

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text "PHARMAC" in a bold, sans-serif font, with "TE PĀTAKA WHAIORANGA" in a smaller, all-caps sans-serif font below it. The background of the entire page is a grey-to-white gradient with a large, intricate white pattern of overlapping, curved lines that resemble a stylized 'P' or a series of concentric, interlocking shapes.

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

**November 2020**

Cumulative for September, October and November 2020

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# Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2020

## **New listings (pages 24-25)**

- Hydroxocobalamin (Hydroxocobalamin Mercury Pharma) inj 1 mg per ml, 1 ml ampoule – up to 6 inj available on a PSO, S29 and wastage claimable
- Calcium carbonate (Cacit) tab eff 1.25 g (500 mg elemental)  
– subsidy by endorsement, S29 and wastage claimable
- Bisoprolol fumarate (Bisoprolol Mylan) tab 2.5 mg, 5 mg and 10 mg
- Amlodipine (Teva) tab 5 mg – S29 and wastage claimable
- Pravastatin (Pravastatin Mylan) tab 20 mg and 40 mg
- Mebendazole (Vermox) tab 100 mg – only on a prescription
- Darunavir (Darunavir Mylan) tab 400 mg and 600 mg – Special Authority  
– Retail pharmacy
- Bicalutamide (Binarex) tab 50 mg
- Anastrozole (Anatrole) tab 1 mg
- Bee venom allergy treatment (VENOX) initiation kit – 5 vials freeze dried venom with diluent and maintenance kit – 1 vial freeze dried venom with diluent, 1 OP – Special Authority – Retail pharmacy, S29
- Hepatitis B recombinant vaccine (Engerix-B) inj 10 mcg per 0.5 ml prefilled syringe – Xpharm

## **Changes to restrictions (pages 31-34)**

- Doxazosin (Apo-Doxazosin) tab 2 mg and 4 mg – reinstate stat dispensing
- Chlortalidone [Chlorthalidone] (Hygroton) tab 25 mg – stat dispensing removed
- Condoms (Shield XL and Gold Knight XL) 60 mm – amended PSO quantity and addition of maximum per prescription
- Benzbromarone tab 50 mg (Narcaricin mite) and tab 100 mg (Desuric, Urinorm and Benzbromaron AL 100) – amended Special Authority criteria
- Non-opioid Analgesics – note removed
- Methylphenidate hydrochloride tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Methylphenidate ER-Teva), tab immediate-release 5 mg, 10 mg and 20 mg (Rubifen), tab immediate-release 10 mg (Ritalin) and tab sustained-release 20 mg (Rubifen SR and Ritalin SR) – amended Special Authority criteria
- Methylphenidate hydrochloride extended-release tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Concerta) and cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA) – amended Special Authority criteria
- Meningococcal (groups A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – amended restriction criteria

## Summary of PHARMAC decisions – effective 1 November 2020 (continued)

- Varicella zoster virus (oka strain) live attenuated vaccine [shingles vaccine] (Zostavax) inj 19,400 PFU prefilled syringe plus vial – amended restriction criteria

### **Increased subsidy (page 39)**

- Colecalciferol (Vit.D3) cap 1.25 mg (50,000 iu)
- Miconazole nitrate (Multichem) crm 2%, 15 g OP
- Mebendazole (Vermox) oral liq 100 mg per 5 ml, 15 ml
- Levodopa with carbidopa (Sinemet CR) tab long-acting 200 mg with 50 mg

### **Decreased subsidy (page 39)**

- Methylphenidate hydrochloride (Methylphenidate ER – Teva) tab extended-release 18 mg, 27 mg, 36 mg and 54 mg

## News Stories – November 2020 Update

### Doxazosin – Stat dispensing reinstated

Apotex has received a large shipment of doxazosin (Apo-Doxazosin) tab 2 mg and 4 mg. PHARMAC is reinstating stat dispensing for doxazosin in Section B of the Pharmaceutical Schedule from **1 November 2020**.



### Calcium carbonate effervescent tablets – New listing

PHARMAC is listing Link's Cacit brand of calcium carbonate effervescent tablet 1.25 g in Section B of the Pharmaceutical Schedule from **1 November 2020** as follows:

Chemical	Formulation	Brand	Pack size	Price and subsidy
Calcium carbonate	Tab eff 1.25 g (500 mg elemental)	Cacit	76	\$54.60

- This listing will include the following restriction: Subsidy by endorsement – Only when prescribed for paediatric patients (<5 years) where calcium carbonate oral liquid is considered unsuitable.
- Cacit is an unapproved medicine and must be supplied in accordance with Section 29 of the Medicines Act. Wastage claiming will apply.

PHARMAC will delist Link's brand of calcium carbonate (Calcium Sandoz) effervescent tablet 1.75 g from the Pharmaceutical Schedule from **1 April 2021**.

### Pravastatin – New listing

The currently listed Mylan brand of Pravastatin 10mg and 40mg (28 tab pack), which was listed to manage a short term supply issue, will be delisted from **1 April 2021**. Mylan has advised that it expects to exhaust its stock within the next month. From **1 November 2020** a new Mylan brand of Pravastatin will be listed; this will be in a 28 tab pack, not a 30 tab pack as notified in March 2020 Tender Notifications. The tender transition dates, including sole supply remain unchanged.

## Extra Information

In addition to publishing the monthly Schedule update, we update our website regularly with the latest information and advice around supply issues, discontinuations and brand changes.

You can subscribe to receive email notifications about supply issues and other important announcements for pharmacists at [www.pharmac.govt.nz/subscribe/](http://www.pharmac.govt.nz/subscribe/). Select the “Updates for pharmacists” option to sign up for these.



# Tender News

## Sole Subsidised Supply changes – effective 1 December 2020

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amitriptyline	Tab 10 mg; 100 tab	Arrow-Amitriptyline (Teva)
Amitriptyline	Tab 25 mg; 100 tab	Arrow-Amitriptyline (Teva)
Amitriptyline	Tab 50 mg; 100 tab	Arrow-Amitriptyline (Teva)
Atomoxetine	Cap 10 mg; 28 cap	Generic Partners (Generic Partners)
Atomoxetine	Cap 18 mg; 28 cap	Generic Partners (Generic Partners)
Atomoxetine	Cap 25 mg; 28 cap	Generic Partners (Generic Partners)
Atomoxetine	Cap 40 mg; 28 cap	Generic Partners (Generic Partners)
Atomoxetine	Cap 60 mg; 28 cap	Generic Partners (Generic Partners)
Atomoxetine	Cap 80 mg; 28 cap	Generic Partners (Generic Partners)
Atomoxetine	Cap 100 mg; 28 cap	Generic Partners (Generic Partners)
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg; 500 tab	Arrow-Bendrofluazide (Teva)
Bendroflumethiazide [Bendrofluazide]	Tab 5 mg; 500 tab	Arrow-Bendrofluazide (Teva)
Benzatropine mesylate	Inj 1 mg per ml, 2 ml; 5 inj	Phebra (Phebra)
Diazepam	Tab 2 mg; 500 tab	Arrow-Diazepam (Teva)
Diazepam	Tab 5 mg; 500 tab	Arrow-Diazepam (Teva)
Donepezil hydrochloride	Tab 5 mg; 90 tab	Donepezil-Rex (Rex Medical)
Donepezil hydrochloride	Tab 10 mg; 90 tab	Donepezil-Rex (Rex Medical)
Hydrocortisone	Crn 1%; 500 g	Hydrocortisone (PSM) (API)
Ibuprofen	Tab long-acting 800 mg; 30 tab	Brufen SR (Boucher and Muir)
Leflunomide	Tab 10 mg; 30 tab	Arava (Sanofi-Aventis)
Leflunomide	Tab 20 mg; 30 tab	Arava (Sanofi-Aventis)
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg; 100 tab	Sinemet (MSD)
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg; 100 tab	Sinemet (MSD)
Levonorgestrel	Subdermal implant (2 x 75 mg rods); 1 dev	Jadelle (Bayer)
Methylprednisolone aceponate	Crn 0.1%; 15 g OP	Advantan (Seqirus)
Methylprednisolone aceponate	oint 0.1 %; 15 g OP	Advantan (Seqirus)
Metronidazole	Tab 200 mg; 250 tab	Metrogyl (Mylan)
Metronidazole	Tab 400 mg; 21 tab	Metrogyl (Mylan)
Moxifloxacin	Tab 400 mg; 5 tab	Avelox (Bayer)
Prochlorperazine	Tab 5 mg; 250 tab	Nausafix (Teva)

## Sole Subsidised Supply changes – effective 1 December 2020 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Risperidone	Tab 0.5 mg; 60 tab	Risperidone (Teva) (Teva)
Risperidone	Tab 1 mg; 60 tab	Risperidone (Teva) (Teva)
Risperidone	Tab 2 mg; 60 tab	Risperidone (Teva) (Teva)
Risperidone	Tab 3 mg; 60 tab	Risperidone (Teva) (Teva)
Risperidone	Tab 4 mg; 60 tab	Risperidone (Teva) (Teva)
Rituximab	Inj 100 mg per 10 ml vial; 2 inj	Riximyo (Novartis)
Rituximab	Inj 500 mg per 50 ml vial; 1 inj	Riximyo (Novartis)
Timolol	Eye drops 0.25%; 5 ml OP	Arrow-Timolol (Teva)
Timolol	Eye drops 0.5%; 5 ml OP	Arrow-Timolol (Teva)
Tramadol hydrochloride	Cap 50 mg; 100 cap	Arrow-Tramadol (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 December 2020

- Goserelin (Teva) implant 3.6 mg & 10.8 mg, syringe – new listing
- Pharmacy services (BSF Atomoxetine Generic Partners) brand switch fee – new listing
- Pimecrolimus (Elidel) crm 1%, 15 g OP – new listing with Special Authority

### Possible decisions for future implementation 1 December 2020

- Adalimumab, etanercept and tocilizumab – amending Special Authority criteria to widen access
- Dornase alfa (Pulmozyme) bebuliser soln, 2.5 mg per 2.5 ml ampoule – converting to standard Special Authority
- Emicizumab (Hemlibra) inj 30 mg per ml, 1 ml vial; inj 60 mg per ml, 0.4 ml vial; inj 105 mg per ml, 0.7 ml vial and inj 150 mg per ml, 1 ml vial – new listing with Special Authority
- Empagliflozin (Jardiance) tab 10 mg and 25 mg – new listing with Special Authority
- Empagliflozin with metformin hydrochloride (Jardiamet) tab 5 mg with 500 mg or 1,000 mg metformin hydrochloride and tab 12.5 mg with 500 mg or 1,000 mg metformin hydrochloride – new listing with Special Authority
- Reversing Special Authority changes due to Covid-19



## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg	Ziagen	2022
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Kivexa	2022
Acarbose	Tab 50 mg & 100 mg	Glucobay	2021
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2021
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2022
Acitretin	Cap 10 mg & 25 mg	Novatretin	2023
Alendronate sodium	Tab 70 mg	Fosamax	2022
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600	Fosamax Plus	2022
<b>Allopurinol</b>	<b>Tab 100 mg &amp; 300 mg</b>	<b>DP-Allopurinol</b>	<b>2023</b>
Amiodarone hydrochloride	inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2022
Amisulpride	Tab 400 mg Tab 100 mg & 200 mg	Sulprix	2022
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2023
<b>Amoxicillin</b>	<b>Grans for oral liq 125 mg per 5 ml</b> <b>Grans for oral liq 250 mg per 5 ml</b> Cap 250 mg & 500 mg	<b>Alphamox 125</b>	<b>2023</b>
		<b>Alphamox 250</b> Alphamox	2022
Apomorphine hydrochloride	Inj 10 mg per ml, 5 ml ampoule Inj 10 mg per ml, 2 ml ampoule	Movapo	2023
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
Aqueous cream	Crn	Boucher	2021
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Ascorbic acid	Tab 100 mg	Cvite	2022
Asprin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2022
Atazanavir sulphate	Cap 150 mg & 200 mg	Teva	2022
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 Inj 600 mcg per ml, 1 ml ampoule	Atropt	2023
		Martindale	2021
Azathioprine	Tab 25 mg & 50 mg	Azamun	2022
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax	2021
		Apo-Azithromycin	

\*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 November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2024
Baclofen	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Medsurge Pacifen	2021
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
<b>Benzylpenicillin sodium [Penicillin G]</b>	<b>Inj 600 mg (1 million units) vial</b>	<b>Sandoz</b>	<b>2023</b>
<b>Betahistine dihydrochloride</b>	<b>Tab 16 mg</b>	<b>Vergo 16</b>	<b>2023</b>
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
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
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2021
Budesonide	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	SteroClear	2023
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2022
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Caffeine citrate	Oral liq 20 mg per ml (10 mg base per ml), 25 ml OP	Biomed	2022
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous Cream BP	2021
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2022

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Calcium folinate	Inj 10 mg per ml, 5 ml vial	Calcium Folate Sandoz	2022
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
Capecitabine	Tab 150 mg & 500 mg	Capercit	2022
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2022
Cefalexin	Cap 250 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin ABM Cefalexin Sandoz	2022 2021
<b>Cefazolin</b>	<b>Inj 500 mg &amp; 1 g vial</b>	<b>AFT</b>	<b>2023</b>
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2022
Cefuroxime axetil	Tab 250 mg	Zinnat	2022
Cetirizine hydrochloride	Tab 10 mg	Zista	2022
Cetomacrogol	Crn BP, 500 g	healthE	2021
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Boucher	2022
Chloramphenicol	Eye oint 1%, 5 g OP Eye drops 0.5%, 10 ml OP	Deva Chlorofast	2022
Chlorpromazine hydrochloride	Tab 10 mg, 25 mg & 100 mg Inj 25 mg per ml, 2 ml	Largactil	2022
Chlortalidone [chlorthalidone]	Tab 25 mg	Hygroton	2022
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cilazapril	Tab 2.5 mg & 5 mg Tab 0.5 mg	Zapril	2022
Cinacalcet	Tab 30 mg	Sensipar	2021
<b>Ciprofloxacin</b>	<b>Tab 250 mg, 500 mg &amp; 750 mg</b>	<b>Cipflox</b>	<b>2023</b>
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	2022
Clobetasol propionate	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
<b>Clonidine</b>	<b>Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day</b>	<b>Mylan</b>	<b>2023</b>
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Medsurge Clonidine BMN	2021

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Clopidogrel	Tab 75 mg	Clopidogrel Multichem	2022
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP	Clomazol	2022
Coal tar	Soln BP	Midwest	2022
<b>Codeine phosphate</b>	<b>Tab 15 mg, 30 mg &amp; 60 mg</b>	<b>PSM</b>	<b>2023</b>
Colchicine	Tab 500 mcg	Colgout	2021
Compound electrolytes	Powder for oral soln	Electral	2022
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021
Compound hydroxybenzoate	Soln	Midwest	2022
Condoms	60 mm 49 mm 53 mm, 0.05 mm thickness 53 mm 53 mm, strawberry, red 53 mm, chocolate, brown 56 mm 56 mm, 0.08 mm thickness 56 mm, 0.08 mm thickness, red 56 mm, 0.05 mm thickness 56 mm, chocolate 56 mm, strawberry	Shield XL Moments          Gold Knight	30/09/2022
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021
Desferrioxamine mesilate	Inj 500 mg vial	DBL Desferrioxamine Mesylate for Injection BP	2021
<b>Desmopressin acetate</b>	<b>Nasal spray 10 mcg per dos, 6 ml OP</b>	<b>Desmopressin- PH&amp;T</b>	<b>2023</b>
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2021
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone Phosphate Panpharma	2022
Dexamfetamine sulfate	Tab 5 mg	PSM	2021
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Digoxin	Tab 62.5 mcg Tab 240 mcg	Lanoxin PG Lanoxin	2022
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2022

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crn 5% pump bottle, 500 ml OP	healthE Dimethicone 5%	2022
	Lotn 4%, 200 ml OP	healthE Dimethicone 4%	2021
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
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	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2023
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	2021
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2021
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
Efavirenz with emtricitabine and tenofovir disoproxil	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate)	Mylan	2022
Emtricitabine	Cap 200 mg	Emtriva	2022
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	Teva	2022
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Acetec	2022
Entacapone	Tab 200 mg	Entapone	2021

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	2021
Epoetin alfa	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 1 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Binocrit	2022
Erythromycin (as lactobionate)	Inj 1 g vial	Erythrocin IV	2022
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ethinylestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylestradiol and norethisterone	Tab 35 mcg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	2022
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2023
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg Tab long-acting 2.5 mg	Felo 5 ER Felo 10 ER Plendil ER	2021
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule Inj 50 mcg per ml, 10 ml ampoule	Boucher and Muir	2021
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2022
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental)	Ferrograd	2021
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2021
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2022
<b>Flucloxacillin</b>	<b>Inj 1 g vial</b> Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg	<b>Flucil</b> AFT  Staphlex	<b>2023</b> 2021
<b>Fluconazole</b>	<b>Cap 50 mg, 150 mg &amp; 200 mg</b>	<b>Mylan</b>	<b>2023</b>

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2021
Fluticasone	Aerosol inhaler 50 mcg, 125 mcg & 250mcg per dose, 120 dose OP	Flixotide	2023
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2021
Fluticasone with salmeterol	Aerosol inhaler 50 mcg with salmeterol 25 mcg & 125 mcg with salmeterol 25 mcg, 120 dose OP	Seretide	2023
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2021
Furosemide [frusemide]	Tab 40 mg	Apo-Furosemide	2021
	Inj 10 mg per ml, 25 ml ampoule	Lasix	2022
	Oral liq 10 mg per ml, 30 ml OP	Frusemide-Claris Urex Forte	2021
	Inj 10 mg per ml, 2 ml ampoule Tab 500 mg		
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Glibenclamide	Tab 5 mg	Daonil	2021
<b>Gliclazide</b>	<b>Tab 80 mg</b>	<b>Glizide</b>	<b>2023</b>
Glipizide	Tab 5 mg	Minidiab	2021
Glucagon hydrochloride	Inj 1 mg syringe kit	Glucagen Hypokit	2023
<b>Glucose [Dextrose]</b>	<b>Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle</b>	<b>Biomed</b>	<b>2023</b>
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Liquid	healthE Glycerol BP	2023
	Suppos 3.6 g	PSM	2021
Haloperidol	Inj 5 mg per ml, 1 ml ampoule	Serenace	2022
	Oral liq 2 mg per ml		
	Tab 500 mcg, 1.5 mg & 5 mg		
Heparin sodium	Inj 1,000 iu per ml, 5 ml ampoule	Pfizer	2021
	Inj 5,000 iu per ml, 5 ml ampoule		
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe	Havrix Havrix Junior	2024
	Inj 720 ELISA units in 0.5 ml syringe		
Hepatitis B recombinant vaccine	Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2024
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mg in 0.5 ml syringe	Gardasil 9	2024
Hydrocortisone	Crn 1%, 100 g OP	Hydrocortisone (PSM) Douglas	2022
	Tab 5 mg & 20 mg		2021

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2023
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
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
Hyoscine butylbromide	Tab 10 mg Inj 20 mg, 1 ml	Buscopan	2023
Ibuprofen	Oral liq 20 mg per ml, 200 ml bottle	Ethics	2021
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Ventavis	2022
<b>Indapamide</b>	<b>Tab 2.5 mg</b>	<b>Dapa-Tabs</b>	<b>2023</b>
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short  Choice TT380 Standard Choice Load 375	2022
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 2 ml ampoule	Univent	2022
Isoniazid	Tab 100 mg	PSM	2021
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
<b>Isosorbide mononitrate</b>	<b>Tab 20 mg</b> <b>Tab long-acting 40 mg</b> <b>Tab long-acting 60 mg</b>	<b>ISMO 20</b> <b>ISMO 40 Retard</b> <b>Duride</b>	<b>2023</b>
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2021
<b>Ispaghula (psyllium) husk</b>	<b>Powder for oral soln, 500 g OP</b>	<b>Konsyl-D</b>	<b>2023</b>
Itraconazole	Cap 100 mg	Itrazole	2022
<b>Ketoconazole</b>	<b>Shampoo 2%, 100 ml OP</b>	<b>Sebizole</b>	<b>2023</b>
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2022
<b>Lamivudine</b>	<b>Tab 100 mg</b> <b>Tab 150 mg</b>	<b>Zetlam</b> <b>Lamivudine</b> <b>Alphapharm</b>	<b>2023</b>
Lamotrigine	Tab dispersible 25 mg, 50 mg & 100 mg	Logem	2022
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2021

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Tab 250 mg, 500 mg, 750 mg and 1,000 mg	Everet	2022
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Nozinan	2022
Levomepromazine maleate	Tab 25 mg & 100 mg	Nozinan	2022
Levonorgestrel	Tab 30 mcg Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg	Microlut Mirena Jaydess	2022 31/10/2022
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe Gel 2%, 10 ml urethral syringe	Instillagel Lido Cathejell	2022
Lidocaine [lignocaine] hydrochloride	Inj 2%, 5 ml ampoule Inj 1% & 2%, 20 ml vial	Lidocaine-Clarix Lidocaine-Clarix	2022
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2022
Loratadine	Tab 10 mg	Lorafix	2022
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2021
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	2023
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID <sub>50</sub> , mumps virus 5,012 CCID <sub>50</sub> , Rubella virus 1,000 CCID <sub>50</sub> ; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2023
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	2022
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2021
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	2024
Mercaptopurine	Tab 50 mg	Puri-nethol	2022
Mesalazine	Tab long-acting 500 mg	Pentasa	2023
Mesna	Tab 400 mg & 600 mg	Uromitexan	2022
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2021

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Methadone hydrochloride	Tab 5 mg	Methatabs	2022
	Oral liq 2 mg per ml	Biodone	2021
	Oral liq 5 mg per ml	Biodone Forte	
	Oral liq 10 mg per ml	Biodone Extra Forte	
Methotrexate	Inj 100 mg per ml, 50 ml vial	Methotrexate Ebewe	2023
	Tab 2.5 mg & 10 mg	Trexate	2021
Methylcellulose	Powder	Midwest	2022
	Suspension	Ora Plus	
Methylcellulose with glycerin and sodium saccharin	Suspension	Ora Blend SF	2022
Methylcellulose with glycerin and sucrose	Suspension	Ora Blend	2022
Methyl hydroxybenzoate	Powder	Midwest	2022
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2021
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2021
Methylprednisolone (as sodium succinate)	Inj 1 g vial	Solu-Medrol	2021
	Inj 40 mg, 125 mg & 500 mg vial	Solu-Medrol-Act-O-Vial	
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2023
	Inj 5 mg per ml, 2 ml ampoule	Pfizer	2022
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial	Metoprolol IV Mylan	01/02/2022
	Tab 50 mg & 100 mg	Apo-Metoprolol	2021
<b>Metyrapone</b>	<b>Cap 250 mg</b>	<b>Metopirone</b>	<b>2023</b>
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
<b>Miconazole nitrate</b>	<b>Vaginal crm 2% with applicator, 40 g OP</b>	<b>Micreme</b>	<b>2023</b>
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free	2021
	Lotn 0.1%, 30 ml OP	Elocon	
	Oint 0.1%, 15 g OP & 50 g OP		
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2022
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2021
	<b>Tab immediate-release 10 mg &amp; 20 mg</b>	<b>Sevredol</b>	<b>2023</b>
	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Eslon	2022
Multivitamins	Tab (BPC cap strength)	Mvite	2022
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2021

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2021
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2021
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021
Nicorandil	Tab 10 mg & 20 mg	Ikorel	2022
Norethisterone	Tab 5 mg Tab 350 mcg	Primolut N Noriday 28	2021
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2022
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	2023
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg Tab 2 mg	Ovestin (Aspen Pharma) Ovestin	2023
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oil in water emulsion	Crn	O/W Fatty Emulsion Cream	2021
<b>Olanzapine</b>	<b>Orodispersible tab 5 mg &amp; 10 mg Tab 2.5 mg, 5 mg and 10 mg Inj 210 mg, 300 mg &amp; 405 mg vial</b>	<b>Zypine ODT Zypine Zyprexa Relprevv</b>	<b>2023</b> 2021
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva (Teva)	2022
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2022
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Ondansetron ODT-DRLA Onrex	2023 2022
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Oxycodone Sandoz OxyNorm	2021
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

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
<b>Paracetamol</b>	<b>Oral liq 120 mg per 5 ml</b>	<b>Paracare</b>	<b>2023</b>
	<b>Oral liq 250 mg per 5 ml</b>	<b>Paracare Double Strength</b>	
	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
Paraffin	White soft, 500 g & 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2022
			2021
Paroxetine	Tab 20 mg	Loxamine	2022
Perhexiline maleate	Tab 100 mg	Pexsig	2022
<b>Permethrin</b>	<b>Crn 5%, 30 g OP</b> <b>Lotn 5%, 30 ml OP</b>	<b>Lyderm</b> <b>A-Scabies</b>	<b>2023</b>
Pethidine hydrochloride	Tab 50 mg	PSM	2021
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxymethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2022
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	2021
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2021
<b>Pine tar with trolamine laurilsulfate and fluorescein</b>	<b>Soln 2.3% with trolamine laurilsulfate and fluorescein sodium</b>	<b>Pinetarsol</b>	<b>2023</b>
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	2024
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2024
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2024
<b>Poloxamer</b>	<b>Oral drops 10%, 30 ml OP</b>	<b>Coloxyl</b>	<b>2023</b>
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
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2023

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Povidone iodine	Oint 10%, 65 g OP Antiseptic soln 10%, 15 ml & 500 ml Antiseptic soln 10%, 100 ml	Betadine Riodine	2023 2021 2022
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2022
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Pregabalin	Cap 25 mg, 75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2023
<b>Quetiapine</b>	<b>Tab 25 mg, 100 mg, 200 mg &amp; 300 mg</b>	<b>Quetapel</b>	<b>2023</b>
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
<b>Rifampicin</b>	<b>Cap 150 mg &amp; 300 mg Oral liq 100 mg per 5 ml</b>	<b>Rifadin</b>	<b>2023</b>
Riluzole	Tab 50 mg	Rilutek	2021
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2022
<b>Risperidone</b>	<b>Oral liq 1 mg per ml</b>	<b>Risperon</b>	<b>2023</b>
Ritonavir	Tab 100 mg	Norvir	2022
Rivastigmine	Patch 4.6 mg & 9.5 mg per 24 hour	Generic Partners	2021
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2023
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2022
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2022
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

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Sertraline	Tab 50 mg & 100 mg	Setrona	2022
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2021
<b>Simvastatin</b>	<b>Tab 10 mg, 20 mg, 40 mg &amp; 80 mg</b>	<b>Simvastatin Mylan</b>	<b>2023</b>
Sodium bicarbonate	Powder BP	Midwest	2022
Sodium chloride	Inj 0.9%, 5 ml ampoule, 10 ml ampoule & 20 ml ampoule Nebuliser soln, 7%, 90 ml OP	Fresenius Kabi Biomed	2022
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2022
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2023
Sodium cromoglicate	Eye drops 2%, 5 ml OP	Rexacrom	2022
Sodium fusidate [fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2021
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sotalol	Tab 80 mg & 160 mg	Mylan	2022
Spironolactone	Oral liq 5 mg per ml, 25 ml OP	Biomed	2022
Sulfasalazine	Tab EC 500 mg	Salazopyrin EN	2022
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen, 2 OP Tab 50 mg & 100 mg	Imigran Apo-Sumatriptan	2022
Sunscreen, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF 50 +	2022
Syrup (pharmaceutical grade)	Liq	Midwest	2022
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
<b>Tamoxifen citrate</b>	<b>Tab 10 mg &amp; 20 mg</b>	<b>Tamoxifen Sandoz</b>	<b>2023</b>
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2022
<b>Temazepam</b>	<b>Tab 10 mg</b>	<b>Normison</b>	<b>2023</b>
Temozolomide	Cap 5 mg, 20 mg, 100 mg, 140 mg & 250 mg	Temaccord	2022
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
Tenoxicam	Tab 20 mg	Tilocotil	2022
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Tetrabenazine	Tab 25 mg	Motetis	2022
Theophylline	Tab long-acting 250 mg Oral liq 80 mg per 15 ml	Nuelin-SR Nuelin	2022

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## Sole Subsidised Supply Products – cumulative to November 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
<b>Tramadol hydrochloride</b>	<b>Tab sustained-release 100 mg</b> <b>Tab sustained-release 150 mg</b> <b>Tab sustained-release 200 mg</b>	<b>Tramal SR 100</b> <b>Tramal SR 150</b> <b>Tramal SR 200</b>	<b>2023</b>
Tranexamic acid	Tab 500 mg	Boucher	2022
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021
<b>Triamcinolone acetonide</b>	<b>Paste 0.1%, 5 g OP</b> <b>Crn &amp; oint 0.02%, 100 g OP</b>	<b>Kenalog in Orabase</b> <b>Aristocort</b>	<b>2023</b>
Trimethoprim	Tab 300 mg	TMP	2021
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2023
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2021
Vancomycin	Inj 500 mg vial	Mylan	2023
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2021
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	2021
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2022
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2021
Zoledronic acid	Inj 0.05 mg per ml, 100 ml, vial, 100 ml OP Inj 4 mg per 5 ml, vial	Aclasta Zoledronic acid Mylan	2022 2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

November 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 November 2020

34	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO.....	3.15	5	✓ Hydroxocobalamin Mercury Pharma S29
	Wastage claimable			
35	CALCIUM CARBONATE * Tab eff 1.25 g (500 mg elemental) – subsidy by endorsement .....	54.60	76	✓ Cacit S29
	a) Subsidy by endorsement – Only when prescribed for paediatric patients (<5 years) where calcium carbonate oral liquid is considered unsuitable. b) Wastage claimable			
50	BISOPROLOL FUMARATE * Tab 2.5 mg..... * Tab 5 mg..... * Tab 10 mg.....	1.84 2.55 3.62	90 90 90	✓ Bisoprolol Mylan ✓ Bisoprolol Mylan ✓ Bisoprolol Mylan
51	AMLODIPINE Tab 5 mg..... Wastage claimable	1.56	28	✓ Teva S29
55	PRAVASTATIN * Tab 20 mg..... * Tab 40 mg.....	2.11 3.61	28 28	✓ Pravastatin Mylan ✓ Pravastatin Mylan
88	MEBENDAZOLE – Only on a prescription Tab 100 mg.....	7.97	6	✓ Vermox
106	DARUNAVIR – Special Authority see SA1651 – Retail pharmacy Tab 400 mg..... Tab 600 mg.....	132.00 196.65	60 60	✓ Darunavir Mylan ✓ Darunavir Mylan
177	BICALUTAMIDE Tab 50 mg.....	4.07	30	✓ Binarex
179	ANASTROZOLE * Tab 1 mg.....	4.55	30	✓ Anastrole
232	BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Initiation kit - 5 vials freeze dried venom with diluent..... Maintenance kit - 1 vial freeze dried venom with diluent .....	305.00 305.00	1 OP 1 OP	✓ VENOX S29 ✓ VENOX S29



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## New Listings – effective 1 November 2020 (continued)

273	HEPATITIS B RECOMBINANT VACCINE – [Xpharm] Inj 10 mcg per 0.5 ml prefilled syringe ..... 0.00	1	✓ <b>Engerix-B</b>
	Funded for patients meeting any of the following criteria: 1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or 2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or 3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or 4) for HIV positive patients; or 5) for hepatitis C positive patients; or 6) for patients following non-consensual sexual intercourse; or 7) for patients following immunosuppression; or 8) for solid organ transplant patients; or 9) for post-haematopoietic stem cell transplant (HSCT) patients; or 10) following needle stick injury.		

## Effective 9 October 2020

51	AMLODIPINE Tab 5 mg..... 0.96 Tab 10 mg..... 1.19	90 90	✓ <b>Vasorex</b> ✓ <b>Vasorex</b>
71	CONDOMS * 56 mm, 0.05 mm thickness (bulk pack) ..... 14.61 a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription * 60 mm - Up to 144 dev available on a PSO ..... 1.42 17.02 * 60 mm (bulk pack) ..... 14.87 a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription	144  12 144 144	✓ <b>Gold Knight</b>  ✓ <b>Gold Knight XL</b> ✓ <b>Gold Knight XL</b> ✓ <b>Gold Knight XL</b>

## Effective 1 October 2020

8	PREDNISOLONE SODIUM Rectal foam 20 mg per dose (14 applications) ..... 74.10	1 OP	✓ <b>Essential Prednisolone</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
36	MAGNESIUM HYDROXIDE Suspension 8%..... 33.60  Wastage claimable	355 ml	✓ <b>Phillips Milk of Magnesia</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
44	HEPARIN SODIUM Inj 5,000 iu per ml, 1 ml..... 32.66  Wastage claimable	5	✓ <b>DBL Heparin Sodium</b> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>

▲ 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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## New Listings – effective 1 October 2020 (continued)

44	WARFARIN SODIUM Note: Marevan and Coumadin are not interchangeable. * Tab 1 mg ..... 3.46 * Tab 2 mg ..... 4.31 Note – these are new Pharmacode listings, 2586967 and 2586975.	50 50	✓ Coumadin ✓ Coumadin
47	TERAZOSIN Tab 2 mg..... 14.20 Wastage claimable Tab 5 mg..... 24.80 Wastage claimable	28 28	✓ Teva S29 ✓ Teva S29
49	MEXILETINE HYDROCHLORIDE ▲ Cap 150 mg ..... 162.00 Wastage claimable	100	✓ ANI S29
51	AMLODIPINE Tab 2.5 mg..... 1.08	90	✓ Vasorex
53	FUROSEMIDE [FRUSEMIDE] * Inj 10 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO..... 1.15	5	✓ Furosemide-Baxter
57	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy Tab 5 mg..... 1,550.00 Tab 10 mg..... 1,550.00	30 30	✓ Ambrisentan Mylan ✓ Ambrisentan Mylan
66	EMULSIFYING OINTMENT * Oint BP ..... 3.40	500 g	✓ Emulsifying Ointment ADE
122	PARACETAMOL Tab 500 mg - bottle pack – Maximum of 300 tab per prescription; can be waived by endorsement ..... 24.82 1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing. Note – Paracetamol Pharmcare tab 500 mg – bottle pack is a new Pharmacode listing, 2593475.	1,000	✓ Paracetamol Pharmacare
133	HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency Tab 5 mg – Up to 30 tab available on a PSO..... 14.86	50	✓ Serenace
149	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 3 ml ampoule ..... 2.50	5	✓ Midazolam-Baxter

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### New Listings – effective 1 October 2020 (continued)

161	METHOTREXATE				
	* Inj 2.5 mg per ml, 2 ml – PCT				
	– Retail pharmacy-Specialist .....	47.50	5	✓ Methotrexate DBL	
	* Inj 25 mg per ml, 2 ml vial – PCT				
	– Retail pharmacy-Specialist .....	30.00	5	✓ Methotrexate DBL Onco-Vial	
234	BUDESONIDE WITH EFORMOTEROL				
	Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose) .....	41.50	120 dose OP	✓ DuoResp Spiromax	
	Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose)				
	– No more than 2 dose per day .....	82.50	120 dose OP	✓ DuoResp Spiromax	
245	PHARMACY SERVICES				
	May only be claimed once per patient.				
	Brand switch fee .....	4.50	1 fee	✓ BSF Lamictal	
	The Pharmacode for BSF Lamictal is 2599341.				

### Effective 11 September 2020

51	AMLODIPINE				
	Tab 2.5 mg .....	16.20	28	✓ Bristol	\$29
	Wastage claimable				
	Tab 5 mg .....	1.56	28	✓ Sandoz	\$29
	Wastage claimable				
	Tab 10 mg .....	1.66	28	✓ Sandoz	\$29
	Wastage claimable				
127	SERTRALINE				
	Tab 50 mg .....	0.92	30	✓ Setrona AU	
	Tab 100 mg .....	1.61	30	✓ Setrona AU	

▲ 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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## New Listings – effective 1 September 2020

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 0.1 U/h.....	4,500.00	1	✓ Tandem Basal IQ
66	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%..... Note – this is a new Pharmacode listing, 2597829.	2.35	500 ml OP	✓ Kenkay Sorbolene
73	ETHINYLOESTRADIOL WITH NORETHISTERONE Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 84 tab available on a PSO.....	8.83	112	✓ Brevinor 28
110	NEOSTIGMINE METILSULFATE Inj 2.5 mg per ml, 1 ml ampoule..... Wastage claimable	19.60	10	✓ Juno <span style="background-color: #cccccc; border-radius: 50%; padding: 2px;">S29</span>
122	PARACETAMOL Tab 500 mg - blister pack..... a) Maximum of 300 tab per prescription; can be waived by endorsement b) Up to 30 tab available on a PSO c) 1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.	0.50 2.48	20 100	✓ Pharmacy Health ✓ Pharmacy Health
164	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy-Specialist Cap 500 mg .....	23.82	100	✓ Devatis
177	OCTREOTIDE Inj 50 mcg per ml, 1 ml ampoule..... Wastage claimable Inj 500 mcg per ml, 1 ml ampoule..... Wastage claimable	30.64 72.50	5 5	✓ Octreotide GH <span style="background-color: #cccccc; border-radius: 50%; padding: 2px;">S29</span> ✓ Octreotide GH <span style="background-color: #cccccc; border-radius: 50%; padding: 2px;">S29</span>

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Schedule page ref

Subsidy  
(Mnfr's price)  
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## New Listings – effective 1 September 2020 (continued)

245	PHARMACY SERVICES May only be claimed once per patient. Brand switch fee..... 4.50	1 fee	✓ <b>BSF Imigran</b>
	a) The Pharmacode for BSF Imigran is 2597330.		
268	ENTERAL LIQUID PEPTIDE FORMULA – Special Authority see SA1953 – Hospital pharmacy [HP3] Liquid 1 kcal/ml..... 10.45	500 ml OP	✓ <b>Nutrini Peptisorb</b>
	Liquid 1.5 kcal/ml..... 15.68	500 ml OP	✓ <b>Nutrini Peptisorb Energy</b>
	<p>▶ SA1953 Special Authority for Subsidy Initial application – only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> <li>1 Patient has impaired gastrointestinal function and either cannot tolerate polymeric feeds, or polymeric feeds are unsuitable; and</li> <li>2 Any of the following:               <ol style="list-style-type: none"> <li>2.1 Severe malabsorption; or</li> <li>2.2 Short bowel syndrome; or</li> <li>2.3 Intractable diarrhoea; or</li> <li>2.4 Biliary atresia; or</li> <li>2.5 Cholestatic liver diseases causing malabsorption; or</li> <li>2.6 Cystic fibrosis; or</li> <li>2.7 Proven fat malabsorption; or</li> <li>2.8 Severe intestinal motility disorders causing significant malabsorption; or</li> <li>2.9 Intestinal failure; or</li> <li>2.10 Both:                   <ol style="list-style-type: none"> <li>2.10.1 The patient is currently receiving funded amino acid formula; and</li> <li>2.10.2 The patient is to be trialled on, or transitioned to, an enteral liquid peptide formula; and</li> </ol> </li> </ol> </li> <li>3 Either:               <ol style="list-style-type: none"> <li>3.1 A semi-elemental or partially hydrolysed powdered feed has been reasonably trialled and considered unsuitable; or</li> <li>3.2 For step down from intravenous nutrition.</li> </ol> </li> </ol> <p>Note: A reasonable trial is defined as a 2-4 week trial.</p> <p>Renewal – only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> <li>1 An assessment as to whether the patient can be transitioned to a cows milk protein or soy infant formula or extensively hydrolysed formula has been undertaken; and</li> <li>2 The outcome of the assessment is that the patient continues to require an enteral liquid peptide formula; and</li> <li>3 General practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.</li> </ol>		
265	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 28 g sachets..... 936.00	30	✓ <b>PKU Lophlex Powder</b>

▲ 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  
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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings – effective 12 August 2020

122	PARACETAMOL Tab 500 mg - blister pack.....	11.75	96	<b>✓ Panadol Mini Caps</b>
	a) Maximum of 300 tab per prescription; can be waived by endorsement			
	b) Up to 30 tab available on a PSO			
	c)			
	1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.			
	2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.			
133	ARIPIPRAZOLE – Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	28.58	49	<b>✓ Aripiprazol 1A Pharma S29</b>
	Wastage claimable			

## Effective 22 July 2020

122	PARACETAMOL Tab 500 mg - blister pack.....	0.50	20	<b>✓ Medco ✓ Paracare</b>
		1.12		<b>✓ Ethics Paracetamol Classic</b>
		2.48	100	<b>✓ Paracare</b>
	a) Maximum of 300 tab per prescription; can be waived by endorsement			
	b) Up to 30 tab available on a PSO			
	c)			
	1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.			
	2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.			

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Subsidy  
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Brand or  
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## Changes to Restrictions, Chemical Names and Presentations Effective 1 November 2020

47	DOXAZOSIN (reinstate stat dispensing)			
	* Tab 2 mg.....	8.95	500	✓ Apo-Doxazosin
	* Tab 4 mg.....	10.80	500	✓ Apo-Doxazosin
54	CHLORTALIDONE [CHLORTHALIDONE] (stat dispensing removed)			
	Tab 25 mg.....	6.50	50	✓ <u>Hygroton</u>
71	CONDOMS (amended PSO quantity and addition of maximum per prescription)			
	* 60 mm .....	14.87	144	✓ <u>Shield XL</u>
		1.42	12	✓ <u>Gold Knight XL</u>
		17.02	144	✓ <u>Gold Knight XL</u>
	a) Up to <b>60</b> 144 dev available on a PSO			
	b) <b>Maximum of 60 dev per prescription</b>			
116	BENZBROMARONE – Special Authority see <b>SA1963+537</b> – Retail pharmacy (amended Special Authority criteria)			
	Tab 50 mg.....	22.50	100	✓ <u>Narcaricin mite</u> <b>\$29</b>
	Tab 100 mg.....	13.50	30	✓ <u>Desuric</u> <b>\$29</b>
				✓ <u>Urinorm</u> <b>\$29</b>
		45.00	100	✓ <u>Benzbromaron AL</u> <b>100</b> <b>\$29</b>

### ► **SA1963 +537** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has been diagnosed with gout; and

2 Any of the following:

2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.3 Both:

2.3.1 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Notes); and

2.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or

2.4 All of the following:

2.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and

2.4.2 Allopurinol is contraindicated; and

2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and

3 The patient is receiving monthly liver function tests.

Renewal from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefitting from the treatment; and

2 There is no evidence of liver toxicity and patient is continuing to receive regular (at least every three months) liver function tests.

*continued...*

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

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

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## Changes to Restrictions – effective 1 November 2020 (continued)

continued...

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity.

In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at [www.rheumatology.org.nz/home/resources-2/](http://www.rheumatology.org.nz/home/resources-2/)

121	Non-opioid Analgesics (note removed) For aspirin & chloroform application refer Standard Formulae			
151	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see <b>SA1964 1150</b> – Retail pharmacy (amended Special Authority criteria and Methylphenidate ER-Teva moved chemical)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab extended-release 18 mg .....	7.75	30	✓ Methylphenidate ER - Teva
	Tab extended-release 27 mg .....	11.45	30	✓ Methylphenidate ER - Teva
	Tab extended-release 36 mg .....	15.50	30	✓ Methylphenidate ER - Teva
	Tab extended-release 54 mg .....	22.25	30	✓ Methylphenidate ER - Teva
	Tab immediate-release 5 mg .....	3.20	30	✓ Rubifen
	Tab immediate-release 10 mg .....	3.00	30	✓ Ritalin
				✓ Rubifen
	Tab immediate-release 20 mg .....	7.85	30	✓ Rubifen
	Tab sustained-release 20 mg .....	10.95	30	✓ Rubifen SR
		50.00	100	✓ Ritalin SR

► **SA1964 1150** Special Authority for Subsidy

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing). Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
  - 3.1 Applicant is a paediatrician or psychiatrist; or
  - 3.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Initial application — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria.

Initial application — (Narcolepsy)\* only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers from narcolepsy.

**Note: \*narcolepsy is not a registered indication for Methylphenidate ER – Teva**

continued...



## Changes to Restrictions – effective 1 November 2020 (continued)

continued...

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing). Approvals valid for 24 months for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Renewal — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal — (Narcolepsy)\* only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

**Note: \*narcolepsy is not a registered indication for Methylphenidate ER – Teva**

152 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see **SA1965††5†**  
– Retail pharmacy (amended Special Authority criteria)

a) Only on a controlled drug form

b) Safety medicine; prescriber may determine dispensing frequency

Tab extended-release 18 mg .....	58.96	30	✓ Concerta
Tab extended-release 27 mg .....	65.44	30	✓ Concerta
Tab extended-release 36 mg .....	71.93	30	✓ Concerta
Tab extended-release 54 mg .....	86.24	30	✓ Concerta
Cap modified-release 10 mg .....	15.60	30	✓ Ritalin LA
Cap modified-release 20 mg .....	20.40	30	✓ Ritalin LA
Cap modified-release 30 mg .....	25.52	30	✓ Ritalin LA
Cap modified-release 40 mg .....	30.60	30	✓ Ritalin LA

▶ **SA1965 ††5†** Special Authority for Subsidy

Initial application only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing). Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

1 ADHD (Attention Deficit and Hyperactivity Disorder); and

2 Diagnosed according to DSM-IV or ICD 10 criteria; and

3 Either:

3.1 Applicant is a paediatrician or psychiatrist; or

3.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and

4 Either:

4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or

4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Renewal only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing).

Approvals valid for 24 months for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and

continued...

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

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

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## Changes to Restrictions – effective 1 November 2020 (continued)

continued...

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

277 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) conjugate vaccine – [Xpharm] (amended restriction criteria)

Either:

A) Any of the following:

1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or

2) One dose for close contacts of meningococcal cases; or

3) A maximum of two doses for bone marrow transplant patients; or

4) A maximum of two doses for patients following immunosuppression\*; or

B) Both:

1) Person is aged between 13 and 25 years, inclusive; and

2) Either:

i) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or

ii) One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November ~~2020~~ **2021**.

Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

\*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier

per 0.5 ml vial ..... 0.00 1 ✓ **Menactra**

281 VARICELLA ZOSTER VIRUS (OKA STRAIN) LIVE ATTENUATED VACCINE [SHINGLES VACCINE] – [Xpharm] (amended restriction criteria)

Funded for patients meeting either of the following criteria:

1) One dose for all people aged 65 years; or

2) One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 December ~~2020~~ **2021**.

Inj 19,400 PFU prefilled syringe plus vial ..... 0.00 1 ✓ **Zostavax**  
10 ✓ **Zostavax**

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## Changes to Restrictions – effective 1 October 2020

14	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy (amended brand name) 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 0.1 U/h.....	4,500.00	1	✓ Tandem t:slim X2 with Basal-IQ
47	CILAZAPRIL (stat dispensing removed) Tab 5 mg.....	8.35	90	✓ <u>Zapril</u>
47	TERAZOSIN – <b>Subsidy by endorsement</b> (addition of subsidy by endorsement) <b>Subsidy by endorsement – Subsidised for patients who were taking terazosin prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of terazosin.</b>			
	Tab 2 mg.....	7.50	500	✓ Apo-Terazosin
	Tab 5 mg.....	10.90	500	✓ Apo-Terazosin
50	CELIPROLOL – <b>Subsidy by endorsement</b> (addition of subsidy by endorsement) <b>Subsidy by endorsement – Subsidised for patients who were taking celiprolol prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of celiprolol.</b>			
	* Tab 200 mg .....	21.40	180	✓ Celol
79	TRIAMCINOLONE ACETONIDE (Sole supply delayed) Inj 10 mg per ml, 1 ml ampoule .....	20.80	5	✓ Kenacort-A 10
	Inj 40 mg per ml, 1 ml ampoule .....	51.10	5	✓ Kenacort-A 40
	Note – Kenacort-A 10 and Kenacort-A 40 sole supply delayed until 1 April 2021.			
110	IBUPROFEN (reinstate stat dispensing) * Tab long-acting 800 mg.....	5.99 7.99	30	✓ Ibuprofen SR BNM ✓ Brufen SR
128	LAMOTRIGINE (addition of Brand Switch Fee) ▲ Tab dispersible 5 mg – <b>Brand switch fee payable</b> <b>(Pharmacode 2599341)</b> .....	50.00	30	✓ Lamictal
132	PROCHLORPERAZINE (stat dispensing removed) Tab 5 mg – Up to 30 tab available on a PSO.....	8.00	250	✓ Nausafix

## Effective 11 September 2020

48	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (stat dispensing removed) Tab 50 mg with hydrochlorothiazide 12.5 mg.....	1.88	30	✓ <u>Arrow-Losartan &amp; Hydrochlorothiazide</u>
127	SERTRALINE (stat dispensing removed) Tab 100 mg.....	1.61	30	✓ <u>Setrona</u> ✓ Setrona AU

▲ 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 September 2020

42	PRASUGREL – Special Authority see <b>SA1954+204</b> – Retail pharmacy (amended Special Authority criteria)			
	Tab 5 mg.....	108.00	28	✓Effient
	Tab 10 mg.....	120.00	28	✓Effient

➤ **SA1954 +204** Special Authority for Subsidy

~~Initial application – (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic\*.~~

~~Initial application – (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic\*.~~

~~Initial application – (stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where patient has experienced cardiac stent thrombosis whilst on clopidogrel.~~

Renewal – (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic\*.

Renewal – (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic\*.

Note: \* Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

42	TICAGRELOR – Special Authority see <b>SA1955+887</b> – Retail pharmacy (amended Special Authority criteria)			
	* Tab 90 mg.....	90.00	56	✓Brilinta

➤ **SA1955 +887** Special Authority for Subsidy

Initial application – (acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and
- 2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Initial application – (thrombosis prevention post neurological stenting) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

**1 Either:**

- 1.1 Patient has had a neurological stenting procedure\* in the last 60 days; and **or**
- 1.2 Patient is about to have a neurological stenting procedure performed\*; and

**2 Either:**

- 2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay **or another appropriate platelet function assay** and requires antiplatelet treatment with ticagrelor; or

**2.2 Either:**

- 2.2.1 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event; **or**
- 2.2.2 Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent.

**Initial application – (Percutaneous coronary intervention with stent deployment) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following:**

- 1 Patient has undergone percutaneous coronary intervention; and**

*continued...*

Check your Schedule for full details  
Schedule page ref

Subsidy  
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\$ Per

Brand or  
Generic Mnfr  
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## Changes to Restrictions – effective 1 September 2020 (continued)

continued...

- 2 Patient has had a stent deployed in the previous 4 weeks; and**  
**3 Patient is clopidogrel-allergic\*\***

**Initial application – (Stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where patient has experienced cardiac stent thrombosis whilst on clopidogrel.**

Renewal — (subsequent acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and
- 2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Renewal — (thrombosis prevention post neurological stenting) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 Patient is continuing to benefit from treatment; and
- 2 Treatment continues to be clinically appropriate.

**Renewal – (Percutaneous coronary intervention with stent deployment) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following:**

- 1 Patient has undergone percutaneous coronary intervention; and
- 2 Patient has had a stent deployed in the previous 4 weeks; and
- 3 Patient is clopidogrel-allergic\*\*

Note: indications marked with \* are unapproved indications

**Note: \*\* Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.**

47	DOXAZOSIN (stat dispensing removed)			
	Tab 2 mg.....	8.95	500	✓ Apo-Doxazosin
	Tab 4 mg.....	10.80	500	✓ Apo-Doxazosin
111	HYDROXYCHLOROQUINE – Subsidy by endorsement (amended subsidy by endorsement)			
	Subsidy by endorsement - Subsidised only if prescribed for rheumatoid arthritis, systemic or discoid lupus erythematosus, malaria treatment or suppression, relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration)*, <b>sarcoidosis (pulmonary and non-pulmonary)*</b> , and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of hydroxychloroquine. Note: Indication marked with a * is an unapproved indication.			
	* Tab 200 mg .....	7.98	100	✓ <u>Plaquenil</u>
121	LIDOCAINE [LIGNOCAINE] (amended subsidy by endorsement)			
	Gel 2%, 11 ml urethral syringe – Subsidy by endorsement.....	42.00	10	✓ <u>Instillagel Lido</u>
	a) Up to 5 each available on a PSO			
	b) Subsidised only if prescribed for urethral, or cervical or rectal administration and the prescription is endorsed accordingly.			

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
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Brand or  
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## Changes to Restrictions – effective 1 September 2020 (continued)

125	MAPROTIline HYDROCHLORIDE (addition of subsidy by endorsement)			
	a) Safety medicine; prescriber may determine dispensing frequency			
	b) <b>Subsidy by endorsement – Subsidised for patients who were taking maprotiline hydrochloride prior to 1 September 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of maprotiline hydrochloride.</b>			
	Tab 25 mg.....	7.52	30	✓ Ludiomil
		12.53	50	✓ Ludiomil
		25.06	100	✓ Ludiomil
	Tab 75 mg.....	14.01	20	✓ Ludiomil
		21.01	30	✓ Ludiomil
126	ESCITALOPRAM (stat dispensing removed)			
	Tab 10 mg.....	1.11	28	✓ Escitalopram-Apotex
	Tab 20 mg.....	1.90	28	✓ Escitalopram-Apotex
131	SUMATRIPTAN (addition of Brand Switch Fee)			
	Inj 12 mg per ml, 0.5 ml prefilled pen.....	34.00	2 OP	✓ <u>Imigran</u>
	a) Maximum of 10 inj per prescription			
	b) <b>Brand switch fee payable (Pharmacode 2597330)</b>			
134	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (amended brand name)			
	Tab 0.5 mg.....	1.86	60	✓ Risperidone (Teva) Actavis
	Tab 1 mg.....	2.06	60	✓ Risperidone (Teva) Actavis
	Tab 2 mg.....	2.29	60	✓ Risperidone (Teva) Actavis
	Tab 3 mg.....	2.50	60	✓ Risperidone (Teva) Actavis
	Tab 4 mg.....	3.42	60	✓ Risperidone (Teva) Actavis
164	HYDROXYUREA [ <b>HYDROXYCARBAMIDE</b> ] – PCT – Retail pharmacy-Specialist (amended chemical name)			
	Cap 500 mg .....	23.82	100	✓ Devatis
		31.76		✓ Hydrea
177	FULVESTRANT – Retail pharmacy-Specialist – Special Authority see SA1895 (S29 and wastage removed)			
	Inj 50 mg per ml, 5 ml prefilled syringe .....	1,068.00	2	✓ Faslodex <del>S29</del>
	Wastage claimable			

Check your Schedule for full details  
Schedule page ref

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## Changes to Subsidy and Manufacturer's Price

Effective 1 November 2020

34	COLECALCIFEROL (↑ subsidy) * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription .....	2.95	12	✓ Vit.D3
63	MICONAZOLE NITRATE (↑ subsidy) * Crm 2% .....	0.81	15 g OP	✓ Multichem
	a) Only on a prescription			
	b) Not in combination			
88	MEBENDAZOLE – Only on a prescription (↑ subsidy) Oral liq 100 mg per 5 ml .....	7.53	15 ml	✓ Vermox
119	LEVODOPA WITH CARBIDOPA (↑ subsidy) * Tab long-acting 200 mg with carbidopa 50 mg .....	43.65	100	✓ Sinemet CR
151	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA1964 – Retail pharmacy (↓ subsidy) a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab extended-release 18 mg .....	7.75	30	✓ Methylphenidate ER – Teva
	Tab extended-release 27 mg .....	11.45	30	✓ Methylphenidate ER – Teva
	Tab extended-release 36 mg .....	15.50	30	✓ Methylphenidate ER – Teva
	Tab extended-release 54 mg .....	22.25	30	✓ Methylphenidate ER – Teva

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

\* Three months or six months, as  
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Check your Schedule for full details  
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## Changes to Subsidy and Manufacturer's Price – effective 1 October 2020

48	LOSARTAN POTASSIUM († subsidy)			
	* Tab 12.5 mg.....	1.56	84	✓ Losartan Actavis
	* Tab 25 mg.....	1.84	84	✓ Losartan Actavis
	* Tab 50 mg.....	2.25	84	✓ Losartan Actavis
	* Tab 100 mg.....	3.50	84	✓ Losartan Actavis
51	METOPROLOL SUCCINATE († subsidy)			
	* Tab long-acting 23.75 mg.....	1.45	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg.....	1.43	30	✓ Betaloc CR
	* Tab long-acting 95 mg.....	2.15	30	✓ Betaloc CR
	* Tab long-acting 190 mg.....	4.27	30	✓ Betaloc CR
88	MEBENDAZOLE – Only on a prescription († subsidy but not price)			
	Oral liq 100 mg per 5 ml .....	7.17	15 ml	✓ Vermox
95	FLUCONAZOLE († subsidy)			
	Powder for oral suspension 10 mg per ml			
	– Special Authority see SA1359 – Retail pharmacy.....	109.34	35 ml	✓ Diflucan
155	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy († subsidy)			
	Tab 50 mg.....	133.33	30	✓ Naltraccord
165	MITOMYCIN C – PCT only – Specialist († subsidy)			
	Inj 1 mg for ECP .....	226.50	1 mg	✓ Baxter
233	LORATADINE († subsidy)			
	* Oral liq 1 mg per ml.....	2.95	120 ml	✓ Lorfast



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 September 2020

47	DOXAZOSIN (↑ subsidy) Tab 2 mg..... 8.95 Tab 4 mg..... 10.80	500 500	✓ Apo-Doxazosin ✓ Apo-Doxazosin
54	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↑ subsidy) * Tab 2.5 mg – Up to 150 tab available on a PSO..... 20.00 May be supplied on a PSO for reasons other than emergency. * Tab 5 mg..... 34.55	500 500	✓ Arrow-Bendrofluazide ✓ Arrow-Bendrofluazide
63	BETAMETHASONE DIPROPIONATE (↑ subsidy) Crn 0.05% ..... 36.00 Oint 0.05% ..... 36.00	50 g OP 50 g OP	✓ Diprosone ✓ Diprosone
64	METHYLPREDNISOLONE ACEPONATE (↓ subsidy) Crn 0.1% ..... 4.46 Oint 0.1% ..... 4.46	15 g OP 15 g OP	✓ Advantan ✓ Advantan
65	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ price but not subsidy) Crn 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g – Only on a prescription..... 3.49 (9.28)	15 g OP	Viaderm KC
93	MOXIFLOXACIN – Special Authority see SA1740 – Retail pharmacy (↓ subsidy) No patient co-payment payable Tab 400 mg..... 42.00	5	✓ Avelox
98	METRONIDAZOLE (↓ subsidy) Tab 200 mg – Up to 30 tab available on a PSO..... 33.15 Tab 400 mg – Up to 15 tab available on a PSO..... 5.23	250 21	✓ Metrogyl ✓ Metrogyl
119	LEVODOPA WITH CARBIDOPA (↑ subsidy) * Tab 100 mg with carbidopa 25 mg ..... 21.11 * Tab 250 mg with carbidopa 25 mg ..... 38.39	100 100	✓ Sinemet ✓ Sinemet
125	TRAMADOL HYDROCHLORIDE (↑ subsidy) Cap 50 mg ..... 2.80	100	✓ Arrow-Tramadol
125	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 10 mg..... 2.49	100	✓ Arrow-Amitriptyline
125	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 25 mg..... 1.51	100	✓ Arrow-Amitriptyline
128	LAMOTRIGINE (↑ subsidy) ▲ Tab dispersible 2 mg ..... 55.00 ▲ Tab dispersible 5 mg ..... 50.00	30 30	✓ Lamictal ✓ Lamictal
132	PROCHLORPERAZINE (↑ subsidy) * Tab 5 mg – Up to 30 tab available on a PSO..... 8.00	250	✓ Nausafix

▲ 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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Schedule page ref

Subsidy  
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Generic Mnfr  
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### Changes to Subsidy and Manufacturer's Price – effective 1 September 2020 (continued)

134	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 4 mg.....	3.42	60	✓ Risperidone (Teva)
136	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 2 mg.....	61.07	500	✓ Arrow-Diazepam
	Tab 5 mg.....	73.60	500	✓ Arrow-Diazepam
150	ATOMOXETINE (↓ subsidy)			
	Cap 10 mg .....	18.41	28	
		(107.03)		Strattera
	Cap 18 mg .....	27.06	28	
		(107.03)		Strattera
	Cap 25 mg .....	29.22	28	
		(107.03)		Strattera
	Cap 40 mg .....	29.22	28	
		(107.03)		Strattera
	Cap 60 mg .....	46.51	28	
		(107.03)		Strattera
	Cap 80 mg .....	56.45	28	
		(139.11)		Strattera
	Cap 100 mg .....	58.48	28	
		(139.11)		Strattera
155	NICOTINE (↑ subsidy)			
	a) Nicotine will not be funded in amounts less than 4 weeks of treatment.			
	b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.			
	Patch 7 mg – Up to 28 patch available on a PSO .....	18.14	28	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO .....	19.95	28	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO .....	22.86	28	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO .....	19.18	216	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO .....	21.02	216	✓ Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO.....	38.21	384	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO .....	38.21	384	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO.....	44.17	384	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO .....	44.17	384	✓ Habitrol
242	TIMOLOL (↑ subsidy)			
	* Eye drops 0.25% .....	1.81	5 ml OP	✓ Arrow-Timolol
	* Eye drops 0.5% .....	2.04	5 ml OP	✓ Arrow-Timolol

Check your Schedule for full details  
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## Delisted Items

Effective 1 November 2020

44	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml.....	190.00	50	✓Pfizer
30	CHLORHEXIDINE GLUCONATE Mouthwash 0.2%.....	2.57	200 ml OP	✓healthE
61	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. Handrub 1% with ethanol 70% .....	4.29	500 ml	✓healthE
	Soln 4% wash.....	3.98	500 ml	✓healthE
61	TRICLOSAN – Subsidy by endorsement a) Maximum of 500 ml per prescription b) a) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or b) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly Soln 1%.....	5.90	500 ml OP	✓healthE
71	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule.....	4.98	5	✓Oxytocin BNM
	Note – this delist applies to Pharmacode 2448203. A new Pharmacode was listed 1 April 2020.			
87	BENZYL PENICILLIN SODIUM [PENICILLIN G] Inj 600 mg (1 million units) vial – Up to 5 inj available on a PSO.....	25.88	25	✓Pan-Penicillin G Sodium <b>S29</b>
91	TOBRAMYCIN Solution for inhalation 60 mg per ml, 5 ml – Subsidy by endorsement..... a) Wastage claimable b) Only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly. Note – this delist applies to Pharmacode 2465957. A new Pharmacode was listed 1 May 2020.	2,200.00	56 dose	✓TOBI
132	LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency Tab 250 mg – Subsidy by endorsement..... Subsidised for patients who were taking lithium carbonate tab 250 mg prior to 1 January 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of lithium carbonate.	34.30	500	✓Lithicarb FC
159	MITOMYCIN C – PCT only – Specialist Inj 20 mg vial.....	816.32	1	✓Omegapharm <b>S29</b>

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

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

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Subsidy  
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## Delisted Items – effective 1 November 2020 (continued)

237	CHLOROFORM			
	a) Only in combination			
	b) Maximum of 100 ml per prescription			
	c) Only in aspirin and chloroform application.			
	d) Note: This product is no longer being manufactured by the supplier and will be delisted from the Schedule at a date to be determined.			
	Chloroform BP.....	25.50	500 ml	✓PSM

Note – the standard formula for aspirin and chloroform application delisted from 1 November 2020.

## Effective 1 October 2020

9	RANITIDINE – Subsidy by endorsement			
	a) Only on a prescription			
	b) Subsidy by endorsement – Subsidised for patients who were taking ranitidine prior to 1 November 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ranitidine.			
	* Tab 150 mg.....	12.91	500	✓Ranitidine Relief
	* Tab 300 mg.....	18.21	500	✓Ranitidine Relief
47	TERAZOSIN			
	* Tab 1 mg.....	0.59	28	✓Actavis
66	POVIDONE IODINE			
	Oint 10% .....	3.27	25 g OP	✓Betadine
	a) Maximum of 130 g per prescription			
	b) Only on a prescription			
	Note – this delist applies to the 25 g OP pack.			
124	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab long-acting 10 mg.....	1.93	10	✓Arrow-Morphine LA
126	PHENELZINE SULPHATE – Subsidy by endorsement			
	Subsidy by endorsement – Subsidised for patients who were taking phenelzine sulphate prior to 1 April 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of phenelzine sulphate.			
	Tab 15 mg.....	70.80	60	✓Lupin <b>S29</b>
				✓Nardil S29 <b>S29</b>
		118.00	100	✓Nardil
128	LAMOTRIGINE			
	▲ Tab dispersible 5 mg .....	15.00	56	✓Arrow-Lamotrigine
160	CLADRIBINE – PCT only – Specialist			
	Inj 1 mg per ml, 10 ml .....	5,249.72	7	✓Leustatin
	Note – this delist applies to the 7 inj pack size.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – effective 1 October 2020 (continued)

235	TERBUTALINE SULPHATE Powder for inhalation, 250 mcg per dose, breath activated.....	27.30	200 dose OP	✓ Bricanyl Turbuhaler
244	OLOPATADINE Eye drops 0.1% .....	10.00	5 ml OP	✓ Patanol
253	CORD ORAL FEED 1.5KCAL/ML – Special Authority see SA1094 – Hospital pharmacy [HP3] Liquid.....	1.66	237 ml OP	✓ Pulmocare
270	ADULT DIPHTHERIA AND TETANUS VACCINE – [Xpharm] Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml..... Access criteria apply	0.00	5	✓ ADT Booster
273	HEPATITIS B RECOMBINANT VACCINE – [Xpharm] Inj 5 mcg per 0.5 ml vial..... Access criteria apply Inj 10 mcg per 1 ml vial..... Access criteria apply Inj 40 mcg per 1 ml vial..... Access criteria apply	0.00 0.00 0.00	1 1 1	✓ HBvaxPRO ✓ HBvaxPRO ✓ HBvaxPRO
281	VARICELLA VACCINE [CHICKENPOX VACCINE] – [Xpharm] Either: 1) Maximum of one dose for primary vaccination for either: a) Any infant born on or after 1 April 2016; or b) For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox), or 2) Maximum of two doses for any of the following: a) Any of the following for non-immune patients: i) with chronic liver disease who may in future be candidates for transplantation; or ii) with deteriorating renal function before transplantation; or iii) prior to solid organ transplant; or iv) prior to any elective immunosuppression*, or v) for post exposure prophylaxis who are immune competent inpatients.; or b) For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or c) For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or d) For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or e) For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or f) For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or g) For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella. * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days Inj 2000 PFU prefilled syringe plus vial.....	0.00	1 10	✓ Varilrix ✓ Varilrix

▲ 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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Brand or  
Generic Mnfr  
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## Delisted Items – effective 1 September 2020

20	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1906 – 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.			
	10 mm steel needle; 29 G; manual insertion;			
	60 cm tubing × 10 with 10 needles; luer lock .....	130.00	1 OP	✓ Sure-T MMT-883
	10 mm steel needle; 29 G; manual insertion;			
	80 cm tubing × 10 with 10 needles; luer lock .....	130.00	1 OP	✓ Sure-T MMT-885
	6 mm steel needle; 29 G; manual insertion;			
	80 cm tubing × 10 with 10 needles; luer lock .....	130.00	1 OP	✓ Sure-T MMT-865
	8 mm steel needle; 29 G; manual insertion;			
	80 cm tubing × 10 with 10 needles; luer lock .....	130.00	1 OP	✓ Sure-T MMT-875
23	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – Special Authority see SA1906			
	– 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.			
	17 mm teflon cannula; angle insertion; 110 cm line			
	× 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Silhouette MMT-371
25	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION) – Special Authority see SA1906			
	– 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; 110 cm tubing			
	× 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Quick-Set MMT-391
	9 mm teflon cannula; straight insertion; 110 cm tubing			
	× 10 with 10 needles; luer lock.....	130.00	1 OP	✓ Quick-Set MMT-390
50	LABELALOL			
	* Tab 100 mg.....	11.36	100	✓ Presolol <b>S29</b>
	* Tab 200 mg.....	29.74	100	✓ Presolol <b>S29</b>
52	VERAPAMIL HYDROCHLORIDE			
	* Tab long-acting 240 mg.....	25.00	250	✓ Verpamil SR
64	HYDROCORTISONE			
	* Crm 1% – Only on a prescription.....	3.42	30 g OP	✓ DermAssist
70	PODOPHYLLOTOXIN			
	Soln 0.5%.....	33.60	3.5 ml OP	✓ Condyline S29 <b>S29</b>
	a) Maximum of 3.5 ml per prescription			
	b) Only on a prescription			
98	METRONIDAZOLE			
	Tab 200 mg – Up to 30 tab available on a PSO.....	10.45	100	✓ Trichozone
	Tab 400 mg – Up to 15 tab available on a PSO.....	18.15	100	✓ Trichozone

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### Delisted Items – effective 1 September 2020 (continued)

110	SULINDAC * Tab 100 mg.....	8.55	50	✓ Aclin
111	CELECOXIB Cap 100 mg .....	3.63	60	✓ Celebrex
119	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg.....	0.71	21	✓ Ropin
123	FENTANYL 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	✓ Fentanyl IE <b>S29</b>
124	MORPHINE TARTRATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 80 mg per ml, 1.5 ml ampoule .....	42.72	5	✓ DBL Morphine Tartrate
131	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per prescription .....	42.67 81.15	2 OP	✓ Sun Pharma <b>S29</b> ✓ Clustran
131	HYOSCINE HYDROBROMIDE * Inj 400 mcg per ml, 1 ml ampoule.....	46.50	5	✓ Hospira
150	PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy Inj 200 mg per ml, 1 ml ampoule .....	30.00	5	✓ Aspen <b>S29</b>
160	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist Inj 1 g.....	349.20	1	✓ Gemzar
234	FLUTICASONE Aerosol inhaler, 50 mcg per dose..... Aerosol inhaler, 125 mcg per dose..... Aerosol inhaler, 250 mcg per dose.....	4.68 7.22 10.18	120 dose OP 120 dose OP 120 dose OP	✓ Floair ✓ Floair ✓ Floair
235	FLUTICASONE WITH SALMETEROL Aerosol inhaler 50 mcg with salmeterol 25 mcg .....	14.58	120 dose OP	✓ RexAir
	Aerosol inhaler 125 mcg with salmeterol 25 mcg .....	16.83	120 dose OP	✓ RexAir

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

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Generic Mnfr  
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## Items to be Delisted

Effective 1 December 2020

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 0.1 U/h.....	4,500.00	1	✓ Tandem t:slim X2
48	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking cilazapril with hydrochlorothiazide prior to 1 March 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril with hydrochlorothiazide: * Tab 5 mg with hydrochlorothiazide 12.5 mg.....	10.18	100	✓ Apo-Cilazapril/ Hydrochlorothiazide
Note – delisting delayed until 1 May 2021.				
88	CEFACLOR MONOHYDRATE Grans for oral liq 125 mg per 5 ml – Wastage claimable.....	4.33	100 ml	✓ Keflor
95	FLUCONAZOLE Powder for oral suspension 10 mg per ml – Special Authority see SA1359 – Retail pharmacy.....	34.56	35 ml	✓ Diflucan S29 S29
119	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg ..... * Tab long-acting 100 mg with carbidopa 25 mg .....	17.97 23.84	100 100	✓ Kinson ✓ Mylan S29
127	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency Rectal tubes 10 mg – Up to 5 tube available on a PSO.....	40.87	5	✓ Stesolid
150	ATOMOXETINE Cap 10 mg ..... (107.03) Cap 18 mg ..... (107.03) Cap 25 mg ..... (107.03) Cap 40 mg ..... (107.03) Cap 60 mg ..... (107.03) Cap 80 mg ..... (139.11) Cap 100 mg ..... (139.11)	18.41 27.06 29.22 29.22 46.51 56.45 58.48	28 28 28 28 28 28 28	Strattera Strattera Strattera Strattera Strattera Strattera Strattera
245	PHARMACY SERVICES May only be claimed once per patient. Brand switch fee..... a) The Pharmacode for BSF Imigran is 2597330.	4.50	1 fee	✓ BSF Imigran



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### Items to be Delisted – effective 1 January 2021

8	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO.....	34.32	5	✓ Robinul
73	ETHINYLOESTRADIOL WITH NORETHISTERONE Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 84 tab available on a PSO.....	8.83	112	✓ Brevinor 28
123	FENTANYL 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.....	1.78	5	✓ Fentanyl GH
125	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg.....	4.73	50	✓ Apo-Clomipramine
234	SALMETEROL Aerosol inhaler 25 mcg per dose.....	9.90	120 dose OP	✓ Meterol
235	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 1 ml ampoule – Up to 40 neb available on a PSO.....	3.35	20	✓ Univent
245	PHARMACY SERVICES May only be claimed once per patient. Brand switch fee..... a) The Pharmacode for BSF Lamictal is 2599341.	4.50	1 fee	✓ BSF Lamictal

### Effective 1 February 2021

38	MAGNESIUM HYDROXIDE Suspension 8%.....	72.20	500 ml	✓ T&R
42	PRASUGREL – Special Authority see SA1954 – Retail pharmacy Tab 5 mg..... Tab 10 mg.....	108.00 120.00	28 28	✓ Effient ✓ Effient
88	CEFALEXIN Cap 250 mg.....	3.33	20	✓ Ibilex <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$29</span>
119	LEVODOPA WITH CARBIDOPA * Tab long-acting 200 mg with carbidopa 50 mg.....	46.73	100	✓ Mylan <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$29</span>
125	MAPROTIline HYDROCHLORIDE a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – Subsidised for patients who were taking maprotiline hydrochloride prior to 1 September 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of maprotiline hydrochloride. Tab 25 mg.....	7.52 12.53 25.06	30 50 100	✓ Ludiomil ✓ Ludiomil ✓ Ludiomil

▲ 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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### Items to be Delisted – effective 1 February 2021 (continued)

126	FLUOXETINE HYDROCHLORIDE * Tab dispersible 20 mg, scored – Subsidy by endorsement ..... 9.93 Subsidised by endorsement 1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or 2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses. Cap 20 mg ..... 7.49	30 90	✓ <b>Arrow-Fluoxetine</b> ✓ <b>Arrow-Fluoxetine</b>
164	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy-Specialist Cap 500 mg ..... 31.76	100	✓ <b>Hydrea</b>

### Effective 1 March 2021

44	HEPARIN SODIUM Inj 5,000 iu per ml, 1 ml..... 28.40	5	✓ <b>Pfizer</b>
44	WARFARIN SODIUM Note: Marevan and Coumadin are not interchangeable. * Tab 1 mg..... 3.46 Note – this delist applies to Pharmacode 796824. A new Pharmacode was listed 1 October 2020.	50	✓ <b>Coumadin</b>
53	FUROSEMIDE [FRUSEMIDE] * Inj 10 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO..... 1.15	5	✓ <b>Frusemide-Claris</b>
57	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy Tab 5 mg..... 4,585.00 Tab 10 mg..... 4,585.00	30 30	✓ <b>Volibris</b> ✓ <b>Volibris</b>
66	EMULSIFYING OINTMENT * Oint BP..... 3.59	500 g	✓ <b>AFT</b>
88	MEBENDAZOLE – Only on a prescription Tab 100 mg..... 24.19	24	✓ <b>De-Worm</b>
100	ADEFOVIR DIPVOXIL – Special Authority see SA0829 – Retail pharmacy Tab 10 mg..... 670.00	30	✓ <b>Hepsera</b>
149	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 3 ml ampoule ..... 2.50	5	✓ <b>Midazolam-Claris</b>
265	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 27.8 g sachets..... 936.00	30	✓ <b>PKU Lophlex Powder</b>

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## Items to be Delisted – effective 1 April 2021

35	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental) .....	28.40	20	✓ Calcium Sandoz <b>\$29</b>
44	WARFARIN SODIUM Note: Marevan and Coumadin are not interchangeable. * Tab 2 mg..... Note – this delist applies to Pharmacode 767204. A new Pharmacode was listed 1 October 2020.	4.31	50	✓ Coumadin
50	BISOPROLOL FUMARATE * Tab 2.5 mg..... * Tab 5 mg..... * Tab 10 mg.....	3.53 5.15 9.40	90 90 90	✓ Bosvate ✓ Bosvate ✓ Bosvate
50	CELIPROLOL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking celiprolol prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of celiprolol. * Tab 200 mg .....	21.40	180	✓ Celol
55	PRAVASTATIN * Tab 10 mg..... * Tab 20 mg..... * Tab 40 mg..... Note – Pravastatin Mylan tab 40 mg delist applies to Pharmacode 2592819.	3.55 4.72 8.06 4.65	28 100 100 28	✓ Pravastatin Mylan ✓ Apo-Pravastatin ✓ Apo-Pravastatin ✓ Pravastatin Mylan
87	DANAZOL Cap 100 mg .....	19.13	28	✓ Mylan <b>\$29</b>
	Cap 200 mg .....	97.83	100	✓ Azol
106	DARUNAVIR – Special Authority see SA1651 – Retail pharmacy Tab 400 mg..... Tab 600 mg.....	335.00 476.00	60 60	✓ Prezista ✓ Prezista
124	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab long-acting 60 mg.....	5.60	10	✓ Arrow-Morphine LA
153	MODAFINIL – Special Authority see SA1932 – Retail pharmacy Tab 100 mg..... Note – this delist applies to the 30 tab pack.	32.00	30	✓ Modavigil
158	CISPLATIN – PCT only – Specialist Inj 1 mg per ml, 50 ml vial .....	12.29	1	✓ DBL Cisplatin
179	ANASTROZOLE * Tab 1 mg.....	5.04	30	✓ Rolin

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

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### Items to be Delisted – effective 1 April 2021 (continued)

186	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer. Inj 40 mg per ml, vial.....	176.90	3	✓ <b>SH-Onco-BCG</b>
Note – delisting delayed until 1 April 2022.				

### Items to be Delisted – effective 1 May 2021

48	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking cilazapril with hydrochlorothiazide prior to 1 March 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril with hydrochlorothiazide. * Tab 5 mg with hydrochlorothiazide 12.5 mg.....	10.18	100	✓ <b>Apo-Cilazapril/ Hydrochlorothiazide</b>
54	NICOTINIC ACID Tab 50 mg..... Tab 500 mg.....	4.12 17.89	100 100	✓ <b>Apo-Nicotinic Acid</b> ✓ <b>Apo-Nicotinic Acid</b>
161	METHOTREXATE * Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist..... * Inj 25 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist.....	47.50 30.00	5 5	✓ <b>Hospira</b> ✓ <b>DBL Methotrexate Onco-Vial</b>

### Effective 1 June 2021

51	AMLODIPINE Tab 2.5 mg..... Tab 5 mg..... Tab 10 mg.....	1.72 3.33 4.40	100 250 250	✓ <b>Apo-Amlodipine</b> ✓ <b>Apo-Amlodipine</b> ✓ <b>Apo-Amlodipine</b>
151	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA1150 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab sustained-release 20 mg.....	50.00	100	✓ <b>Ritalin SR</b>
172	LAPATINIB DITOSYLATE – Special Authority see SA1191 – Retail pharmacy Tab 250 mg.....	1,899.00	70	✓ <b>Tykerb</b>

### Effective 1 August 2021

125	MAPROTIline HYDROCHLORIDE a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – Subsidised for patients who were taking maprotiline hydrochloride prior to 1 September 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of maprotiline hydrochloride. Tab 75 mg.....	14.01 21.01	20 30	✓ <b>Ludiomil</b> ✓ <b>Ludiomil</b>
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### Items to be Delisted – effective 1 August 2021 (continued)

216	ORAL FEED (POWDER) – Special Authority see SA1859 – Hospital pharmacy [HP3] Powder (vanilla) – Higher subsidy of up to \$26.00 per 850 g with Endorsement .....	8.54	857 g OP	✓ <b>Fortisip</b>
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			

### Effective 1 September 2021

9	RANITIDINE – Subsidy by endorsement a) Only on a prescription b) Subsidy by endorsement – Subsidised for patients who were taking ranitidine prior to 1 November 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ranitidine.			
	* Oral liq 150 mg per 10 ml .....	5.14	300 ml	✓ <b>Peptisoothe</b>

### Effective 1 April 2022

186	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer. Inj 40 mg per ml, vial .....	176.90	3	✓ <b>SII-Onco-BCG</b>
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber or pharmacist

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