

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2015

Cumulative for May, June and July 2015



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Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2015

New listings (page 22)

- Hydroxocobalamin (Neo-B12) inj 1 mg per ml, 1 ml ampoule – up to 6 inj available on a PSO
- Sildenafil (Vedafil) tab 25 mg, 50 mg and 100 mg
- Pregnancy tests – HCG urine (EasyCheck) cassette, 40 test OP – Up to 200 test available only on a PSO
- Flucloxacillin (DBL Flucloxacillin) inj 1 g vial – Up to 10 inj available on a PSO
- Carboplatin (DBL Carboplatin) inj 10 mg per ml, 5 ml and 15 ml vial – PCT only
 - Specialist
- Carboplatin (DBL Carboplatin) inj 10 mg per ml, 45 ml vial – PCT only
 - Specialist – new Pharmacode
- Fluorometholone (FML) eye drops 0.1%, 5 ml OP
- Acetylcysteine (DBL Acetylcysteine) inj 200 mg per ml, 10 ml ampoule – Retail pharmacy-Specialist

Changes to restrictions, chemical names and presentation (pages 25-31)

- Hydroxocobalamin (Neo-B12 and ABM Hydroxocobalamin) inj 1 mg per ml, 1 ml ampoule – amended presentation description
- Potassium chloride (Span-K) tab long-acting 600 mg (8 mmol) – amended presentation description
- Sodium polystyrene sulphonate (Resonium-A) powder, 454 g OP – amended pack size
- Enalapril maleate (Ethics Enalapril) tab 5 mg, 10 mg and 20 mg – amended chemical name
- Betamethasone dipropionate with calcipotriol (Daivobet) oint 500 mcg with calcipotriol 50 mcg per g and gel 500 mcg with calcipotriol 50 mcg per g – amended presentation description
- Oxytocin with ergometrine maleate (Syntometrine) inj 5 iu with ergometrine maleate 500 mcg per ml – amended chemical name
- Cefalexin (Cefalexin Sandoz) grans for oral liq 25 mcg per ml and 50 mcg per ml – amended chemical name and presentation description
- Benzathine benzypenicillin (Bicillin LA) inj 900 mg (1.2 million units) in 2.3 ml syringe – amended presentation description
- Flucloxacillin (AFT) grans for oral liq 25 mg per ml, and 50 mg per ml – amended presentation description
- Flucloxacillin (Flucloxin) inj 1 g vial – Sole Subsidised Supply suspended
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml ampoule – amended presentation description
- Fentanyl (Boucher and Muir) inj 50 mcg per ml, 2 ml ampoule and 10 ml ampoule – amended presentation description

Summary of PHARMAC decisions – effective 1 July 2015 (continued)

- Amitriptyline (Arrow-Amitriptyline) tab 25 mg and 50 mg – removal of Brand Switch Fee
- Carboplatin inj 10 mg per ml, 5 ml vial (DBL Carboplatin and Carboplatin Ebewe), inj 10 mg per ml, 15 ml vial (DBL Carboplatin, Carbaccord and Carboplatin Ebewe), inj 10 mg per ml, 45 ml vial (DBL Carboplatin and Carbaccord), and inj 10 mg per ml, 100 ml vial (Carboplatin Ebewe)
– amended presentation description
- Carmustine (BiCNU) inj 100 mg vial – amended presentation description
- Irinotecan hydrochloride inj 20 mg per ml, 2 ml vial (Irinotecan Actavis 40, Camptosar and Irinotecan-Rex), inj 20 mg per ml, 5 ml vial (Irinotecan Actavis 100, Camptosar and Irinotecan-Rex) and inj 1 mg for ECP (Baxter) – amended chemical name and presentation description
- Mitozantrone inj 2 mg per ml, 5 ml vial (Mitozantrone Ebewe), inj 2 mg per ml, 10 ml vial (Mitozantrone Ebewe), and inj 2 mg per ml, 12.5 ml (Onkotrone)
– amended presentation description
- Vinorelbine (Navelbine and Vinorelbine Ebewe) inj 10 mg per ml, 1 ml vial and 5 ml vial – amended presentation description
- Promethazine hydrochloride (Allersoothe) oral liq 1 mg per 1 ml – amended presentation description
- Salbutamol (Asthalin) nebuliser soln 1 mg per ml, 2.5 ml ampoule and 2 mg per ml, 2.5 ml ampoule – amended presentation description
- Salbutamol with ipratropium bromide (Duolin) nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule
- Latanoprost (Hysite) eye drops 0.005%, 2.5 ml OP – amended presentation description
- Sodium hyaluronate [hyaluronic acid] eye drops 1 mg per ml, 10 ml OP
– amended chemical name
- Acetylcysteine (DBL Acetylcysteine and Martindale Acetylcysteine) inj 200 mg per ml, 10 ml ampoule – amended presentation description
- Tramadol 10 mg/ml – added to the list of pharmaceuticals with standardised formula for compounding in Ora products
- Diphtheria, tetanus and pertussis vaccine (Boostrix) 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 – amended restriction
- Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine (Infanrix-hexa) Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25 mcg pertussis toxoid, 2 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe – amended restriction
- Haemophilus influenzae type B vaccine (Act-HIB) inj 10 mcg vial with diluent syringe – amended restriction
- Hepatitis B recombinant vaccine (HBvaxPRO) inj 5 mcg per 0.5 ml vial and 10 mcg per 1 ml vial – amended restriction
- Human papillomavirus (6, 11, 16 and 18) vaccine [HPV] (Gardasil) inj 120 mcg in 0.5 ml syringe – amended restriction

Summary of PHARMAC decisions – effective 1 July 2015 (continued)

- Influenza vaccine (Fluarix and Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction
- Measles, mumps and rubella vaccine (M-M-R II) Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial – amended restriction
- 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
- Meningococcal C conjugated vaccine (Neisvac-C) inj 10 mcg in 0.5 ml syringe – amended restriction
- Pneumococcal (PCV13) vaccine (Prevenar 13) inj 30.8 mcg in 0.5 ml syringe – amended restriction

Increased subsidy (pages 37-43)

- Hyoscine N-butylbromide (Gastrosoothe) tab 10 mg
- Quinapril (Arrow-Quinapril 5) tab 5 mg
- Celiprolol (Celol) tab 200 mg
- Propranolol (Cardinol LA) cap long-acting 160 mg
- Co-trimoxazole (Trisul) tab trimethoprim 80 mg and sulphamethoxazole 400 mg
- Trimethoprim (TMP) tab 300 mg
- Interferon alfa-2B (Intron-A) inj 18 m iu, 1.2 ml multidose pen, 30 m iu, 1.2 ml multidose pen, 60 m iu, 1.2 ml multidose pen
- Clonazepam (Paxam) tab 500 mcg and 2 mg
- Chlorambucil (Leukeran FC) tab 2 mg
- Melphalan (Alkeran) tab 2 mg and inj 50 mg
- Irinotecan hydrochloride (Irinotecan Actavis 40) inj 20 mg per ml, 2 ml vial
- Thioguanine (Lanvis) tab 40 mg

Decreased subsidy (pages 37-43)

- Mesalazine (Pentasa) enema 1 g per 100 ml
- Glipizide (Minidiab) tab 5 mg
- Chlorhexidine gluconate (healthE) mouthwash 0.2%, 200 ml OP
- Miconazole (Decozol) oral gel 20 mg per g, 40 g OP
- Sodium polystyrene sulphonate (Resonium-A) powder, 454 g OP
- Enalapril maleate (Ethics Enalapril) tab 5 mg, 10 mg and 20 mg
- Quinapril tab 10 mg (Arrow-Quinapril 10) and tab 20 mg (Arrow-Quinapril 20)
- Candesartan cilexetil (Candestar) tab 4 mg, 8 mg, 16 mg and 32 mg
- Atenolol (Mylan Atenolol) tab 50 mg and 100 mg
- Felodipine (Plendil ER) tab long-acting 2.5 mg, 5 mg and 10 mg
- Clonidine hydrochloride (Clonidine BNM) tab 25 mcg
- Furosemide [frusemide] (Diurin 40) tab 40 mg

Summary of PHARMAC decisions – effective 1 July 2015 (continued)

- Ciclopirox olamine (Apo-Ciclopirox) nail-soln 8%, 7 ml OP
- Crotamiton (Itch-Soothe) crm 10%, 20 g OP
- Chlorhexidine gluconate (healthE) handrub 1% with ethanol 70%
- Hydrocortisone with miconazole (Micreme H) crm 1% with miconazole nitrate 2%, 15 g OP
- Fluorouracil sodium (Efudix) crm 5%, 20 g OP
- Testosterone undecanoate (Andriol Testocaps) cap 40 mg
- Cabergoline (Dostinex) tab 0.5 mg, 2 and 8 tab pack sizes
- Cefalexin (Cefalexin Sandoz) grans for oral liq 25 mg per ml and 50 mcg per ml
- Azithromycin (Apo-Azithromycin) tab 250 mg and 50 mg
- Flucloxacillin (Staphlex) cap 250 mg and 500 mg
- Flucloxacillin (AFT) grans for oral liq 25 mg per ml and 50 mg per ml
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml ampoule
- Isoniazid (Rifinah) tab 100 mg with rifampicin 150 mg and 150 mg with rifampicin 300 mg
- Efavirenz (Stocrin) tab 50 mg, 200 mg and 600 mg
- Naproxen tab 250 mg (Noflam 250) and 500 mg (Noflam 500)
- Hydroxychloroquine (Plaquenil) tab 200 mg
- Etidronate disodium (Arrow-Etidronate) tab 200 mg
- Entacapone (Entapone) tab 200 mg
- Fentanyl (Boucher and Muir) inj 50 mcg per ml, 2 ml ampoule and 10 ml ampoule
- Methadone hydrochloride (Biodone Forte) oral liq 5 mg per ml
- Escitalopram (Loxalate) tab 10 mg and 20 mg
- Venlafaxine (Efexor XR) cap 37.5 mg, 75 mg and 150 mg
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg, lozenge 1 mg and 2 mg, and gum (classic, fruit and mint) 2 mg and 4 mg
- Carboplatin (DBL Carboplatin) inj 10 mg per ml, 45 ml vial
- Fludarabine phosphate (Fludara Oral) tab 10 mg
- Irinotecan hydrochloride inj 20 mg per ml, 5 ml vial (Irinotecan Actavis 100) and inj 1 mg for ECP (Baxter)
- Methotrexate (Trexate) tab 2.5 mg and 10 mg
- Mitozantrone inj 2 mg per ml, 10 ml vial (Mitozantrone Ebewe) and inj 1 mg for ECP (Baxter)
- Vinorelbine inj 10 mg per ml, 1 ml vial and 5 ml vial (Navelbine) and inj 1 mg for ECP (Baxter)
- Promethazine hydrochloride (Allersoothe) tab 10 mg and 25 mg, and oral liq 1 mg per 1 ml

Summary of PHARMAC decisions – effective 1 July 2015 (continued)

- Salbutamol (Asthalin) nebuliser soln 1 mg per ml, 2.5 ml ampoule and 2 mg per ml, 2.5 ml ampoule
- Salbutamol with ipratropium bromide (Duolin) nebuliser soln 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule
- Fluticasone propionate (Flixonase Hayfever & Allergy) metered aqueous nasal spray, 50 mcg per dose, 120 dose OP
- Chloramphenicol (Chlorafast) eye drops 0.5%, 10 ml OP
- Latanoprost (Hysite) eye drops 0.005%, 2.5 ml OP

Ever wondered why the July Update includes so many changes? 1 July 2015 marks the beginning of the new financial year for PHARMAC and that's when many new tenders and new funding decisions are implemented.

What's changing?

The following Tender products will be listed from 1 July 2015:

- FML (fluorometholone) 0.1% eye drops, 5 ml OP
- Neo-B12 (hydroxocobalamin) 1 mg per ml, 1 ml ampoule
- Vedafil (sildenafil) 25 mg, 50 mg and 100 mg tablets
- EasyCheck (pregnancy tests – hCG urine) cassette
- DBL Acetylcysteine (acetylcysteine) 200 mg per ml, 10 ml ampoule

Sole Supply for these products will commence 1 December 2015.



Flucloxacillin injection – new listing

Douglas Pharmaceuticals has indicated that there is a limited supply of the Flucloxin brand of flucloxacillin 1 g injection until its next delivery in August. To ensure that there is no risk to supply, Douglas Pharmaceuticals has taken steps to secure additional supply and, as a result, the DBL brand of flucloxacillin 1 g injection will be listed from 1 July 2015.

Compounded tramadol oral liquid formulation

From 1 July 2015, tramadol 10 mg/ml (using tramadol 50 mg capsules) will be added to the list of pharmaceuticals with standardised formula for compounding in Ora products. This list refers to standardised formulas listed on the eMixt website at www.pharminfotech.co.nz. Further information on standardised formulae can be found in Section C of the Pharmaceutical Schedule.

Cimetidine discontinuation

Apotex has notified that it is discontinuing Apo-Cimetidine (cimetidine) 200 mg and 400 mg tablets. Apo-Cimetidine will be delisted 1 February 2016. PHARMAC is investigating an alternative that may be suitable for some patients.

Changes to vaccine restrictions

Access to the following vaccines will widen from 1 July 2015 to include:

- influenza vaccination for patients with Down Syndrome, cochlea implant, error of metabolism at risk of major metabolic decomposition and pre and post splenectomy
- hepatitis B vaccination of patients following non-consensual sexual intercourse or needle stick injury
- an additional dose of HPV vaccine for patients under 26 years of age post chemotherapy.

More information can be found at <http://www.pharmac.health.nz/news/#notification>.

Tender News

Sole Subsidised Supply changes – effective 1 August 2015

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amlodipine	Tab 5 mg; 250 tab	Apo-Amlodipine (Apotex)
Amlodipine	Tab 10 mg; 250 tab	Apo-Amlodipine (Apotex)
Emulsifying ointment	Oint BP; 500 g	AFT (AFT)
Fentanyl	Patch 12.5 mcg per hour; 5 patch	Fentanyl Sandoz (Novartis)
Fentanyl	Patch 25 mcg per hour; 5 patch	Fentanyl Sandoz (Novartis)
Fentanyl	Patch 50 mcg per hour; 5 patch	Fentanyl Sandoz (Novartis)
Fentanyl	Patch 75 mcg per hour; 5 patch	Fentanyl Sandoz (Novartis)
Fentanyl	Patch 100 mcg per hour; 5 patch	Fentanyl Sandoz (Novartis)
Ibuprofen	Tab long-acting 800 mg; 30 tab	Brufen SR (Abbott)
Pyridoxine hydrochloride	Tab 25 mg; 90 tab	Vitamin B6 25 (BNM)

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 August 2015

- Aripiprazole (Abilify) tab 10 mg, 15 mg, 20 mg and 30 mg – amendment to Special Authority criteria
- Benz bromarone (Benzbromaron AL 100) tab 100 mg – amendment to Special Authority criteria
- Dactinomycin [actinomycin D] inj 0.5 mg vial (Cosmegen) and inj 0.5 mg for ECP (Baxter) – price and subsidy increase
- Diphtheria, tetanus and pertussis vaccine (Boostrix) 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 – amendment to restriction
- Febuxostat (Adenuric) tab 80 mg and 120 mg – amendment to Special Authority criteria
- Lidocaine [lignocaine] hydrochloride (LMX4) crm 4%, 30 g OP and 5 x 5 g tubes – new listing – Special Authority – Retail pharmacy
- Somatropin (Omnitrope) inj 5 mg, 10 mg and 15 mg cartridges – amendment to Special Authority criteria

Possible decisions for future implementation 1 August 2015 (continued)

- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – amendment to Special Authority criteria

Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acetazolamide	Tab 250 mg	Diamox	2017
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
Adult diphtheria and tetanus	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2017
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
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, 25 mg & 50 mg	Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%	MycoNail	2017
Amoxicillin	Inj 250 mg, 500 mg & 1 g vials Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2017 2016
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
Ascorbic acid	Tab 100 mg	Cvite	2016
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2016
Atropine sulphate	Eye drops 1%; 15 ml OP	Atropt	2017
Azathioprine	Tab 50 mg	Azamun	2016
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017
Baclofen	Tab 10 mg	Pacifen	2016
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2017
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betamethasone valerate	Crm 0.1% Oint 0.1%	Beta Cream Beta Ointment	2018
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017

*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 July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2017
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Calcitonin	Inj 100 iu per ml, 1 ml ampoule	Miacalcic	2017
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2017
Calcium folinate	Inj 50 mg	Calcium Folinate Ebewe	2017
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Winthrop	2016
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	Cephalexin ABM	2016
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2016
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipfloxx	2017
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2017
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
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Catapres TTS 1 Catapres TTS 2 Catapres TTS 3	2017
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Crm 1%, 20 g OP Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol	2017 2016
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017

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Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2017
Dapsone	Tab 25 mg & 100 mg	Dapsone	2017
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2017
Dexamethasone	Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	Maxidex	2017
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone-hameln	2016
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Voltaren Voltaren Ophtha	2017
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Dimethicone	Crm 5% pump bottle	healthE Dimethicone 5%	2016
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	2017
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 0.5 ml	Infanrix IPV	2017
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 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2017
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017

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Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa [erythropoietin alfa]	Inj 8,000 iu in 0.8 ml, syringe Inj 40,000 iu in 1 ml, syringe Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 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 10,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Erlotinib	Tab 100 mg & 150 mg	Tarceva	2018
Exemestane	Tab 25 mg	Aromasin	2017
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferodan	2016
Filgrastim	Inj 300 mcg per 0.5 ml prefilled syringe Inj 480 mcg per 0.5 ml prefilled syringe	Zarzio	31/12/15
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Inj 250 mg vial & 500 mg vial	Flucloxin	2017
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fusidic acid	Crm 2% Oint 2%	DP Fusidic Acid Cream Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gliclazide	Tab 80 mg	Glizide	2017
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Liquid	healthE Glycerol BP	2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
Granisetron	Tab 1 mg	Granirex	2017
Haemophilus influenzae type b vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hepatitis a vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017

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Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Hepatitis b recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papilloma virus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Powder Inj 100 mg vial	ABM Solu-Cortef	2017 2016
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Tab 200 mg Oral liq 20 mg per ml	Ibugesic Fenpaed	2017 2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Imiquimod	Crm 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent Univent	2017 2016
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Ketoconazole	Shampoo 2%	Sebizole	2017
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 100 mg Oral liq 5 mg per ml Tab 150 mg Oral liq 10 mg per ml; 240 ml OP	Zeffix Zeffix Lamivudine Alphapharm 3TC	2017 2017 2016
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Tab 1.5 mg	Jadelle Postinor-1	31/12/17 2016
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2%	Xylocaine Viscous	2017
Lithium carbonate	Cap 250 mg	Douglas	2017
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	2017
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2016
Loratadine	Oral liq 1 mg per ml Tab 10 mg	LoraPaed Lorafix	2016 2016
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018

*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 July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan	2017
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
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	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
Mebeverine hydrochloride	Tab 135 mg	Colofac	2017
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Meningococcal c conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
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	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Mesalazine	Suppos 1 g	Pentasa	2018
Methotrexate	Inj 100 mg per ml, 50 ml Inj 25 mg per ml, 2 ml & 20 ml Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	Methotrexate Ebewe Hospira Methotrexate Sandoz	2017 2016
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole nitrate	Crm 2% Vaginal crm 2% with applicator	Multichem Micreme	2017
Mitomycin C	Inj 5 mg vial	Arrow	2016
Morphine sulphate	Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Sevredol DBL Morphine Sulphate m-Eslon Arrow-Morphine LA	2017 2016

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Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
Naltrexone hydrochloride	Tab 50 mg	Naltraxone	2016
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab long-acting 750 mg Tab long-acting 1 g	Naprosyn SR 750 Naprosyn SR 1000	2018
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Norethisterone	Tab 5 mg	Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Ondansetron ODT-DRLA Onrex	2017 2016
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2017
Pantoprazole	Tab EC 20 mg Tab EC 40 mg	Pantoprazole Actavis 20 Pantoprazole Actavis 40	2016

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Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Pharmacare Paracare Paracare Double Strength	2017 2017 2017
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%; 3.5 g OP	Poly-Visc	2017
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack Pegasys RBV Combination Pack	2017
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crm 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml	DBL Pethidine Hydrochloride	2017
Phenoxyethylpenicillin (Penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cilicaine VK AFT	2018 2016
Pilocarpine hydrochloride	Eye drops 1%; 15 ml OP Eye drops 2%; 15 ml OP Eye drops 4%; 15 ml OP	Isopto Carpine	2017
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pneumococcal (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2016
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017

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Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisothe	2017 2017
Rifabutin	Cap 150 mg	Mycobutin	2016
Rifampicin	Cap 150 mg & 300 mg Tab 600 mg Oral liq 100 mg per 5 ml	Rifadin	2017
Rifaximin	Tab 550 mg	Xifaxan	2017
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Actavis Risperon	2017
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2017
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Salbutamol	Oral liq 400 mcg per ml	Ventolin	2016
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
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	2017
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 citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Spironolactone	Tab 25 mg & 100 mg	Spiractin	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
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
Temazepam	Tab 10 mg	Normison	2017
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Tenoxicam	Tab 20 mg	Reutenox	2016

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Sole Subsidised Supply Products – cumulative to July 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017
Tetrabenazine	Tab 25 mg	Motetis	2016
Timolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP	Arrow-Timolol Timoptol XE	2017 2016
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrchloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Tranexamic acid	Tab 500 mg	Cyklokron	2016
Tretinoin	Crm 0.5 mg per g	ReRetrieve	2016
Triamcinolone acetonide	Paste 0.1% Oint 0.02% Crm 0.02% Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydriacyl	2017
Urea	Crm 10%	healthE Urea Cream	2016
Ursodeoxycholic acid	Cap 250 mg	Ursasan	2017
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg	Mylan	2017
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
Verapamil hydrochloride	Tab 80 mg	Isoptin	2017
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	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017

July 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
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New Listings

Effective 1 July 2015

37 HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO	2.31	3	✓ Neo-B12
59 SILDENAFIL – Special Authority see SA1293 – Retail pharmacy Tab 25 mg	0.75	4	✓ Vedafil
Tab 50 mg	0.75	4	✓ Vedafil
Tab 100 mg – For sildenafil oral liquid formulation refer.....	2.75	4	✓ Vedafil
76 PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette	17.60	40 test OP	✓ EasyCheck
93 FLUCLOxacillin Inj 1 g vial – Up to 10 inj available on a PSO	5.80	5	✓ DBL Flucloxacillin
158 CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 5 ml vial	15.07	1	✓ DBL Carboplatin
Inj 10 mg per ml, 15 ml vial	14.05	1	✓ DBL Carboplatin
158 CARBOPLATIN – PCT only – Specialist (new Pharmacode) Inj 10 mg per ml, 45 ml vial	32.59	1	✓ DBL Carboplatin
Note – This is a new listing of Pharmacode 2482517. The old Pharmacode will be delisted from 1 January 2016.			
201 FLUOROMETHOLONE * Eye drops 0.1%.....	3.09	5 ml OP	✓ FML
204 ACETYLCYSTEINE – Retail pharmacy-Specialist Inj 200 mg per ml, 10 ml ampoule	78.34	10	✓ DBL Acetylcysteine

Effective 1 June 2015

57 EZETIMIBE – Special Authority see SA1045 – Retail pharmacy Tab 10 mg	3.35	30	✓ Ezemibe
57 EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy Tab 10 mg with simvastatin 10 mg	5.15	30	✓ Zimbye
Tab 10 mg with simvastatin 20 mg	6.15	30	✓ Zimbye
Tab 10 mg with simvastatin 40 mg	7.15	30	✓ Zimbye
Tab 10 mg with simvastatin 80 mg	8.15	30	✓ Zimbye
249 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm] Either of the following: 1) Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or 2) Up to two doses are funded for high risk children to the age of 18. Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	0.00	1	✓ Pneumovax 23
Note – This is a new listing for a prefilled syringe. The vial is to be delisted from 1 December 2015.			

Check your Schedule for full details
Schedule page ref

Subsidy (Mnfr's price)	Brand or Generic Mnfr
\$	Per
	<input checked="" type="checkbox"/> fully subsidised

New Listings – effective 1 May 2015

26	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO	28.56	10	<input checked="" type="checkbox"/> Max Health
41	EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Special Authority see SA1469 – Retail pharmacy a) Brand switch fee payable (Pharmacode 2474727) b) Wastage claimable Inj 8,000 iu in 0.8 ml, syringe Inj 40,000 iu in 1 ml, syringe	352.69 263.45	6 1	<input checked="" type="checkbox"/> Eprex <input checked="" type="checkbox"/> Eprex
42	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 500 iu vial Inj 1,000 iu vial Note – These are new packs with new Pharmacodes. The old Pharmacodes are to be delisted 1 November 2015.	500.00 1,000.00	1 1	<input checked="" type="checkbox"/> Kogenate FS <input checked="" type="checkbox"/> Kogenate FS
58	GLYCERYL TRINITRATE * Oral pump spray, 400 mcg per dose – Up to 250 dose available on a PSO	4.45	250 dose OP	<input checked="" type="checkbox"/> Nitrolingual Pump Spray
64	CLOBETASOL PROPIONATE * Crm 0.05% * Oint 0.05%	3.20 3.20	30 g OP 30 g OP	<input checked="" type="checkbox"/> Clobetasol BNM <input checked="" type="checkbox"/> Clobetasol BNM
92	AMOXICILLIN Grans for oral liq 125 mg per 5 ml a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 Grans for oral liq 250 mg per 5 ml a) Up to 300 ml available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2 Note – the above two new listings are for new Pharmacodes.	0.88 0.97	100 ml 100 ml	<input checked="" type="checkbox"/> Amoxicillin Actavis <input checked="" type="checkbox"/> Amoxicillin Actavis
131	ESCITALOPRAM * Tab 10 mg * Tab 20 mg	1.40 2.40	28 28	<input checked="" type="checkbox"/> Air Flow Products <input checked="" type="checkbox"/> Air Flow Products
172	ABIRATERONE ACETATE – Special Authority see SA1515 – Retail pharmacy-Specialist Wastage claimable Tab 250 mg	4,276.19	120	<input checked="" type="checkbox"/> Zytiga
	► SA1515 ► Special Authority for Subsidy Initial Application only from a medical oncologist, radiation oncologist or urologist or any other medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 months for applications meeting the following criteria: All of the following: 1 Patient has prostate cancer; and 2 Patient has metastases; and 3 Patient's disease is castration resistant; and			<i>continued...</i>

▲ 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
				<input checked="" type="checkbox"/> fully subsidised

New Listings – effective 1 May 2015 (continued)

continued...

- 4 Either:
 - 4.1 All of the following:
 - 4.1.1 Patient is symptomatic; and
 - 4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
 - 4.1.3 Patient has ECOG performance score of 0-1; and
 - 4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
 - 4.2 All of the following:
 - 4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
 - 4.2.2 Patient has ECOG performance score of 0-2; and
 - 4.2.3 Patient has not had prior treatment with abiraterone.

Renewal only from a medical oncologist, radiation oncologist or urologist or any other medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 months for applications meeting the following criteria:

All of the following:

- 1. Significant decrease in serum PSA from baseline; and
- 2. No evidence of clinical disease progression; and
- 3. No initiation of taxane chemotherapy with abiraterone; and
- 4. The treatment remains appropriate and the patient is benefiting from treatment.

204 PHARMACY SERVICES – May only be claimed once per patient.

* Brand switch fee 4.33 1 fee **BSF Actavis
Risperidone**

The Pharmacode for BSF Actavis Risperidone is 2478145.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
 fully subsidised

Changes to Restrictions, Chemical Names and Presentations

Effective 1 July 2015

37	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO	2.31 5.10	3	<input checked="" type="checkbox"/> Neo-B12 <input checked="" type="checkbox"/> ABM Hydroxocobalamin
48	POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol).....	7.42	200	<input checked="" type="checkbox"/> Span-K
48	SODIUM POLYSTYRENE SULPHONATE Powder	84.65	454 450 g OP	<input checked="" type="checkbox"/> Resonium-A
49	ENALAPRIL MALEATE * Tab 5 mg	0.96	100	<input checked="" type="checkbox"/> Ethics Enalapril
	* Tab 10 mg	1.24	100	<input checked="" type="checkbox"/> Ethics Enalapril
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer	1.78	100	<input checked="" type="checkbox"/> Ethics Enalapril
69	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL Oint 500 mcg with calcipotriol 50 mcg per g..... Topical gel 500 mcg with calcipotriol 50 mcg per g.....	26.12 26.12	30 g OP 30 g OP	<input checked="" type="checkbox"/> Daivobet <input checked="" type="checkbox"/> Daivobet
75	OXYTOCIN WITH ERGOMETRINE MALEATE – Up to 5 inj available on a PSO Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	11.13	5	<input checked="" type="checkbox"/> Syntometrine
90	CEFALEXIN MONOHYDRATE Grans for oral liq 25 mg per ml 125 mg per 5 ml – Wastage claimable – see rule 3.3.2..... Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing. Grans for oral liq 50 mg per ml 250 mg per 5 ml – Wastage claimable – see rule 3.3.2..... Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing.	8.00 11.00	100 ml 100 ml	<input checked="" type="checkbox"/> Cefalexin Sandoz <input checked="" type="checkbox"/> Cefalexin Sandoz
92	BENZATHINE BENZYLPCNICKILLIN Inj 900 mg (1.2 million units) in 2.3 ml syringe 1.2 mega u per 2.3 ml – Up to 5 inj available on a PSO.....	315.00	10	<input checked="" type="checkbox"/> Bicillin LA
93	FLUCLOXACILLIN Grans for oral liq 25 mg per ml 125 mg per 5 ml	2.29	100 ml	<input checked="" type="checkbox"/> AFT
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 50 mg per ml 250 mg per 5 ml	3.08	100 ml	<input checked="" type="checkbox"/> AFT
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
93	FLUCLOXACILLIN (SS suspended) Inj 1 g vial – Up to 10 inj available on a PSO	11.60	10	<input checked="" type="checkbox"/> Flucloxin

▲ 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	<input checked="" type="checkbox"/> fully subsidised
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Changes to Restrictions – effective 1 July 2015 (continued)

94	GENTAMICIN SULPHATE	Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement	6.00	10	<input checked="" type="checkbox"/> Pfizer
Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.					
127	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	3.95	10	<input checked="" type="checkbox"/> Boucher and Muir
		Inj 50 mcg per ml, 10 ml ampoule	10.45	10	<input checked="" type="checkbox"/> Boucher and Muir
130	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency	Tab 25 mg – Brand switch fee payable- (Pharmacode 2476029).....	1.68	100	<input checked="" type="checkbox"/> Arrow-Amitriptyline
		Tab 50 mg – Brand switch fee payable- (Pharmacode 2476029).....	2.82	100	<input checked="" type="checkbox"/> Arrow-Amitriptyline
158	CARBOPLATIN – PCT only – Specialist	Inj 10 mg per ml, 5 ml vial	15.07	1	<input checked="" type="checkbox"/> DBL Carboplatin
			20.00		<input checked="" type="checkbox"/> Carboplatin Ebewe
		Inj 10 mg per ml, 15 ml vial	14.05	1	<input checked="" type="checkbox"/> DBL Carboplatin
			19.50		<input checked="" type="checkbox"/> Carbaccord
			22.50		<input checked="" type="checkbox"/> Carboplatin Ebewe
		Inj 10 mg per ml, 45 ml vial	32.59	1	<input checked="" type="checkbox"/> DBL Carboplatin
			48.50		<input checked="" type="checkbox"/> Carbaccord
			50.00		<input checked="" type="checkbox"/> Carboplatin Ebewe
		Inj 10 mg per ml, 100 ml vial	105.00	1	<input checked="" type="checkbox"/> Carboplatin Ebewe
158	CARMUSTINE – PCT only – Specialist	Inj 100 mg vial	532.00	1	<input checked="" type="checkbox"/> BiCNU
161	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist	Inj 20 mg per ml, 2 ml vial	11.50	1	<input checked="" type="checkbox"/> Irinotecan Actavis 40
			41.00		<input checked="" type="checkbox"/> Camptosar
		Inj 20 mg per ml, 5 ml vial	17.80	1	<input checked="" type="checkbox"/> Irinotecan-Rex
			100.00		<input checked="" type="checkbox"/> Irinotecan Actavis 100
					<input checked="" type="checkbox"/> Camptosar
		Inj 1 mg for ECP	0.19	1 mg	<input checked="" type="checkbox"/> Irinotecan-Rex
					<input checked="" type="checkbox"/> Baxter
165	MITOZANTRONE – PCT only – Specialist	Inj 2 mg per ml, 5 ml vial	110.00	1	<input checked="" type="checkbox"/> Mitozantrone Ebewe
		Inj 2 mg per ml, 10 ml vial	97.50	1	<input checked="" type="checkbox"/> Mitozantrone Ebewe
		Inj 2 mg per ml, 12.5 ml vial	407.50	1	
			(413.21)		Onkotrone

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 July 2015 (continued)

166	VINORELBINE – PCT only – Specialist Inj 10 mg per ml, 1 ml vial	8.00 42.00	1	✓ Navelbine ✓ Vinorelbine Ebewe
	Inj 10 mg per ml, 5 ml vial	40.00 210.00	1	✓ Navelbine ✓ Vinorelbine Ebewe
194	PROMETHAZINE HYDROCHLORIDE * † Oral liq 1 mg per 1 ml 5 mg per 5 ml	2.59	100 ml	✓ Allersoothe
196	SALBUTAMOL Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	3.19	20	✓ Asthalin
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	3.29	20	✓ Asthalin
196	SALBUTAMOL WITH IPRATROPIUM BROMIDE Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO	3.59	20	✓ Duolin
202	LATANOPROST * Eye drops 0.005% 50 mcg per ml, 2.5 ml	1.50	2.5 ml OP	✓ Hysite
203	SODIUM HYALURONATE [HYALURONIC ACID] – Special Authority see SA1388 – Retail pharmacy Eye drops 1 mg per ml	22.00	10 ml OP	✓ Hylo-Fresh
	Note: Hylo-Fresh has a 6 month expiry after opening. The Pharmacy Handbook restriction allowing one bottle per month is not relevant and therefore only the prescribed dosage to the nearest OP may be claimed.			
204	ACETYLCYSTEINE – Retail pharmacy-Specialist Inj 200 mg per ml, 10 ml ampoule	78.34 178.00	10 10	✓ DBL Acetylcysteine ✓ Martindale Acetylcysteine
207	PHARMACEUTICALS WITH STANDARDISED FORMULA FOR COMPOUNDING IN ORA PRODUCTS Tramadol 10 mg/ml			
245	DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – [Xpharm] Funded for any of the following criteria: 1) A single vaccine for pregnant woman between gestational weeks 28 and 38 during epidemics; or 2) A course of up to four vaccines is funded for children from age 7 up to the age of 18 to 17 years inclusive to complete full primary immunisation; or 3) A course of up to four vaccines is funded for children from age 7 to 17 years inclusive for reimmunisation following immunosuppression. 3) An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens. Notes: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes. 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	0.00	1 10	✓ Boostrix ✓ Boostrix

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 July 2015 (continued)

246	DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm]		
Funded for patients meeting any of the following criteria:			
1) Up to four doses for children up to and under the age of 10 for primary immunisation; or			
2) Up to four doses (as appropriate) for children are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; renal dialysis and other severely immuno-suppressive regimens; or			
2) An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immuno-suppressive regimens; or			
3) Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.			
Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.			
Inj 30IU diphtheria toxin with 40IU tetanus toxin, 25 mcg pertussis toxin, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgUpoliovirus, 10mcg hepatitis B surface antigen in 0.5ml syringe	0.00	1	✓ Infanrix-hexa
		10	✓ Infanrix-hexa
246	HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm]		
Inj 10 mcg vial with diluent syringe	0.00	1	✓ Act-HIB
One dose for patients meeting any of the following:			
1) For primary vaccination in children; or			
2) For revaccination of children following immuno-suppression; or			
3) For children aged 0-18 years with functional asplenia; or			
4) For patients pre- and post-splenectomy; or			
2) An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immuno-suppressive regimens; or			
3 5) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.			
247	HEPATITIS B RECOMBINANT VACCINE – [Xpharm]		
Inj 5 mcg per 0.5 ml vial	0.00	1	✓ HBvaxPRO
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			
4) for HIV positive patients; or			
5) for hepatitis C positive patients; or			
6) for patients following non-consensual sexual intercourse; or			
7 6) for patients following immuno-suppression; or			
8 7) for transplant patients; or			
9) following needle stick injury.			
Inj 10 mcg per 1 ml vial	0.00	1	✓ HBvaxPRO
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			

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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Brand or Generic Mnfr <input checked="" type="checkbox"/> fully subsidised
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Changes to Restrictions – effective 1 July 2015 (continued)

continued...

- 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
- 4) for HIV positive patients; or
- 5) for hepatitis C positive patients; or
- 6) for patients following non-consensual sexual intercourse; or**
- 7 6) for patients following immunosuppression; or**
- 8 7) for transplant patients; or**
- 9) following needle stick injury.**

247 HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – [Xpharm]

Maximum of three doses for patient meeting any of the following criteria:

- 1) Females aged under 20 years old; or
- 2) Patients aged under 26 years old with confirmed HIV infection; or
- 3) For use in transplant (**including stem cell**) patients; **or**
- 4) An additional dose for patients under 26 years of age post chemotherapy.**

Inj 120 mcg in 0.5 ml syringe	0.00	1	<input checked="" type="checkbox"/> Gardasil
		10	<input checked="" type="checkbox"/> Gardasil

248 INFLUENZA VACCINE – [Xpharm]

A) is available each year for patients who meet the following criteria, as set by PHARMAC:

- a) all people 65 years of age and over; **or**
 - b) people under 65 years of age who:
 - i) have any of the following cardiovascular diseases:
 - a) ischaemic heart disease, **or**
 - b) congestive heart disease **failure**, **or**
 - c) rheumatic heart disease, **or**
 - d) congenital heart disease, **or**
 - e) cerebo-vascular disease; **or**
 - ii) have either of the following chronic respiratory diseases:
 - a) asthma, if on a regular preventative therapy, **or**
 - b) other chronic respiratory disease with impaired lung function; **or**
 - iii) have diabetes; **or**
 - iv) have chronic renal disease; **or**
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive; **or**
 - vi) have any of the following other conditions:
 - a) autoimmune disease, **or**
 - b) immune suppression **or immune deficiency**, **or**
 - c) HIV, **or**
 - d) transplant recipients, **or**
 - e) neuromuscular and CNS diseases/ **disorders**, **or**
 - f) haemoglobinopathies, **or**
 - g) are children on long term aspirin, **or**
 - h) have a cochlear implant, **or**
 - i) errors of metabolism at risk of major metabolic decomposition, **or**
 - j) pre and post splenectomy, **or**
 - k) down syndrome; **or**
 - vii) are pregnant; **or**
 - c) children aged four **years** and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
- Unless meeting the criteria set out above, the following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.

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 July 2015 (continued)

continued...

- B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor, **or**
- D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.

Inj 45 mcg in 0.5 ml syringe 90.00 10 **✓ Fluarix**
✓ Influvac

- 248 MEASLES, MUMPS AND RUBELLA VACCINE – [Xpharm]
A maximum of two doses for any patient meeting the following criteria:
1) For primary vaccination in children; or
2) For revaccination following immunosuppression; or
3) For any individual susceptible to measles, mumps or rubella; **or**
4) A maximum of three doses for children who have had their first dose prior to 12 months.
Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.
Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000
TCID50 rubella vial with diluent 0.5 ml vial 0.00 1 **✓ M-M-R II**
10 **✓ M-M-R II**
- 249 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONGUGATE VACCINE – [Xpharm]
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 every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 3) One dose for close contacts of meningococcal cases; or
3 4) A maximum of two doses for bone marrow transplant patients; or
4 5) A maximum of two doses for patients following immunosuppression*.
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** a second dose three years after the first 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**

- 249 MENINGOCOCCAL C CONGUGATED VACCINE – [Xpharm]
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 every five years for patients with HIV, complement deficiency (acquired or inherited), functional or anatomic asplenia or pre or post solid organ transplant; or
2 3) One dose for close contacts of meningococcal cases; or
3 4) A maximum of two doses for bone marrow transplant patients; or
4 5) A maximum of two doses for patients following immunosuppression*.
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** a second dose three years after the first and then five yearly. *continued...*

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	\$ Per	✓ fully subsidised

Changes to Restrictions – effective 1 July 2015 (continued)

continued...

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.			
Inj 10 mcg in 0.5 ml syringe	0.00	1 10	✓ <u>Neisvac-C</u> ✓ <u>Neisvac-C</u>
249 PNEUMOCOCCAL (PCV13) VACCINE – [Xpharm]			
Any of the following:			
1) A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or			
2) Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or			
3) One dose is funded for high risk children (over the age of 17 months and up to the age of 18) who have previously received four doses of PCV10; or			
4) Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients with HIV, for patients post haematopoietic stem cell transplantation HSCT , or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency and other severely immunosuppressive regimens up to the age of 18 ; or			
5) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.			
Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes			
Inj 30.8 mcg in 0.5 ml syringe	0.00	1 10	✓ <u>Prevenar 13</u> ✓ <u>Prevenar 13</u>

Effective 1 May 2015

25	GLICLAZIDE – Brand switch fee payable (Pharmacode 2472201) * Tab 80 mg	11.50	500	✓ <u>Glizide</u>
37 VITAMINS				
	Alpha tocopheryl acetate is available fully subsidised for specific patients at the Medical Director of PHARMAC's discretion. Refer to PHARMAC website www.pharmac.govt.nz for the "Alpha tocopheryl acetate information sheet and application form".			
63 MENTHOL – Only in combination				
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid-Plain , refer dermatological base, page 209 aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and eetyl alcohol lotion;			
	2) With or without other dermatological galenicals.			
	Crystals	6.50 6.92 29.60	25 g 100 g	✓ <u>PSM</u> ✓ <u>MidWest</u> ✓ <u>MidWest</u>
69	COAL TAR			
	Soln – Only in combination	12.55	200 ml	✓ <u>Midwest</u>
	1) Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteriod – Plain, refer dermatological base, page 206			
	2) With or without other dermatological galenicals.			

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

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Changes to Restrictions – effective 1 May 2015 (continued)

141	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 0.5 mg – Brand switch fee payable (Pharmacode 2478145)	1.90	60	✓ Actavis
	Tab 1 mg – Brand switch fee payable (Pharmacode 2478145)	2.10	60	✓ Actavis
	Tab 2 mg – Brand switch fee payable (Pharmacode 2478145)	2.34	60	✓ Actavis
	Tab 3 mg – Brand switch fee payable (Pharmacode 2478145)	2.55	60	✓ Actavis
	Tab 4 mg – Brand switch fee payable (Pharmacode 2478145)	3.50	60	✓ Actavis
167	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1519 1411 Tab 100 mg Tab 150 mg	1,000.00 1,500.00	30 30	✓ Tarceva ✓ Tarceva
	► SA1519 1411 Special Authority for Subsidy			
	Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria: Either:			
	1 All of the following:			
	1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and			
	1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and			
	1.3 Any of the following Either:			
	1.3.1 Patient is treatment naive; or			
	1.3.2 Both:			
	1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and			
	1.3.2.2 Patient has not received prior treatment with gefitinib; or and			
	1.3.3 Both:			
	1.3.3.1 The patient has discontinued gefitinib within 6 weeks of starting treatment due to intolerance; and			
	1.3.3.2 The cancer did not progress while on gefitinib; and			
	1.4 Erlotinib is to be given for a maximum of 3 months; or			
	2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.			
	Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.			
168	GEFITINIB – Retail pharmacy-Specialist Tab 250 mg – Special Authority see SA1520 1226 1,700.00		30	✓ Iressa
	► SA1520 1226 Special Authority for Subsidy			
	Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria: Either:			
	1 All of the following:			
	1.1 Patient has treatment naive locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and			
	2 Either			<i>continued...</i>

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Changes to Restrictions – effective 1 May 2015 (continued)

continued...

2.1 Patient is treatment naïve: or

2.2 Both:

2.2.1 The patient has discontinued erlotinib within 6 weeks of starting treatment due to intolerance; and

2.2.2 The cancer did not progress whilst on erlotinib; and

31.2 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and

41.3 Gefitinib is to be given for a maximum of 3 months, ~~or~~

2 The patient received gefitinib treatment prior to 1 August 2012 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist.

Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

190 TRASTUZUMAB – PCT only – Specialist – Special Authority see **SA1521 1192** (amended criterion only displayed)

Inj 150 mg vial	1,350.00	1	✓ Herceptin
Inj 440 mg vial	3,875.00	1	✓ Herceptin
Inj 1 mg for ECP	9.36	1 mg	✓ Baxter

► SA1521 1192 Special Authority for Subsidy

Initial application — (early breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:

All of the following:

1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and

2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and

3 Any of the following:

3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or

3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or

3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or

3.4 **12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or**

3.5 **3.4 Other treatment regimen, in association with adjuvant chemotherapy, is planned.**

215 CARBOHYDRATE

► SA1522 1373 Special Authority for Subsidy

Initial application — (Cystic fibrosis or kidney disease) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:

Either:

1 cystic fibrosis; or

2 chronic kidney disease.

Initial application — (Indications other than cystic fibrosis or renal failure) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

1 cancer in children; or

2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or

3 faltering growth in an infant/child; or

4 bronchopulmonary dysplasia; or

5 premature and post premature infant; or

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr <input checked="" type="checkbox"/> fully subsidised
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Changes to Restrictions – effective 1 May 2015 (continued)

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- 6 inborn errors of metabolism; or
- 7 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Renewal—(Cystic fibrosis or renal failure) 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 3 years for applications meeting the following criteria:
Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal — (Indications other than cystic fibrosis or renal failure) 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 1 year for applications meeting the following criteria:
Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

216

FAT

► SA1523 1374 Special Authority for Subsidy

Initial application — (Inborn errors of metabolism) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient has inborn errors of metabolism.

Initial application — (Indications other than inborn errors of metabolism) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 faltering growth in an infant/child; or
- 2 bronchopulmonary dysplasia; or
- 3 fat malabsorption; or
- 4 lymphangiectasia; or
- 5 short bowel syndrome; or
- 6 infants with necrotising enterocolitis; or
- 7 biliary atresia; or
- 8 for use in a ketogenic diet; or
- 9 chyle leak; or
- 10 acites; or
- 11 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Renewal — (Inborn errors of metabolism) 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 3 years for applications meeting the following criteria:
Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Brand or Generic Mnfr <input checked="" type="checkbox"/> fully subsidised
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Changes to Restrictions – effective 1 May 2015 (continued)

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Renewal—(Indications other than inborn errors of metabolism) 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 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

217 PROTEIN

►► SA1524 1375 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 protein losing enteropathy; or
- 2 high protein needs; or
- 3 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

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 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

218 FAT MODIFIED PRODUCTS

►► SA1525 1381 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has a chyle leak; or
- 3 Modified as a modular feed, **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.**

Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

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 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

▲ 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	<input checked="" type="checkbox"/> fully subsidised
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Changes to Restrictions – effective 1 May 2015 (continued)

232	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]				
	Powder	6.00	48.5 g OP	<input checked="" type="checkbox"/> Vivonex Pediatric	
		53.00	400 g OP	<input checked="" type="checkbox"/> Neocate LCP	
	Powder (unflavoured)	53.00	400 g OP	<input checked="" type="checkbox"/> Elecare	
				<input checked="" type="checkbox"/> Elecare LCP	
				<input checked="" type="checkbox"/> Neocate Advance	
				<input checked="" type="checkbox"/> Neocate Gold	
	Powder (vanilla)	53.00	400 g OP	<input checked="" type="checkbox"/> Elecare	
				<input checked="" type="checkbox"/> Neocate Advance	

► SA1219 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:

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

Note: A reasonable trial is defined as a 2-4 week trial.

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:

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

233	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3] (amended criterion only displayed)				
	Powder	15.21	450 g OP	<input checked="" type="checkbox"/> Pepti Junior Gold	Karicare Aptamil

► SA1380 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:

Any of the following:

- 1 Both:
 - 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
 - 1.2 Either:
 - 1.2.1 Soy milk formula has been **reasonably** trialled without resolution of symptoms; or
 - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malabsorption; or
- 7 Cystic fibrosis; or
- 8 Proven fat malabsorption; or
- 9 Severe intestinal motility disorders causing significant malabsorption; or
- 10 Intestinal failure.

Note: A reasonable trial is defined as a 2-4 week trial.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per
 fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 July 2015

21	MESALAZINE (↓ subsidy)					
	Enema 1 g per 100 ml	41.30	7	<input checked="" type="checkbox"/>	Pentasa	
22	HYOSCINE N-BUTYLBROMIDE (↑ subsidy)					
	*Tab 10 mg	2.18	20	<input checked="" type="checkbox"/>	Gastrosooth	
25	GLIPIZIDE (↓ subsidy)					
	*Tab 5 mg	2.85	100	<input checked="" type="checkbox"/>	Minidiab	
36	CHLORHEXIDINE GLUCONATE (↓ subsidy)					
	Mouthwash 0.2%	2.57	200 ml OP	<input checked="" type="checkbox"/>	healthE	
36	MICONAZOLE (↓ subsidy)					
	Oral gel 20 mg per g	4.79	40 g OP	<input checked="" type="checkbox"/>	Decozol	
48	SODIUM POLYSTYRENE SULPHONATE (↓ subsidy)					
	Powder	84.65	454 g OP	<input checked="" type="checkbox"/>	Resonium-A	
49	ENALAPRIL MALEATE (↓ subsidy)					
	* Tab 5 mg	0.96	100	<input checked="" type="checkbox"/>	Ethics Enalapril	
	* Tab 10 mg	1.24	100	<input checked="" type="checkbox"/>	Ethics Enalapril	
	* Tab 20 mg – For enalapril maleate oral liquid formulation refer	1.78	100	<input checked="" type="checkbox"/>	Ethics Enalapril	
49	QUINAPRIL (↓ subsidy)					
	*Tab 10 mg	3.15	90	<input checked="" type="checkbox"/>	Arrow-Quinapril 10	
	*Tab 20 mg	5.97	90	<input checked="" type="checkbox"/>	Arrow-Quinapril 20	
49	QUINAPRIL (↑ subsidy)					
	*Tab 5 mg	4.31	90	<input checked="" type="checkbox"/>	Arrow-Quinapril 5	
50	CANDESARTAN CILEXETIL – Special Authority see SA1223 – Retail pharmacy (↓ subsidy)					
	*Tab 4 mg	2.50	90	<input checked="" type="checkbox"/>	Candestar	
	*Tab 8 mg	3.68	90	<input checked="" type="checkbox"/>	Candestar	
	*Tab 16 mg	6.12	90	<input checked="" type="checkbox"/>	Candestar	
	*Tab 32 mg	10.66	90	<input checked="" type="checkbox"/>	Candestar	
52	ATENOLOL (↓ subsidy)					
	*Tab 50 mg	4.61	500	<input checked="" type="checkbox"/>	Mylan Atenolol	
	*Tab 100 mg	7.67	500	<input checked="" type="checkbox"/>	Mylan Atenolol	
52	CELIPROLOL (↑ subsidy)					
	*Tab 200 mg	21.40	180	<input checked="" type="checkbox"/>	Celol	
53	FELODIPINE (↓ subsidy)					
	*Tab long-acting 2.5 mg	1.45	30	<input checked="" type="checkbox"/>	Plendil ER	
	*Tab long-acting 5 mg	1.55	30	<input checked="" type="checkbox"/>	Plendil ER	
	*Tab long-acting 10 mg	2.30	30	<input checked="" type="checkbox"/>	Plendil ER	

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Check your Schedule for full details
Schedule page ref

Subsidy
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Changes to Subsidy and Manufacturer's Price – effective 1 July 2015 (continued)

53	PROPRANOLOL (↑ subsidy) * Cap long-acting 160 mg	18.17	100	✓ Cardinol LA
54	CLONIDINE HYDROCHLORIDE (↓ subsidy) * Tab 25 mcg	10.53	112	✓ Clonidine BNM
55	FUROSEMIDE [FRUSEMIDE] (↓ subsidy) * Tab 40 mg – Up to 30 tab available on a PSO	8.00	1,000	✓ Diurin 40
62	CICLOPIROX OLAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Nail-soln 8%	6.50	7 ml OP	✓ Apo-Ciclopirox
63	CROTAMITON (↓ subsidy) a) Only on a prescription b) Not in combination Crm 10%	3.37	20 g OP	✓ Itch-Soothe
65	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy) 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
65	HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (↓ subsidy) * Crm 1% with miconazole nitrate 2%	2.00	15 g OP	✓ Micreme H
65	MOMETASONE FUBROATE (↓ price) Lotn 0.1%	7.35	30 ml OP	✓ Elocon
71	FLUOROURACIL SODIUM (↓ subsidy) Crm 5%	8.95	20 g OP	✓ Efudix
80	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↓ subsidy) Cap 40 mg	16.80	60	✓ Andriol Testocaps
88	CABERGOLINE (↓ subsidy) Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA1370.....	4.75 19.00	2 8	✓ Dostinex ✓ Dostinex
90	CEFALEXIN (↓ subsidy) Grans for oral liq 25 mg per ml – Wastage claimable – see rule 3.3.2	8.00	100 ml	✓ Cefalexin Sandoz
	Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing.			
	Grans for oral liq 50 mg per ml – Wastage claimable – see rule 3.3.2	11.00	100 ml	✓ Cefalexin Sandoz
	Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing.			

Check your Schedule for full details
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Subsidy
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Changes to Subsidy and Manufacturer's Price – effective 1 July 2015 (continued)

91	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement (↓ subsidy) For Endorsement, patient has either: 1) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or 2) Cystic fibrosis and has chronic infection with Pseudomonas aeruginosa or Pseudomonas related gram negative organisms*.			
Indications marked with * are Unapproved Indications				
	Tab 250 mg	9.00	30	✓ Apo-Azithromycin
	Tab 500 mg – Up to 8 tab available on a PSO	1.05	2	✓ Apo-Azithromycin
93 FLUCLOXACILLIN (↓ subsidy)				
	Cap 250 mg – Up to 30 cap available on a PSO	18.70	250	✓ Staphlex
	Cap 500 mg	62.90	500	✓ Staphlex
	Grans for oral liq 25 mg per ml	2.29	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 50 mg per ml	3.08	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable – see rule 3.3.2			
94	CO-TRIMOXAZOLE (↑ subsidy) * Tab trimethoprim 80 mg and sulphamethoxazole 400 mg – Up to 30 tab available on a PSO	22.90	500	✓ Trisul
94	GENTAMICIN SULPHATE (↓ subsidy)			
	Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement	6.00	10	✓ Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
96	TRIMETHOPRIM (↑ subsidy)			
	* Tab 300 mg – Up to 30 tab available on a PSO	10.67	50	✓ TMP
100	ISONIAZID – Retail pharmacy-Specialist (↓ subsidy)			
	a) No patient co-payment payable			
	b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician			
	* Tab 100 mg with rifampicin 150 mg	85.54	100	✓ Rifinah
	* Tab 150 mg with rifampicin 300 mg	170.60	100	✓ Rifinah
109	EFAVIRENZ – Special Authority see SA1364– Retail pharmacy (↓ subsidy)			
	Tab 50 mg	63.38	30	✓ Stocrin S29
	Tab 200 mg	190.15	90	✓ Stocrin
	Tab 600 mg	63.38	30	✓ Stocrin
112	INTERFERON ALFA-2B – PCT – Retail pharmacy-Specialist (↑ subsidy)			
	a) See prescribing guideline on the previous page			
	b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist			
	Inj 18 m iu, 1.2 ml multidose pen	206.71	1	✓ Intron-A
	Inj 30 m iu, 1.2 ml multidose pen	344.52	1	✓ Intron-A
	Inj 60 m iu, 1.2 ml multidose pen	689.04	1	✓ Intron-A

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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 July 2015 (continued)

115 NAPROXEN (↓ subsidy)			
* Tab 250 mg	18.06	500	✓ Noflam 250
* Tab 500 mg	18.91	250	✓ Noflam 500
116 HYDROXYCHLOROQUINE (↓ subsidy)			
* Tab 200 mg	10.50	100	✓ Plaquenil
118 ETIDRONATE DISODIUM – See prescribing guideline (↓ subsidy)			
* Tab 200 mg	13.50	100	✓ Arrow-Etidronate
124 ENTACAPONE (↓ subsidy)			
▲ Tab 200 mg	28.00	100	✓ Entapone
127 FENTANYL (↓ subsidy)			
a) Only on a controlled drug form			
b) No patient co-payment payable			
c) Safety medicine; prescriber may determine dispensing frequency			
Inj 50 mcg per ml, 2 ml ampoule	3.95	10	✓ Boucher and Muir
Inj 50 mcg per ml, 10 ml ampoule	10.45	10	✓ Boucher and Muir
127 METHADONE HYDROCHLORIDE (↓ subsidy)			
a) Only on a controlled drug form			
b) No patient co-payment payable			
c) Safety medicine; prescriber may determine dispensing frequency			
d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
e) For methadone hydrochloride oral liquid refer Standard Formulae			
‡ Oral liq 5 mg per ml	5.00	200 ml	✓ Biodone Forte
131 ESCITALOPRAM (↓ subsidy)			
* Tab 10 mg	1.40	28	✓ Loxalate
* Tab 20 mg	2.40	28	✓ Loxalate
132 VENLAFAKINE (↓ subsidy)			
Cap 37.5 mg – Special Authority see SA1061			
– Retail pharmacy	5.69	28	✓ Efexor XR
Cap 75 mg – Special Authority see SA1061			
– Retail pharmacy	11.40	28	✓ Efexor XR
Cap 150 mg – Special Authority see SA1061			
– Retail pharmacy	13.98	28	✓ Efexor XR
145 CLONAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
Tab 500 mcg	7.53	100	✓ Paxam
Tab 2 mg	14.37	100	✓ Paxam

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Changes to Subsidy and Manufacturer's Price – effective 1 July 2015 (continued)

157	NICOTINE (↓ subsidy)	Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.		
	Patch 7 mg – Up to 28 patch available on a PSO	10.57	28	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO	11.31	28	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO	11.95	28	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO.....	12.91	216	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO.....	14.14	216	✓ Habitrol
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO.....	22.26	384	✓ Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	22.26	384	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	22.26	384	✓ Habitrol
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO.....	25.67	384	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	25.67	384	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	25.67	384	✓ Habitrol
158	CARBOPLATIN – PCT only – Specialist (↓ subsidy)			
	Inj 10 mg per ml, 45 ml vial	32.59	1	✓ DBL Carboplatin
	Note – this price and subsidy change applies to Pharmacode 702315.			
158	CHLORAMBUCIL – PCT – Retail pharmacy-Specialist (↑ subsidy)			
	Tab 2 mg	29.06	25	✓ Leukeran FC
158	MELPHALAN (↑ subsidy)			
	Tab 2 mg – PCT – Retail pharmacy-Specialist.....	40.70	25	✓ Alkeran
	Inj 50 mg – PCT only – Specialist	67.80	1	✓ Alkeran
160	FLUDARABINE PHOSPHATE (↓ subsidy)			
	Tab 10 mg – PCT – Retail pharmacy-Specialist.....	412.00	20	✓ Fludara Oral
161	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist			
	Inj 20 mg per ml, 2 ml vial (↑ subsidy).....	11.50	1	✓ Irinotecan Actavis 40
	Inj 20 mg per ml, 5 ml vial (↓ subsidy).....	17.80	1	✓ Irinotecan Actavis 100
	Inj 1 mg for ECP (↓ subsidy).....	0.19	1 mg	✓ Baxter
161	METHOTREXATE (↓ subsidy)			
	*Tab 2.5 mg – PCT – Retail pharmacy-Specialist.....	3.18	30	✓ Trexate
	*Tab 10 mg – PCT – Retail pharmacy-Specialist.....	21.00	50	✓ Trexate
161	THIOGUANINE – PCT – Retail pharmacy-Specialist (↑ subsidy)			
	Tab 40 mg	126.31	25	✓ Lanvis
165	MITOZANTRONE – PCT only – Specialist (↓ subsidy)			
	Inj 2 mg per ml, 10 ml vial	97.50	1	✓ Mitozantrone Ebewe
	Inj 1 mg for ECP	5.51	1 mg	✓ Baxter
166	VINORELBINE – PCT only – Specialist (↓ subsidy)			
	Inj 10 mg per ml, 1 ml vial	8.00	1	✓ Navelbine
	Inj 10 mg per ml, 5 ml vial	40.00	1	✓ Navelbine
	Inj 1 mg for ECP	0.90	1 mg	✓ Baxter

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Changes to Subsidy and Manufacturer's Price – effective 1 July 2015 (continued)

194	PROMETHAZINE HYDROCHLORIDE (↓ subsidy) * Tab 10 mg	1.78	50	✓ Allersothe
	* Tab 25 mg	1.99	50	✓ Allersothe
	*‡ Oral liq 1 mg per 1 ml	2.59	100 ml	✓ Allersothe
196	SALBUTAMOL (↓ subsidy) Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	3.19	20	✓ Asthalin
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	3.29	20	✓ Asthalin
196	SALBUTAMOL WITH IPRATROPIUM BROMIDE (↓ subsidy) Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO	3.59	20	✓ Duolin
199	FLUTICASONE PROPIONATE (↓ subsidy) Metered aqueous nasal spray, 50 mcg per dose	2.18	120 dose OP	✓ Flixonase Hayfever & Allergy
200	CHLORAMPHENICOL (↓ subsidy) Eye drops 0.5%	0.98	10 ml OP	✓ Chlorafast
	Funded for use in the ear*. Indications marked with * are Unapproved Indications.			
202	LATANOPROST (↓ subsidy) * Eye drops 0.005%.....	1.50	2.5 ml OP	✓ Hysite

Effective 1 June 2015

52	CARVEDILOL (↓ subsidy) * Tab 6.25 mg	1.95	30	✓ Dilatrend
	* Tab 12.5 mg	2.55	30	✓ Dilatrend
	* Tab 25 mg – For carvedilol oral liquid formulation refer	3.15	30	✓ Dilatrend
64	CLOBETASOL PROPIONATE (↓ subsidy) * Crm 0.05%	3.20	30 g OP	✓ Dermal
	* Oint 0.05%	3.20	30 g OP	✓ Dermal

Effective 1 May 2015

53	AMLODIPINE (↓ subsidy) * Tab 5 mg – For amlodipine oral liquid formulation refer	2.02 (2.65)	100	Apo-Amlodipine
	* Tab 10 mg	2.88 (4.15)	100	Apo-Amlodipine
66	EMULSIFYING OINTMENT (↓ subsidy) * Oint BP	2.73	500 g	✓ AFT

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price)	\$	Per	Brand or Generic Mnfr
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Changes to Subsidy and Manufacturer's Price – effective 1 May 2015 (continued)

90	ALBENDAZOLE – Special Authority see SA1318 – Retail pharmacy (↓ subsidy) Tab 400 mg	469.20	60	✓ Eskazole \$29
96	SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy (↑ subsidy) Tab 500 mg	238.20	56	✓ Wockhardt \$29
100	CLOFAZIMINE – Retail pharmacy-Specialist (↑ subsidy)			
	a) No patient co-payment payable			
	b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or dermatologist.			
	* Cap 50 mg	351.54	100	✓ Lamprene \$29
100	CYCLOCERINE – Retail pharmacy-Specialist (↑ subsidy)			
	a) No patient co-payment payable			
	b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician.			
	Cap 250 mg	1,294.50	100	✓ King \$29
115	IBUPROFEN (↓ subsidy)			
	* Tab long-acting 800 mg	7.99	30	✓ Brufen SR

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Changes to PSO

Effective 1 May 2015

236 GLYCOPYRRONIUM BROMIDE
✓ Inj 200 mcg per ml, 1 ml ampoule 10

Changes to Brand Name

Effective 1 June 2015

211 BENZOIN
Tincture compound BP 2.44 50 ml
..... (5.10)

Pharmacy Health
PSM

Check your Schedule for full details
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Delisted Items

Effective 1 July 2015

36	TRIAMCINOLONE ACETONIDE Paste 0.1%.....	4.34	5 g OP	<input checked="" type="checkbox"/> Oracort
80	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Inj 250 mg per ml, 4 ml..... Note – this is the delisting of the ampoule. A vial presentation remains listed.	86.00	1	<input checked="" type="checkbox"/> Reandron 1000
91	CEFUROXIME SODIUM Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient.	6.96	5	<input checked="" type="checkbox"/> m-Cefuroxime
140	HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	21.55	10	<input checked="" type="checkbox"/> Haloperidol - MercuryPharma S29
201	LEVOBUNOLOL * Eye drops 0.25%	7.00	5 ml OP	<input checked="" type="checkbox"/> Betagan
204	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.33	1 fee	<input checked="" type="checkbox"/> BSF Arrow- Amitriptyline

Effective 1 June 2015

62	ISOPRENALEINE * Inj 200 mcg per ml, 1 ml ampoule	36.80 (135.00)	25	Isuprel
	Note – This is to delist Pharmacode 221775.			
97	AMOXICILLIN Grans for oral liq 125 mg per 5 ml a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 Grans for oral liq 250 mg per 5 ml a) Up to 300 ml available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2	1.55 1.10	100 ml 100 ml	<input checked="" type="checkbox"/> Ospamox
135	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy Tab 30 mg	8.78	30	<input checked="" type="checkbox"/> APO-Mirtazapine
152	DEXAMFETAMINE SULFATE – Special Authority see SA1149 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg	16.50	100	<input checked="" type="checkbox"/> PSM
	Note – Delisting applies to Pharmacode 206547 only.			
217	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid	3.80	237 ml OP	<input checked="" type="checkbox"/> Suplena

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Delisted Items – effective 1 June 2015 (continued)

- 207 PHARMACY SERVICES – May only be claimed once per patient.
* Brand switch fee 4.33 1 fee ✓ BSF Erex
a) The Pharmacode for BSF Erex is 2474727.

Effective 1 May 2015

70	IMIQUIMOD Crm 5%.....	17.98 (62.00)	12	Aldara
115	IBUPROFEN * Tab 200 mg	9.45 (12.75)	1,000	Arrowcare
130	TRANLYCYPROMINE SULPHATE * Tab 10 mg	22.94	50	✓ Parnate
	Note – Pharmacode 493295 only is being delisted. 2315076 remains listed.			
141	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 0.5 mg	1.90 (3.51) 0.63 (2.86)	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
	Tab 1 mg	2.10 (6.00) (16.92)	60	Risperdal ✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
	Tab 2 mg	2.34 (11.00) (33.84)	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
	Tab 3 mg	2.55 (15.00) (50.78)	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
	Tab 4 mg	3.50 (20.00) (67.68)	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
193	CETIRIZINE HYDROCHLORIDE *‡ Oral liq 1 mg per ml.....	2.99 (3.52)	200 ml	Cetirizine - AFT

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price)	Brand or Generic Mnfr
	\$ Per	<input checked="" type="checkbox"/> fully subsidised

Delisted Items – effective 1 May 2015 (continued)

- 204 PHARMACY SERVICES – May only be claimed once per patient.
 * Brand switch fee.....4.33 1 fee BSF Glizide
 a) The Pharmacode for BSF Glizide is 2472201

▲ 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 <input checked="" type="checkbox"/> fully subsidised
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Items to be Delisted

Effective 1 August 2015

53	AMLODIPINE			
	* Tab 5 mg – For amlodipine oral liquid formulation refer	2.02	100	
		(2.65)		Apo-Amlodipine
	* Tab 10 mg	2.88	100	Apo-Amlodipine
		(4.15)		
204	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee	4.33	1 fee	<input checked="" type="checkbox"/> BSF Actavis Risperidone
	a) The Pharmacode for BSF Arrow-Amitriptyline is 2478145.			

Effective 1 September 2015

52	CARVEDILOL			
	* Tab 6.25 mg	1.95	30	<input checked="" type="checkbox"/> Dilatrend
	* Tab 12.5 mg	2.55	30	<input checked="" type="checkbox"/> Dilatrend
	* Tab 25 mg – For carvedilol oral liquid formulation refer	3.15	30	<input checked="" type="checkbox"/> Dilatrend
158	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 100 ml vial	105.00	1	<input checked="" type="checkbox"/> Carboplatin Ebewe

Effective 1 October 2015

64	CLOBETASOL PROPIONATE			
	* Crm 0.05%	3.20	30 g OP	<input checked="" type="checkbox"/> Dermol
	* Oint 0.05%	3.20	30 g OP	<input checked="" type="checkbox"/> Dermol
70	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCIN – Only on a prescription			
	* Soln 2.3% with triethanolamine lauryl sulphate and Fluorescein sodium	5.82	1,000 ml	<input checked="" type="checkbox"/> Pinetarsol
92	AMOXICILLIN			
	Grans for oral liq 125 mg per 5 ml	0.88	100 ml	<input checked="" type="checkbox"/> Amoxicillin Actavis <input checked="" type="checkbox"/> Ranmoxy
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 250 mg per 5 ml	0.97	100 ml	<input checked="" type="checkbox"/> Amoxicillin Actavis <input checked="" type="checkbox"/> Ranmoxy
	a) Up to 300 ml available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6			
	c) Wastage claimable – see rule 3.3.2			

Note – that there are two Pharmacodes listed for Amoxicillin Actavis grans for oral liq. The Pharmacodes that are being delisted are 2458179 for 125 mg per 5 ml and 2458187 for 250 mg per 5 ml.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr <input checked="" type="checkbox"/> fully subsidised
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Items to be Delisted – effective 1 October 2015 (continued)

131	ESCITALOPRAM			
	* Tab 10 mg	1.40	28	<input checked="" type="checkbox"/> Loxalate
	* Tab 20 mg	2.40	28	<input checked="" type="checkbox"/> Loxalate
211	BENZOIN			
	Tincture compound BP	2.44 (5.10)	50 ml	PSM

Note – The delisting of PSM's benzoin tincture compound BP 50 ml has been revoked.

Effective 1 November 2015

56	ATORVASTATIN – See prescribing guideline			
	* Tab 10 mg	0.84	30	<input checked="" type="checkbox"/> Lipitor <input checked="" type="checkbox"/> Pfizer atorvastatin
	* Tab 20 mg	1.39	30	<input checked="" type="checkbox"/> Lipitor <input checked="" type="checkbox"/> Pfizer atorvastatin
	* Tab 40 mg	2.44	30	<input checked="" type="checkbox"/> Lipitor <input checked="" type="checkbox"/> Pfizer atorvastatin
	* Tab 80 mg	5.41	30	<input checked="" type="checkbox"/> Lipitor <input checked="" type="checkbox"/> Pfizer atorvastatin
42	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm]			
	For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 iu vial	500.00	1	<input checked="" type="checkbox"/> Kogenate FS
	Inj 1,000 iu vial	1,000.00	1	<input checked="" type="checkbox"/> Kogenate FS
	Note – These are the old Pharmacodes. New Pharmacodes listed 1 May 2015.			
72	CONDOMS			
	* 53 mm – Up to 144 dev available on a PSO	13.36	144	<input checked="" type="checkbox"/> Gold Knight

Effective 1 December 2015

211	BENZOIN			
	Tincture compound BP	2.44 (5.93)	50 ml	Home Essentials
249	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm]			
	Either of the following:			
	1) Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or			
	2) Up to two doses are funded for high risk children to the age of 18.			
	Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype)	0.00	1	<input checked="" type="checkbox"/> Pneumovax 23

Note – This is the delisting of the vial. The prefilled syringe is listed from 1 June 2015.

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

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

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

Items to be Delisted – effective 1 January 2016

158	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 45 ml vial	32.59	1	✓ DBL Carboplatin
Note – This is an old Pharmacode. A new Pharmacode was listed 1 July 2015.				
165	MITOZANTRONE – PCT only – Specialist			
	Inj 2 mg per ml, 5 ml vial	110.00	1	✓ Mitozantrone Ebewe
	Inj 2 mg per ml, 12.5 ml vial.....	407.50	1	Onkotrone
		(413.21)		

Effective 1 February 2016

22	CIMETIDINE – Only on a prescription			
	* Tab 200 mg	5.00	100	Apo-Cimetidine
		(7.50)		
	* Tab 400 mg	10.00	100	Apo-Cimetidine
		(12.00)		

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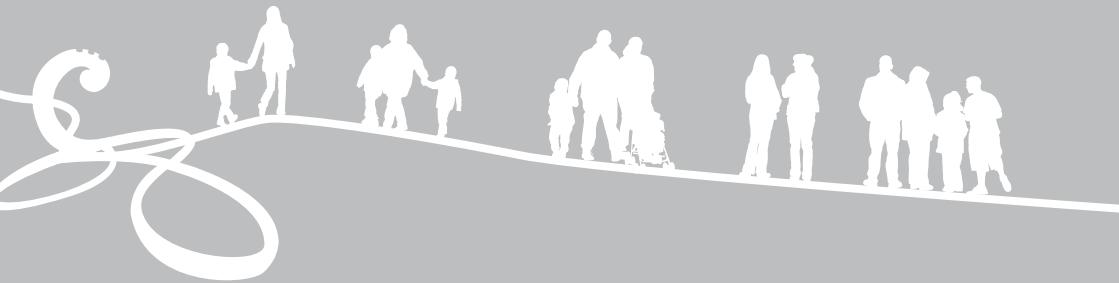
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