

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 May 2014



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## Summary of PHARMAC decisions

EFFECTIVE 1 MAY 2014

### **New listings (page 20)**

- Phenoxybenzamine hydrochloride (BNM) cap 10 mg – s29
- Amoxicillin (Apo-Amoxi) cap 500 mg
- Paliperidone (Invega Sustenna) inj 25 mg, 50 mg, 75 mg, 100 mg and 150 mg syringe – Special Authority – Retail pharmacy
- Cyclophosphamide (Cycloblastin) tab 50 mg – PCT – Retail pharmacy – Specialist
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – Special Authority – Retail pharmacy

### **Changes to restrictions, chemical names and presentation (pages 21-22)**

- Cefalexin monohydrate (Cefalexin Sandoz) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – addition of note
- Diltiazem hydrochloride – re-instate Stat
- Oxytocin (BNM) inj 10 iu per ml, 1 ml ampoule – amendment to brand name
- Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg vial – Special Authority – Retail pharmacy – Special Authority amendment
- Risperidone (Risperdal Consta) inj 25 mg vial, 37.5 mg and 50 mg vial – Special Authority – Retail pharmacy – Special Authority amendment
- Mycophenolate mofetil (Cellcept) tab 500 mg and cap 250 mg – removal of brand switch fee payable
- Paraffin liquid with wool fat (Poly-Visc) eye oint 3% with wool fat – amendment to chemical and presentation description

### **Increase in subsidy (page 23)**

- Phenoxybenzamine hydrochloride (Dibenyline) cap 10 mg

### **Decreased subsidy (page 23)**

- Loperamide hydrochloride (Diamide Relief) cap 2 mg
- Pantoprazole (Dr Reddy's Pantoprazole) tab EC 20 mg and 40 mg
- Clonidine patch 2.5 mg, 100 mcg per day (Catapres-TTS-1), patch 5 mg, 200 mcg per day (Catapres-TTS-2), and patch 7.5 mg, 300 mcg per day (Catapres-TTS-3)
- Risperidone (Risperdal Consta) inj 25 mg, 37.5 mg and 50 mg vial

## Diabetes Nurses Prescribers

From 1 May 2014, all Diabetes Nurse Prescribers will have their prescriptions subsidised.

Currently, subsidies are limited to named Diabetes Nurse Prescribers practicing in approved DHB demonstration sites.

The list of subsidised Pharmaceuticals for these prescribers includes prescription medicines listed in the legislation (Medicines (Designated Prescriber-Registered Nurses Practising in Diabetes Health) Regulations 2011) and a small number of medical devices and non-prescription items.



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## Tacrolimus brand change

Tacrolimus Sandoz capsules (0.5 mg, 1 mg and 5 mg) will be listed from 1 May 2014 and will be sole supply from 1 November 2014. The listing will be subject to the existing Special Authority criteria.

Prograf will continue to be subsidised for a small number of intestinal transplant patients, these patients will be issued with a NPPA number. All other patients will need to change to Tacrolimus Sandoz to continue to receive fully funded tacrolimus.

Transplant services will manage the brand change for each transplant patient during the six month transition period, 1 May-31 October 2014. Patients will be contacted directly by their transplant service to explain how the brand change will be managed for them. PHARMAC will follow up with clinicians and pharmacies who are currently involved in the care of these patients, with further information to explain the process and timelines for the brand change.

Prescriptions must be written and dispensed by brand name. A pharmacy software dispensing alert will highlight the need to dispense the correct brand. The brand should only be changed under the direction of the transplant service.

A Brand Switch Fee will apply to dispensings of Tacrolimus Sandoz from 1 November 2014 to 31 January 2015. Wastage may be claimed on dispensing of the Prograf brand from 1 August 2014 to 31 October 2014. Pharmacists will be able to claim wastage up to a maximum of 90% of one pack during this period.

## **Cefalexin monohydrate grans for oral liquid – supply issue**

PHARMAC has been informed by the supplier of an out-of-stock of cefalexin grans for oral liquid, Cefalexin Sandoz.

In response, PHARMAC has advised prescribers to consider prescribing flucloxacillin instead of cefalexin to treat a skin or soft tissue infection. Pharmacists may transfer patients to cefalexin monohydrate 500 mg capsules if appropriate.

From 1 May 2014, a note will be added to the listings for cefalexin grans for oral liquid to limit the dispensing frequency to no more than 14 days treatment per dispensing.

It is unlikely that further supplies of cefalexin grans for oral liquid 250 mg per 5 ml will be unavailable until September 2014. PHARMAC is working with Novartis to ensure that supply is resumed as soon as possible.

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## **Pipothiazine palmitate (Piportil) depot injections – supply issue**

Sanofi, the supplier of Piportil (pipothiazine palmitate) depot injections, 50 mg per ml, 1 ml and 2 ml, has informed PHARMAC that these injections are likely to be out-of-stock from mid April 2014. There are no alternative suppliers of pipothiazine depot injection.

Prescribers have been advised to not initiate any further patients on pipothiazine depot injection at this time, and to transfer current patient(s) onto another depot injection as soon as they are able.

PHARMAC is working with Sanofi to ensure that supply is resumed as soon as possible.

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## **Paramax (paracetamol with metoclopramide) discontinuation**

Paramax (metoclopramide hydrochloride 5 mg with paracetamol 500 mg) tablets will be delisted on 1 November 2014 due to supplier discontinuation. Paracetamol 500 mg tablets (Parafast) and metoclopramide 10 mg tablets (Metamide) will continue to be fully subsidised.

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## **Arrow Quinapril 5 mg tablets – new shape**

Actavis has advised that from 1 May 2014, it will be supplying a new oval shape 5 mg quinapril tablet. The new shape tablets are designed to be easier to cut in half.

## Paliperidone, olanzapine and risperidone depots

From 1 May 2014, the following additions and changes will be made to antipsychotic depot injection listings:

- paliperidone depot injections (Invega Sustenna) 25 mg, 50 mg, 75 mg, 100 mg and 150 mg will be listed fully subsidised subject to Special Authority criteria; and
- the price and subsidy of risperidone depot injections (Risperdal Consta) will decrease and the Special Authority criteria will be amended; and
- the Special Authority criteria for olanzapine depot injections (Zyprexa Relprevv) will be amended.

The amended Special Authority criteria will allow patients with current approvals for risperidone and olanzapine depot to access paliperidone depot without having to meet the initial approval criteria (and vice versa).

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## Mianserin (Tolvon) discontinuation

Tolvon (mianserin) tab 30 mg will be discontinued from the beginning of 2015 due to supplier discontinuation. PHARMAC has been unable to source an alternative supply and has written to prescribers of mianserin with advice to not initiate further patients on mianserin and to transfer current patients onto another antidepressant. Mirtazapine is a funded alternative that can be considered if appropriate. If current mianserin patients do not meet the Special Authority criteria for mirtazapine, prescribers have been advised to discuss this with PHARMAC on 0800 66 00 50.

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## Amoxicillin 500 mg capsules – update of tender transition

The Apo-Amoxi brand of amoxicillin 500 mg capsules will be subsidised from 1 May 2014. There will be a subsidy reduction for the Alphamox brand from 1 July 2014 and Sole Supply of the Apo-Amoxi brand will commence on 1 October 2014.

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## News in brief

- Stat dispensing will be reinstated on all strengths of **diltiazem hydrochloride** tablets and long-acting capsules from 1 May 2014.
- Surgam (**tiaprofenic acid**) 300 mg tablets will be delisted from 1 May 2014. The supplier discontinued this product and all stock has now expired.

## Tender News

Sole Subsidised Supply changes – effective 1 June 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin	Cap 250 mg; 500 cap	Apo-Amoxi (Apotex)
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg; 100 tab	Apo-Cilazapril/Hydrochlorothiazide (Apotex)
Ceftriaxone	Inj 500 mg vial; 1 inj Inj 1 g vial; 5 inj	Ceftriazone-AFT (AFT)
Coal tar	Soln: 200 ml	Midwest (Midwest)
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg; 100 tab	Apo-Ropinirole (Apotex)

## 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.*

### Possible decisions for future implementation 1 June 2014

- Adalimumab (Humira) inj 20 mg per 0.4 ml and inj 40 mg per 0.8 ml prefilled syringe, and (HumiraPen) inj 40 mg per 0.8 ml prefilled pen – amendment to Special Authority – Retail pharmacy
- Etanercept (Enbrel) inj 25 mg, inj 50 mg autoinjector and inj 50 mg prefilled syringe – amendment to Special Authority – Retail pharmacy
- Febuxostat (Adenuric) tab 80 mg and 120 mg – Special Authority – Retail pharmacy – new listing

## Sole Subsidised Supply Products – cumulative to May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Oral liq 20 mg per ml Tab 300 mg	Ziagen Ziagen	2014
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2014
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2014
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2014
Aminophylline	Inj 25 mg per ml, 10 ml	DBL Aminophylline	2014
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
Amitriptyline	Tab 10 mg Tab 25 mg & 50 mg	Arrow-Amitriptyline Amitrip	2014
Amlodipine	Tab 2.5 mg Tab 5 mg & 10 mg	Apo-Amlodipine Apo-Amlodipine	2014
Amoxicillin	Inj 250 mg, 500 mg & 1 g	Ibiamox	2014
Amoxicillin clavulanate	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Augmentin	2015
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin	
	Tab 500 mg with potassium clavulanate 125 mg	Curam Duo	2014
Aqueous cream	Crn	AFT	2014
Ascorbic acid	Tab 100 mg	Cvite	2016
Aspirin	Tab 100 mg	Ethics Aspirin EC	2016
	Tab dispersible 300 mg	Ethics Aspirin	
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Inj 600 mcg, 1 ml	AstraZeneca	2015
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Baclofen	Tab 10 mg	Pacifen	2016
Bendrofluazide	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2014
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015

\*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 May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Benzylpenicillin sodium (Penicillin G)	Inj 600 mg	Sandoz	2014
Betaxolol hydrochloride	Eye drops 0.5% Eye drops 0.25%	Betoptic Betoptic S	2014
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
Bicalutamide	Tab 50 mg	Bicalaccord	2014
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%	Arrow-Brimonidine	2014
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	Inj 100 iu per ml, 1 ml	Miacalcic	2014
Calcium carbonate	Tab 1.25 g (500 mg elemental) Tab eff 1.75 g (1 g elemental)	Arrow-Calcium Calsource	2014
Calcium folinate	Tab 15 mg	DBL Leucovorin Calcium	2014
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
Cefazolin sodium	Inj 500 mg & 1 g	AFT	2014
Cefuroxime sodium	Inj 750 mg	Multichem	2014
Cetirizine hydrochloride	Oral liq 1 mg per ml Tab 10 mg	Cetirizine - AFT Zetop	2014
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70% Soln 4%	healthE healthE Orion	2015 2014
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2014

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## Sole Subsidised Supply Products – cumulative to May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Citalopram hydrobromide	Tab 20 mg	Arrow-Citalopram	2014
Clarithromycin	Tab 500 mg Tab 250 mg	Apo-Clarithromycin Apo-Clarithromycin	2014
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Clindamycin ABM Dalacin C	2016
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Vaginal crm 1% with applicators Vaginal crm 2% with applicators Crm 1%	Clomazol	2016
		Clomazol	2014
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
<b>Compound electrolytes</b>	<b>Powder for oral soln</b>	<b>Enerlyte</b>	<b>2016</b>
Crotamiton	Crm 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclosporin	Oral liq 100 mg per ml	Neoral	2015
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet 84	2014
Desmopressin	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2014
Dexamethasone	Tab 1 mg & 4 mg Eye oint 0.1%	Douglas	2015
		Maxidex	2014
Dexamethasone with neomycin and polymyxin b sulphate	Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml	Maxitrol	2014
		Maxitrol	
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
Dextrose	Inj 50%, 10 ml	Biomed	2014
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Apo-Diclo	2015
		Diclax SR	
	Inj 25 mg per ml, 3 ml Eye drops 1 mg per ml Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Voltaren	2014
		Voltaren Ophtha Voltaren	

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## Sole Subsidised Supply Products – cumulative to May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2014
Docusate sodium	Cap 50 mg Cap 120 mg	Laxofast 50 Laxofast 120	2014
Domperidone	Tab 10 mg	Prokinex	2015
Doxazosin mesylate	Tab 2 mg & 4 mg	Apo-Doxazosin	2014
Doxycycline hydrochloride	Tab 100 mg	Doxine	2014
Emulsifying ointment	Oint BP	AFT	2014
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
Ergometrine maleate	Inj 500 mcg per ml, 1 ml	DBL Ergometrine	2014
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg & 7 inert tab Tab 30 mcg with levonorgestrel 150 mcg & 7 inert tab	Ava 20 ED Ava 30 ED	2014
Exemestane	Tab 25 mg	Aromasin	2014
Felodopine	Tab long-acting 5 mg & 10 mg Tab long-acting 2.5 mg	Plendil ER Plendil ER	2015
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
<b>Ferrous sulphate</b>	<b>Oral liq 30 mg (6 mg elemental) per 1 ml</b>	<b>Ferodan</b>	<b>2016</b>
Filgrastim	Inj 300 mcg per 0.5 ml Inj 480 mcg per 0.5 ml	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Rex Medical	2014
Flucloxacillin sodium	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g	AFT Staphlex Flucloxin	2015 2014
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2014
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015

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## Sole Subsidised Supply Products – cumulative to May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Fusidic acid	Oint 2%	Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Apo-Gliclazide	2014
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Suppos 3.6 g	PSM	2015
Glyceryl trinitrate	Aerosol spray 400 mcg per dose TDDS 5 mg & 10 mg Tab 600 mcg	Glytrin Nitroderm TTS Lycinate	2014
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg Crn 1% Powder	Solu-Cortef Douglas Pharmacy Health ABM	2016 2015 2014
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
Hydrocortisone with wool fat and mineral oil	Lotn 1% with wool fat hydrous 3% and mineral oil	DP Lotn HC	2014
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine sulphate	Tab 200 mg	Plaquenil	2015
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Hyoscine N-butylbromide	Inj 20 mg, 1 ml Tab 10 mg	Buscopan Gastrosoothe	2014
Ibuprofen	Oral liq 20 mg per ml Tab 200 mg Tab long-acting 800 mg	Fenpaed Arrowcare Brufen SR	2016 2014
Imiquimod	Crn 5%	Aldara	2014
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016
Iron polymaltose	Inj 50 mg per ml, 2 ml	Ferrum H	2014
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2014
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015

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## Sole Subsidised Supply Products – cumulative to May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Ketoconazole	Shampoo 2%	Sebizole	2014
<b>Lactulose</b>	<b>Oral liq 10 g per 15 ml</b>	<b>Laevolac</b>	<b>2016</b>
<b>Lamivudine</b>	<b>Tab 150 mg</b>	<b>Lamivudine Alphapharm</b>	<b>2016</b>
	Oral liq 10 mg per ml; 240 ml OP Tab 100 mg	3TC Zetlam	2014
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	Tab 1.5 mg	Postinor-1	2016
Lidocaine [lignocaine] hydrochloride	Inj 2% ampoule, 5 ml & 20 ml Viscous soln 2%	Lidocaine-Claris Xylocaine Viscous	2015 2014
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2015 2014
Lodoxamide trometamol	Eye drops 0.1%	Lomide	2014
Loratadine	Tab 10 mg	Lorafix	2016
Losartan	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Lostaar	2014
Losartan with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2014
Macrogol	Powder 13.125 g, sachets	Lax-Sachets	2014
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Mebendazole	Tab 100 mg	De-Worm	2014
Mebeverine hydrochloride	Tab 135 mg	Colofac	2014
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml	Hospira	2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml	Depo-Medrol	2015
Methylprednisolone acetate with lignocaine	Inj 40 mg per ml with lignocaine 1 ml	Depo-Medrol with Lidocaine	2015

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## Sole Subsidised Supply Products – cumulative to May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Mesalazine	Enema 1 g per 100 ml Suppos 500 mg	Pentasa Asacol	2015 2014
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015
Methotrexate	Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	Methotrexate Sandoz	2016
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml Tab 10 mg	Pfizer Metamide	2014
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2%	Multichem	2014
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg	m-Eslon	2016
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	
	Inj 5 mg per ml, 1 ml	DBL Morphine Sulphate	2014
	Inj 10 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 15 mg per ml, 1 ml	DBL Morphine Sulphate	
	Inj 30 mg per ml, 1 ml	DBL Morphine Sulphate	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg	Cellcept	2016
	Tab 500 mg		
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016

\*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 May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Naphazoline hydrochloride	Eye drops 0.1%	Naphcon Forte	2014
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
Neostigmine	Inj 2.5 mg per ml, 1 ml	AstraZeneca	2014
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Gum 2 mg & 4 mg (classic, fruit, mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg	Habitrol  Habitrol Habitrol	2014
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2014
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2015 2014
Norfloracin	Tab 400 mg	Arrow-Norfloracin	2014
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Nystatin	Oral liq 100,000 u per ml	Nilstat	2014
Octreotide (somatostatin analogue)	Inj 50 mcg per ml, 1 ml Inj 100 mcg per ml, 1 ml Inj 500 mcg per ml, 1 ml	Octreotide Max Rx	2014
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Omeprazole	Cap 10 mg, 20 mg & 40 mg Powder Inj 40 mg	Omezol Relief Midwest Dr Reddy's Omeprazole	2014
Ondansetron	Tab 4 mg & 8 mg	Onrex	2016
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2014
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Tab controlled-release 10 mg, 20 mg, 40 mg & 80 mg Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	Oxydone BNM  OxyNorm Oxycodone Orion	2015
<b>Oxytocin</b>	<b>Inj 5 iu per ml, 1 ml ampoule</b> <b>Inj 10 iu per ml, 1 ml ampoule</b> Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	<b>Oxytocin BNM</b> <b>BNM</b> Syntometrine	<b>2015</b>
Pamidronate disodium	Inj 3 mg per ml, 10 ml; 6 mg per ml, 10 ml & 9 mg per ml, 10 ml	Pamidronate BNM	2014
Pantoprazole	Inj 40 mg	Pantocid IV	2014

\*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 May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol	Suppos 500 mg	Paracare	2015
	Tab 500 mg	Parafast	2014
	Oral liq 120 mg per 5 ml	Ethics Paracetamol	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2014
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	2017
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
Pergolide	Tab 0.25 mg & 1 mg	Permax	2014
Permethrin	Crn 5%	Lyderm A-Scabies	2014
	Lotn 5%		
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2015
	Inj 50 mg per ml, 1 ml	DBL Pethidine Hydrochloride	2014
	Inj 50 mg per ml, 2 ml	DBL Pethidine Hydrochloride	
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
<b>Phenoxymethylpenicillin (Penicillin V)</b>	<b>Grans for oral liq 125 mg per 5 ml &amp; 250 mg per 5 ml</b>	<b>AFT</b>	<b>2016</b>
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Poloxamer	Oral drops 10%	Coloxyl	2014
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2014
Procaine penicillin	Inj 1.5 mega u	Cilicaine	2014
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Allersoothe Allersoothe	2015
	Tab 10 mg & 25 mg		

\*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 May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Pyridostigmine bromide	Tab 60 mg	Mestinon	2014
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2014
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine hydrochloride	Oral liq 150 mg per 10 ml Tab 150 mg & 300 mg	Peptisoothe Arrow-Ranitidine	2014
Rifabutin	Cap 150 mg	Mycobutin	2016
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2014
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Ventolin Asthalin	2016 2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Silagra	2014
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2014
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg Tab 100 mg	Spiractin Spirotone	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tamoxifen citrate	Tab 20 mg	Genox	2014
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016

\*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 May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml & 1,000 ml	Pinetarsol	2014
Temazepam	Tab 10 mg	Normison	2014
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2014
Testosterone cypionate	Inj long-acting 100 mg per ml, 10 ml	Depo-Testosterone	2014
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016
Tetracosactrin	Inj 250 mcg per ml, 1 ml ampoule Inj 1 mg per ml, 1 ml	Synacthen Synacthen Depot	2014
Timolol maleate	Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP Eye drops 0.25% & 0.5%	Timoptol XE	2016
		Arrow-Timolol	2014
Tobramycin	Eye drops 0.3% Eye oint 0.3% Inj 40 mg per ml, 2 ml	Tobrex	2014
		Tobrex	
		DBL Tobramycin	
Tolcapone	Tab 100 mg	Tasmar	2014
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2014
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml Inj 40 mg per ml, 1 ml Crn 0.02% Oint 0.02% 0.1% in Dental Paste USP	Kenacort-A	2014
		Kenacort-A40	
		Aristocort	
		Aristocort	
		Oracort	
Tropicamide	Eye drops 0.5% & 1%	Mydriacyl	2014
<b>Urea</b>	<b>Crn 10%</b>	<b>healthE Urea Cream</b>	<b>2016</b>
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2014
Vancomycin hydrochloride	Inj 500 mg	Mylan	2014
Verapamil hydrochloride	Tab 40 mg & 80 mg	Isoptin	2014
Vitamin B complex	Tab, strong, BPC	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
Zidovudine [AZT]	Cap 100 mg & oral liq 10 mg per ml	Retrovir	2016
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2014
Zinc and castor oil	Oint BP	Multichem	2014
Zinc sulphate	Caps 137.4 mg (50 mg elemental)	Zincaps	2014

\*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 May 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Zopiclone	Tab 7.5 mg	Apo-Zopiclone	2014

May changes are in bold type

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 May 2014

53	PHENOXYBENZAMINE HYDROCHLORIDE * Cap 10 mg .....	65.00	30	✓ <b>BNM</b> <b>S29</b>
94	AMOXYCILLIN Cap 500 mg .....	20.94	500	✓ <b>Apo-Amoxi</b>
	a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPF – see rule 5.2.6			
140	PALIPERIDONE – Special Authority see SA1429 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg syringe .....	194.25	1	✓ <b>Invega Sustenna</b>
	Inj 50 mg syringe .....	271.95	1	✓ <b>Invega Sustenna</b>
	Inj 75 mg syringe .....	357.42	1	✓ <b>Invega Sustenna</b>
	Inj 100 mg syringe .....	435.12	1	✓ <b>Invega Sustenna</b>
	Inj 150 mg syringe .....	435.12	1	✓ <b>Invega Sustenna</b>

▶ **SA1429** Special Authority for Subsidy

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

Either:

- 1 The patient has had an initial Special Authority approval for risperidone depot injection or olanzapine depot injection; or
- 2 All of the following:
  - 2.1 The patient has schizophrenia or other psychotic disorder; and
  - 2.2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
  - 2.3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months where the initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

Note: Paliperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialling paliperidone depot injection.

156	CYCLOPHOSPHAMIDE Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ <b>Cycloblastin</b>
187	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy Cap 0.5 mg .....	85.60	100	✓ <b>Tacrolimus Sandoz</b>
	Cap 1 mg .....	171.20	100	✓ <b>Tacrolimus Sandoz</b>
	Cap 5 mg – For tacrolimus oral liquid formulation refer page 201 .....	428.00	50	✓ <b>Tacrolimus Sandoz</b>

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions, Chemical Names and Presentations Effective 1 May 2014

58	DILTIAZEM HYDROCHLORIDE (stat re-instated)				
	* Tab 30 mg .....	4.60	100	✓ <b>Dilzem</b>	
	* Tab 60 mg – For diltiazem hydrochloride oral liquid formulation refer page 201 .....	8.50	100	✓ <b>Dilzem</b>	
	* Cap long-acting 120 mg .....	1.91	30	✓ <b>Cardizem CD</b>	
		31.83	500	✓ <b>Apo-Diltiazem CD</b>	
	* Cap long-acting 180 mg .....	7.56	30	✓ <b>Cardizem CD</b>	
		47.67	500	✓ <b>Apo-Diltiazem CD</b>	
	* Cap long-acting 240 mg .....	10.22	30	✓ <b>Cardizem CD</b>	
		63.58	500	✓ <b>Apo-Diltiazem CD</b>	
81	OXYTOCIN – Up to 5 inj available on a PSO (amendment to brand name) Inj 10 iu per ml, 1 ml ampoule .....	5.98	5	✓ <b>Oxytocin-BNM- BNM</b>	
92	CEFALEXIN MONOHYDRATE (addition of note) Grans for oral liq 125 mg per 5 ml – Wastage claimable – see rule 3.3.2 .....	8.50	100 ml	✓ <b>Cefalexin Sandoz</b>	
	<b>Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing</b>				
	Grans for oral liq 250 mg per 5 ml – Wastage claimable – see rule 3.3.2 .....	11.50	100 ml	✓ <b>Cefalexin Sandoz</b>	
	<b>Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing</b>				
140	OLANZAPINE – Special Authority see SA1428146 1428 – Retail pharmacy (amendment to Special Authority and presentation description) Safety medicine; prescriber may determine dispensing frequency				
	Inj 210 mg vial .....	280.00	1	✓ <b>Zyprexa Relprevv</b>	
	Inj 300 mg vial .....	460.00	1	✓ <b>Zyprexa Relprevv</b>	
	Inj 405 mg vial .....	560.00	1	✓ <b>Zyprexa Relprevv</b>	

➡ **SA1428146** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 12 months for applications meeting the following criteria:

Either:

- 1 The patient has had an initial Special Authority approval for risperidone depot injection or paliperidone depot injection; or
- 2 All of the following:
  - 2.1 The patient has schizophrenia; and
  - 2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
  - 2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

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

Either:

- 1 Both:
  - 1.1 The patient has had less than 12 months treatment with olanzapine depot injection; and
  - 1.2 There is no clinical reason to discontinue treatment; or
- 2 The initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic olanzapine depot injection.

Note: The patient should be monitored for post-injection syndrome for at least two hours after each injection.

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

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

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(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
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## Changes to Restrictions – effective 1 May 2014 (continued)

140	RISPERIDONE – Special Authority see SA0926 1427 – Retail pharmacy (amendment to Special Authority and presentation description) Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg per 2 ml vial .....	135.98	1	✓ Risperdal Consta
	Inj 37.5 mg per 2 ml vial .....	178.71	1	✓ Risperdal Consta
	Inj 50 mg per 2 ml vial .....	217.56	1	✓ Risperdal Consta

▶ SA14270926 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 12 months for applications meeting the following criteria:

Either:

- 1 The patient has had an initial Special Authority approval for paliperidone depot injection or olanzapine depot injection; or
- 2 All of the following:
  - 2.1 The patient has schizophrenia or other psychotic disorder; and
  - 2.2 Has tried but failed to comply with treatment using oral atypical antipsychotic agents; and
  - 2.3 Has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months.

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

Either:

- 1 Both:
  - 1.1 The patient has had less than 12 months treatment with olanzapine depot injection; and
  - 1.2 There is no clinical reason to discontinue treatment; or
- 2 The initiation of risperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of **an atypical antipsychotic risperidone depot injection.**

Note: Risperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialling risperidone depot injection.

171	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy			
	Tab 500 mg – Brand switch fee payable (Pharmacode 2452189).....	25.00	50	✓ Cellcept
	Cap 250 mg – Brand switch fee payable (Pharmacode 2452189).....	25.00	100	✓ Cellcept
198	PARAFFIN LIQUID WITH WOOL FAT LIQUID (amendment to chemical and presentation descriptions) * Eye oint 3% with wool fat liq 3% .....	3.63	3.5 g OP	✓ Poly-Visc

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 May 2014

24	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO (↓ subsidy) * Cap 2 mg .....	7.84	400	✓ Diamide Relief
27	PANTOPRAZOLE (↓ subsidy) * Tab EC 20 mg .....	0.75	28	✓ Dr Reddy's Pantoprazole
	* Tab EC 40 mg .....	0.99	28	✓ Dr Reddy's Pantoprazole
53	PHENOXYBENZAMINE HYDROCHLORIDE (↑ subsidy) * Cap 10 mg .....	65.00	30	✓ Dibenylene <b>s29</b>
59	CLONIDINE (↓ subsidy) * Patch 2.5 mg, 100 mcg per day – Only on a prescription .....	12.80	4	✓ Catapres-TTS-1
	* Patch 5 mg, 200 mcg per day – Only on a prescription .....	18.04	4	✓ Catapres-TTS-2
	* Patch 7.5 mg, 300 mcg per day – Only on a prescription .....	22.68	4	✓ Catapres-TTS-3
145	RISPERIDONE – Special Authority see SA1427 – Retail pharmacy (↓ subsidy) Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg vial .....	135.98	1	✓ Risperdal Consta
	Inj 37.5 mg vial .....	178.71	1	✓ Risperdal Consta
	Inj 50 mg vial .....	217.56	1	✓ Risperdal Consta

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

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

## Changes to General Rules

Effective 1 May 2014

- 11 "Diabetes Nurse Prescriber", means a registered nurse **who is a Designated Prescriber—Registered Nurses Practising in Diabetes Health as determined by the Nursing Council of New Zealand to practice practising in diabetes health and who** has authority to prescribe specified diabetes medicines in accordance with regulations made under the Medicines Act 1981, ~~and who is practicing in an approved DHB demonstration site.~~
- 13 "Practitioner", means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber, an Optometrist, **a Quitcard Provider** or a Pharmacist Prescriber as those terms are defined in the Pharmaceutical Schedule.
- 14 "**Quitcard Provider**" means a person registered with the Ministry of Health as a **Quitcard Provider**.
- 18 3.6 Diabetes Nurse Prescribers' Prescriptions  
The following provisions apply to every Prescription written by a Diabetes Nurse Prescriber:
- 3.6.1 Prescriptions written by a Diabetes Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:
- a) a Community Pharmaceutical classified as a Prescription Medicine or a Restricted Medicine and which a Diabetes Nurse Prescribers is permitted under regulations to prescribe; or
  - b) any other Community Pharmaceutical listed below:  
aspirin, blood glucose diagnostic test meter, blood glucose diagnostic test strip, blood ketone diagnostic test meter, glucagon hydrochloride inj 1 mg syringe kit, insulin pen needles, insulin syringes disposable with attached needle, insulin pump accessories, insulin pump infusion set, insulin pump reservoir, ketone blood beta-ketone electrodes test strip, nicotine, sodium nitroprusside test strip,
- 3.6.2 Any Diabetes Nurse Prescribers' prescription for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (ie after the initial prescription with Special Authority approval was dispensed).  
~~Note: A list of Diabetes Nurse Prescribers will be published periodically in the Update of the Pharmaceutical Schedule for the duration of an initial pilot scheme. After this period there will be no approved DHB demonstration sites and hence no Diabetes Nurse Prescribers.~~
- 18 3.7 Quitcard Providers' Prescriptions  
**Prescriptions written by a Quitcard Provider will only be subsidised where they are:**
- a) **for any of the following Community Pharmaceuticals: nicotine patches, nicotine lozenges or nicotine gum; and**
  - b) **written on a Quitcard.**



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Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 May 2014

38	LACTULOSE – Only on a prescription * Oral liq 10 g per 15 ml..... 7.68 1,000 ml ✓ Laevolac Note – Laevolac oral liq 10 g per 15 ml in the 500 ml pack size remains listed.
50	COMPOUND ELECTROLYTES Powder for oral soln – Up to 10 sach available on a PSO..... 0.90 5 ✓ Electral
52	ENALAPRIL MALEATE * Tab 5 mg ..... 1.07 90 ✓ m-Enalapril * Tab 10 mg ..... 1.32 90 ✓ m-Enalapril * Tab 20 mg – For enalapril maleate oral liquid formulation refer page 189..... 1.72 90 ✓ m-Enalapril
70	UREA * Crm 10%..... 1.65 100 g OP (3.07) Nutraplus
79	OXYTOCIN – Up to 5 inj available on a PSO Inj 5 iu per ml, 1 ml ampoule ..... 4.75 5 ✓ Syntocinon Inj 10 iu per ml, 1 ml ampoule ..... 5.98 5 ✓ Syntocinon
86	LEVOTHYROXINE * Tab 25 mcg..... 43.24 1,000 ✓ Synthroid ‡ Safety cap for extemporaneously compounded oral liquid preparations. * Tab 50 mcg..... 45.00 1,000 ✓ Synthroid ‡ Safety cap for extemporaneously compounded oral liquid preparations. Note – Synthroid in the 90 tablet pack size remain subsidised.
108	LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy Tab 150 mg ..... 52.50 60 (153.60) 3TC
117	TIAPROFENIC ACID * Tab 300 mg ..... 19.26 60 ✓ Surgam
145	ZOPICLONE Tab 7.5 mg ..... 1.90 30 ✓ Apo-Zopiclone Note – Apo-Zopiclone in the 500 tab pack size remains listed.
149	METHOTREXATE * Inj 25 mg per ml, 40 ml – PCT – Retail pharmacy – Specialist..... 25.00 1 ✓ DBL Methotrexate <b>S29</b>
192	PHARMACY SERVICES * Brand switch fee..... 4.33 1 fee ✓ BSF Cellcept
207	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (vanilla) ..... 13.00 900 g OP ✓ Ensure Note – Ensure powder (vanilla) in the 850 g pack size remains listed.

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Items to be Delisted

### Effective 1 August 2014

27	PANTOPRAZOLE				
	* Tab EC 20 mg .....	0.75	28	✓ Dr Reddy's Pantoprazole	
	* Tab EC 40 mg .....	0.99	28	✓ Dr Reddy's Pantoprazole	

### Effective 1 September 2014

156	CYCLOPHOSPHAMIDE				
	Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ Cycloblastin	

### Effective 1 November 2014

53	PHENOXYBENZAMINE HYDROCHLORIDE				
	* Cap 10 mg .....	65.00	30	✓ Dibenylene <sup>S29</sup>	
		26.05	100	✓ Dibenylene <sup>S29</sup>	
138	METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL				
	Tab 5 mg with paracetamol 500 mg.....	6.77	60	✓ Paramax	
158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist				
	Inj 1 g .....	62.50	1	✓ Gemcitabine Actavis 1000	
	Inj 200 mg .....	12.50	1	✓ Gemcitabine Actavis 200	
187	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy				
	Cap 0.5 mg .....	214.00	100	✓ Prograf	
	Cap 1 mg .....	428.00	100	✓ Prograf	
	Cap 5 mg – For tacrolimus oral liquid formulation refer page 201 .....	1,070.00	50	✓ Prograf	

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