29 and wastage claimable
- Levodopa and carbidopa (Kinson) tab 100 mg with carbidopa 25 mg
- Phenytoin sodium (Dilantin) cap 100 mg – new Pharmacode

Changes to restrictions (pages 25-28)

- Ursodeoxycholic acid (Ursosan) cap 250 mg – amended Special Authority criteria
- Heparin sodium inj 1,000 iu per ml, 5 ml ampoule (Hospira and Pfizer) and inj 5,000 iu per ml, 5 ml ampoule (Pfizer) – amended presentation description
- Compound electrolytes with glucose [dextrose] (Pedialyte-Bubblegum) soln with electrolytes (2 × 500 ml), 1,000 ml OP – amended chemical name
- Isoprenaline [isoproterenol] (Isuprel) inj 200 mcg per ml, 1 ml ampoule – amended chemical name
- Sildenafil (Vedafil) tab 25 mg, 50 mg and 100 mg – amended Special Authority criteria
- Moxifloxacin (Avelox) tab 400 mg – amended Special Authority criteria
- Temozolomide cap 5 mg, 20 mg, 100 mg, 140 mg and 250 mg (Orion Temozolomide) and cap 20 mg (Temizole) – amended Special Authority criteria
- Letrozole (Letrole and Letromyl) tab 2.5 mg – reinstate stat dispensing
- Adalimumab inj 20 mg per 0.4 ml and 40 mg per 0.8 ml prefilled syringe (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria

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

Increased subsidy (pages 29-30)

- Quinapril (Arrow-Quinapril 5 and Arrow-Quinapril 10) tab 5 mg and 10 mg
- Testosterone undecanoate (Andriol Testocaps) cap 40 mg
- Ethosuximide (Zarontin) cap 250 mg and oral liq 250 mg per 5 ml
- Letrozole (Letrole) tab 2.5 mg
- Salbutamol (Ventolin) oral liq 400 mcg per ml

Decreased subsidy (pages 29-30)

- Heparin sodium (Pfizer) inj 1,000 iu per ml and 5,000 iu per ml, 5 ml ampoule
- Quinapril (Arrow-Quinapril 20) tab 20 mg
- Nifedipine (Adefin XL) tab long-acting 30 mg
- Sildenafil (Vedafil) tab 100 mg; 4 tab pack
- Mometasone furoate crm 0.1%, 50 g OP (Elocon Alcohol Free) and lotn 0.1%, 30 ml OP (Elocon)
- Oxytocin (Oxytocin BNM) inj 5 iu per ml and 10 iu per ml, 1 ml ampoule
- Pregnancy test – HCG urine (EasyCheck) cassette, 40 test OP
- Paracetamol (Gacet) suppos 125 mg
- Fentanyl (Boucher and Muir) inj 50 mcg per ml, 2 ml and 10 ml ampoule
- Fluticasone propionate (Flixonse Hayfever & Allergy) metered aqueous nasal spray, 50 mcg per dose, 120 dose OP

News Stories – September 2018 Update

New tender listings for 1 September 2018

- Calamine (healthE Calamine Aqueous Cream BP) crm, aqueous, BP
- Thiamine hydrochloride (Max Health) tab 50 mg



Solifenacin – new tender listing for 1 October 2018

From 1 October 2018:

- The Mylan brand of solifenacin sulphate (Solifenacin Mylan), 5 mg and 10 mg tablets, will be listed without Special Authority restriction.
- This means that Solifenacin Mylan can be prescribed fully funded without the requirement of documented patient intolerance or non-responsiveness to oxybutynin.

From 1 December 2018:

- The subsidy for Vesicare will reduce. A manufacturer's surcharge may apply.
- The Special Authority criteria will be removed from the Vesicare brand.

From 1 March 2019:

- Solifenacin Mylan will be Sole Supply
- Vesicare will be delisted.

More information, including patient resources, will be available on the PHARMAC website closer to the time.



Changed listings

Adalimumab for Crohn's disease in children – Special Authority amendment

We are amending the Special Authority criteria for adalimumab for Crohn's disease to include separate criteria for children from 1 September 2018.

The new criteria include measurement with the Paediatric Crohn's Disease Activity Index (PCDAI) score which is more appropriate for children.

Sildenafil for pulmonary arterial hypertension – Special Authority amendment

From 1 September 2018, we are amending the Special Authority criteria for sildenafil for pulmonary arterial hypertension to allow an exemption from testing that cannot be performed due to a patient's young age.

Moxifloxacin – Special Authority amendment

The Special Authority criteria for moxifloxacin will be amended from 1 September 2018 to allow:

- Funded treatment of children aged under five years having had close contact with confirmed multi-drug resistant tuberculosis.
- In the treatment of mycoplasma genitalium, the removal of the requirement for azithromycin to have been trialed and failed for patients with laboratory-confirmed macrolide-resistant infection.

Temozolomide – Special Authority amendment

From 1 September 2018, the Special Authority criteria for temozolomide will be amended to include treatment of relapsed or refractory Ewing's Sarcoma; a rare bone tumour that occurs mainly in children and adolescents.

Letrozole tablets – stat reinstated

Stat (three months all-at-once) dispensing will resume for letrozole (Letrole and Letromyl) tablets 2.5 mg from 1 September 2018. We previously advised that stat may resume from 1 August 2018.

Dilantin capsules – new formulation

We are listing a new formulation of Dilantin (phenytoin sodium) 100 mg capsules from 1 September 2018. We have been advised that the new formulation is bioequivalent to the existing presentation, although it has a different dissolution profile.

Pfizer, in consultation with Medsafe, has sent a letter regarding the reformulation of Dilantin 30 mg and 100 mg capsules to all GP practices, pharmacies and neurologists. It is available on the Medsafe website if you missed it.

The packaging for the new formulation, includes the words “Reformulation”.

Stock issues

Gentamicin sulphate inj – new listing

We are listing gentamicin sulphate (Wockhardt) 10 mg per ml, 2 ml injection temporarily from 1 September 2018 until 1 April 2019, due to a supply issue with the Hospira brand.

The currently listed APP Pharmaceuticals brand will be delisted from 1 April 2019 as this brand is no longer available.

Water, 10 ml ampoule – new listing

An alternative Pfizer water injection, 10 ml ampoule will be listed from 1 September 2018, due to a supply issue with the currently listed product. This pack will have a new Pharmacode.

Other

Rivaroxaban – 10 mg tablet limit

We listed rivaroxaban without restriction from 1 August 2018.

A limit of one tablet per day applies to the 10 mg tablets only, to ensure that the 20 mg tablets are used where possible.

We expect that this limit is consistent with the recommended dosing of 15 mg twice daily followed by 20 mg daily for treatment and prevention of deep vein thrombosis and pulmonary embolism.

More information on rivaroxaban and the recommended dosing can be found on the Xarelto datasheet on the Medsafe website, at: <http://medsafe.govt.nz/profs/datasheet/x/Xareltotab.pdf>
Or on the bpac website, at: <https://bpac.org.nz/2018/rivaroxaban.aspx>

News in brief

- **Docusate sodium** (Coloxyl) enema conc 18% will be delisted 1 April 2019. The supplier, Sigma, is discontinuing supply due to minimal sales. Docusate sodium 50 mg and 120 mg tablets remain subsidised.
- **Promethazine theoclate** (Avomine) tab 25 mg – will be delisted 1 March 2019 due to supplier discontinuation. Alternative antinausea treatments remain subsidised.
- **Verapamil hydrochloride** (Isoptin) Injection, 2.5 mg per ml, 2 ml ampoule – new Pharmacode
- **Hydralazine hydrochloride** (Onelink s29) – new listing of 100 tablet pack size due to supply issues. This product is supplied via section 29 of the Medicines Act, 1981 and will be listed as cost, brand, source of supply.
- **Lormetazepam** (Noctamid) tab 1 mg – delisting has been delayed until 1 March 2019 to allow remaining supply to flow through.
- **Isoprenaline** – the chemical name will change to isoprenaline [isoproterenol].
- **Enteral feed** (Isosource Standard RTH) 1,000 ml bottle – will be delisted from 1 September 2018 as this product has not been available for some time.
- **Ursodeoxycholic acid** – amend description of condition in the Special Authority criteria from primary biliary cirrhosis to primary biliary cholangitis
- **Ritonavir** (Norvir) oral liquid 80 mg per ml, 90 ml OP – will be delisted immediately on 1 September 2018 due to supplier discontinuation. Norvir oral liquid has not been supplied in New Zealand for over 10 years so there will be no stock in the supply chain. Ritonavir tablets and the Kaletra oral solution (lopinavir with ritonavir 80 mg with 20 mg per ml) remain subsidised.
- **Nifedipine** (Adefin XL) tab long-acting 30 mg – price and subsidy decrease from 1 September 2018. Adefin XL 30 mg was subsidised temporarily from 1 August 2018.
- **Levodopa with carbidopa** – the Kinson brand will be listed from 1 September 2018 due to a supply issue with Sinemet. Sole Supply will be suspended for Sinemet tablets (100 mg/25 mg) from 1 September until further notice.

Tender News

Sole Subsidised Supply changes – effective 1 October 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acarbose	Tab 50 mg; 90 tab	Glucobay (Bayer)
Acarbose	Tab 100 mg; 90 tab	Glucobay (Bayer)
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule; 10 inj	DBL Acetylcysteine (Pfizer)
Atenolol	Tab 50 mg; 500 tab	Mylan Atenolol (Mylan)
Atenolol	Tab 100 mg; 500 tab	Mylan Atenolol (Mylan)
Atorvastatin	Tab 10 mg; 500 tab	Lorstat (Mylan)
Atorvastatin	Tab 20 mg; 500 tab	Lorstat (Mylan)
Atorvastatin	Tab 40 mg; 500 tab	Lorstat (Mylan)
Atorvastatin	Tab 80 mg; 500 tab	Lorstat (Mylan)
Azithromycin	Tab 250 mg; 30 tab	Apo-Azithromycin (Apotex)
Azithromycin	Tab 500 mg; 2 tab	Apo-Azithromycin (Apotex)
Bisacodyl	Tab 5 mg; 200 tab	Lax-Tab (AFT)
Bisacodyl	Suppos 10 mg; 10 suppos	Lax-Suppositories (AFT)
Buspirone hydrochloride	Tab 5 mg; 100 tab	Orion (Max Health Ltd)
Buspirone hydrochloride	Tab 10 mg; 100 tab	Orion (Max Health Ltd)
Cabergoline	Tab 0.5 mg; 2 tab and 8 tab	Dostinex (Pfizer)
Candesartan cilexetil	Tab 4 mg; 90 tab	Candestar (Mylan)
Candesartan cilexetil	Tab 8 mg; 90 tab	Candestar (Mylan)
Candesartan cilexetil	Tab 16 mg; 90 tab	Candestar (Mylan)
Candesartan cilexetil	Tab 32 mg; 90 tab	Candestar (Mylan)
Cetomacrogol	Crn BP; 500 g	healthE (Jaychem)
Ciclopirox olamine	Nail-soln 8%; 7 ml OP	Apo-Ciclopirox (Apotex)
Cinacalcet	Tab 30 mg; 28 tab	Sensipar (Amgen)
Citalopram hydrobromide	Tab 20 mg; 84 tab	PSM Citalopram (API)
Crotamiton	Crn 10%; 20 g OP	Itch-Soothe (AFT)
Dimethicone	Crn 10% pump bottle; 500 ml OP	healthE Dimethicone 10% (Jaychem)
Entacapone	Tab 200 mg; 100 tab	Entapone (Mylan)
Eplerenone	Tab 25 mg; 30 tab	Inspra (Pfizer)
Ethinylestradiol	Tab 10 mcg; 100 tab	NZ Medical & Scientific (New Zealand Medical & Scientific)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Felodipine	Tab long-acting 2.5 mg; 30 tab	Plendil ER (Astra Zeneca)
Flucloxacillin	Cap 250 mg; 250 cap	Staphlex (Mylan)
Flucloxacillin	Cap 500 mg; 500 cap	Staphlex (Mylan)
Fludarabine phosphate	Tab 10 mg; 20 tab	Fludara Oral (Sanofi)
Fluorouracil sodium	Crn 5%; 20 g OP	Efudix (Inova)
Hydrocortisone	Tab 5 mg; 100 tab	Douglas (Douglas)
Hydrocortisone	Tab 20 mg; 100 tab	Douglas (Douglas)
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%; 15 g OP	Micreme H (Mylan)
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule; 3 inj	Neo-B12 (Pfizer)
Hydroxychloroquine	Tab 200 mg; 100 tab	Plaquenil (Sanofi)
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg; 100 tab	Rifinah (Sanofi)
Isoniazid with rifampicin	Tab 150 mg with rifampicin 300 mg; 100 tab	Rifinah (Sanofi)
Lansoprazole	Cap 15 mg; 100 cap	Lanzol Relief (Mylan)
Lansoprazole	Cap 30 mg; 100 cap	Lanzol Relief (Mylan)
Lorazepam	Tab 1 mg; 250 tab	Ativan (Aspen Pharma)
Lorazepam	Tab 2.5 mg; 100 tab	Ativan (Aspen Pharma)
Miconazole	Oral gel 20 mg per g; 40 g OP	Decozol (AFT)
Nevirapine	Tab 200 mg; 60 tab	Nevirapine Alphapharm (Mylan)
Norethisterone	Tab 350 mcg; 84 tab	Noriday 28 (Pfizer)
Oestradiol valerate	Tab 1 mg; 84 tab	Progynova (Bayer)
Oestradiol valerate	Tab 2 mg; 84 tab	Progynova (Bayer)
Oxycodone hydrochloride	Cap immediate-release 5 mg; 20 cap	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Cap immediate-release 10 mg; 20 cap	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Cap immediate-release 20 mg; 20 cap	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml ampoule; 5 inj	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Inj 10 mg per ml, 2 ml ampoule; 5 inj	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Inj 50 mg per ml, 1 ml ampoule; 5 inj	OxyNorm (MundiPharma)
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U); 100 cap	Creon 10000 (Mylan)
Pancreatic enzyme	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U); 100 cap	Creon 25000 (Mylan)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Pethidine hydrochloride	Tab 50 mg; 10 tab	PSM (API)
Phenoxyethylpenicillin (Penicillin V)	Cap 250 mg; 50 cap	Cilicaine VK (Aspen Pharma)
Phenoxyethylpenicillin (Penicillin V)	Cap 500 mg; 50 cap	Cilicaine VK (Aspen Pharma)
Promethazine hydrochloride	Oral liq 1 mg per 1 ml; 100 ml	Allersoothe (AFT)
Promethazine hydrochloride	Tab 10 mg; 50 tab	Allersoothe (AFT)
Promethazine hydrochloride	Tab 25 mg; 50 tab	Allersoothe (AFT)
Sildenafil	Tab 25 mg; 4 tab	Vedafil (Mylan)
Sildenafil	Tab 50 mg; 4 tab	Vedafil (Mylan)
Sodium polystyrene sulphonate	Powder; 454 g OP	Resonium-A (Sanofi)
Tamsulosin hydrochloride	Cap 400 mcg; 100 cap	Tamsulosin-Rex (Rex Medical Ltd)
Tobramycin	Inj 40 mg per ml, 2 ml vial; 5 inj	Tobramycin Mylan (Mylan)
Valaciclovir	Tab 500 mg; 30 tab	Vaclovir (Mylan)
Valaciclovir	Tab 1,000 mg; 30 tab	Vaclovir (Mylan)
Voriconazole	Tab 50 mg; 56 tab	Vttack (Mylan)
Voriconazole	Tab 200 mg; 56 tab	Vttack (Mylan)
Zinc and castor oil	Oint; 500 g	Boucher (Boucher and Muir)
Ziprasidone	Cap 20 mg; 60 cap	Zusdone (Douglas)
Ziprasidone	Cap 40 mg; 60 cap	Zusdone (Douglas)
Ziprasidone	Cap 60 mg; 60 cap	Zusdone (Douglas)
Ziprasidone	Cap 80 mg; 60 cap	Zusdone (Douglas)

Looking Forward

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

Decisions for implementation 1 October 2018

- Eplerenone (Inspra) tab 50 mg – new listing with restrictions
- Solifenacin succinate (Solifenacin Mylan) tab 5 mg and 10 mg – new listing
- Entecavir (Baraclude) tab 0.5 mg – price and subsidy decrease

Possible decisions for future implementation 1 October 2018

- Vildagliptin (Galvus) tab 50 mg – new listing
- Vildagliptin with metformin (Galvus Met or Galvumet) tab 50 mg with 850 mg metformin, and tab 50 mg with 1,000 mg metformin – new listing
- Glecaprevir and pibrentasvir (Maviret) tab 100 mg with pibrentasvir 40 mg, 84 OP – new listing, XPharm
- Omalizumab (Xolair) inj 150 mg vial – price and subsidy decrease with amended Special Authority criteria
- Omalizumab (Xolair) inj 150 mg prefilled syringe – new listing with Special Authority criteria
- Ruxolitinib (Jakavi) tab 5 mg, 15 mg and 20 mg – new listing, Special Authority-Retail pharmacy
- Sacubitril with valsartan tab 24.3 mg with valsartan 25.7 mg (Entresto 24/26), tab 48.6 mg with valsartan 51.4 mg (Entresto 49/51) and tab 97.2 mg with valsartan 102.8 mg (Entresto 97/103 – new listing, Special Authority-Retail pharmacy)
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – new listing, Special Authority-Retail pharmacy
- Eltrombopag (Revolade) tab 25 mg and 50 mg – price and subsidy decrease and amended Special Authority criteria
- Fingolimod (Gilenya) cap 0.5 mg – price and subsidy decrease
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – price and subsidy decrease and amended Special Authority criteria

Sole Subsidised Supply Products – cumulative to September 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Acetazolamide	Tab 250 mg	Diamox	2020
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	VirusPOS Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2020
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2020
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Lodi Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix Solian	2019
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg, 500 mg and 1 g vials Cap 250 mg & 500 mg	Alphamox 125 Alphamox 250 Ibiamox Apo-Amoxi	2020 2020 2019
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP	Augmentin Curam	2020 2019
Anastrozole	Tab 1 mg	Rolin	2020
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 Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2019
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2020
Azathioprine	Tab 25 mg & 50 mg Inj 50 mg vial	Imuran	2019
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020

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

Sole Subsidised Supply Products – cumulative to September 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	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva 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 September 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 September 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 Ferdan	2021 2019
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Inj 1 g vial Inj 250 mg & 500 mg vials	Flucil Flucloxin	2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris	2019
Gemfibrozil	Tab 600 mg	Lipazil	2019
Gliclazide	Tab 80 mg	Glizide	2020
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerol	Liquid	healthE Glycerol BP	2020
Goserelin	Implant 3.6 mg & 10.8 mg syringe	Zoladex	2019

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Sole Subsidised Supply Products – cumulative to September 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 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020

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Sole Subsidised Supply Products – cumulative to September 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	Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2020

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Sole Subsidised Supply Products – cumulative to September 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
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2021
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
Nicotine	Gum 2 mg & 4 mg (Fruit & Mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only Lozenge 1 mg & 2 mg for direct distribution only Patch 7 mg, 14 mg & 21 mg for direct distribution only	Habitrol	2020
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 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 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL Octreotide	2020
Oestradiol	Patch 25 mcg per day Patch 50 mcg per day Patch 75 mcg per day Patch 100 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestriol	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 September 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 & 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 250 mg per 5 ml	Paracare Double Strength Paracare Pharmacare	2020
	Oral liq 120 mg per 5 ml		
	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	Pegasys	2020
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crn 5%, 30 g OP	Lyderm A-Scabies	2020
	Lotn 5%, 30 ml OP		
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml ampoules	DBL Pethidine Hydrochloride	2020
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2019
	Grans for oral liq 250 mg per 5 ml		
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020

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Sole Subsidised Supply Products – cumulative to September 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2020
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Pravastatin	Tab 20 mg and 40 mg	Apo-Pravastatin	2020
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Prednisone	Tab 1 mg , 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Pregabalin	Cap 25 mg, 75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Prochlorperazine	Tab 5 mg	Nausafix	2020
Progesterone	Cap 100 mg	Ultrogestan	2019
Promethazine hydrochloride	Inj 25 mg per ml, 2 ml ampoule	Hospira	2019
Pyridostigmine bromide	Tab 60 mg	Mestinon	2019
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2020
Rifabutin	Cap 150 mg	Mycobutin	2019
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2020
Rifaximin	Tab 550 mg	Xifaxan	2020
Riluzole	Tab 50 mg	Rilutek	2021
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

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Sole Subsidised Supply Products – cumulative to September 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sulfasalazine	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

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Sole Subsidised Supply Products – cumulative to September 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crm 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crm 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Vancomycin	Inj 500 mg vial	Mylan	2020
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Water	Inj 5 ml ampoule Inj 10 ml ampoule	InterPharma Pfizer	2019
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml, 200 ml OP	Retrovir	2019
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2020

September 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 September 2018

31	THIAMINE HYDROCHLORIDE – Only on a prescription * Tab 50 mg	4.89	100	✓ Max Health
43	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops; or 4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only. Inj 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✓ Pfizer
Note – this is an alternative listing, Pharmacode 2549840.				
48	VERAPAMIL HYDROCHLORIDE * Inj 2.5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	25.00	5	✓ Isoptin
Note – this is a new Pharmacode listing, 2535351.				
53	HYDRALAZINE HYDROCHLORIDE * Tab 25 mg – Special Authority see SA1321 – Retail Pharmacy	CBS	100	✓ Onelink S29
59	CALAMINE a) Only on a prescription b) Not in combination Crn, aqueous, BP	1.26	100 g	✓ healthE Calamine Aqueous Cream BP
74	CALCITONIN * Inj 100 iu per ml, 1 ml ampoule	121.00	5	✓ Miacalcic
Note – this is a new Pharmacode listing, 2548356.				
90	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml – Subsidy by endorsement	62.00	5	✓ Wockhardt S29
Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly. Wastage claimable				
117	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg	17.97	100	✓ Kinson
126	PHENYTOIN SODIUM Cap 100 mg	19.79	200	✓ Dilantin
Note – this is a listing of a new formulation, Pharmacode 2552140.				

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

24	URSODEOXYCHOLIC ACID – Special Authority see SA17391383 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) Cap 250 mg	37.95	100	✓ Ursosan
	▶ SA1739 1383 Special Authority for Subsidy			
	Initial application — (Cirrhosis Primary biliary cholangitis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:			
	Both:			
	1 Primary biliary cirrhosis cholangitis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and			
	2 Patient not requiring a liver transplant (bilirubin > 100 umol/l; decompensated cirrhosis).			
	Renewal — (Pregnancy/Cirrhosis Primary biliary cholangitis) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.			
41	HEPARIN SODIUM (amended presentation description) Inj 1,000 iu per ml, 5 ml ampoule	13.36 66.80 58.57	10 50	✓ Hospira ✓ Hospira ✓ Pfizer
	Inj 5,000 iu per ml, 5 ml ampoule	203.68	50	✓ Pfizer
43	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] DEXTROSE WITH ELECTROLYTES (amended chemical name) Soln with electrolytes (2 × 500 ml)	6.55	1,000 ml OP	✓ Pedialyte - Bubblegum
53	ISOPRENALINE [ISOPROTERENOL] (amended chemical name) * Inj 200 mcg per ml, 1 ml ampoule	36.80 (164.20)	25	Isuprel
55	SILDENAFIL – Special Authority see SA17381704 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) Tab 25 mg	0.64	4	✓ Vedafil
	Tab 50 mg	0.64	4	✓ Vedafil
	Tab 100 mg	2.20	4	✓ Vedafil
		6.60	12	✓ Vedafil

▶ SA1738 1704 Special Authority for Subsidy

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

All of the following:

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

continued...

▲ 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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Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 September 2018 (continued)

continued...

4 Either:

4.1 All of the following:

4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.2 Either:

4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or

4.1.2.2 Patient is peri Fontan repair; and

4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm⁻⁵); or

4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age.

90 MOXIFLOXACIN – Special Authority see ~~SA1740-1358~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) No patient co-payment payable

Tab 400 mg 52.00 5 ✓ **Avelox**

► SA1740-1358 Special Authority for Subsidy

Initial application — (*Tuberculosis*) only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria:

All of the following Either:

1 Both:

1.1 Active tuberculosis*; and

1.2 Any of the following:

1.2.1 Documented resistance to one or more first-line medications; or

1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or

1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or

1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or

1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or

2 Mycobacterium avium-intracellulare complex not responding to other therapy or where such therapy is contraindicated*; or

3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.

Note: Indications marked with * are unapproved indications.

Initial application — (*Mycoplasma genitalium*) only from a sexual health specialist or Practitioner on the recommendation of a sexual health specialist from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

All of the following:

1 Has nucleic acid amplification test (NAAT) confirmed *Mycoplasma genitalium** and is symptomatic; and

2 Either:

2.1 Has tried and failed to clear infection using azithromycin; and or

2.2 Has laboratory confirmed azithromycin resistance; and

3 Treatment is only for 7 days.

117 LEVODOPA WITH CARBIDOPA (suspend Sole Supply)

* Tab 100 mg with carbidopa 25 mg 17.97 100 ✓ **Sinemet**

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 September 2018 (continued)

160	TEMOZOLOMIDE – Special Authority see SA1741 1616 – Retail pharmacy (amended Special Authority criteria – new criteria shown only)		
	Cap 5 mg	10.20	5
	Cap 20 mg	18.30	5
	Cap 100 mg	40.20	5
	Cap 140 mg	56.00	5
	Cap 250 mg	96.80	5

▶ ~~SA1741~~~~1616~~ Special Authority for Subsidy

Initial application – (Ewing's sarcoma) only from a relevant specialist. Approvals valid for 9 months for applications where patient has relapsed/refractory Ewing's sarcoma.

Renewal – (Ewing's sarcoma) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment.

169	LETROZOLE (reinstate stat dispensing)		
	* Tab 2.5 mg	4.68	30
		5.90	60

175	ADALIMUMAB – Special Authority see SA1742 1621 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)		
	Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2
	Inj 40 mg per 0.8 ml prefilled pen	1,599.96	2
	Inj 40 mg per 0.8 ml prefilled syringe	1,599.96	2

▶ ~~SA1742~~~~1621~~ Special Authority for Subsidy

Initial application — (Crohn's disease – adults) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Patient has severe active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
 - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
 - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
 - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

Initial application — (Crohn's disease – children) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Paediatric patient has severe active Crohn's disease; and
- 2 Either:
 - 2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
 - 2.2 Patient has extensive small intestine disease; 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

Changes to Restrictions – effective 1 September 2018 (continued)

continued...

- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and**
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal — (Crohn's disease – **adults**) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

- 1.1 Applicant is a gastroenterologist; or
1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Either:

- 2.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
2.1.2 CDAI score is 150 or less; or

2.2 Both:

- 2.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal — (Crohn's disease – children) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

- 1.1 Applicant is a gastroenterologist; or**
1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Either:

- 2.1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or**
2.1.2 PCDAI score is 15 or less; or

2.2 Both:

- 2.2.1 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and**
2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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 September 2018

41	HEPARIN SODIUM (↓ subsidy)				
	Inj 1,000 iu per ml, 5 ml ampoule	58.57	50	✓ Pfizer	
	Inj 5,000 iu per ml, 5 ml ampoule	203.68	50	✓ Pfizer	
44	QUINAPRIL (↑ subsidy)				
	* Tab 5 mg	6.01	90	✓ Arrow-Quinapril 5	
	* Tab 10 mg	3.16	90	✓ Arrow-Quinapril 10	
44	QUINAPRIL (↓ subsidy)				
	* Tab 20 mg	4.89	90	✓ Arrow-Quinapril 20	
48	NIFEDIPINE (↓ subsidy)				
	* Tab long-acting 30 mg	3.14	30	✓ Adefin XL	
55	SILDENAFIL – Special Authority see SA1738 – Retail pharmacy (↓ subsidy)				
	Tab 100 mg	2.20	4	✓ Vadalafil	
60	MOMETASONE FUROATE (↓ subsidy)				
	Crn 0.1%	2.50	50 g OP	✓ Elocon Alcohol Free	
	Lotn 0.1%	6.30	30 ml OP	✓ Elocon	
71	OXYTOCIN – Up to 5 inj available on a PSO (↓ subsidy)				
	Inj 5 iu per ml, 1 ml ampoule	3.98	5	✓ Oxytocin BNM	
	Inj 10 iu per ml, 1 ml ampoule	4.98	5	✓ Oxytocin BNM	
71	PREGNANCY TESTS - HCG URINE (↓ subsidy)				
	a) Up to 200 test available on a PSO				
	b) Only on a PSO				
	Cassette	12.00	40 test OP		
		(17.60)		EasyCheck	
76	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↑ subsidy)				
	Cap 40 mg	21.00	60	✓ Andriol Testocaps	
120	PARACETAMOL (↓ subsidy)				
	* Suppos 125 mg	3.29	10	✓ Gacet	
120	FENTANYL (↓ subsidy)				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	c) Safety medicine; prescriber may determine dispensing frequency				
	Inj 50 mcg per ml, 2 ml ampoule	3.56	10	✓ Boucher and Muir	
	Inj 50 mcg per ml, 10 ml ampoule	9.41	10	✓ Boucher and Muir	
125	ETHOSUXIMIDE (↑ subsidy)				
	Cap 250 mg	281.75	200	✓ Zaronitin	
	Oral liq 250 mg per 5 ml	56.35	200 ml	✓ Zaronitin	

▲ 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 September 2018 (continued)

169	LETROZOLE (↑ subsidy) * Tab 2.5 mg	4.68	30	✓ Letrole
196	SALBUTAMOL (↑ subsidy) Oral liq 400 mcg per ml	20.00	150 ml	✓ Ventolin
199	FLUTICASON PROPIONATE (↓ subsidy) Metered aqueous nasal spray, 50 mcg per dose	1.98	120 dose OP	✓ Flixonase Hayfever & Allergy

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 September 2018

34	FERROUS SULPHATE WITH FOLIC ACID * Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg.....	1.80 (4.29)	30		Ferrograd F
77	MEDROXYPROGESTERONE ACETATE – See prescribing guideline * Tab 2.5 mg	7.00	56	✓	Provera S29 S29
89	DOXYCYCLINE * Tab 100 mg – Up to 30 tab available on a PSO	0.57	21	✓	Doxylin 100
103	RITONAVIR – Special Authority see SA1651 – Retail pharmacy Oral liq 80 mg per ml	103.98	90 ml OP	✓	Norvir
125	ETHOSUXIMIDE Cap 250 mg.....	16.45	100	✓	Zarontin
201	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.				
203	PREDNISOLONE ACETATE Eye drops 1%	7.00	5 ml OP	✓	Pred Forte
	Note – this delist applies to Pharmacode 2528258. A new Pharmacode was listed 1 April 2018.				
221	ENTERAL FEED 1KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3] Liquid.....	5.29	1,000 ml OP	✓	Isosource Standard RTH
	Note – this delist applies to Pharmacodes 283444 and 377481.				
227	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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2018

41	HEPARINISED SALINE Inj 10 iu per ml, 5 ml	53.40	30	✓ BD PosiFlush S29
55	SILDENAFIL – Special Authority see SA1738 – Retail pharmacy Tab 100 mg	2.20	4	✓ Vedafil
71	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette	12.00 (17.60)	40 test OP	EasyCheck
142	LORMETAZEPAM – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg	3.11 (23.50)	30	Noctamid

Note – delisting delayed until 1 March 2019.

Effective 1 March 2019

41	RIVAROXABAN Tab 10 mg – No more than 1 tab per day	41.55	15	✓ Xarelto
48	VERAPAMIL HYDROCHLORIDE * Inj 2.5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	25.00	5	✓ Isoptin
Note – this delist applies to Pharmacode 253480. A new Pharmacode was listing 1 September 2018.				
74	CALCITONIN * Inj 100 iu per ml, 1 ml ampoule	121.00	5	✓ Miacalcic
Note – this delist applies to Pharmacode 259012. A new Pharmacode was listed 1 September 2018.				
130	PROMETHAZINE THEOCLATE * Tab 25 mg	1.20 (5.59)	10	Avomine
132	ZIPRASIDONE – Safety medicine; prescriber may determine dispensing frequency Cap 20 mg	14.56	60	✓ Zeldox
142	LORMETAZEPAM – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg	3.11 (23.50)	30	Noctamid
153	FLUOROURACIL Inj 50 mg per ml, 50 ml vial – PCT only – Specialist	17.00	1	✓ Fluorouracil Ebewe

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 April 2019

25	DOCUSATE SODIUM – Only on a prescription * Enema conc 18%	5.40	100 ml OP	✓ Coloxyl
90	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml – Subsidy by endorsement	175.10	25	✓ APP Pharmaceuticals \$29
		62.00	5	✓ Wockhardt \$29

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

▲ 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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