

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2018

Cumulative for September, October, November and
December 2018



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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2018

New listings (page 24)

- Metformin hydrochloride (Apotex) tab immediate-release 850 mg
- Pancreatic enzyme (Creon 10000) cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)
- Phosphorus (Phosphate Phebra) tab eff 500 mg (16 mmol)
- Propafenone hydrochloride (Rytmonorm) tab 150 mg – Retail pharmacy-Specialist
- Nifedipine (Adefin XL) tab long-acting 60 mg
- Paracetamol (Gacet) suppos 500 mg
- Lamotrigine (Logem) tab dispersible 25 mg, 50 mg and 100 mg
- Clozapine (Clozaril) tab 25 mg – safety medicine; prescriber may determine dispensing frequency
- Bimatoprost (Bimatoprost Multichem) eye drops 0.03%, 3 ml OP

Changes to restrictions (page 35)

- Solifenacin succinate (Vesicare) tablet 5 mg and 10 mg – Special Authority removed
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe – addition of note
- Abiraterone acetate (Zytiga) tab 250 mg – amended Special Authority criteria

Increased subsidy (page 47)

- Testosterone (Androderm) patch 5 mg per day
- Diazepam (Stesolid) rectal tubes 5 mg
- Disulfiram (Antabuse) tab 200 mg
- Terbutaline sulphate (Bricanyl Turbuhaler) powder for inhalation, 250 mcg per dose, breath activated, 200 dose OP

Decreased subsidy (page 47)

- Felodipine (Plendil ER) tab long-acting 5 mg and 10 mg
- Bosentan (Bosentan-Mylan) tab 62.5 mg and 125 mg
- Aqueous cream (AFT SLS-free) crm
- Solifenacin succinate (Vesicare) tablet 5 mg and 10 mg
- Cyproterone acetate (Procur) tab 50 mg and 100 mg
- Azacitidine (Baxter) inj 1 mg for ECP

News Stories – December 2018 Update

New tender listings for 1 December 2018

- Bimatoprost (Bimatoprost Multichem) eye drops 0.03%, 3 ml OP
- Metformin hydrochloride (Apotex) tab immediate-release 850 mg
- Paracetamol (Gacet) suppos 500 mg



New listings

Lamotrigine tab dispersible

From 1 December 2018, new Pharmacodes will be listed for new packaging for the Logem brand of lamotrigine 25 mg, 50 mg and 100 mg dispersible tablets. These will replace the currently listed Pharmacodes which will be delisted from 1 June 2019. There is no change to the formulation of the product. It is just a change to the packaging and Pharmacode.

Phosphorus tablets – brand change

The Phosphate Phebra brand will be listed 1 December 2018 to replace the Phosphate-Sandoz brand that will be delisted 1 May 2019. The tablets are the same, however the new product has a new name, new packaging and a new Pharmacode.

Changed listings

Solifenacin succinate

The Special Authority on the Vesicare brand of solifenacin succinate tab 5 mg and 10 mg will be removed from 1 December 2018. The Special Authority form will no longer be available from a few days prior to 1 December.

The subsidy will also decrease for this brand from 1 December 2018.



Stock issues

Paracetamol 500 mg tablets (blister pack) – change to restrictions

We have become aware that some pharmacy claims for paracetamol 500 mg (blister pack), under the restrictions put in place from 1 November 2018, are not processing correctly, resulting in rejections. We have been working with the Ministry of Health to resolve this issue.

We will be changing the restrictions applying to paracetamol 500 mg tablets (blister pack) and backdating the restrictions changes to 1 November 2018 to ensure all claims can be processed correctly.

The new restrictions will mean:

- A maximum of 300 tablets funded per **prescription** for acute patients. Pharmacists should continue to dispense a maximum of 100 tablets per dispensing.
- For chronic patients, if the prescription is endorsed by the prescriber or annotated by the pharmacists, there is no tablet maximum. You can continue to dispense up to a months' supply per dispensing (usually 240 tablets).
- The restriction change will be **backdated to be effective from 1 November 2018**.
- Pharmacists will need to resend rejected claims in the next claim period. The Ministry of Health will load these changes into the claim system to enable claims to be processed

More information, and any further updates, can be found on our website page:
www.pharmac.govt.nz/paracetamol

Nifedipine Tab long acting 60 mg

Mylan's Adefin XL brand will be listed from 1 December 2018 due to a supply issue with the Adalat Oros brand. Stock of Adefin XL is expected to be available in December.

Mid-Month listing – clarithromycin

We listed a new brand of Apo-Clarithromycin 250 mg tablets from 1 November 2018. We changed the restriction on the 250 mg tablets so that up to 28 tablets can be dispensed, meaning that 250 mg tablets can be used for h pylori treatment. The Special Authority waiver still applies for quantities of more than 28 tablets.

Mid-month change

Stat was removed from diclofenac sodium (Apo-Diclo SR) 75 mg long-acting tablets from 1 November 2018.

News in brief

- **Abiraterone acetate** (Zytiga) tab 250 mg – the Special Authority approval period will be extended from 5 to 6 months for initial and renewal applications.
- **Clozapine** (Clozaril) tab 25 mg, 50 tab pack – listing new Pharmacode to replace the current Pharmacode which will be delisted from 1 June 2019.
- **Pancreatic enzyme (Creon 10000)** – listing a new Pharmacode 2535300.
- **Propafenone hydrochloride** (Rytmonorm) tab 150 mg – listing a new Pharmacode 2534339.



Tender News

Sole Subsidised Supply changes – effective 1 January 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule; 10 inj	Martindale (Max Health)
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml); 15 ml	Zithromax (Pfizer)
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe; 10 inj	Bicillin LA (Pfizer)
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g; 30 g OP	Daivobet (LEO)
Betamethasone valerate	Lotn 0.1%; 50 ml OP	Betnovate (GSK)
Bezafibrate	Tab 200 mg; 90 tab	Bezalip (Teva)
Bezafibrate	Tab long-acting 400 mg; 30 tab	Bezalip Retard (Teva)
Budesonide	Metered aqueous nasal spray, 50 mcg per dose; 200 dose OP	SteroClear (AFT)
Budesonide	Metered aqueous nasal spray, 100 mcg per dose; 200 dose OP	SteroClear (AFT)
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule; 10 inj	Medsurge (Medsurge)
Eplerenone	Tab 50 mg; 30 tab	Inspra (Pfizer)
Glipizide	Tab 5 mg; 100 tab	Minidiab (Pfizer)
Isotretinoin	Cap 10 mg; 120 cap	Oratane (Douglas)
Isotretinoin	Cap 20 mg; 120 cap	Oratane (Douglas)
Lisinopril	Tab 5 mg; 90 tab	Ethics Lisinopril (Multichem)
Lisinopril	Tab 10 mg; 90 tab	Ethics Lisinopril (Multichem)
Lisinopril	Tab 20 mg; 90 tab	Ethics Lisinopril (Multichem)
Methylprednisolone	Tab 4 mg; 100 tab	Medrol (Pfizer)
Methylprednisolone	Tab 100 mg; 20 tab	Medrol (Pfizer)
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial; 5 inj	Depo-Medrol (Pfizer)
Methylprednisolone (as sodium succinate)	Inj 1 g vial; 1 inj	Solu-Medrol (Pfizer)
Methylprednisolone (as sodium succinate)	Inj 40 mg vial; 1 inj	Solu-Medrol-Act-O-Vial (Pfizer)
Methylprednisolone (as sodium succinate)	Inj 125 mg vial; 1 inj	Solu-Medrol-Act-O-Vial (Pfizer)
Methylprednisolone (as sodium succinate)	Inj 500 mg vial; 1 inj	Solu-Medrol-Act-O-Vial (Pfizer)
Morphine hydrochloride	Oral liq 1 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 2 mg per ml; 200 ml	RA-Morph (Pfizer)
Morphine hydrochloride	Oral liq 5 mg per ml; 200 ml	RA-Morph (Pfizer)

Sole Subsidised Supply changes – effective 1 January 2019 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Morphine hydrochloride	Oral liq 10 mg per ml; 200 ml	RA-Morph (Pfizer)
Naproxen	Tab 250 mg; 500 tab	Noflam 250 (Mylan)
Naproxen	Tab 500 mg; 250 tab	Noflam 500 (Mylan)
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg; 30 tab	Accuretic 10 (Pfizer)
Quinapril with hydrochlorothiazide	Tab 20 mg with hydrochlorothiazide 12.5 mg; 30 tab	Accuretic 20 (Pfizer)
Voriconazole	Powder for oral suspension 40 mg per ml; 70 ml	Vfend (Pfizer)
Zopiclone	Tab 7.5 mg; 500 tab	Zopiclone Actavis (Teva)

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 January 2019

- Entecavir (Entacavir Sandoz) tab 0.5 mg – brand switch fee payable
- Ferrous sulphate (Ferrograd) tab long-acting 325 mg (105 mg elemental) – Stat dispensing reinstated
- Metolazone (Metalazone and Zaroxolyn) tab 5 mg – Special Authority removed
- Phenytoin sodium (Dilantin) oral liq 30 mg per 5 ml – Stat dispensing reinstated
- Varenicline tartrate (Varenicline Pfizer) tab 0.5 mg x 11 and 1 mg x 42, 53 OP – new starter pack listing, Special Authority – Retail pharmacy, maximum of 12 week’s varenicline subsidised on each Special Authority approval
- Varenicline tartrate (Varenicline Pfizer) tab 1 mg – new listing, Special Authority – Retail pharmacy, maximum of 12 week’s varenicline subsidised on each Special Authority approval

Possible decisions for future implementation 1 January 2019

- Colecalciferol (Puria) oral liquid 188 mcg per ml (7,500 iu per ml), 4.8 ml OP – new listing with Special Authority

Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2021
Acetazolamide	Tab 250 mg	Diamox	2020
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2021
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	VirusPOS Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2020
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2020
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Lodi Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix Solian	2019
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg, 500 mg and 1 g vials Cap 250 mg & 500 mg	Alphamox 125 Alphamox 250 Ibiamox Apo-Amoxi	2020 2019
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP	Augmentin Curam	2020 2019
Anastrozole	Tab 1 mg	Rolin	2020
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Ascorbic acid	Tab 100 mg	Cvite	2019
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2019
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2021
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	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 December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Azathioprine	Tab 25 mg & 50 mg Inj 50 mg vial	Imuran	2019
Azithromycin	Tab 250 mg & 500 mg	Apo-Azithromycin	2021
Baclofen	Tab 10 mg	Pacifen	2021
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2020
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Bethahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone valerate	Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Beta Cream Beta Ointment Beta Scalp	2021
Bicalutamide	Tab 50 mg	Binarex	2020
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
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
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2020
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
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	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg	Cefalexin Sandoz Cephalexin ABM	2021 2019
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020

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Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn BP, 500 g	healthE	2021
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
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
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
Cinacalcet	Tab 30 mg	Sensipar	2021
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2020
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Clindamycin ABM Dalacin C	2019
Clobetasol propionate	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2020
Clonidine hydrochloride	Tab 25 mcg	Clonidine BMN	2021
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
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2021
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-Ph&T	2020
	Tab 100 mcg & 200 mcg	Minirin	2019
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2021
Dexamfetamine sulfate	Tab 5 mg	PSM	2021
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2021
	Tab long-acting 75 mg & 100 mg	Apo-Diclo SR	
Digoxin	Tab 62.5 mcg	Lanoxin PG	2019
	Tab 250 mcg	Lanoxin	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2021
	Lotn 4%, 200 ml OP	healthE Dimethicone 4% Lotion	2019
	Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 5%	
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020

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Generic Name	Presentation	Brand Name	Expiry Date*
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
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
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 25 mg	Inspra	2021
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Ethinylestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets	Microgynon 20 ED	2020
	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Levlen ED	
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
Felodipine	Tab long-acting 2.5 mg	Plendil ER	2021
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule	Boucher and Muir	2021
	Inj 50 mcg per ml, 10 ml ampoule		
	Patch 12.5 mcg per hour		
	Patch 25 mcg per hour		
	Patch 50 mcg per hour		
Patch 75 mcg per hour	Fentanyl Sandoz	2020	
Patch 100 mcg per hour			
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)	Ferrograd	2021
	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2019
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Grans for oral liq 25 mg per ml	AFT	2021
	Grans for oral liq 50 mg per ml		
	Cap 250 mg & 500 mg	Staphlex	
	Inj 1 g vial	Flucil	2020
	Inj 250 mg & 500 mg vials	Flucloxin	
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2021
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2021
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris	2019
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Gemfibrozil	Tab 600 mg	Lipazil	2019
Glibenclamide	Tab 5 mg	Daonil	2021
Gliclazide	Tab 80 mg	Glizide	2020
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2021 2020
Goserelin	Implant 3.6 mg & 10.8 mg syringe	Zoladex	2019
Haemophilus influenzae type B vaccine	Haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	Hiberix	2020
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
Heparin sodium	Inj 5,000 iu per ml, 5 ml ampoule	Pfizer	2021
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	Tab 5 mg & 20 mg Powder Crn 1%, 30 g OP Crn 1%, 500 g Inj 100 mg vial	Douglas ABM DermAssist Pharmacy Health Solu-Cortef	2021 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
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Tab 200 mg	Relieve	2020
Imatinib mesilate	Cap 100 mg & 400 mg	Imatinib-AFT	2020
Imiquimod	Crn 5%, 250 mg sachet	Perrigo	2020
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP	Univent	2020
	Nebuliser soln, 250 mcg per ml, 1 ml ampoule		2019
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule		
Isoniazid	Tab 100 mg	PSM	2021
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2020
	Tab long-acting 60 mg	Duride	
	Tab long-acting 40 mg	Ismo 40 Retard	2019
Isotretinoin	Cap 5 mg	Oratane	2021
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
Lamivudine	Tab 100 mg	Zetlam	2020
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Oral liq 100 mg per ml, 300 ml OP	Levetiracetam-AFT	2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg	Sinemet Sinemet CR	2020
	Tab long-acting 200 mg with carbidopa 50 mg		
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle Postinor-1 Mirena	2020
	Tab 1.5 mg		2019
	Intra-uterine system 20 mcg per day		
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%	Mucosoothe	2020
Loperamide hydrochloride	Tab 2 mg	Nodia Diamide Relief	2019
	Cap 2 mg		
Lopinavir with ritanovir	Tab 200 mg with ritanovir 50 mg	Kaletra	2020

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Loratadine	Oral liq 1 mg per ml, 120 ml Tab 10 mg	Lorfast Lorafix	2019
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
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
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2021
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 0.5 ml vial	Menactra	2020
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2021
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
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2021
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2020
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Misoprostol	Tab 200 mcg	Cytotec	2019

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Mitomycin C	Inj 5 mg vial	Arrow	2019
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
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
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2021
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2021
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
Naproxen	Tab long-acting 750 mg Tab long-acting 1 g	Naprosyn SR 750 Naprosyn SR 1000	2021
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021
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
Norethisterone	Tab 350 mcg	Noriday 28	2021
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

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Oestradiol	Patch 25 mcg per day Patch 50 mcg per day Patch 75 mcg per day Patch 100 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Olanzapine	Inj 210 mg, 300 mg & 405 mg vial Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zyprexa Relprev Zypine Zypine ODT	2021 2020
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
Oxycodone hydrochloride	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	2021
	Inj 10 mg per ml, 1 ml & 2 ml ampoule		
	Inj 50 mg per ml, 1 ml ampoule		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2021
	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2020

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
Paracetamol	Suppos 125 mg & 250 mg Oral liq 250 mg per 5 ml	Gacet Paracare Double Strength	2021 2020
	Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Paracare Pharmacare	
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 Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Tab 50 mg	PSM	2021
	Inj 50 mg per ml, 1 ml & 2 ml ampoules	DBL Pethidine Hydrochloride	2020
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxyethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2021
	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	AFT	2019
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2021
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2021
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	Vistil	2019
	Eye drops 3%, 15 ml OP	Vistil Forte	
Potassium chloride	Tab long-acting 600 mg (8 mmol)	Span-K	2021
Potassium citrate	Oral liq 3 mmol per ml, 200 ml OP	Biomed	2021

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pregnancy tests - HCG urine	Cassette, 40 test OP	Smith BioMed Rapid Pregnancy Test	2020
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Prochlorperazine	Tab 5 mg	Nausafix	2020
Progesterone	Cap 100 mg	Utrogestan	2019
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml Inj 25 mg per ml, 2 ml ampoule	Allersoothe Hospira	2021 2019
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2019
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
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
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

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2021
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2019
Sildenafil	Tab 100 mg Tab 25 mg & 50 mg	Vedafil	2021
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
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
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
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2019
Temazepam	Tab 10 mg	Normison	2020
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 1 mg Tab 2 mg & 5 mg	Actavis Apo-Terazosin	2019
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP	Arrow-Timolol Timoptol XE	2020 2019
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
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
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetoneide	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	Tab 300 mg	TMP	2021
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crn 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Vancomycin	Inj 500 mg vial	Mylan	2020
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Voriconazole	Tab 50 mg & 200 mg	Vttack	2021
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

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Sole Subsidised Supply Products – cumulative to December 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Zinc and castor oil	Oint, 500 g	Boucher	2020
Ziprasidone	Cap 40 mg, 60 mg & 80 mg	Zusdone	2021

December 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 December 2018

11	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....	7.04	500	✓ Apotex
24	PANCREATIC ENZYME Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U).....	34.93	100	✓ <u>Creon 10000</u>
Note – this is a listing of a new Pharmacode 2535300.				
43	PHOSPHORUS Tab eff 500 mg (16 mmol)	82.50	100	✓ Phosphate Phebra
46	PROPAFENONE HYDROCHLORIDE – Retail pharmacy-Specialist ▲ Tab 150 mg	40.90	50	✓ Rytmonorm
Note – this is a listing of a new Pharmacode 2534339.				
48	NIFEDIPINE * Tab long-acting 60 mg	5.67	30	✓ Adefin XL
120	PARACETAMOL * Suppos 500 mg.....	12.40	50	✓ Gacet
126	LAMOTRIGINE ▲ Tab dispersible 25 mg	19.38	56	✓ Logem
	▲ Tab dispersible 50 mg	32.97	56	✓ Logem
	▲ Tab dispersible 100 mg	56.91	56	✓ Logem
Note – new Pharmacode listings tab dispersible 25 mg, 2553376; tab dispersible 50 mg, 2553384 and tab dispersible 100 mg, 2553392.				
131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency Tab 25 mg	5.69	50	✓ Clozaril
Note – this is a listing of a new Pharmacode 2534843.				
204	BIMATOPROST * Eye drops 0.03%.....	3.30	3 ml OP	✓ Bimatoprost Multichem

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 November 2018

14	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy			
	a) Maximum of 1 dev per prescription			
	b) Only on a prescription			
	c) Maximum of 1 insulin pump per patient each four year period.			
	Min basal rate 0.001 U/h	4,500.00	1	✓ Tandem t:slim X2
	Min basal rate 0.025 U/h	8,800.00	1	✓ MiniMed 640G
20	INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT 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.			
	6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles	130.00	1 OP	✓ TruSteel
	6 mm steel cannula; straight insertion; 81 cm line × 10 with 10 needles	130.00	1 OP	✓ TruSteel
	8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles	130.00	1 OP	✓ TruSteel
	8 mm steel cannula; straight insertion; 81 cm line × 10 with 10 needles	130.00	1 OP	✓ TruSteel
20	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 line × 10 with 10 needles	140.00	1 OP	✓ AutoSoft 30
	13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles	140.00	1 OP	✓ AutoSoft 30
22	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 line × 10 with 10 needles	140.00	1 OP	✓ AutoSoft 90
	6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles	140.00	1 OP	✓ AutoSoft 90
	9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles	140.00	1 OP	✓ AutoSoft 90
	9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles	140.00	1 OP	✓ AutoSoft 90

▲ 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 November 2018 (continued)

23 INSULIN PUMP CARTRIDGE – Special Authority see SA1604 – Retail pharmacy
 a) Maximum of 3 sets per prescription
 b) Only on a prescription
 c) Maximum of 13 packs of cartridge sets will be funded per year.
 Cartridge 300 U, t:lock × 10 50.00 1 OP ✓ **Tandem Cartridge**

24 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) 94.38 100 ✓ **Creon 25000**
 Note – this is a listing of a new Pharmacode 2535319.

28 SAPROPTERIN DIHYDROCHLORIDE – Special Authority see SA1757 – Retail pharmacy
 Tab soluble 100 mg 1,452.70 30 OP ✓ **Kuvan**

► SA1757 Special Authority for Subsidy

Initial application only from a metabolic physician. Approvals valid for 1 month for applications meeting the following criteria:

All of the following:

- 1 Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant; and
- 2 Treatment with sapropterin is required to support management of PKU during pregnancy; and
- 3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
- 4 Sapropterin to be used alone or in combination with PKU dietary management; and
- 5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

Renewal only from a metabolic physician or relevant practitioner on the recommendation of a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or
 - 1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and
- 2 Any of the following:
 - 2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or
 - 2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or
 - 2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and
- 3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
- 4 Sapropterin to be used alone or in combination with PKU dietary management; and
- 5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 November 2018 (continued)

51	CHOLESTYRAMINE Powder for oral liq 4 g	19.25 (52.68)	50		Questran-Lite S29 S29
	Wastage claimable				
57	HYDROGEN PEROXIDE * Crm 1%..... Note – this is a new listing of a 10 g tube.	8.56	10 g OP	✓	Crystaderm
62	PARAFFIN Oint liquid paraffin 50% with white soft paraffin 50%	5.35	500 ml OP	✓	healthE
63	POVIDONE IODINE Skin preparation, povidone iodine 10% with 70% alcohol.....	1.63 (6.64)	100 ml		Pfizer
71	ERGOMETRINE MALEATE Inj 250 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO..... Wastage claimable	454.00	5	✓	Ergonovine S29
86	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 250 mg per 5 ml – Wastage claimable..... Note – this is a listing of a new Pharmacode 2535378.	23.12	50 ml	✓	Klacid
86	CLARITHROMYCIN Tab 250 mg — Maximum of 28 tab per prescription; can be waived by Special Authority see SA1131	3.98	14	✓	Apo-Clarithromycin
	Note – this is an alternative listing, Pharmacode 2557231.				
120	PARACETAMOL Tab 500 mg - blister pack – Up to 30 tab available on a PSO.....	0.71	100	✓	Priceline
	a) Maximum of 300 tab per prescription; can be waived by endorsement. Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater who do not use compliance packaging, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.				
	b) Note – Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tab (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.				
127	PRIMIDONE * Tab 250 mg	62.00	200	✓	Mysoline S29 S29
	Wastage claimable				

▲ 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 November 2018 (continued)

129	CYCLIZINE HYDROCHLORIDE Tab 50 mg	0.55	10	✓ Nausicalm
155	METHOTREXATE * Tab 2.5 mg – PCT – Retail pharmacy-Specialist..... * Tab 10 mg – PCT – Retail pharmacy-Specialist.....	8.05 31.75	90 90	✓ Trexate ✓ Trexate
169	TAMOXIFEN CITRATE * Tab 10 mg * Tab 20 mg	11.75 5.60	60 60	✓ Tamoxifen Sandoz ✓ Tamoxifen Sandoz
195	EFORMOTEROL FUMARATE DIHYDRATE Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose)	10.32 (16.90)	60 dose OP	Oxis Turbuhaler
203	DORZOLAMIDE WITH TIMOLOL * Eye drops 2% with timolol 0.5%.....	2.87	5 ml OP	✓ DORTIMOPT
206	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Apo-Gabapentin ✓ BSF Aripiprazole Sandoz ✓ BSF Tenofovir Disoproxil Teva
	a) The Pharmacode for BSF Apo-Gabapentin is 2556626 b) The Pharmacode for BSF Aripiprazole Sandoz is 2556634 c) The Pharmacode for BSF Tenofovir Disoproxil Teva is 2556642			
227	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured)	53.00	400 g OP	✓ Neocate SYNEO

Effective 11 October 2018

194	PROMETHAZINE HYDROCHLORIDE * Oral liq 1 mg per 1 ml	9.57	100 ml	✓ Phenergan Elixir
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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 October 2018

11	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg.....	8.63	1,000	✓ Apotex
11	VILDAGLIPTIN Tab 50 mg	40.00	60	✓ Galvus
11	VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE Tab 50 mg with 850 mg metformin hydrochloride	40.00	60	✓ Galvumet
	Tab 50 mg with 1,000 mg metformin hydrochloride	40.00	60	✓ Galvumet
45	SACUBITRIL WITH VALSARTAN – Special Authority see SA1751 – Retail Pharmacy Note: Due to the angiotensin II receptor blocking activity of sacubitril with valsartan it should not be co-administered with an ACE inhibitor or another ARB. Tab 24.3 mg with valsartan 25.7 mg.....	190.00	56	✓ Entresto 24/26
	Tab 48.6 mg with valsartan 51.4 mg.....	190.00	56	✓ Entresto 49/51
	Tab 97.2 mg with valsartan 102.8 mg.....	190.00	56	✓ Entresto 97/103
	<p>▶ SA1751 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: All of the following: 1 Patient has heart failure; and 2 Any of the following: 2.1 Patient is in NYHA/WHO functional class II; or 2.2 Patient is in NYHA/WHO functional class III; or 2.3 Patient is in NYHA/WHO functional class IV; and 3 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; and 4 Patient is receiving concomitant optimal standard chronic heart failure treatments. Renewal from any relevant practitioner. Approvals valid for 12 months for applications where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
48	FELODIPINE * Tab long-acting 5 mg	3.93	90	✓ Felo 5 ER
	* Tab long-acting 10 mg	4.32	90	✓ Felo 10 ER
49	EPLERENONE – Special Authority see SA1728 – Retail pharmacy Tab 50 mg	17.00	30	✓ Inspra
62	AQUEOUS CREAM * Crm.....	1.92	500 g	✓ Boucher
65	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (new pack size) Gel 500 mcg with calcipotriol 50 mcg per g	52.24	60 g OP	✓ Daivobet
72	SOLIFENACIN SUCCINATE Tab 5 mg	3.00	30	✓ Solifenacin Mylan
	Tab 10 mg	5.50	30	✓ Solifenacin Mylan

▲ 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 October 2018 (continued)

76	CYPROTERONE ACETATE – Retail pharmacy-Specialist		
	Tab 50 mg	13.17	50 ✓ Siterone
	Tab 100 mg	26.75	50 ✓ Siterone
152	AZACITIDINE – PCT only – Specialist – Special Authority see SA1467		
	Inj 100 mg vial	139.00	1 ✓ Azacitidine Dr Reddy's
165	RUXOLITINIB – Special Authority see SA1753 – Retail Pharmacy		
	Wastage claimable		
	Tab 5 mg	2,500.00	56 ✓ Jakavi
	Tab 15 mg	5,000.00	56 ✓ Jakavi
	Tab 20 mg	5,000.00	56 ✓ Jakavi

➔ **SA1753** Special Authority for Subsidy

Initial application only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and
- 2 A classification of risk of intermediate-2 or high-risk myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and
- 3 A maximum dose of 20 mg twice daily is to be given.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 A maximum dose of 20 mg twice daily is to be given.

184	OMALIZUMAB – Special Authority see SA1744 – Retail pharmacy		
	Inj 150 mg prefilled syringe.....	450.00	1 ✓ Xolair

➔ **SA1744** Special Authority for Subsidy

Initial application – (severe asthma) only from a clinical immunologist or respiratory specialist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient must be aged 6 years or older; and
- 2 Patient has a diagnosis of severe asthma; and
- 3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
- 4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
- 5 Proven adherence with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 mcg per day or fluticasone propionate 1,000 mcg per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 mcg bd or eformoterol 12 mcg bd) for at least 12 months, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; or
 - 6.2 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and

continued...

New Listings – effective 1 October 2018 (continued)

continued...

- 7 Patient has an Asthma Control Test (ACT) score of 10 or less; and
- 8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

Initial application – (severe chronic spontaneous urticaria) only from a clinical immunologist or dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
 - 2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; or
 - 2.2 Patient has a Urticaria Control Test (UCT) of 8 or less; and
- 3 Any of the following:
 - 3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (>3 mg/kg day) for at least 6 weeks; or
 - 3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (>20 mg prednisone per day for at least 5 days) in the previous 6 months; or
 - 3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and
- 4 Either:
 - 4.1 Treatment to be stopped if inadequate response* following 4 doses; or
 - 4.2 Complete response* to 6 doses of omalizumab.

Renewal – (severe asthma) only from a clinical immunologist or respiratory specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
- 2 A reduction in the maintenance oral corticosteroid dose or number of exacerbations of at least 50% from baseline

Renewal – (severe chronic spontaneous urticaria) only from a clinical immunologist or dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Patient has previously adequately responded* to 6 doses of omalizumab; or
- 2 Both:
 - 2.1 Patient has previously had a complete response* to 6 doses of omalizumab; and
 - 2.2 Patient has relapsed after cessation of omalizumab therapy.

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

184 PERTUZUMAB – PCT only – Specialist – Special Authority see SA1606
Inj 420 mg for ECP 3,927.00 420 mg OP ✓ **Baxter**

New Listings – effective 1 October 2018 (continued)

187	<p>SECUKINUMAB – Special Authority see SA1754 – Retail Pharmacy Inj 150 mg per ml, 1 ml prefilled syringe 1,599.00</p> <p>➤ SA1754 Special Authority for Subsidy</p> <p>Initial application — (severe chronic plaque psoriasis – second-line biologic) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule, for severe chronic plaque psoriasis; and 2 Either: <ol style="list-style-type: none"> 2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or 2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and 3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and 4 The most recent PASI or DLQI assessment is no more than 1 month old at the time of application. <p>Initial application — (severe chronic plaque psoriasis – first-line biologic) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Either: <ol style="list-style-type: none"> 1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and 3 A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and 4 The most recent PASI or DLQI assessment is no more than 1 month old at the time of application. <p>Note: A treatment course is defined as a minimum of 12 weeks of treatment. “Inadequate response” is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.</p> <p>Renewal — (severe chronic plaque psoriasis – first and second-line biologic) only from a dermatologist or medical practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Either <ol style="list-style-type: none"> 1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or 1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and 2 Secukinumab to be administered at a maximum dose of 300 mg monthly. 	2	✓ Cosentyx
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New Listings – effective 1 October 2018 (continued)

198	NINTEDANIB – Special Authority see SA1755 – Retail Pharmacy			
	Note: Nintedanib not subsidised in combination with subsidised pirfenidone.			
	Cap 100 mg	2,554.00	60 OP	✓ Ofev
	Cap 150 mg	3,870.00	60 OP	✓ Ofev

▶ SA1755 Special Authority for Subsidy

Initial application - (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
- 2 Forced vital capacity is between 50% and 90% predicted; and
- 3 Nintedanib is to be discontinued at disease progression (See Note); and
- 4 Nintedanib is not to be used in combination with subsidised pirfenidone; and
- 5 Any of the following:
 - 5.1 The patient has not previously received treatment with pirfenidone; or
 - 5.2 Patient has previously received pirfenidone, but discontinued pirfenidone within 12 weeks due to intolerance; or
 - 5.3 Patient has previously received pirfenidone, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with pirfenidone).

Renewal – (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
- 2 Nintedanib is not to be used in combination with subsidised pirfenidone; and
- 3 Nintedanib is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

▲ 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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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 Crm, 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.				

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

72	SOLIFENACIN SUCCINATE (Special Authority removed) Tablet 5 mg – Special Authority see SA0998 —Retail pharmacy.....	3.00 (37.50)	30	Vesicare
	Tablet 10 mg – Special Authority see SA0998 —Retail pharmacy.....	5.50 (37.50)	30	Vesicare
	<p>▶ SA0998 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has overactive bladder and a documented intolerance of, or is non-responsive to oxybutynin.</p>			
105	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy (addition of note) a) See prescribing guideline b) Note: PHARMAC will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin and meet Special Authority criteria. Please contact the Hepatitis C Coordinator at PHARMAC on 0800-023-588 option 4.			
	Inj 180 mcg prefilled syringe.....	500.00	4	✓ Pegasys
167	ABIRATERONE ACETATE – Retail pharmacy-Specialist – Special Authority see SA1767 (amended Special Authority criteria) Wastage claimable Tab 250 mg	4,276.19	120	✓ Zytiga
	<p>▶ SA1767 Special Authority for Subsidy Initial application only from a medical oncologist, radiation oncologist, urologist or medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 6 months for applications meeting the following criteria: All of the following: 1 Patient has prostate cancer; and 2 Patient has metastases; and 3 Patient's disease is castration resistant; and 4 Either: 4.1 All of the following: 4.1.1 Patient is symptomatic; and 4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and 4.1.3 Patient has ECOG performance score of 0-1; and 4.1.4 Patient has not had prior treatment with taxane chemotherapy; or 4.2 All of the following: 4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and 4.2.2 Patient has ECOG performance score of 0-2; and 4.2.3 Patient has not had prior treatment with abiraterone.</p> <p>Renewal — (abiraterone acetate) only from a medical oncologist, radiation oncologist, urologist or medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 6 months for applications meeting the following criteria: All of the following: 1 Significant decrease in serum PSA from baseline; and 2 No evidence of clinical disease progression; and 3 No initiation of taxane chemotherapy with abiraterone; and 4 The treatment remains appropriate and the patient is benefiting from treatment.</p>			

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

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

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

52	GLYCERYL TRINITRATE (amended PSO quantity) * Oral spray, 400 mcg per dose – Up to 200 250 dose available on a PSO	4.45	200 dose OP	✓ Glytrin
77	MEDROXYPROGESTERONE ACETATE – See prescribing guideline (reinstate stat dispensing) * Tab 2.5 mg	3.75	30	✓ Provera
86	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 (amended restrictions) Tab 250 mg – Maximum of 28 tab per prescription; can be waived by Special Authority see SA1131	3.98	14	✓ Apo-Clarithromycin
	Grans for oral liq 250 mg per 5 ml	23.12	50 ml	✓ Klacid
	a) Wastage claimable			
	b) Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131			
98	TENOFOVIR DISOPROXIL – Brand switch fee payable (Pharmacode 2556642) 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, page 101 * Tab 245 mg (300.6 mg as a succinate)	38.10	30	✓ Tenofovir Disoproxil Teva
107	DICLOFENAC SODIUM (stat dispensing removed) Tab long-acting 75 mg	22.80	500	✓ Apo-Diclo SR
120	PARACETAMOL (stat dispensing removed and restrictions added) Tab 500 mg - blister pack – Up to 30 tab available on a PSO.....	7.12	1,000	✓ Pharmacare
		0.71	100	✓ Priceline
	a) Maximum of 300 tab per prescription; can be waived by endorsement. Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater who do not use compliance packaging, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.			
	b) Note – Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tab (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.			
125	GABAPENTIN – Brand switch fee payable (Pharmacode 2556626) Note: Not subsidised in combination with subsidised pregabalin * Cap 100 mg	2.65	100	✓ Apo-Gabapentin
	* Cap 300 mg	4.07	100	✓ Apo-Gabapentin
	* Cap 400 mg	5.64	100	✓ Apo-Gabapentin
126	PHENYTOIN SODIUM (remove stat dispensing) Oral liq 30 mg per 5 ml	22.03	500 ml	✓ Dilantin
130	ARIPIPIRAZOLE – Brand switch fee payable (Pharmacode 2556634) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg	17.50	30	✓ Aripiprazole Sandoz
	Tab 10 mg	17.50	30	✓ Aripiprazole Sandoz
	Tab 15 mg	17.50	30	✓ Aripiprazole Sandoz
	Tab 20 mg	17.50	30	✓ Aripiprazole Sandoz
	Tab 30 mg	17.50	30	✓ Aripiprazole Sandoz

Check your Schedule for full details
Schedule page ref

Subsidy
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Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 11 October 2018

34	FERROUS SULPHATE (stat dispensing removed) Tab long-acting 325 mg (105 mg elemental).....	2.06	30	✓ Ferrograd
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Effective 1 October 2018

36	ELTROMBOPAG – Special Authority see SA1743+448 – Retail pharmacy (amended Special Authority – new criteria shown only) Wastage claimable Tab 25 mg Tab 50 mg	1,550.00 3,100.00	28 28	✓ Revolade ✓ Revolade
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➔ **SA1743 +448** Special Authority for Subsidy

Initial application – (idiopathic thrombocytopenic purpura contraindicated to splenectomy) only from a haematologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Patient has a significant and well-documented contraindication to splenectomy for clinical reasons; and
- 2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
- 3 Either:
 - 3.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microliter; or
 - 3.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Initial application – (severe aplastic anaemia) only from a haematologist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Two immunosuppressive therapies have been trialled and failed after therapy of at least 3 months duration; and
- 2 Either:
 - 2.1 Patient has severe aplastic anaemia with a platelet count of less than or equal to 20,000 platelets per microliter; or
 - 2.2 Patient has severe aplastic anaemia with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Renewal – (idiopathic thrombocytopenic purpura contraindicated to splenectomy) only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient's significant contraindication to splenectomy remains; and
- 2 The patient has obtained a response from treatment during the initial approval period; and
- 3 Patient has maintained a platelet count of at least 50,000 platelets per microlitre on treatment; and
- 4 Further treatment with eltrombopag is required to maintain response.

Renewal – (severe aplastic anaemia) only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has obtained a response from treatment of at least 20,000 platelets per microlitre above baseline during the initial approval period; and
- 2 Platelet transfusion independence for a minimum of 8 weeks during the initial approval period.

62	AQUEOUS CREAM (reinstate stat dispensing) *Crm.....	1.99	500 g	✓ AFT SLS-free ✓ Home Essentials ✓ Boucher
		1.92		

▲ 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 October 2018 (continued)

72	SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy (Special Authority moved from chemical to Vesicare brand) Tab 5 mg – Special Authority (Vesicare brand only) see SA0998 – Retail pharmacy	37.50	30	✓ Vesicare
	Tab 10 mg – Special Authority (Vesicare brand only) see SA0998 – Retail pharmacy	37.50	30	✓ Vesicare
75	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) – Retail pharmacy-Specialist (amended brand name) Inj 40 mg vial	18.90	1	✓ Solu-Medrol-Act-0-Vial
	Inj 125 mg vial	28.90	1	✓ Solu-Medrol-Act-0-Vial
	Inj 500 mg vial	22.78	1	✓ Solu-Medrol-Act-0-Vial
77	MEDROXYPROGESTERONE ACETATE – See prescribing guideline (remove stat dispensing) Tab 2.5 mg	3.75	30	✓ Provera
184	OMALIZUMAB – Special Authority see SA1744+490 – Retail pharmacy (amended Special Authority) Inj 150 mg vial	450.00	1	✓ Xolair
	Inj 150 mg prefilled syringe.....	450.00	1	✓ Xolair

➤ **SA1744 +490** Special Authority for Subsidy

Initial application – (**severe asthma**) only from a **clinical immunologist** or respiratory specialist.

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

All of the following:

- 1 Patient must be aged 6 years or older** ~~Patient is over the age of 6; and~~
- 2 Patient has a diagnosis of severe, life-threatening asthma; and**
- 3 Past or current evidence of atopy, documented by skin prick testing or RAST; and**
- 4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and**
- 5 Proven compliance-adherence** ~~with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 mcg-micrograms per day or fluticasone propionate 1,000 mcg-micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 mcg-micrograms bd or eformoterol 12 mcg-micrograms bd) for at least 12 months, unless contraindicated or not tolerated; and~~
- 6 Either:**
 - 6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; and/or**
 - 6.2 At least four admissions to hospital for a severe asthma exacerbation over the previous 24 months with at least one of those being in the previous 12 months; and Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and**
- ~~An Asthma Control Questionnaire (ACQ-5) score of at least 3.0 as assessed in the previous month.~~
- 7 Patient has an Asthma Control Test (ACT) score of 10 or less; and**
- 8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.**

Initial application – (**severe chronic spontaneous urticaria**) only from a clinical immunologist or dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient must be aged 12 years or older; and**

continued...

Changes to Restrictions – effective 1 October 2018 (continued)

continued...

2 Either:

2.1 Both:

- 2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
- 2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; or

2.2 Patient has a Urticaria Control Test (UCT) of 8 or less; and

3 Any of the following:

3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (>3 mg/kg day) for at least 6 weeks; or

3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (>20 mg prednisone per day for at least 5 days) in the previous 6 months; or

3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and

4 Either:

4.1 Treatment to be stopped if inadequate response* following 4 doses; or

4.2 Complete response* to 6 doses of omalizumab.

Renewal – (**severe asthma**) only from a clinical immunologist or respiratory specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

~~1 Hospital admissions have been reduced as a result of treatment; and~~

1 A reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 1.0 from baseline **An increase in the Asthma Control Test (ACT) score of at least 5 from baseline**; and

2 A reduction in the maintenance oral corticosteroid dose **or number of exacerbations** of at least 50% from baseline

Renewal – (**severe chronic spontaneous urticaria**) only from a clinical immunologist or dermatologist.

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

Either:

1 Patient has previously adequately responded* to 6 doses of omalizumab; or

2 Both:

2.1 Patient has previously had a complete response* to 6 doses of omalizumab; and

2.2 Patient has relapsed after cessation of omalizumab therapy.

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

▲ 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 October 2018 (continued)

192	TACROLIMUS – Special Authority see SA17451540 – Retail pharmacy (amended Special Authority, note removed and Sole Supply removed)			
	Cap 0.5 mg	55.64	100	✓ Tacrolimus Sandoz
	Cap 1 mg	111.28	100	✓ Tacrolimus Sandoz
	Cap 5 mg	278.20	50	✓ Tacrolimus Sandoz

► SA1745 1540 Special Authority for Subsidy

Initial application — (organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.

Note: Subsidy applies for either primary or rescue therapy.

Initial application – (non-transplant indications*) only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Patient requires long-term systemic immunosuppression; and**
- 2 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response.**

Note: Indications marked with * are unapproved indications

Initial application — (steroid-resistant nephrotic syndrome*) only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 The patient is a child with steroid-resistant nephrotic syndrome* (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or
- 2 All of the following:
 - 2.1 The patient is an adult with SRNS; and
 - 2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and
 - 2.3 Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.

Note: Indications marked with * are unapproved indications

Note: Subsidy applies for either primary or rescue therapy.

Changes to Restrictions – effective 1 October 2018 (continued)

- 197 TIOTRIPIUM BROMIDE —Special Authority see SA1568—Retail pharmacy – **Subsidy by endorsement**
(Special Authority removed and added subsidy by endorsement)
- a) Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.
 - b) **Tiotropium bromide is subsidised only for patients who have been diagnosed as having COPD using spirometry, and the prescription is endorsed accordingly. Patients who had tiotropium dispensed before 1 October 2018 with a valid Special Authority approval, are deemed to be endorsed.**
- | | | | |
|---|-------|------------|--------------------------|
| Powder for inhalation, 18 mcg per dose..... | 50.37 | 30 dose | ✓ Spiriva |
| Soln for inhalation 2.5 mcg per dose..... | 50.37 | 60 dose OP | ✓ Spiriva Resimat |
- ➡ SA1568 —Special Authority for Subsidy
Initial application only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
- 1 To be used for the long term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
 - 2 In addition to standard treatment, the patient has trialled a short acting bronchodilator dose of at least 40 µg ipratropium q.i.d for one month; and
 - 3 Either:
The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:
3.1 Grade 3 (stops for breath after walking about 100 meters or after a few minutes on the level); or
3.2 Grade 4 (too breathless to leave the house, or breathless when dressing or undressing); and
 - 4 All of the following:
Applicant must state recent measurement of:
4.1 Actual FEV1 (litres); and
4.2 Predicted FEV1 (litres); and
4.3 Actual FEV1 as a % of predicted (must be below 60%); and
 - 5 Either:
5.1 Patient is not a smoker (for reporting purposes only); or
5.2 Patient is a smoker and has been offered smoking cessation counselling; and
 - 6 The patient has been offered annual influenza immunisation.
- Renewal only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
Both:
- 1 Patient is compliant with the medication; and
 - 2 Patient has experienced improved COPD symptom control (prescriber determined).

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 October 2018 (continued)

198	MONTELUKAST (reinstate stat dispensing)			
	* Tab 4 mg	5.25	28	✓ Apo-Montelukast
	* Tab 5 mg	5.50	28	✓ Apo-Montelukast
	* Tab 10 mg	5.65	28	✓ Accord S29 ✓ Apo-Montelukast
198	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA1748 1628 (amended Special Authority and added note)			
	Note: Pirfenidone is not subsidised in combination with subsidised nintedanib.			
	Cap 267 mg – Wastage claimable.....	3,645.00	270	✓ Esbriet
	► SA1748 1628 Special Authority for Subsidy			
	Initial application – (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:			
	All of the following:			
	1 Patient has been diagnosed with idiopathic pulmonary fibrosis as confirmed by histology, CT or biopsy by a multidisciplinary team including a radiologist ; and			
	2 Forced vital capacity is between 50% and 80% predicted; and			
	3 Pirfenidone is to be discontinued at disease progression (See Notes); and			
	4 Pirfenidone is not to be used in combination with subsidised nintedanib; and			
	5 Any of the following:			
	5.1 The patient has not previously received treatment with nintedanib; or			
	5.2 Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or			
	5.3 Patient has previously received nintedanib, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib).			
	Renewal – (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:			
	All of the following Both:			
	1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and			
	2 Pirfenidone is not to be used in combination with subsidised nintedanib; and			
	3 Pirfenidone is to be discontinued at disease progression (See Note).			
	Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.			
209	CHLOROFORM – Only in combination (amended prescribing quantity restriction)			
	a) Only in aspirin and chloroform application.			
	b) Maximum of 100 ml per prescription.			
	Chloroform BP.....	25.50	500 ml	✓ PSM

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

24	URSODEOXYCHOLIC ACID – Special Authority see SA1739+383 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) Cap 250 mg 37.95	100	✓ Ursosan
	<p>▶ SA1739+383 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.</p>		
41	HEPARIN SODIUM (amended presentation description) Inj 1,000 iu per ml, 5 ml ampoule 13.36	10	✓ Hospira
	66.80	50	✓ Hospira
	58.57		✓ 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	25	
	(164.20)		Isuprel
55	SILDENAFIL – Special Authority see SA1738+704 – 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
	<p>▶ SA1738+704 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</p>		

continued...

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Changes to Restrictions – effective 1 September 2018 (continued)

continued...

4 Either:

4.1 All of the following:

4.1.1 4 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.2 5 Either:

4.1.2.1 5-1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or

4.1.2.2 5-2 Patient is peri Fontan repair; and

4.1.3 6 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+358** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) No patient co-payment payable

Tab 400 mg 52.00 5 ✓ **Avelox**

➔ **SA1740+358** 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:

Any 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
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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	✓ Orion Temozolomide
	Cap 20 mg	18.30	5	✓ Orion Temozolomide
	Cap 100 mg	40.20	5	✓ Temizole 20 S29
	Cap 140 mg	56.00	5	✓ Orion Temozolomide
	Cap 250 mg	96.80	5	✓ Orion Temozolomide

► **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	✓ Letrole
		5.90	60	✓ Letromyl

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	✓ 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

► **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.

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2018

48	FELODIPINE (↓ subsidy)				
	* Tab long-acting 5 mg	1.31	30		
		(1.55)			Plendil ER
	* Tab long-acting 10 mg	1.44	30		
		(2.30)			Plendil ER
54	BOSENTAN – Special Authority see SA1712 below – Retail pharmacy (↓ subsidy)				
	Tab 62.5 mg	141.00	60		✓ Bosentan-Mylan
	Tab 125 mg	141.00	60		
		(401.79)			Bosentan-Mylan
62	AQUEOUS CREAM (↓ subsidy)				
	* Crm.....	1.92	500 g		
		(1.99)			AFT SLS-free
72	SOLIFENACIN SUCCINATE (↓ subsidy)				
	Tablet 5 mg.....	3.00	30		
		(37.50)			Vesicare
	Tablet 10 mg.....	5.50	30		
		(37.50)			Vesicare
76	CYPROTERONE ACETATE – Retail pharmacy-Specialist (↓ subsidy)				
	Tab 50 mg	13.17	50		
		(15.87)			Procur
	Tab 100 mg	26.75	50		
		(30.40)			Procur
76	TESTOSTERONE (↑ subsidy)				
	Patch 5 mg per day	90.00	30		✓ Androderm
124	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)				
	Rectal tubes 5 mg – Up to 5 tube available on a PSO	40.87	5		✓ Stesolid
148	DISULFIRAM (↑ subsidy)				
	Tab 200 mg	55.00	100		✓ Antabuse
152	AZACITIDINE – PCT only – Specialist – Special Authority see SA1467 (↓ subsidy)				
	Inj 1 mg for ECP	4.60	1 mg		✓ Baxter
169	TERBUTALINE SULPHATE (↑ subsidy)				
	Powder for inhalation, 250 mcg per dose, breath activated	27.30	200 dose OP		✓ Bricanyl Turbuhaler

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Changes to Subsidy and Manufacturer's Price – effective 1 November 2018

31	THIAMINE HYDROCHLORIDE – Only on a prescription (↓ subsidy) * Tab 50 mg	4.89 (5.62)	100		Apo-Thiamine
34	FERROUS FUMARATE (↑ subsidy) * Tab 200 mg (65 mg elemental).....	3.09	100	✓	Ferro-tab
41	HEPARIN SODIUM (↓ subsidy) Inj 1,000 iu per ml, 35 ml vial	14.53	1	✓	Hospira
	Inj 1,000 iu per ml, 5 ml ampoule	11.71 (13.36)	10		Hospira
		58.57 (66.80)	50		Hospira
45	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↓ subsidy) Tab 50 mg with hydrochlorothiazide 12.5 mg.....	1.88	30	✓	Arrow-Losartan & Hydrochlorothiazide
59	CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Crm, aqueous, BP	1.26 (1.49)	100 g		Pharmacy Health
62	OIL IN WATER EMULSION (↓ subsidy) * Crm.....	2.19	500 g	✓	O/W Fatty Emulsion Cream
116	COLCHICINE (↓ subsidy) * Tab 500 mcg.....	9.58	100	✓	Colgout
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy) Inj 2%, 5 ml ampoule – Up to 5 inj available on a PSO	6.75	25	✓	Lidocaine-Claris
152	OXALIPLATIN – PCT only – Specialist (↑ subsidy) Inj 5 mg per ml, 20 ml vial.....	46.32	1	✓	Oxallicord
157	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy) Inj 2 mg per ml, 100 ml vial	56.15	1	✓	Doxorubicin Ebewe

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Schedule page ref

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Changes to Subsidy and Manufacturer's Price – effective 1 October 2018

11	GLIPIZIDE (↑ subsidy) * Tab 5 mg	3.27	100	✓ Minidiab
33	SODIUM FLUORIDE (↑ subsidy) * Tab 1.1 mg (0.5 mg elemental).....	5.75	100	✓ PSM
36	ELTROMBOPAG – Special Authority see SA1743 – Retail pharmacy (↓ subsidy) Wastage claimable			
	Tab 25 mg	1,550.00	28	✓ Revolade
	Tab 50 mg	3,100.00	28	✓ Revolade
44	LISINAPRIL (↑ subsidy) * Tab 5 mg	2.07	90	✓ Ethics Lisinopril
	* Tab 10 mg	2.36	90	✓ Ethics Lisinopril
	* Tab 20 mg	3.17	90	✓ Ethics Lisinopril
45	QUINAPRIL WITH HYDROCHLOROTHIAZIDE (↑ subsidy) * Tab 10 mg with hydrochlorothiazide 12.5 mg.....	3.83	30	✓ Accuretic 10
	* Tab 20 mg with hydrochlorothiazide 12.5 mg.....	4.92	30	✓ Accuretic 20
45	ATROPINE SULPHATE (↓ subsidy) * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	60.35 (71.00)	50	AstraZeneca
49	CLONIDINE HYDROCHLORIDE (↓ subsidy) * Inj 150 mcg per ml, 1 ml ampoule	12.98 (16.07)	5	Catapres
50	BEZAFIBRATE (↑ subsidy) * Tab 200 mg	19.01	90	✓ Bezalip
	* Tab long-acting 400 mg	12.89	30	✓ Bezalip Retard
57	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy (↓ subsidy) Cap 10 mg	11.12 (12.47)	100	Isotane 10
	Cap 20 mg	17.08	100	✓ Isotane 20
60	BETAMETHASONE VALERATE (↑ subsidy) * Lotn 0.1%	18.00	50 ml OP	✓ Betnovate
65	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (↓ subsidy) Oint 500 mcg with calcipotriol 50 mcg per g.....	19.95	30 g OP	✓ Daivobet
75	METHYLPREDNISOLONE – Retail pharmacy-Specialist (↑ subsidy) * Tab 4 mg	112.00	100	✓ Medrol
	* Tab 100 mg	194.00	20	✓ Medrol

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

75	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) – Retail pharmacy-Specialist († subsidy)			
	Inj 1 g vial	27.83	1	✓ Solu-Medrol
	Inj 40 mg vial	18.90	1	✓ Solu-Medrol-Act-0-Vial
	Inj 125 mg vial	28.90	1	✓ Solu-Medrol-Act-0-Vial
	Inj 500 mg vial	22.78	1	✓ Solu-Medrol-Act-0-Vial
75	METHYLPREDNISOLONE ACETATE († subsidy)			
	Inj 40 mg per ml, 1 ml vial	44.40	5	✓ Depo-Medrol
86	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.			
	Grans for oral liq 200 mg per 5 ml (40 mg per ml)			
	– Wastage claimable.....	14.38	15 ml	✓ Zithromax
88	BENZATHINE BENZYL PENICILLIN († subsidy)			
	Inj 900 mg (1.2 million units) in 2.3 ml syringe			
	– Up to 5 inj available on a PSO	344.93	10	✓ Bicillin LA
94	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy († subsidy)			
	Powder for oral suspension 40 mg per ml			
	– Wastage claimable.....	1,437.00	70 ml	✓ Vfend
98	ENTECAVIR (↓ subsidy)			
	* Tab 0.5 mg	52.00 (400.00)	30	Baraclude
107	NAPROXEN († subsidy)			
	* Tab 250 mg	32.69	500	✓ Noflam 250
	* Tab 500 mg	22.19	250	✓ Noflam 500
121	MORPHINE HYDROCHLORIDE († subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Oral liq 1 mg per ml	9.28	200 ml	✓ RA-Morph
	Oral liq 2 mg per ml	16.24	200 ml	✓ RA-Morph
	Oral liq 5 mg per ml	19.44	200 ml	✓ RA-Morph
	Oral liq 10 mg per ml	27.74	200 ml	✓ RA-Morph
135	FINGOLIMOD – Special Authority see SA1562 – Retail pharmacy (↓ subsidy)			
	Wastage claimable			
	Cap 0.5 mg	2,200.00	28	✓ Gilenya
143	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 7.5 mg	9.56	500	✓ Zopiclone Actavis
156	BLEOMYCIN SULPHATE – PCT only – Specialist († subsidy)			
	Inj 15,000 iu, vial.....	161.01	1	✓ DBL Bleomycin Sulfate
	Inj 1,000 iu for ECP	12.45	1,000 iu	✓ Baxter

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 October 2018 (continued)

184	OMALIZUMAB – Special Authority see SA1744 – Retail pharmacy (↓ subsidy) Inj 150 mg vial	450.00	1	✓ Xolair
192	TACROLIMUS – Special Authority see SA1745 – Retail pharmacy (↓ subsidy) Cap 0.5 mg	55.64	100	✓ Tacrolimus Sandoz
	Cap 1 mg	111.28	100	✓ Tacrolimus Sandoz
	Cap 5 mg	278.20	50	✓ Tacrolimus Sandoz

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	✓ Vedafile
60	MOMETASONE FUROATE (↓ subsidy) Crm 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 (17.60)	40 test OP	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

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

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	✓ Zorantin
	Oral liq 250 mg per 5 ml	56.35	200 ml	✓ Zorantin
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	FLUTICASONE PROPIONATE (↓ subsidy)			
	Metered aqueous nasal spray, 50 mcg per dose	1.98	120 dose OP	✓ Flixonase Hayfever & Allergy

Changes to General Rules

Effective 1 November 2018

Part 10 – Definitions

Dermatological Base means a standard medicinal preparation used topically that may have a Dermatological Galenical added. For the purposes of the Schedule, Dermatological Bases are identified **barrier creams and emollients, collodion flexible and proprietary topical corticosteroid-plain preparations** within Section B of the Schedule and include the ~~proprietary topical corticosteroid-plain preparations~~.

Dermatological Galenical means an ingredient ~~identified in the Schedule as a Dermatological Galenical, and~~ Subsidised for use in a topical extemporaneously compounded product **and listed in the Dermatologicals therapeutic group in Section B of the Schedule with the restriction - "Only in combination"**.

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Delisted Items

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55	SILDENAFIL – Special Authority see SA1704 – Retail pharmacy Tab 100 mg	2.20	4	✓Vedafil
71	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule	5.03	5	✓Oxytocin Apotex
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
62	AQUEOUS CREAM * Crm	1.99	500 g	✓Home Essentials
105	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy See prescribing guideline Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	1,975.00	1 OP	✓Pegasys RBV Combination Pack
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,159.84	1 OP	✓Pegasys RBV Combination Pack
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	1,290.00	1 OP	✓Pegasys RBV Combination Pack
194	PROMETHAZINE HYDROCHLORIDE * Oral liq 1 mg per 1 ml	9.57	100 ml	✓Phenergan Elixir

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Delisted Items – effective 1 November 2018

8	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.		
14	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy		
	a) Maximum of 1 dev per prescription		
	b) Only on a prescription		
	c) Maximum of 1 insulin pump per patient each four year period.		
	Min basal rate 0.025 U/h; black colour..... 4,500.00	1	✓ Animas Vibe
	Min basal rate 0.025 U/h; blue colour 4,500.00	1	✓ Animas Vibe
	Min basal rate 0.025 U/h; green colour 4,500.00	1	✓ Animas Vibe
	Min basal rate 0.025 U/h; pink colour..... 4,500.00	1	✓ Animas Vibe
	Min basal rate 0.025 U/h; silver colour..... 4,500.00	1	✓ Animas Vibe
	Min basal rate 0.05 U/h; blue colour 4,400.00	1	✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; clear colour 4,400.00	1	✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; pink colour 4,400.00	1	✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; purple colour 4,400.00	1	✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; smoke colour..... 4,400.00	1	✓ Paradigm 522
			✓ Paradigm 722
48	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.		
52	GLYCERYL TRINITRATE * Oral spray, 400 mcg per dose – Up to 200 dose available on a PSO..... 4.45	250 dose OP	✓ Glytrin
	Note – Glytrin in a 200 dose pack was listed 1 May 2018.		
53	AMYL NITRITE * Liq 98% in 0.3 ml cap..... 62.92	12	
	(73.40)		Baxter
59	MENTHOL – Only in combination		
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain		
	2) With or without other dermatological galenicals.		
	Crystals..... 6.50	25 g	✓ PSM
66	IMIQUIMOD Crn 5%, 250 mg sachet..... 10.86	12	
	(17.98)		Apo-Imiquimod Cream 5%
98	LAMIVUDINE – Special Authority see SA1685 – Retail pharmacy Tab 100 mg 4.20	28	
	(6.00)		Zeffix

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Delisted Items – effective 1 November 2018 (continued)

98	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 (531.00)	30	Viread
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.				
108	MELOXICAM – Special Authority see SA1034 – Retail pharmacy * Tab 7.5 mg	11.50	30	✓ Arrow-Meloxicam
125	GABAPENTIN 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
130	ARIPIPRAZOLE – 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
169	LETROZOLE * Tab 2.5 mg	5.90	60	✓ Letromyl

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Delisted Items – effective 1 October 2018

32	COLECALCIFEROL * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription Note – this delist applies to Pharmacode 2446154. A new Pharmacode was listed 10 April 2018.	2.50	12	✓ Vit.D3
61	ZINC AND CASTOR OIL * Oint.....	4.25	500 g	✓ Multichem
135	CYTARABINE Inj 100 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist	8.83	1	✓ Pfizer
184	PERTUZUMAB – PCT only – Specialist – Special Authority see SA1606 Inj 1 mg for ECP.....	9.82	1 mg	✓ Baxter
222	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..... <p style="text-align: right;">(26.00)</p> <p>Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.</p> Powder (vanilla) – Higher subsidy of up to \$26.00 per 840 g with Endorsement..... <p style="text-align: right;">(26.00)</p> <p>Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.</p> Note – this delist applied to Sustagen Hospital Formula brand only. A new brand was listed 1 April 2018.	9.54	840 g OP	Sustagen Hospital Formula
226	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (juicy citrus) 125 ml.....	936.00	30 OP	✓ PKU Lophlex LQ 20

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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

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Items to be Delisted

Effective 1 January 2019

45	ATROPINE SULPHATE * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	60.35 (71.00)	50		AstraZeneca
49	CLONIDINE HYDROCHLORIDE Inj 150 mcg per ml, 1 ml ampoule	12.98 (16.07)	5		Catapres
57	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy Cap 10 mg	11.12 (12.47)	100		Isotane 10
	Cap 20 mg	17.08	100	✓	Isotane 20
98	ENTECAVIR * Tab 0.5 mg	52.00 (400.00)	30		Baraclude
152	OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 10 ml vial	13.32	1	✓	Oxaliccord
	Inj 50 mg vial	15.32	1	✓	Oxaliplatin Actavis 50
		55.00		✓	Oxaliplatin Ebewe

Effective 1 February 2019

31	THIAMINE HYDROCHLORIDE – Only on a prescription * Tab 50 mg	4.89 (5.62)	100		Apo-Thiamine
41	HEPARIN SODIUM Inj 1,000 iu per ml, 35 ml vial	14.53	1	✓	Hospira
	Inj 1,000 iu per ml, 5 ml ampoule	11.71 (13.36)	10		Hospira
		58.57 (66.80)	50		Hospira
59	CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP	1.26 (1.49)	100 g		Pharmacy Health
72	OXYBUTYNIN * Tab 5 mg	1.77	100	✓	Ditropan S29

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Items to be Delisted – effective 1 February 2019 (continued)

96	ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician Tab 100 mg	48.01	56	✓ Myambutol S29
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 1%, 20 ml ampoule – Up to 5 inj available on a PSO	2.40	1	✓ Lidocaine-Claris
	Inj 2%, 20 ml ampoule – Up to 5 inj available on a PSO	2.40	1	✓ Lidocaine-Claris
123	IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg	6.58	60	✓ Tofranil s29 S29
154	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist Inj 20 mg per ml, 2 ml vial	41.00	1	✓ Camptosar
	Inj 20 mg per ml, 5 ml vial	100.00	1	✓ Camptosar
206	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee	4.50	1 fee	✓ BSF Apo-Gabapentin ✓ BSF Aripiprazole Sandoz ✓ BSF Tenofovir Disoproxil Teva
	a) The Pharmacode for BSF Apo-Gabapentin is 2556626			
	b) The Pharmacode for BSF Aripiprazole Sandoz is 2556634			
	c) The Pharmacode for BSF Tenofovir Disoproxil Teva is 2556642			

Effective 1 March 2019

41	HEPARINISED SALINE Inj 10 iu per ml, 5 ml	53.40	30	✓ BD PosiFlush S29
41	RIVAROXABAN Tab 10 mg – No more than 1 tab per day	41.55	15	✓ Xarelto
48	FELODIPINE * Tab long-acting 5 mg	1.31 (1.55)	30	Plendil ER
	* Tab long-acting 10 mg	1.44 (2.30)	30	Plendil ER
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.			
54	BOSENTAN – Special Authority see SA1712 – Retail pharmacy Tab 62.5 mg	141.00	60	✓ Bosentan-Mylan
	Tab 125 mg	141.00 (401.79)	60	Bosentan-Mylan

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Items to be Delisted – effective 1 March 2019 (continued)

62	AQUEOUS CREAM * Crm.....	1.92 (1.99)	500 g		AFT SLS-free
65	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL Gel 500 mcg with calcipotriol 50 mcg per g Note – the 60 g OP pack was listed 1 October 2018.	26.12	30 g OP	✓	Daivobet
72	SOLIFENACIN SUCCINATE Tablet 5 mg..... Tablet 10 mg.....	3.00 (37.50) 5.50 (37.50)	30 30		Vesicare Vesicare
74	CALCITONIN * Inj 100 iu per ml, 1 ml ampoule Note – this delist applies to Pharmacode 259012. A new Pharmacode was listed 1 September 2018.	121.00	5	✓	Miacalcic
76	CYPROTERONE ACETATE – Retail pharmacy-Specialist Tab 50 mg Tab 100 mg	13.17 (15.87) 26.75 (30.40)	50 50		Procur Procur
84	CLOMIFENE CITRATE Tab 50 mg	29.84	10	✓	Serophene
130	PROMETHAZINE THEOCLATE * Tab 25 mg	1.20 (5.59)	10		Avomine
131	LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency Tab 400 mg	12.83	100	✓	Lithicarb FC
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
151	CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 5 ml vial..... Inj 10 mg per ml, 15 ml vial.....	15.07 20.00 14.05 19.50 22.50	1 1	✓ ✓ ✓ ✓ ✓	DBL Carboplatin Carboplatin Ebewe DBL Carboplatin Carbaccord Carboplatin Ebewe
153	FLUOROURACIL Inj 50 mg per ml, 50 ml vial – PCT only – Specialist.....	17.00	1	✓	Fluorouracil Ebewe

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Items to be Delisted – effective 1 April 2019

24	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).....	94.38	100	✓ Creon 25000
	Note – this delist applies to Pharmacode 2451042. A new Pharmacode was listed 1 November 2018.			
25	DOCUSATE SODIUM – Only on a prescription * Enema conc 18%	5.40	100 ml OP	✓ Coloxyl
34	IRON POLYMALTOSE * Inj 50 mg per ml, 2 ml ampoule	15.22	5	✓ Ferrum H
79	LEVOTHYROXINE * Tab 100 mcg.....	4.21	90	✓ Synthroid
	Note – this delist applies to Pharmacode 2389460. A new Pharmacode was listed 1 July 2018.			
90	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml – Subsidy by endorsement	175.10	25	✓ APP Pharmaceuticals
		62.00	5	✓ Wockhardt
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
126	PHENYTOIN SODIUM Cap 30 mg	22.00	200	✓ Dilantin
	Cap 100 mg	19.79	200	✓ Dilantin
	Note – this delist applies to Pharmacodes 258571 and 258598. New Pharmacodes were listed previously.			
129	CYCLIZINE HYDROCHLORIDE Tab 50 mg	0.59	20	✓ Nauzene
195	EFORMOTEROL FUMARATE Powder for inhalation, 6 mcg per dose, breath activated.....	10.32 (16.90)	60 dose OP	Oxis Turbuhaler
226	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (orange)	221.00	500 g OP	✓ XP Maxamaid
	Powder (unflavoured)	221.00	500 g OP	✓ XP Maxamaid

Effective 1 May 2019

24	PANCREATIC ENZYME Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U).....	34.93	100	✓ Creon 10000
	Note – this delist applies to Pharmacode 954322. A new Pharmacode was listed 1 December 2018.			
43	PHOSPHORUS Tab eff 500 mg (16 mmol)	82.50	100	✓ Phosphate-Sandoz

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 May 2019 (continued)

86	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 250 mg per 5 ml – Wastage claimable.....	23.12	50 ml	✓ Klacid Note – this delist applies to Pharmacode 2494973. A new Pharmacode was listed 1 November 2018.
105	INTERFERON ALFA-2B – PCT – Retail pharmacy-Specialist a) See prescribing guideline above b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist			
	Inj 18 m iu, 1.2 ml multidose pen.....	206.71	1	✓ Intron-A
	Inj 30 m iu, 1.2 ml multidose pen.....	344.52	1	✓ Intron-A
	Inj 60 m iu, 1.2 ml multidose pen.....	689.04	1	✓ Intron-A
110	ALENDRONATE SODIUM – Special Authority see SA0949 – Retail pharmacy * Tab 40 mg	133.00	30	✓ Fosamax
227	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder	53.00	400 g OP	✓ Neocate LCP

Effective 1 June 2019

46	PROPAFENONE HYDROCHLORIDE – Retail pharmacy-Specialist ▲ Tab 150 mg	40.90	50	✓ Rytmonorm Note – this delist applies to Pharmacode 791326. A new Pharmacode was listed 1 December 2018.
51	CHOLESTYRAMINE Powder for oral liq 4 g	19.25 (52.68)	50	Questran-Lite Questran-Lite S29 S29
57	HYDROGEN PEROXIDE * Crm 1%	8.56	10 g OP	✓ Crystaderm Note – this delist only applies to the 10 g tube pack.
63	POVIDONE IODINE Skin preparation, povidone iodine 10% with 70% alcohol.....	8.13 (18.63) 1.63 (6.04)	500 ml 100 ml	Orion Orion
117	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg	17.97	100	✓ Kinson
126	LAMOTRIGINE ▲ Tab dispersible 25 mg	19.38	56	✓ Logem
	▲ Tab dispersible 50 mg	32.97	56	✓ Logem
	▲ Tab dispersible 100 mg	56.91	56	✓ Logem
	Note – this delist applies to Pharmacodes 2271761, tab dispersible 25 mg; 2271788, tab dispersible 50 mg and 2271796 tab dispersible 100 mg. New Pharmacodes were listed 1 December 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
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Items to be Delisted – effective 1 June 2019 (continued)

131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency Tab 25 mg	5.69	50	✓ Clozaril
Note – this delist applies to Pharmacode 454680, a new Pharmacode was listed 1 December 2018.				

Effective 1 July 2019

33	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental).....	2.07	10	✓ Calsource
69	ETHINYLOESTRADIOL WITH NORETHISTERONE * Tab 35 mcg with norethisterone 500 mcg – Up to 63 tab available on a PSO	6.62	63	✓ Brevinor 21
71	ERGOMETRINE MALEATE Inj 250 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO.....	454.00	5	✓ Ergonovine S29

Effective 1 August 2019

31	VITAMIN A WITH VITAMINS D AND C * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops.....	4.50	10 ml OP	✓ Vitadol C
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Effective 1 October 2019

19	INSULIN PUMP ACCESSORIES – Special Authority see SA1604 – Retail pharmacy a) Maximum of 1 cap per prescription b) Only on a prescription c) Maximum of 1 prescription per 180 days. Battery cap.....	32.00	1	✓ Animas Battery Cap
20	INSULIN PUMP INFUSION SET (STEEL CANNULA) – 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 steel cannula; straight insertion; 60 cm grey line × 10 with 10 needles..... 8 mm steel cannula; straight insertion; 110 cm grey line × 10 with 10 needles..... 8 mm steel cannula; straight insertion; 60 cm grey line × 10 with 10 needles.....	130.00	1 OP	✓ Contact-D
		130.00	1 OP	✓ Contact-D
		130.00	1 OP	✓ Contact-D

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 October 2019 (continued)

20	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; 110 cm grey line × 10 with 10 needles 140.00	1 OP	✓ Inset 30
	13 mm teflon cannula; angle insertion; insertion device; 60 cm grey line × 10 with 10 needles 140.00	1 OP	✓ Inset 30
22	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; 110 cm grey line × 10 with 10 needles 140.00	1 OP	✓ Inset II
	6 mm teflon cannula; straight insertion; insertion device; 60 cm grey line × 10 with 10 needles 140.00	1 OP	✓ Inset II
	9 mm teflon cannula; straight insertion; insertion device; 110 cm grey line × 10 with 10 needles 140.00	1 OP	✓ Inset II
	9 mm teflon cannula; straight insertion; insertion device; 60 cm grey line × 10 with 10 needles 140.00	1 OP	✓ Inset II
23	INSULIN PUMP RESERVOIR – Special Authority see SA1604 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 packs of reservoir sets will be funded per year. Cartridge 200 U, luer lock × 10.....50.00	1 OP	✓ Animas Cartridge
	Syringe and cartridge for 50X pump, 3.0 ml × 10.....50.00	1 OP	✓ 50X 3.0 Reservoir

▲ 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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