

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 September 2016



Contents

Summary of PHARMAC decisions effective 1 September 2016.....	3
What’s changing?	5
Pembrolizumab (Keytruda) inj 50 mg vial & ECP – new listing.....	5
Amisulpride (Sulprix) 100 mg, 200 mg and 400 mg tablet – brand change	5
Atorvastatin (Lorstat) 10 mg, 20 mg, 40 mg and 80 mg tablet – brand change	6
Dextrose with electrolytes (Pedialyte – Bubblegum) soln with electrolytes – new listing	6
Clobetasol propionate cream and ointment 0.05% – new listing	6
Potassium chloride (Span-K) tab long-acting 600 mg – update.....	7
Metoprolol succinate long-acting tablets – update	7
Cefalexin (ABM Cephalexin) cap 250 mg – listing brought forward	7
Discontinuation of risperidone orodispersible tablets (Risperdal Quicklet) ...	8
Cordarone-X brand of amiodarone to go Sole Supply from 1 January 2017	8
News in brief	9
Tender News.....	10
Looking Forward	12
Sole Subsidised Supply Products cumulative to September 2016.....	13
New Listings.....	25
Changes to Restrictions, Chemical Names and Presentations	28
Changes to Subsidy and Manufacturer’s Price.....	31
Changes to PSO.....	33
Delisted Items	34
Items to be Delisted	35
Index.....	37

Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2016

New listings (pages 25-27)

- Dextrose with electrolytes (Pedialyte – Bubblegum) soln with electrolytes (2 x 500 ml), 1,000 ml OP
- Atorvastatin (Lorstat) tab 10 mg, 20 mg, 40 mg and 80 mg
- Clobetasol propionate (Dermol) crm 0.05%, 30 g OP and oint 0.05%, 30 g OP
- Zoledronic acid (Zoledronic acid Mylan) inj 4 mg per 5 ml, vial – Special Authority – Retail pharmacy
- Cefalexin (Cephalexin ABM) cap 250 mg
- Ceftriaxone (DEVA) inj 500 mg vial and 1 g vial – subsidy by endorsement, up to 5 inj available on a PSO
- Posaconazole (Noxafil) tab modified-release 100 mg – Special Authority – Retail pharmacy
- Amisulpride (Sulprix) tab 100 mg, 200 mg and 400 mg – Safety medicine
- Pembrolizumab inj 50 mg vial (Keytruda) and inj 1 mg for ECP (Baxter) – PCT only – Specialist – Special Authority

Changes to restrictions (pages 28-30)

- Enoxaparin sodium (Clexane) inj syringes 20 mg in 0.2 ml, 40 mg in 0.4 ml, 60 mg in 0.6 ml, 80 mg in 0.8 ml, 100 mg in 1 ml, 120 mg in 0.8 ml and 150 mg in 1 ml – amended presentation description
- Metoprolol succinate (Metoprolol – AFT CR, Actavis-Metoprolol, Betaloc CR, and Myloc CR) – tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – Brand Switch Fee removed
- Temozolomide (Temaccord) cap 5 mg, 20 mg, 100 mg and 250 mg – amended Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Ipratropium bromide (Atrovent) aerosol inhaler, 20 mcg per dose CFC-free – addition of 400 doses available on a PSO

Increased subsidy (page 31)

- Alginic acid (Gaviscon Infant) sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet
- Clotrimazole (Clomazol) vaginal crm 1% with applicators, 35 g OP
- Pyridostigmine bromide (Mestinon) tab 60 mg

Summary of PHARMAC decisions – effective 1 September 2016 (continued)

Decreased subsidy (pages 31-32)

- Enoxaparin sodium (Clexane) inj syringe 20 mg in 0.2 ml, 40 mg in 0.4 ml, 60 mg in 0.6 ml, 80 mg in 0.8 ml, 100 mg in 1 ml, 120 mg in 0.8 ml and 150 mg in 1 ml
- Dabigatran (Pradaxa) cap 75 mg, 110 mg and 150 mg
- Clotrimazole (Clomazol) vaginal crm 2% with applicators, 20 g OP
- Tenoxicam (Reutenox) tab 20 mg
- Oxycodone hydrochloride (OxyContin) tab controlled-release 5 mg
- Oxycodone hydrochloride (Oxycodone Controlled Release Tablets (BNM)) tab controlled-release 10 mg, 20 mg, 40 mg and 80 mg
- Sertraline (Sertraline Actavis) tab 50 mg, 30 tab pack
- Levomepromazine hydrochloride (Nozinan) inj 25 mg per ml, 1 ml ampoule
- Mesna (Uromitexan) inj 100 mg per ml, 4 ml and 10 ml ampoules

What's changing?

The following Tender products will be listed from 1 September 2016:

- Amisulpride (Sulprix) tab 100 mg, 200 mg and 400 mg – Brand Switch Fee will apply
- Clobetasol propionate (Dermol) crm 0.05% and oint 0.05%, 30 g OP
- Ceftriaxone (DEVA) inj 500 mg vial and 1 g vial
- Atorvastatin (Lorstat) tab 10 mg, 20 mg, 40 mg and 80 mg
- Cefalexin (ABM Cephalexin) cap 250 mg

Pembrolizumab (Keytruda) inj 50 mg vial & ECP – new listing

PHARMAC is pleased to announce the approval of an agreement with Merck Sharp and Dohme (New Zealand) Limited for the funding of pembrolizumab (Keytruda) from 1 September 2016.

Pembrolizumab will be fully funded, with Special Authority, in DHB hospitals for the treatment of patients with unresectable or metastatic (advanced) melanoma, subject to the same clinical criteria as nivolumab.

Amisulpride (Sulprix) 100 mg, 200 mg and 400 mg tablet – brand change

There will be a change to the funded brand of amisulpride 100 mg, 200 mg and 400 mg tablets, starting from 1 September 2016, with a change from Sanofi's brand, Solian, to Mylan's brand, Sulprix.

Sulprix will be listed fully subsidised on the community Pharmaceutical Schedule from 1 September 2016. Solian will continue to be fully subsidised until 1 November 2016 when there will be a subsidy decrease.

Sulprix will be the Sole Subsidised brand of amisulpride from 1 February 2017. Solian will be delisted from 1 February 2017.

A Brand Switch Fee will apply to dispensings of amisulpride tablets from 1 February 2017 until 30 April 2017.

Atorvastatin (Lorstat) 10 mg, 20 mg, 40 mg and 80 mg tablet – brand change

From 1 September 2016 the Lorstat brand of atorvastatin tab 10 mg, 20 mg, 40 mg and 80 mg will be listed fully subsidised. Zarator will have a subsidy decrease from 1 November 2016 and delisted from 1 February 2017. To support patients a targeted patient information leaflet can be downloaded from the PHARMAC website.

Dextrose with electrolytes (Pedialyte – Bubblegum) soln with electrolytes – new listing

Abbott has a new registered pack of Pedialyte – Bubblegum which will be listed fully subsidised from 1 September 2016. The current pack being supplied under section 29 of the Medicines Act 1981 will no longer be available and will be delisted from 1 December 2016.

There is a change in the pack, as a result of the manufacturing site change, from a 1 x 1,000 ml bottle to 2 x 500 ml bottles that are shrink wrapped together. We will continue to subsidise Pedialyte – Bubblegum in a 1,000 ml OP pack size given the dosing recommendations.

Clobetasol propionate cream and ointment 0.05% – new listing

Boucher and Muir, the incumbent supplier of clobetasol 0.05% cream and ointment (Clobetasol BNM), has notified that it will exhaust stock in late August / early September 2016. The new supplier, Mylan (Dermol brand), was due to be listed from 1 October 2016. However, Mylan has advised that it expects to have stock of Dermol available from 15 August 2016; therefore to ensure continuity of supply we will be bringing forward the listing of the Dermol from 1 October 2016 to 1 September 2016. The reference pricing date and Sole Supply start date will remain as previously notified, 1 December 2016 and 1 March 2017 respectively.

Potassium chloride (Span-K) tab long-acting 600 mg – update

Stat dispensing for Span-K (potassium chloride) tab long-acting 600 mg (8 mmol) will be reinstated from 1 October 2016.

In November 2015, stat dispensing was removed from potassium chloride tab long-acting 600 mg (8 mmol) due to a global supply shortage, following problems with manufacturing, which have now been resolved. Sufficient stock is now available in the New Zealand supply chain.

Metoprolol succinate long-acting tablets – update

Actavis-Metoprolol was not released to the NZ market due to a temperature excursion en-route to New Zealand. This brand will be delisted from 1 October 2016 to reduce confusion regarding the available alternatives of metoprolol succinate. While stock of metoprolol succinate is still being managed, the supply of 47.5 mg and 95 mg continues to improve.

As indicated previously, PHARMAC has secured stock of the Betaloc CR brand of metoprolol succinate. A Brand Switch Fee has been applied to all brands of metoprolol succinate for one month from **1 August to 31 August 2016**, as we recognise the challenge the ongoing supply issue has presented. The Brand Switch Fee for **metoprolol succinate** tab long-acting is only valid for the month of August 2016. This information differs to that previously notified in the August 2016 Update.

Cefalexin (ABM Cephalexin) cap 250 mg – listing brought forward

PHARMAC is pleased to announce that the listing of ABM Cephalexin cap 250 mg has been accelerated to 1 September 2016 from 1 October 2016. ABM Pharma has advised that stock will be available in mid / late August 2016. Sole Supply will start from 1 January 2017 as previously notified.

Discontinuation of risperidone orodispersible tablets (Risperdal Quicklet)

The supplier of risperidone orodispersible tablets (Risperdal Quicklet), Janssen-Cilag, has let us know that it is discontinuing the supply of this product from mid December 2016. Risperidone orodispersible tablets will remain funded for another six months (until 1 June 2017) to allow pharmacies to dispense any remaining stock on hand, but it may not be available after December 2016.

Attempts to source another brand of orodispersible risperidone have been unsuccessful. This means that your patients who are prescribed Risperdal Quicklet will need to change to a different product. The tablets and oral liquid form of risperidone are still funded and available without a Special Authority.

Cordarone-X brand of amiodarone to go Sole Supply from 1 January 2017

From 1 October 2016 the Aratac brand of amiodarone hydrochloride 100 mg and 200 mg tablets will be referenced price to the Cordarone-X brand. The Aratac brand will be delisted from 1 January 2017 and Cordarone-X will be the only brand of amiodarone hydrochloride tab 100 mg and 200 mg listed in the Schedule.

What this means for patients?

Both brands have the same amount of amiodarone, this means patients should experience the same effect from using both brands of amiodarone. We have produced a targeted patient information leaflet which is available for download from the PHARMAC website.

News in brief

- **Enoxaparin sodium** (Clexane) inj syringes – the price and subsidy for all strengths of enoxaparin sodium (Clexane) will decrease from 1 September 2016.
- **Dabigatran** (Pradaxa) cap 75 mg, 110 mg and 150 mg – the price and subsidy of dabigatran (Pradaxa) capsules will decrease from 1 September 2016.
- **Nivolumab** (Opdivo) inj 10 mg per ml 4 ml and 10 ml vials – amendment to Special Authority criteria to include patients who have not previously received funded pembrolizumab and discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance.
- **Nicotine** (Habitrol Classic) gum 2 mg and 4 mg – to be delisted from 1 March 2017 due to a drop in use as patients prefer the mint and fruit flavours.
- **Ipratropium bromide** aerosol inhaler 20 mcg per dose – to be added to the PSO list from 1 September 2016.



Tender News

Sole Subsidised Supply changes – effective 1 October 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aciclovir	Tab dispersible 200 mg; 25 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 400 mg; 56 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 800 mg; 35 tab	Lovir (Douglas)
Amoxicillin	Cap 250 mg; 500 cap	Apo-Amoxi (Apotex)
Amoxicillin	Cap 500 mg; 500 cap	Apo-Amoxi (Apotex)
Bimatoprost	Eye drops 0.03%; 3 ml OP	Bimatoprost Actavis (Actavis)
Buspirone hydrochloride	Tab 5 mg; 100 tab	Orion (Max Health)
Buspirone hydrochloride	Tab 10 mg; 100 tab	Orion (Max Health)
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml; 100 ml	Ranbaxy-Cefaclor (Douglas)
Cefaclor monohydrate	Cap 250 mg; 100 cap	Ranbaxy-Cefaclor (Douglas)
Cilazapril wiith hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg; 100 tab	Apo-Cilazapril/Hydrochlorothiazide (Apotex)
Clindamycin	Cap hydrochloride 150 mg; 16 cap	Clindamycin ABM (ABM)
Clindamycin	Inj phosphate 150 mg per ml, 4 ml ampoule; 10 inj	Dalacin C (Pfizer)
Dihydrocodeine tartrate	Tab long-acting 60 mg; 60 tab	DHB Continus (MundiPharma)
Dimethicone	Crn 5%, pump bottle; 500 ml OP	healthE Dimethicone 5% (Jaychem)
Dipyridamole	Tab long-acting 150 mg; 60 tab	Pytazen SR (Douglas)
Itraconazole	Cap 100 mg; 15 cap	Itrazole (Mylan)
Lactulose	Oral liq 10 g per 15 ml; 500 ml	Laevolac (Douglas)
Loperamide hydrochloride	Cap 2 mg; 400 cap	Diamide Relief (Mylan)
Loratide	Tab 10 mg; 100 tab	Lorafix (Actavis)
Morphine sulphate	Tab long-acting 10 mg; 10 tab	Arrow-Morphine LA (Actavis)
Morphine sulphate	Tab long-acting 30 mg; 10 tab	Arrow-Morphine LA (Actavis)
Morphine sulphate	Tab long-acting 60 mg; 10 tab	Arrow-Morphine LA (Actavis)
Morphine sulphate	Tab long-acting 100 mg; 10 tab	Arrow-Morphine LA (Actavis)
Nortriptyline hydrochloride	Tab 10 mg; 100 tab	Norpress (Mylan)
Nortriptyline hydrochloride	Tab 25 mg; 180 tab	Norpress (Mylan)
Omeprazole	Inj 40 mg ampoule with diluent; 5 inj	Dr Reddy's Omeprazole (Dr Reddy's)

Sole Subsidised Supply changes – effective 1 October 2016 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Oxybutynin	Oral liq 5 mg per 5 ml; 473 ml	Apo-Oxybutynin (Apotex)
Oxybutynin	Tab 5 mg; 500 tab	Apo-Oxybutynin (Apotex)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml; 100 ml	AFT (AFT)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 250 mg per 5 ml; 100 ml	AFT (AFT)
Pramipexole hydrochloride	Tab 0.25 mg; 100 tab	Ramipex (Deva)
Pramipexole hydrochloride	Tab 1 mg; 100 tab	Ramipex (Deva)
Ropinirole hydrochloride	Tab 0.25 mg; 100 tab	Apo-Ropinirole (Apotex)
Ropinirole hydrochloride	Tab 1 mg; 100 tab	Apo-Ropinirole (Apotex)
Ropinirole hydrochloride	Tab 2 mg; 100 tab	Apo-Ropinirole (Apotex)
Ropinirole hydrochloride	Tab 5 mg; 100 tab	Apo-Ropinirole (Apotex)
Sodium chloride	Inj 0.9%, bag, 500 ml	Baxter (Baxter)
Sodium chloride	Inj 0.9%, bag; 1,000 ml	Baxter (Baxter)
Terazosin	Tab 1 mg; 28 tab	Actavis (Actavis)
Tetrabenazine	Tab 25 mg; 112 tab	Motelis (Douglas)
Timolol	Eye drops 0.25%, gel forming; 2.5 ml OP	Timoptol XE (MSD)
Timolol	Eye drops 0.5%, gel forming; 2.5 ml OP	Timoptol XE (MSD)
Tranexamic acid	Tab 500 mg; 100 tab	Cyklokapron (Pfizer)
Urea	Crn 10%, 100 g OP	healthE Urea Cream (Jaychem)
Zidovudine [AZT]	Cap 100 mg; 100 cap	Retrovir (GSK)
Zidovudine [AZT]	Oral liq 10 mg per ml; 200 ml OP	Retrovir (GSK)

Looking Forward

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

Decisions for implementation 1 October 2016

- Oestradiol TDDS 3.9 mg (releases 50 mcg of oestradiol per day) (Climara 50), and TDDS 7.8 mg (releases 100 mcg of oestradiol per day) (Climara 100) – Higher subsidy with Special Authority removed
- Paritaprevir 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56) (Viekira Pak), and paritaprevir 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168) (Viekira Pak-RBV) – prescriber note removed
- Potassium chloride (Span-K) tab long-acting 600 mg (8 mmol) – Stat dispensing reinstated

Possible decisions for future implementation 1 October 2016

- General rules changes to support the new prescribing rights that have been granted to Registered Nurses and support prescribing by Nurse Practitioners of subsidised pharmaceuticals with Retail pharmacy-Specialist restrictions
- Goserelin acetate (Zoladex) inj 3.6 mg and 10.8 mg – price and subsidy decrease
- Leuprorelin (Eligard) inj syringe 7.5 mg, 22.5 mg, 30 mg and 45 mg – subsidy decrease
- Leuprorelin (Lucrin Depot PDS) inj prefilled syringe 3.75 mg, 11.25 mg and 30 mg – subsidy decrease

Sole Subsidised Supply Products – cumulative to September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2018
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
Adult diphtheria and tetanus vaccine	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
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%, 5 ml OP	MycONail	2017
Amoxicillin	Inj 250 mg, 500 mg & 1 g vials	Ibiamox	2017
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2017
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
Aqueous cream	Crm, 500 g	AFT SLS-free	2018
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2017
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2018
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Lioresal Intrathecal	2018
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 30 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone valerate	Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP	Beta Cream Beta Ointment	2018
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Lax-Tab	2018
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2017
Cabergoline	Tab 0.5 mg	Dostinex	2018
Calamine	Crn, aqueous, BP Lotn, BP	Pharmacy Health PSM	2018
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 Folate Ebewe	2017
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin Sandoz	2018
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
Cetomacrogol	Crn BP	healthE	2018
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorafast	2019 2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
Ciclopirox olamine	Nail soln 8%, 7 ml OP	Apo-Ciclopirox	2018
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2017
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2018
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2017
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Catapres TTS 1 Catapres TTS 2 Catapres TTS 3	2017
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clotrimazole	Crn 1%, 20 g OP	Clomazol	2017
Crotamiton	Crn 10%, 20 g OP	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
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
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
Desmopressin acetate	Tab 100 mcg & 200 mcg Nasal spray 10 mcg per dose	Minirin Desmopressin-PH&T	2019 2017
Dexamethasone	Tab 0.5 mg & 4 mg Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	Dexmethasone Maxidex	2018 2017
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
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg 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	Diclofenac Sandoz Apo-Diclo SR Voltaren Voltaren Ophtha	2018 2017
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dimethicone	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2018
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

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

Sole Subsidised Supply Products – cumulative to September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP	AFT	2017
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018
Epoetin alfa [erythropoietin alfa]	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 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 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
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Etoposide	Inj 20 mg per ml, 5 ml vial	Rex Medical	2018
Exemestane	Tab 25 mg	Pfizer Exemestane	2017
Ezetimibe	Tab 10 mg	Ezemibe	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Ezetimibe with simvastatin	Tab 10 mg with simvastatin 10 mg Tab 10 mg with simvastatin 20 mg Tab 10 mg with simvastatin 40 mg Tab 10 mg with simvastatin 80 mg	Zimybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Boucher and Muir	2018
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg Inj 250 mg vial, 500 mg vial & 1 g vial	AFT	2018
		Staphlex Flucloxin	2017
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%, 5 ml OP	FML	2018
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2018
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg Tab 500 mg	Frusemide-Claris	2019
		Diurin 40	2018
		Urex Forte	
Galsulfase	Inj 1 mg per ml, 5 ml vial	Naglazyme	2018
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Suppos 3.6 g Liquid	PSM	2018
		healthE Glycerol BP	2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5	2017
		Nitroderm TTS 10	
Granisetron	Tab 1 mg	Granirex	2017
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix	2017
		Havrix Junior	
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

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

Sole Subsidised Supply Products – cumulative to September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg Powder	Douglas ABM	2018 2017
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Ibuprofen	Tab long-acting 800 mg Tab 200 mg	Brufen SR Ibugesic	2018 2017
Imatinib mesilate	Cap 100 mg	Imatinib-AFT	2017
Imiquimod	Crn 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Ipratropium bromide	Aqueous nasal spray, 0.03%	Univent	2017
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM Rifinah	2018
Isosorbide mononitrate	Tab long-acting 40 mg Tab 20 mg	Ismo 40 Retard Ismo-20	2019 2017
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2017
Lamivudine	Tab 100 mg Oral liq 5 mg per ml	Zeffix	2017
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Letrozole	Tab 2.5 mg	Letrole	2018
Levonorgestrel	Intra-uterine system 20 mcg per day Subdermal implant (2 x 75 mg rods)	Mirena Jadelle	2019 31/12/17
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2%	Xylocaine Viscous	2017
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2018 2017
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2017
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017
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
Mask for spacer device	Small	e-chamber Mask	2018
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
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2018
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
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
Metformin hydrochloride	Tab immediate-release 500 mg Tab immediate-release 850 mg	Metchek Metformin Mylan	2018
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2018
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml	Trexate Methotrexate Ebewe	2018 2017
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2018
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	Crn 2%, 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2017
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%	Elocon Alcohol Free Elocon	2018
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
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	Sevredol DBL Morphine Sulphate	2017
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2018
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
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
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	m-Nystatin	2017
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

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

Sole Subsidised Supply Products – cumulative to September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oil in water emulsion	Crm; 500 g	O/W Fatty Emulsion Cream	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	Dr Reddy's Ondansetron Ondansetron ODT-DRLA	2017
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoules Inj 50 mg per ml, 1 ml ampoule Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	2018
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml	Syntometrine	2018
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
Pancreatic enzyme	Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease	Creon 10000 Creon 25000	2018
Paracetamol	Suppos 125 mg & 250 mg Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Gacet Paracare Pharmacare Paracare Paracare Double Strength	2018 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
Peak flow meter	Low range Normal range	Mini-Wright AFS Low Range Mini-Wright Standard	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe	Pegasys	2017
	Inj 180 mcg prefilled syringe	Pegasys RBV Combination Pack	
	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			
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2018
	Inj 50 mg per ml, 1 ml & 2 ml	DBL Pethidine Hydrochloride	2017
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxyethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule	Hospira	2018
	Inj 50 mg per ml, 5 ml ampoule		
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP	Isopto Carpine	2017
	Eye drops 2%, 15 ml OP		
	Eye drops 4%, 15 ml OP		
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2017
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
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
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP	Vistil	2019
	Eye drops 3%, 15 ml OP	Vistil Forte	
Potassium chloride	Tab long-acting 600 mg (8mmol)	Span-K	2018
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Pregnancy tests – HCG urine	Cassette	EasyCheck	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017
Progesterone	Cap 100 mg	Urogestan	2019
Promethazine hydrochloride	Oral liq 1 mg per ml Tab 10 mg & 25 mg	Allersoothe	2018
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2018
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
Rifampicin	Cap 150 mg & 300 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
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Asthalin	2018
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Siltuximab	Inj 100 mg & 400 mg vials	Sylvant	2018
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 citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	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 September 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium polystyrene sulphionate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2017
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Arrow-Timolol	2017
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Triamcinolone acetonide	Paste 0.1% Oint 0.02%, 100 g OP Crm 0.02%, 100 g OP 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
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydracyl	2017
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
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
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

September changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 September 2016

53	DEXTROSE WITH ELECTROLYTES Soln with electrolytes (2 x 500 ml)	6.55	1,000 ml OP	✓ Pedialyte - Bubblegum
62	ATORVASTATIN – See prescribing guideline			
	* Tab 10 mg	9.29	500	✓ Lorstat
	* Tab 20 mg	13.32	500	✓ Lorstat
	* Tab 40 mg	21.23	500	✓ Lorstat
	* Tab 80 mg	36.26	500	✓ Lorstat
70	CLOBETASOL PROPIONATE			
	* Crm 0.05%	2.20	30 g OP	✓ Dermol
	* Oint 0.05%	2.20	30 g OP	✓ Dermol
84	ZOLEDRONIC ACID Inj 4 mg per 5 ml, vial – Special Authority see SA1512 – Retail pharmacy	84.50	1	✓ Zoledronic acid Mylan
96	CEFALEXIN Cap 250 mg	3.50	20	✓ Cephalexin ABM
96	CEFTRIAZONE – Subsidy by endorsement			
	a) Up to 5 inj available on a PSO			
	b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.			
	Inj 500 mg vial	1.20	1	✓ DEVA
	Inj 1 g vial	0.84	1	✓ DEVA
103	POSACONAZOLE – Special Authority see SA1285 – Retail pharmacy Tab modified-release 100 mg	869.86	24	✓ Noxafil
144	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 100 mg	4.56	30	✓ Sulprix
	Tab 200 mg	14.75	60	✓ Sulprix
	Tab 400 mg	27.70	60	✓ Sulprix

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 September 2016 (continued)

200	PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1615			
	Inj 50 mg vial	2,340.00	1	✓ Keytruda
	Inj 1 mg for ECP	49.14	1 mg	✓ Baxter

▶ SA1615 Special Authority for Subsidy

Initial Application – (unresectable or metastatic melanoma) only from a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
- 3 Either:
 - 3.1 Patient has not received funded nivolumab; or
 - 3.2 Both:
 - 3.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
 - 3.2.2 The cancer did not progress while the patient was on nivolumab; and
- 4 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and
- 5 Baseline measurement of overall tumour burden is documented (see Note); and
- 6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

Renewal – (unresectable or metastatic melanoma) only from a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
 - 1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
 - 1.3 Patient has stable disease according to RECIST criteria (see Note); and
- 2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
- 3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
- 5 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles).

Notes:

Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

New Listings – effective 1 August 2016

75	PHENOTHTRIN				
	Shampoo 0.5%	5.68	100 ml OP	✓ Parasidose	
		11.36	200 ml OP	✓ Parasidose	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions, Chemical Names and Presentations Effective 1 September 2016

50	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy			
	Inj 20 mg in 0.2 ml syringe	30.91	10	✓Clexane
	Inj 40 mg in 0.4 ml syringe	41.24	10	✓Clexane
	Inj 60 mg in 0.6 ml syringe	62.18	10	✓Clexane
	Inj 80 mg in 0.8 ml syringe	82.88	10	✓Clexane
	Inj 100 mg in 1 ml syringe	103.80	10	✓Clexane
	Inj 120 mg in 0.8 ml syringe	128.98	10	✓Clexane
	Inj 150 mg in 1 ml syringe	147.41	10	✓Clexane
58	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	2.39	90	✓ Metoprolol - AFT CR
		0.80	30	✓ Metoprolol - AFT CR
		20.11	100	✓ Actavis-Metoprolol
	a)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)			
	b)Actavis-Metoprolol brand: Brand switch fee payable (Pharmacode 2506300)			
	Tab long-acting 47.5 mg	3.48	90	✓ Metoprolol - AFT CR
		1.16	30	✓ Metoprolol - AFT CR
		7.50	30	✓ Betaloc CR
	a)Betaloc CR brand: Brand switch fee payable (Pharmacode 2506319)			
	b)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)			
	Tab long-acting 95 mg	5.73	90	✓ Metoprolol - AFT CR
		1.91	30	✓ Metoprolol - AFT CR
		7.50	30	✓ Betaloc CR
		31.18	100	✓ Actavis-Metoprolol
	a)Betaloc CR brand: Brand switch fee payable (Pharmacode 2506319)			
	b)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)			
	c)Actavis-Metoprolol brand: Brand switch fee payable (Pharmacode 2506300)			
	Tab long-acting 190 mg	3.85	30	✓ Myloc CR
		11.54	90	✓ Metoprolol - AFT CR
		3.85	30	✓ Metoprolol - AFT CR
	a)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)			
	b)Myloc CR brand: Brand switch fee payable (Pharmacode 2506335)			
172	TEMOZOLOMIDE – Special Authority see SA1616+6+0 – Retail pharmacy			
	Cap 5 mg	8.00	5	✓ Temaccord
	Cap 20 mg	36.00	5	✓ Temaccord
	Cap 100 mg	175.00	5	✓ Temaccord
	Cap 250 mg	410.00	5	✓ Temaccord

► **SA1616+6+0** Special Authority for Subsidy

Initial application – (high grade gliomas) only from a relevant specialist. Approvals valid for 12 +0 months for applications meeting the following criteria:

All of the following:

1 Either:

- 1.1 Patient has newly diagnosed glioblastoma multiforme; or
- 1.2 Patient has newly diagnosed anaplastic astrocytoma*[†]; and

2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and

3 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle six cycles of 5 days treatment; at a maximum dose of 200 mg/m² per day.

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 September 2016 (continued)

continued...

Initial application – (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
- 2 Temozolomide is to be given in combination with capecitabine; and
- 3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day; and
- 4 Temozolomide to be discontinued at disease progression.

Renewal application – (high grade gliomas) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1. Both:

- 1.1. Patient has glioblastoma multiforme; and
- 1.2. The treatment remains appropriate and the patient is benefitting from treatment; or

2. All of the following

- 2.1. Patient has anaplastic astrocytoma*; and
- 2.2. The treatment remains appropriate and the patient is benefitting from treatment; and
- 2.3. Adjuvant temozolomide is to be used for a maximum of 24 months.

Renewal – (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

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

Note: Indication marked with a * is an Unapproved Indication. Temozolomide is not subsidised for the treatment of relapsed glioblastoma multiforme.

200	NIVOLUMAB – PCT only – Specialist – Special Authority see SA1617+602		
	Inj 10 mg per ml, 4 ml vial	1,051.98	1 ✓Opdivo
	Inj 10 mg per ml, 10 ml vial	2,629.96	1 ✓Opdivo
	Inj 1 mg for ECP	27.62	1 mg ✓Baxter

➡ **SA1617+602** Special Authority for Subsidy

Initial application – (unresectable or metastatic melanoma) only from a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and

3 Either:

3.1 Patient has not received funded pembrolizumab; or

3.2 Both:

3.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and

3.2.2 The cancer did not progress while the patient was on pembrolizumab; and

- 43 Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and
- 54 Baseline measurement of overall tumour burden is documented (see Note); and
- 65 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (**6 cycles**) if their disease progresses during this time.

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
✓ fully subsidised

Changes to Restrictions – effective 1 September 2016 (continued)

continued...

Renewal – (unresectable or metastatic melanoma) only from a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
 - 1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
 - 1.3 Patient has stable disease according to RECIST criteria (see Note); and
- 2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
- 3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
- 5 Nivolumab will be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles).

Notes: Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

205 IPRATROPIUM BROMIDE

Aerosol inhaler, 20 mcg per dose CFC-free

– Up to 400 dose available on a PSO 16.20 200 dose OP ✓ **Atrovent**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 September 2016

20	ALGINIC ACID (↑ subsidy) Sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet	5.31	30	✓ Gaviscon Infant
50	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy (↓ subsidy)			
	Inj 20 mg in 0.2 ml syringe	30.91	10	✓ Clexane
	Inj 40 mg in 0.4 ml syringe	41.24	10	✓ Clexane
	Inj 60 mg in 0.6 ml syringe	62.18	10	✓ Clexane
	Inj 80 mg in 0.8 ml syringe	82.88	10	✓ Clexane
	Inj 100 mg in 1 ml syringe	103.80	10	✓ Clexane
	Inj 120 mg in 0.8 ml syringe	128.98	10	✓ Clexane
	Inj 150 mg in 1 ml syringe	147.41	10	✓ Clexane
51	DABIGATRAN (↓ subsidy)			
	Cap 75 mg – No more than 2 cap per day	76.36	60	✓ Pradaxa
	Cap 110 mg	76.36	60	✓ Pradaxa
	Cap 150 mg	76.36	60	✓ Pradaxa
81	CLOTRIMAZOLE			
	* Vaginal crm 1% with applicators (↑ subsidy)	1.60	35 g OP	✓ Clomazol
	* Vaginal crm 2% with applicators (↓ subsidy)	2.10	20 g OP	✓ Clomazol
121	PYRIDOSTIGMINE BROMIDE (↑ subsidy)			
	▲ Tab 60 mg	42.79	100	✓ Mestinon
121	TENOXCAM (↓ subsidy)			
	* Tab 20 mg	2.19	20	✓ Reutenox
135	OXYCODONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 5 mg	2.63	20	OxyContin
		(7.51)		
	Tab controlled-release 10 mg	2.76	20	Oxycodone ControlledRelease Tablets(BNM)
		(6.75)		
	Tab controlled-release 20 mg	4.72	20	Oxycodone ControlledRelease Tablets(BNM)
		(11.50)		
	Tab controlled-release 40 mg	7.69	20	Oxycodone ControlledRelease Tablets(BNM)
		(18.50)		
	Tab controlled-release 80 mg	14.11	20	Oxycodone ControlledRelease Tablets(BNM)
		(34.00)		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 September 2016 (continued)

137	SERTRALINE (↓ subsidy) Tab 50 mg	1.02 (1.21)	30	
				Sertraline Actavis \$29
145	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Inj 25 mg per ml, 1 ml ampoule	47.89 (73.68)	10	Nozinan
171	MESNA (↓ subsidy) Inj 100 mg per ml, 4 ml ampoule – PCT only – Specialist	161.25	15	✓ Uromitexan
	Inj 100 mg per ml, 10 ml ampoule – PCT only – Specialist	370.35	15	✓ Uromitexan

Effective 1 August 2016

215	PHARMACY SERVICES – May only be claimed once per patient († subsidy) * Brand switch fee	4.50	1 fee	<ul style="list-style-type: none"> ✓ BSF Actavis-Metoprolol ✓ BSF Betaloc CR ✓ BSF Metoprolol - AFT CR ✓ BSF Myloc CR
	<p>a) The Pharmacode for BSF Actavis-Metoprolol is 2506300 b) The Pharmacode for BSF Betaloc CR is 2506319 c) The Pharmacode for BSF Metoprolol - AFT CR is 2506327 d) The Pharmacode for BSF Myloc CR is 2506335</p>			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to PSO

Effective 1 September 2016

236	IPRATROPIUM BROMIDE ✓ Aerosol inhaler, 20 mcg per dose CFC-free	400
-----	--	-----

▲ 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

Delisted Items

Effective 1 September 2016

48	DIPYRIDAMOLE * Tab 25 mg – For dipyridamole oral liquid formulation refer	8.36	84	✓ Persantin
55	TRANDOLAPRIL Higher subsidy by endorsement is available for patients who were taking trandolapril for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". For the purposes of this endorsement, congestive heart failure includes patients post myocardial infarction with an ejection fraction of less than 40%. Patients who started on trandolapril after 1 June 1998 are not eligible for full subsidy by endorsement. * Cap 1 mg – Higher subsidy of \$18.67 per 28 cap with Endorsement	3.06 (18.67)	28	Gopten
	* Cap 2 mg – Higher subsidy of \$27.00 per 28 cap with Endorsement	4.43 (27.00)	28	Gopten
130	LISURIDE HYDROGEN MALEATE ▲ Tab 200 mcg	25.00	30	✓ Dopergin
215	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee	4.50	1 fee	<ul style="list-style-type: none"> ✓BSF Actavis-Metoprolol ✓BSF Betaloc CR ✓BSF Metoprolol - AFT CR ✓BSF Myloc CR
	<ul style="list-style-type: none"> a) The Pharmacode for BSF Actavis-Metoprolol is 2506300 b) The Pharmacode for BSF Betaloc CR is 2506319 c) The Pharmacode for BSF Metoprolol - AFT CR is 2506327 d) The Pharmacode for BSF Myloc CR is 2506335 			

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 October 2016

58	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	20.11	100	✓ Actavis-Metoprolol
	Tab long-acting 95 mg	31.18	100	✓ Actavis-Metoprolol
130	SELEGILINE HYDROCHLORIDE			
	* Tab 5 mg	16.06	100	✓ Apo-Selegiline

Effective 1 December 2016

53	DEXTROSE WITH ELECTROLYTES			
	Soln with electrolytes	6.55	1,000 ml OP	✓ Pedialyte - Bubblegum S29
121	TENOXCAM			
	* Tab 20 mg	2.19	20	✓ Reutenox
135	OXYCODONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 5 mg	2.63 (7.51)	20	OxyContin
	Tab controlled-release 10 mg	2.76 (6.75)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 20 mg	4.72 (11.50)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 40 mg	7.69 (18.50)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 80 mg	14.11 (34.00)	20	Oxycodone ControlledRelease Tablets(BNM)
137	SERTRALINE			
	Tab 50 mg	1.02 (1.21)	30	Sertraline Actavis S29
145	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg per ml, 1 ml ampoule	47.89 (73.68)	10	Nozinan

▲ 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 2017 (continued)

75	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%	11.15	90 g OP	✓ Para Plus
----	---	-------	---------	-------------

Effective 1 February 2017

188	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer. Inj 40 mg per ml, vial	149.37	3	✓ SII-Onco-BCG S29
-----	---	--------	---	---------------------------

Effective 1 March 2017

163	NICOTINE Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.			
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO	22.26	384	✓ <u>Habitrol</u>
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO	25.67	384	✓ <u>Habitrol</u>

Effective 1 April 2017

241	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder	6.00	48.5 g OP	✓ Vivonex Pediatric
-----	---	------	-----------	---------------------

Effective 1 June 2017

146	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab orodispersible 0.5 mg – Special Authority see SA0927			
	– Retail pharmacy	21.42	28	✓ Risperdal Quicklet
	Tab orodispersible 1 mg – Special Authority see SA0927			
	– Retail pharmacy	42.84	28	✓ Risperdal Quicklet
	Tab orodispersible 2 mg – Special Authority see SA0927			
	– Retail pharmacy	85.71	28	✓ Risperdal Quicklet

Index

Pharmaceuticals and brands

A		
Actavis-Metoprolol	28, 35	
Alginic acid	31	
Amino acid formula	36	
Amisulpride	25	
Apo-Selegiline	35	
Atorvastatin	25	
Atrovent	30	
B		
Bacillus calmette-guerin (bcg) vaccine	36	
Betaloc CR	28	
BSF Actavis-Metoprolol	32, 34	
BSF Betaloc CR	32, 34	
BSF Metoprolol - AFT CR	32, 34	
BSF Myloc CR	32, 34	
C		
Cefalexin	25	
Ceftriaxone	25	
Cephalexin ABM	25	
Clexane	28, 31	
Clobetasol propionate	25	
Clomazol	31	
Clotrimazole	31	
D		
Dabigatran	31	
Dermol	25	
Dextrose with electrolytes	25, 35	
Dipyridamole	34	
Dopergin	34	
E		
Enoxaparin sodium	28, 31	
G		
Gaviscon Infant	31	
Gopten	34	
H		
Habitrol	36	
I		
Ipratropium bromide	30, 33	
K		
Keytruda	26	
L		
Levomepromazine hydrochloride	32, 35	
Lisuride hydrogen maleate	34	
Lorstat	25	
M		
Malathion with permethrin and piperonyl butoxide	36	
Mesna	32	
Mestinon	31	
Metoprolol - AFT CR	28	
Metoprolol succinate	28, 35	
Myloc CR	28	
N		
Nicotine	36	
Nivolumab	29	
Noxafil	25	
Nozinan	32, 35	
O		
Opdivo	29	
Oxycodone ControlledRelease Tablets(BNM)	31, 35	
Oxycodone hydrochloride	31, 35	
OxyContin	31, 35	
P		
Para Plus	36	
Parasidose	27	
Pedialyte - Bubblegum	25, 35	
Pembrolizumab	26	
Persantin	34	
Pharmacy services	32, 34	
Phenothrin	27	
Posaconazole	25	
Pradaxa	31	
Pyridostigmine bromide	31	
R		
Reutenox	31, 35	
Risperdal Quicklet	36	
Risperidone	36	
S		
Selegiline hydrochloride	35	
Sertraline	32, 35	
Sertraline Actavis	32, 35	
SII-Onco-BCG	36	
Sulprix	25	
T		
Temaccord	28	
Temozolomide	28	
Tenoxicam	31, 35	
Trandolapril	34	
U		
Uromitexan	32	
V		
Vivonex Pediatric	36	
Z		
Zoledronic acid	25	
Zoledronic acid Mylan	25	



Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Email: enquiry@pharmac.govt.nz

ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.