

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2015

Cumulative for January, February, March and April 2015



Contents

Summary of PHARMAC decisions effective 1 April 2015	3
Carvedilol – brand change.....	5
Clobetasol – delayed brand change.....	5
Mercury Pharma levothyroxine – reinstate stat dispensing	5
Heparinised saline – remove stat dispensing	5
Cimetidine discontinuation	6
Co-Renitec discontinuation	6
Amoxicillin Actavis – new listing.....	6
Zantac (ranitidine) injection supply issue.....	6
Zostrix and Zostrix HP supply issue.....	6
News in brief.....	7
Tender News.....	8
Looking Forward	8
Sole Subsidised Supply Products cumulative to April 2015	10
New Listings.....	24
Changes to Restrictions, Chemical Names and Presentations	27
Changes to Subsidy and Manufacturer’s Price.....	37
Changes to Brand Names	43
Delisted Items	44
Items to be Delisted	49
Index	53

Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2015

New listings (page 24)

- Carvedilol (Dicarz) tab 6.25 mg, 12.5 mg and 25 mg
- Pharmacy services (BSF Arrow-Amitriptyline) brand switch fee – may only be claimed once per patient
- Benzoin (Home Essentials) tincture compound BP, 50 ml

Changes to restrictions, chemical names and presentation (pages 27-28)

- Calcium gluconate (Hospira) inj 10%, 10 ml ampoule – amended presentation description
- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml – removal of STAT dispensing
- Protamine sulphate (Artex) inj 10 mg per ml, 5 ml – removal of section 29
- Endothelin receptor antagonists (ambrisentan and bosentan) – amended contact information
- Phosphodiesterase type 5 inhibitors (sildenafil) – amended contact information
- Prostacyclin analogues (iloprost) – amended contact information
- Levothyroxine (Mercury Pharma) tab 50 mcg and 100 mcg – STAT reinstated
- Somatropin (Omnitrope) inj 5 mg, 10 mg and 15 mg cartridge – removal of Brand Switch Fee
- Phenoxymethylpenicillin (Penicillin V) (Cilicaine VK) cap 250 mg and 500 mg – amended presentation description
- Naproxen (Naprosyn SR 1000) tab long-acting 1 g – amended presentation description
- Apomorphine hydrochloride (Apomine) inj 10 mg per ml, 2 ml ampoule – amended presentation description
- Non-opioid analgesics – addition of Standard Formulae reference
- Capsaicin (Zostrix HP) crm 0.075% - removal of Standard Formulae reference
- Amitriptyline (Arrow-Amitriptyline) tab 25 mg and 50 mg – addition of Brand Switch Fee
- Vinblastine sulphate (Hospira) inj 1 mg per ml, 10 ml vial – amended presentation description

Increased subsidy (pages 37-38)

- Calcium gluconate (Hospira) inj 10%, 10 ml ampoule
- Papaverine hydrochloride (Hospira) inj 12 mg per ml, 10 ml ampoule
- Fluconazole (Diflucan) powder for oral suspension 10 mg per ml
- Apomorphine hydrochloride (Apomine) inj 10 mg per ml, 2 ml ampoule
- Hyoscine hydrobromide (Martindale) inj 400 mcg per ml, 1 ml ampoule
- Lorazepam (Ativan) tab 2.5 mg
- Vinblastine sulphate (Hospira) inj 1 mg per m, 10 ml vial

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

- Vinblastine sulphate (Baxter) inj 1 mg for ECP

Decreased subsidy (pages 37-38)

- Ferrous fumarate (Ferro-tab) tab 200 mg (65 mg elemental)
- Betamethasone valerate crm 0.1% (Beta Cream) and oint 0.1% (Beta Ointment)
- Norethisterone (Primolut N) tab 5 mg
- Phenoxyethylpenicillin (Penicillin V) (Cilicaine VK) cap 250 mg and 500 mg
- Valganciclovir (Valcyte) tab 450 mg
- Lorazepam (Ativan) tab 1 mg
- Erlotinib (Tarceva) tab 100 mg and 150 mg

Carvedilol – brand change

From 1 April 2015 the Dicarz brand of carvedilol 6.25 mg, 12.5 mg and 25 mg tablets will be listed in the Schedule.

From 1 June 2015, the subsidy on Dilatrend will reduce.

Dilatrend will be delisted, and Dicarz will be the only funded brand of carvedilol tablets, from 1 September 2015. A Brand Switch Fee will apply to dispensings of Dicarz from 1 September until 30 November 2015.

Information for patients will be available at the end of March and healthcare professionals will be able to access it at www.pharmac.health.nz/medicines/my-medicine-has-changed/cardiovascular-medicines/. A limited number of printed copies will be able to be ordered at www.pharmaonline.co.nz from the end of March 2015.



Clobetasol – delayed brand change

Boucher and Muir (NZ) Ltd has notified of a delay to the arrival of stock of its brand of clobetasol ointment and cream (Clobetasol BNM). Consequently the tender transition dates have been delayed by one month, with listing on the Pharmaceutical Schedule now 1 May 2015 with reference pricing 1 July 2015 and Sole Supply 1 October 2015. Stock of Mylan's Dermal brand of clobetasol ointment and cream remain available.

Mercury Pharma levothyroxine – reinstate stat dispensing

Stat dispensing will be reinstated for the Mercury Pharma brand of levothyroxine 50 mcg and 100 mcg tablets from 1 April 2015. Remaining repeats on prescriptions should be dispensed all-at-once unless the prescription is annotated 'dispensing frequency'.

Heparinised saline – remove stat dispensing

Stat dispensing will be temporarily removed for the Pfizer brand of heparinised saline 10 iu per ml, 5 ml injection from 1 April 2015, due to a supply issue.

Cimetidine discontinuation

Apotex has notified that it is discontinuing Apo-Cimetidine (cimetidine) 200 mg and 400 mg tablets. It is expected that Apo-Cimetidine will be available until April or May 2015. Apo-Cimetidine will be delisted once supplies are exhausted. Apo-Cimetidine is not fully funded. PHARMAC is currently investigating an alternative and expects to make an announcement shortly.

Co-Renitec discontinuation

MSD has notified that it is discontinuing Co-Renitec (enalapril maleate with hydrochlorothiazide) tablets. It is expected that Co-Renitec will be available until July 2015. It will be delisted once supply is exhausted. Co-Renitec is not fully funded. There are a wide range of fully funded alternative medicines including two fully funded combination ACE inhibitors with diuretics.

Amoxicillin Actavis – new listing

New presentations of Amoxicillin Actavis 125 mg per 5 ml and 250 mg per 5 ml granules for oral liquid may be listed from 1 May 2015. These new presentations are packed in plastic bottles. The bottles are larger to allow for easier reconstitution.

Zantac (ranitidine) injection supply issue

GSK has notified of a stock shortage of Zantac (ranitidine) 25 mg per ml injection. GSK do not expect to be able to supply further stock until June 2015.

Oral ranitidine formulations remain available.

Zostrix and Zostrix HP supply issue

Zostrix 0.025% and Zostrix HP 0.075% capsaicin creams remain out of stock. AFT expects that Zostrix and Zostrix HP cream will be available again in April 2015.

News in brief

- A Brand Switch Fee will apply to dispensings of **Arrow-Amitriptyline** 25 and 50 mg tablets from 1 April 2015 to 30 June 2015.
- S29 will be removed from the Artex brand of **protamine sulphate** 10 mg per ml, 5 ml injection from 1 April 2015. This product is now approved.
- Douglas expects that Mogine (**lamotrigine**) 100 mg tablets will be available again from late March.
- The supplier (Mylan) has discontinued the 60 tablet pack size of Genox (**tamoxifen**) 10 mg tablets and this pack size will be delisted from 1 October 2015. A 100 tablet pack size remains available.
- Two Pharmacodes are listed for Olbetam (**acipimox**) 250 mg caps (30 cap pack size). The Pharmacode 2451905 will be delisted from 1 October 2015. Pharmacode 609641 will remain listed.
- Two Pharmacodes are listed for Parnate (**tranylcypromine sulphate**) 10 mg tablets (50 tab pack size). Pharmacode 493295 will be delisted from 1 May 2015. Pharmacode 2315076 will remain listed.
- API's **benzoin tincture** 50 ml is being supplied under a different Pharmacode to that listed. The correct Pharmacode 2349914 will be listed from 1 April 2015. Pharmacode 221392 will be delisted from 1 October 2015.

Tender News

Sole Subsidised Supply changes – effective 1 May 2015

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Cetirizine hydrochloride	Oral liq 1 mg per ml; 200 ml	Histaclear (AFT)
Ibuprofen	Tab 200 mg; 1,000 tab	Ibugesic (Rex Medical)
Imiquimod	Crn 5%, 250 mg sachet; 12 sachet	Apo-Imiquimod Cream 5% (Apotex)
Morphine sulphate	Tab immediate-release 10 mg; 10 tab	Sevredol (Douglas)
Morphine sulphate	Tab immediate-release 20 mg; 10 tab	Sevredol (Douglas)
Permethrin	Crn 5%, 30 g OP	Lyderm (API)
Risperidone	Tab 0.5 mg; 60 tab	Actavis (Actavis)
Risperidone	Tab 1 mg; 60 tab	Actavis (Actavis)
Risperidone	Tab 2 mg; 60 tab	Actavis (Actavis)
Risperidone	Tab 3 mg; 60 tab	Actavis (Actavis)
Risperidone	Tab 4 mg; 60 tab	Actavis (Actavis)
Triamcinolone acetate	Oint 0.02%; 100 g OP	Aristocort (Aspen)
Triamcinolone acetate	Crn 0.02%; 100 g OP	Aristocort (Aspen)
Triamcinolone acetate	Inj 10 mg per ml, 1 ml ampoule; 5 inj	Kenacort-A 10 (Aspen)
Triamcinolone acetate	Inj 40 mg per ml, 1 ml ampoule; 5 inj	Kenacort-A 40 (Aspen)

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 May 2015

- Abiraterone acetate (Zytiga) tab 250 mg – new listing with Special Authority – Retail Pharmacy – Specialist, wastage claimable
- Amino acid formula (Vivonex Pediatric, Neocate LCP, Elecare, Elecare LCP, Neocate Advance, and Neocate Gold) powder – amended Special Authority
- Carbohydrate, carbohydrate supplement (Polycal) powder – amended Special Authority
- Dornase alfa (Pulmozyme) nebuliser soln, 2.5 mg per 2.5 ml ampoule – amended Special Authority

Possible decisions for future implementation 1 May 2015 (continued)

- Epoetin alfa [erythropoietin alfa] (Eprex) inj 8,000 iu in 0.8 ml syringe, and inj 40,000 iu in 1 ml syringe – new listing with existing Special Authority criteria, wastage claimable, and Sole Subsidised Supply
- Erlotinib (Tarceva) tab 100 mg and 150 mg – amended Special Authority
- Extensively hydrolysed formula (Pepti Junior Gold Karicare Aptamil) powder – amended Special Authority
- Fat supplement emulsion (Calogen), and oil (MCT Oil, and Liquigen) – amended Special Authority
- Fat modified products (Monogen) powder – amended Special Authority
- Gefitinib (Iressa) tab 250 mg – amended Special Authority
- Glyceryl trinitrate (Nitrolingual Pump Spray) oral pump spray 400 mcg per dose, 250 dose OP – new listing
- Glycopyrronium bromide (Max Health) inj 200 mcg per ml, 1 ml ampoule – new listing
- Menthol (PSM and MidWest) crystals –amending compounding restriction
- Paediatric products liquid (Nutrini RTH, Pediture RTH, Nutrini Energy Multi Fibre, Nutrini Energy RTH, Fortini, Pediture and Fortini Multi Fibre) and powder (Pediture) – amended Special Authority
- Protein supplement (Protifar, Resource Beneprotein and Promod) powder – amended Special Authority
- Risperidone (Actavis) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – Brand Switch Fee payable
- Trastuzumab inj 150 mg and 440 mg vial (Herceptin) and inj 1 mg for ECP (Baxter) – amended Special Authority
- “Three months dispensed all-at-once” (stat) dispensing rule removed from the following:
 - Betamethasone valerate cream (Beta Cream), ointment (Beta Ointment), lotion (Betnovate) and scalp application (Beta Scalp)
 - Clobetasol propionate cream, ointment and scalp application (Dermol)
 - Dexamethasone phosphate injection (Dexamethasone-hameln) Hydrocortisone cream (Pharmacy Health), tablets (Douglas) and injection(Solu-Cortef)
 - Prednisolone oral liquid (Redipred)
 - Sodium valproate tablets (Epilim Crushable, Epilim) and oral liquid (Epilim S/F Liquid and Epilim Syrup)

Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
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 25 mg & 50 mg Tab 10 mg	Arrow-Amitriptyline Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%	MycosNail	2017
Amoxicillin	Inj 250 mg, 500 mg & 1 g vials Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2017 2016
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin Augmentin	2015
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
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Eye drops 1%; 15 ml OP Inj 600 mcg per ml, 1 ml ampoule	Atropt AstraZeneca	2017 2015
Azathioprine	Tab 50 mg	Azamun	2016
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015

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

Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017
Baclofen	Tab 10 mg	Pacifen	2016
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
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	2015
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2017
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	Inj 100 iu per ml, 1 ml 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	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
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 Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70%	healthE healthE	2015
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Ciclosporin	Oral liq 100 mg per ml	Neoral	2015
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	Cipflox	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
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
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 Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Crn 1%, 20 g OP Vaginal crn 1% with applicators Vaginal crn 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
Crotamiton	Crn 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
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

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone	Eye drops 0.1%, 5 ml OP	Maxidex	2017
	Eye oint 0.1%, 3.5 g OP	Douglas	2015
	Tab 1 mg & 4 mg		
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
Dexamfetamine sulfate	Tab 5 mg	PSM	2015
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Inj 25 mg per ml, 3 ml ampoule	Voltaren	2017
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg		
	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	2015
	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Apo-Diclo Diclax SR	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
Dimethicone	Crn 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
Domperidone	Tab 10 mg	Prokinex	2015
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 April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
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 10,000 iu in 1 ml, syringe	Eporex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Exemestane	Tab 25 mg	Aromasin	2017
Felodopine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2015
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
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 Zarzio	31/12/15
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Inj 250 mg vial, 500 mg vial & 1 g vial Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Flucloxin AFT AFT Staphlex	2017 2015
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015
Fusidic acid	Crn 2% Oint 2%	DP Fusidic Acid Cream Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2015
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Liquid Suppos 3.6 g	healthE Glycerol BP PSM	2017 2015
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
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 Tab 5 mg & 20 mg	ABM Solu-Cortef Douglas	2017 2016 2015
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine	Tab 200 mg	Plaquenil	2015
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Oral liq 20 mg per ml	Fenpaed	2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	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

*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 April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
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
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	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% Inj 2% ampoule, 5 ml & 20 ml	Xylocaine Viscous Lidocaine-Claris	2017 2015
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Cap 250 mg Tab 250 mg & 400 mg	Douglas Lithicarb FC	2017 2015
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
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 13.125g 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	Size 2	EZ-fit Paediatric Mask	2015

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
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	Enema 1 g per 100 ml	Pentasa	2015
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015
Methotrexate	Inj 100 mg per ml, 50 ml Tab 2.5 mg & 10 mg 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 Trexate Hospira Methotrexate Sandoz	2017 2015 2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2015
Methylprednisolone acetate with lidocaine (lignocaine)	Inj 40 mg per ml with lidocaine (lignocaine) 1 ml	Depo-Medrol with Lidocaine	2015
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	Crn 2% Vaginal crn 2% with applicator	Multichem Micreme	2017

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	Inj 5 mg per ml, 1 ml ampoule	DBL Morphine Sulphate	2017
	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	m-Eslon	2016
	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Arrow-Morphine LA	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg	Cellcept	2016
	Tab 500 mg		
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg	Noflam 250	2015
	Tab 500 mg	Noflam 500	
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Patch 7 mg, 14 mg & 21 mg	Habitrol	2017
	Lozenge 1 mg & 2 mg		
	Gum 2 mg & 4 mg (Fruit, Classic & Mint)		
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	Noriday 28	2015
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Octreotide	Inj 50 mcg per ml, 1 ml vial	DBL	2017
	Inj 100 mcg per ml, 1 ml vial		
	Inj 500 mcg per ml, 1 ml vial		
Oil in water emulsion	Crn	healthE Fatty Cream	2015
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg	Zypine	2017
	Tab orodispersible 5 mg & 10 mg	Zypine ODT	

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg	Dr Reddy's Ondansetron	2017
	Tab disp 8 mg	Ondansetron ODT- DRLA	
	Tab 4 mg & 8 mg	Onrex	2016
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxybutynin	Oral liq 5 mg per ml	Apo-Oxybutynin	2016
	Tab 5 mg		
Oxycodone hydrochloride	Tab controlled-release 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Controlled Release Tablets (BNM)	2015
	Inj 50 mg per ml, 1 ml	OxyNorm	
	Inj 10 mg per ml, 1 ml & 2 ml	Oxycodone Orion	
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM BNM Syntometrine	2015
	Inj 10 iu per ml, 1 ml ampoule		
	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml		
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial	Pamisol	2017
	Inj 6 mg per ml, 10 ml vial		
	Inj 9 mg per ml, 10 ml vial		
Pantoprazole	Tab EC 20 mg	Pantoprazole Actavis 20	2016
	Tab EC 40 mg	Pantoprazole Actavis 40	
Paracetamol	Tab 500 mg	Pharmacare	2017
	Oral liq 120 mg per 5 ml	Paracare	2017
	Oral liq 250 mg per 5 ml	Paracare Double Strength	2017
	Suppos 500 mg	Paracare	2015
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
Peak flow meter	Low range & normal range	Breath-Alert	2015

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2017
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml	DBL Pethidine Hydrochloride	2017
	Tab 50 mg & 100 mg	PSM	2015
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2016
Pilocarpine hydrochloride	Eye drops 1%; 15 ml OP	Isopto Carpine	2017
	Eye drops 2%; 15 ml OP		
	Eye drops 4%; 15 ml OP		
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
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 vial (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 chloride	Tab long-acting 600 mg	Span-K	2015
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
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Allersoothe	2015
	Tab 10 mg & 25 mg		

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Sole Subsidised Supply Products – cumulative to April 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
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	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	Oral liq 1 mg per ml	Risperon	2017
Ritonavir	Tab 100 mg	Norvir	2015
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
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Ventolin Asthalin	2016 2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
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	Hyl-Fresh	2016
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
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
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
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
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 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
Tranexamic acid	Tab 500 mg	Cyklokapron	2016
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydriacyl	2017
Urea	Crn 10%	healthE Urea Cream	2016
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
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

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Sole Subsidised Supply Products – cumulative to April 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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

April changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 April 2015

56	CARVEDILOL				
	* Tab 6.25 mg	3.90	60	✓Dicarz	
	* Tab 12.5 mg	5.10	60	✓Dicarz	
	* Tab 25 mg – For carvedilol oral liquid formulation refer	6.30	60	✓Dicarz	
207	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee	4.33	1 fee	✓BSF Arrow- Amitriptyline	
	The Pharmacode for BSF Arrow-Amitriptyline is 2476029.				
214	BENZOIN				
	Tincture compound BP	2.44 (5.93)	50 ml		Home Essentials

Effective 1 March 2015

56	FLECAINIDE ACETATE – Retail pharmacy-Specialist				
	Inj 10 mg per ml, 15 ml ampoule	52.45	5	✓Tambacor	
	Note – Pharmacode change from 332062 to 2447363.				
58	AMLODIPINE				
	* Tab 5 mg – For amlodipine oral liquid formulation refer	5.04	250	✓Apo-Amlodipine	
	* Tab 10 mg	7.21	250	✓Apo-Amlodipine	
101	KETOCONAZOLE				
	Tab 200 mg – PCT – Retail pharmacy-Specialist – Subsidy				
	by endorsement.....		CBS 30	✓Link Healthcare	S29
	Prescriptions must be written by, or on the recommendation of an oncologist				
207	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee	4.33	1 fee	✓BSF Eprex	
	The Pharmacode for BSF Eprex is 2474727.				

Effective 5 February 2015

183	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 February 2015

40	TRIAMCINOLONE ACETONIDE				
	Paste 0.1%.....	5.33	5 g OP	✓Kenalog in Orabase	
41	PYRIDOXINE HYDROCHLORIDE				
	a) No more than 100 mg per dose				
	b) Only on a prescription				
	* Tab 25 mg – No patient co-payment payable	2.15	90	✓Vitamin B6 25	

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
24

S29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed **Sole Subsidised Supply**

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 February 2015 (continued)

82	ZOLEDRONIC ACID Inj 4 mg per 5 ml, vial – Special Authority see SA1512 – Retail pharmacy.....	550.00	1	✓ Zometa
	<p>▶ SA1512] Special Authority for Subsidy Initial application only from an oncologist, haematologist or palliative care specialist. Approvals valid without further renewal for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 1. Patient has hypercalcaemia of malignancy; or 2. Both: <ol style="list-style-type: none"> 2.1. Patient has bone metastases or involvement; and 2.2. Patient has severe bone pain resistant to standard first-line treatments; or 3. Both: <ol style="list-style-type: none"> 3.1. Patient has bone metastases or involvement; and 3.2. Patient is at risk of skeletal-related events (pathological fracture, spinal cord compression, radiation to bone or surgery to bone). 			
130	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Patch 12.5 mcg per hour..... Patch 25 mcg per hour..... Patch 50 mcg per hour..... Patch 75 mcg per hour..... Patch 100 mcg per hour.....	2.92 3.66 6.64 9.18 11.29	5 5 5 5 5	✓ Fentanyl Sandoz ✓ Fentanyl Sandoz ✓ Fentanyl Sandoz ✓ Fentanyl Sandoz ✓ Fentanyl Sandoz
164	AMSACRINE – PCT only – Specialist Inj 75 mg	1,250.00	5	✓ AmsaLylo ^{S29}
177	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 25 mg	8.28	60	✓ Azamun
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Glizide is 2472201	4.33	1 fee	✓ BSF Glizide
233	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (juicy citrus) 62.5 ml..... Liquid (juicy citrus) 125 ml..... Liquid (juicy berries) 62.5 ml..... Liquid (juicy berries) 125 ml..... Liquid (juicy orange) 62.5 ml..... Liquid (juicy orange) 125 ml.....	939.00 936.00 939.00 936.00 939.00 936.00	60 OP 30 OP 60 OP 30 OP 60 OP 30 OP	✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 20 ✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 20 ✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 20

▲ 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 January 2015

83	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Inj 250 mg per ml, 4 ml vial..... 86.00 Note – this is a presentation change from an ampoule to a vial.	1	✓ Reandron 1000
203	GANCICLOVIR Eye gel 0.15% 37.53	5 g OP	✓ Virgan ^{S29}
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... 4.33 a) The Pharmacode for BSF Omnitrope is 2472198	1 fee	✓ BSF Omnitrope

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, Chemical Names and Presentations Effective 1 April 2015

42	CALCIUM GLUCONATE * Inj 10%, 10 ml ampoule	34.24	10	✓ Hospira
50	HEPARINISED SALINE (STAT dispensing removed) Inj 10 iu per ml, 5 ml	39.00	50	✓ Pfizer
50	PROTAMINE SULPHATE (removal of S29) * Inj 10 mg per ml, 5 ml	22.40 (119.23)	10	Artex S29
63	ENDOTHELIN RECEPTOR ANTAGONISTS (Ambrisentan and Bosentan) [SA0967] Special Authority for Subsidy Special Authority approved by the Pulmonary Arterial Hypertension Panel Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Coordinator, PAH Panel PHARMAC, PO Box 10-254, WELLINGTON Tel: (04) 916 7561 916-7512 , Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz			
64	PHOSPHODIESTERASE TYPE 5 INHIBITORS (Sildenafil) [SA1293] Special Authority for Subsidy Initial application — (Raynaud's Phenomenon* - for Pulmonary Arterial Hypertension see note below) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 1 Patient has Raynaud's Phenomenon*; and 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and 3 Patient is following lifestyle management (avoidance of cold exposure, sufficient protection, smoking cessation support, avoidance of sympathomimetic drugs) ; and 4 Patient is being treated with calcium channel blockers and nitrates (or these are contraindicated/not tolerated). Notes: Sildenafil is also funded for patients with Pulmonary Arterial Hypertension who are approved by the Pulmonary Arterial Hypertension Panel (an application must be made using form SA1293-PAH). Application details may be obtained from: The Coordinator, PAH Panel PHARMAC, PO Box 10 254, Wellington Phone: (04) 916 7561 916-7512 Facsimile: (04) 974 4858 Email: PAH@pharmac.govt.nz Indications marked with * are Unapproved Indications.			
64	PROSTACYCLIN ANALOGUES (Iloprost) [SA0969] Special Authority for Subsidy Special Authority approved by the Pulmonary Arterial Hypertension Panel Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Coordinator, PAH Panel PHARMAC, PO Box 10-254, WELLINGTON Tel: (04) 916 7561 916-7512 , Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz			

▲ 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 April 2015 (continued)

87	LEVOTHYROXINE (MERCURY PHARMA) (STAT reinstated)			
	* Tab 50 mcg	1.71	28	✓ Mercury Pharma
	* Tab 100 mcg	1.78	28	✓ Mercury Pharma
87	SOMATROPIN (OMNITROPE) – Special Authority see SA1451– Retail pharmacy Brand switch fee payable (Pharmacode 2472198)			
	* Inj 5 mg cartridge	109.50	1	✓ Omnitrope
	* Inj 10 mg cartridge	219.00	1	✓ Omnitrope
	* Inj 15 mg cartridge	328.50	1	✓ Omnitrope
97	PHENOXYMETHYLPENICILLIN (PENICILLIN V)			
	Cap potassium salt 250 mg			
	– Up to 30 cap available on a PSO	2.88	50	✓ Cilicaine VK
	Cap potassium salt 500 mg	4.73	50	✓ Cilicaine VK
	a) Up to 20 cap available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RPPP – see rule 5.2.6			
118	NAPROXEN			
	* Tab long-acting 1 g 1,000 mg	21.00	90	✓ Naprosyn SR 1000
127	APOMORPHINE HYDROCHLORIDE			
	▲ Inj 10 mg per ml, 2 ml ampoule	119.00	5	✓ Apomine
129	NON-OPIOID ANALGESICS			
	For aspirin & chloroform application refer Standard Formulae			
129	CAPSAICIN – Subsidy by endorsement			
	a) For aspirin & chloroform application refer Standard Formulae			
	b) Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly.			
	Crn 0.075%	12.50	45 g OP	✓ Zostrix HP
133	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg – Brand Switch Fee payable (Pharmacode 2476029)	1.68	100	✓ Arrow-Amitriptyline
	Tab 50 mg – Brand Switch Fee payable (Pharmacode 2476029)	2.82	100	✓ Arrow-Amitriptyline
169	VINBLASTINE SULPHATE			
	Inj 1 mg per ml, 10 ml vial 10 mg – PCT			
	– Retail pharmacy-Specialist	37.29	1	✓ Hospira
		186.46	5	✓ Hospira

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 March 2015

45	EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Special Authority see SA1469 – Retail pharmacy a) Wastage claimable – see rule 3.3.2 b) Brand switch fee payable (Pharmacode 2474727)			
	Inj 1,000 iu in 0.5 ml, syringe	48.68	6	✓ <u>Eprex</u>
	Inj 2,000 iu in 0.5 ml, syringe	120.18	6	✓ <u>Eprex</u>
	Inj 3,000 iu in 0.3 ml, syringe	166.87	6	✓ <u>Eprex</u>
	Inj 4,000 iu in 0.4 ml, syringe	193.13	6	✓ <u>Eprex</u>
	Inj 5,000 iu in 0.5 ml, syringe	243.26	6	✓ <u>Eprex</u>
	Inj 6,000 iu in 0.6 ml, syringe	291.92	6	✓ <u>Eprex</u>
	Inj 10,000 iu in 1 ml, syringe	395.18	6	✓ <u>Eprex</u>
61	ATORVASTATIN – See prescribing guideline (STAT reinstated)			
	* Tab 10 mg	0.84	30	✓ <u>Lipitor</u> ✓ <u>Pfizer atorvastatin</u>
		2.52	90	✓ <u>Zarator</u>
	* Tab 20 mg	1.39	30	✓ <u>Lipitor</u> ✓ <u>Pfizer atorvastatin</u>
		4.17	90	✓ <u>Zarator</u>
	* Tab 40 mg	2.44	30	✓ <u>Lipitor</u> ✓ <u>Pfizer atorvastatin</u>
		7.32	90	✓ <u>Zarator</u>
	* Tab 80 mg	5.41	30	✓ <u>Lipitor</u> ✓ <u>Pfizer atorvastatin</u>
		16.23	90	✓ <u>Zarator</u>
134	CITALOPRAM HYDROBROMIDE (CELAPRAM) – Brand switch fee payable (Pharmacode 2471558)			
	* Tab 20 mg	2.16	28	✓ <u>Celapram</u>
143	OLANZAPINE			
	a) Brand switch fee payable (Pharmacode 2470438)			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 2.5 mg	0.75	28	✓ <u>Zypine</u>
	Tab 5 mg	1.65	28	✓ <u>Zypine</u>
	Tab orodispersible 5 mg	1.75	28	✓ <u>Zypine ODT</u>
	Tab 10 mg	2.55	28	✓ <u>Zypine</u>
	Tab orodispersible 10 mg	3.05	28	✓ <u>Zypine ODT</u>
144	QUETIAPINE			
	a) Brand switch fee payable (Pharmacode 2470446)			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	2.10	90	✓ <u>Quetapel</u>
	Tab 100 mg	4.20	90	✓ <u>Quetapel</u>
	Tab 200 mg	7.20	90	✓ <u>Quetapel</u>
	Tab 300 mg	12.00	90	✓ <u>Quetapel</u>
144	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Oral liq 1 mg per ml – Brand switch fee payable (Pharmacode 2470454)	9.75	30 ml	✓ <u>Risperon</u>

▲ 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 March 2015 (continued)

163	CAPECITABINE – Retail pharmacy-Specialist Brand-switch fee payable (Pharmacode 2470462)			
	Tab 150 mg	30.00	60	✓ <u>Capecitabine</u> <u>Winthrop</u>
	Tab 500 mg	120.00	120	✓ <u>Capecitabine</u> <u>Winthrop</u>
164	AMSACRINE – PCT only – Specialist			
	Inj 50 mg per ml, 1.5 ml ampoule 75 mg	1,500.00	6	✓ <u>Amsidine</u> S29

Effective 1 February 2015

29	GLICLAZIDE – Brand switch fee payable (Pharmacode 2472201) * Tab 80 mg	11.50	500	✓ <u>Glizide</u>
40	TRIAMCINOLONE ACETONIDE Paste 0.1% in Dental Paste USP	5.33 4.34	5 g OP	✓ <u>Kenalog in Orabase</u> ✓ <u>Oracort</u>
75	IMIQUIMOD – Special Authority see SA0923 – Retail pharmacy			
	Crn 5%	17.98 (62.00)	12	Aldara
	Crn 5%, 250 mg sachet	17.98	12	✓ <u>Apo-Imiquimod</u> <u>Cream 5%</u>

► SA0923 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has external anogenital warts and podophyllotoxin has been tried and failed (or is contraindicated); or
- 2 The patient has external anogenital warts and podophyllotoxin is unable to be applied accurately to the site; or
- 3 The patient has confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate.

Notes: Superficial basal cell carcinoma

- Surgical excision remains first-line treatment for superficial basal cell carcinoma as it has a higher cure rate than imiquimod and allows histological assessment of tumour clearance.
- Imiquimod has not been evaluated for the treatment of superficial basal cell carcinoma within 1 cm of the hairline, eyes, nose, mouth or ears.
- Imiquimod is not indicated for recurrent, invasive, infiltrating, or nodular basal cell carcinoma.

External anogenital warts

- Imiquimod is only indicated for external genital and perianal warts (condyloma acuminata).

Renewal from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Any of the following:

- 1 Inadequate response to initial treatment for anogenital warts; or
- 2 New confirmed superficial basal cell carcinoma where other standard treatments, including surgical excision, are contraindicated or inappropriate; or
- 3 Inadequate response to initial treatment for superficial basal cell carcinoma.

Note: Every effort should be made to biopsy the lesion to confirm that it is a superficial basal cell carcinoma.

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 February 2015 (continued)

83	TRIAMCINOLONE ACETONIDE Inj 10 mg per ml, 1 ml ampoule20.80 Inj 40 mg per ml, 1 ml ampoule51.10	5 5	✓ Kenacort-A 10 ✓ Kenacort-A 40
87	LEVOTHYROXINE (MERCURY PHARMA) (STAT dispensing removed) Tab 50 mcg 1.71 ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 100 mcg..... 1.78 ‡ Safety cap for extemporaneously compounded oral liquid preparations.	28 28	✓ Mercury Pharma ✓ Mercury Pharma
118	DICLOFENAC SODIUM * Tab 50 mg dispersible – Higher subsidy of \$8.00 per 20 tab with Endorsement 1.50	20	✓ Voltaren D
Additional subsidy by endorsement for a patient who cannot swallow whole tablets and in whom ibuprofen oral liquid is ineffective or not tolerated, and the prescription is endorsed accordingly.			
123	ZOLEDRONIC ACID – Special Authority see SA1187 – Retail pharmacy Inj 0.05 mg per ml, 100 ml 5 mg per 100 ml, vial – Special Authority see SA1187 – Retail pharmacy 600.00	100 ml OP	✓ Aclasta
133	MIANSERIN HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 30 mg – Subsidy by endorsement 24.86	30	✓ Tolvon
Subsidised for patients who were taking mianserin hydrochloride prior to 1 July 2014 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of mianserin hydrochloride. Note that supply of mianserin hydrochloride is being discontinued in New Zealand and it is anticipated that there will be no stock of mianserin available beyond November February 2015.			
136	CARBAMAZEPINE *‡ Oral liq 20 mg per ml 100 mg per 5 ml 26.37	250 ml	✓ Tegretol
195	TACROLIMUS – Special Authority see SA0669 – Retail pharmacy Brand switch fee payable (Pharmacode 2468468) Cap 0.5 mg 85.60 Cap 1 mg 171.20 Cap 5 mg – For tacrolimus oral liquid formulation refer..... 428.00	100 100 50	✓ Tacrolimus Sandoz ✓ Tacrolimus Sandoz ✓ Tacrolimus Sandoz
228	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly. Powder (chocolate) – Higher subsidy of \$14.90 per 900 g OP with Endorsement 10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Powder (vanilla) – Higher subsidy of \$14.90 per 900 g OP with Endorsement 10.22 (14.90)	900 g OP	Sustagen Hospital Formula

Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.

▲ 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 January 2015

48	DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy			
	Inj 2,500 iu per 0.2 ml prefilled syringe	19.97	10	✓Fragmin
	Inj 5,000 iu per 0.2 ml prefilled syringe	39.94	10	✓Fragmin
	Inj 7,500 iu per 0.75 ml graduated syringe	60.03	10	✓Fragmin
	Inj 10,000 iu per 1 ml graduated syringe	77.55	10	✓Fragmin
	Inj 12,500 iu per 0.5 ml prefilled syringe	99.96	10	✓Fragmin
	Inj 15,000 iu per 0.6 ml prefilled syringe	120.05	10	✓Fragmin
	Inj 18,000 iu per 0.72 ml prefilled syringe	158.47	10	✓Fragmin
	<p>➡ SA1270 Special Authority for Subsidy Initial application – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: Either: 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or 2 For the treatment of venous thromboembolism where the patient has a malignancy. Initial application – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria: Any of the following: 1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with level of oral anti-coagulant treatment; or 2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or 3 To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery; or 4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or 5 To be used in association with cardioversion of atrial fibrillation. Renewal – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: Either: 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or 2 For the treatment of venous thromboembolism where the patient has a malignancy. Renewal – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, Acute Coronary Syndrome, cardioversion, or prior to oral anti-coagulation).</p>			
49	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy			
	Inj 20 mg	37.24	10	✓Clexane
	Inj 40 mg	49.69	10	✓Clexane
	Inj 60 mg	74.91	10	✓Clexane
	Inj 80 mg	99.86	10	✓Clexane
	Inj 100 mg	125.06	10	✓Clexane
	Inj 120 mg	155.40	10	✓Clexane
	Inj 150 mg	177.60	10	✓Clexane
	<p>➡ SA1174 Special Authority for Subsidy Initial application – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria: Either: 1 Low molecular weight heparin treatment is required during a patients pregnancy; or 2 For the treatment of venous thromboembolism where the patient has a malignancy.</p>			

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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 Restrictions – effective 1 January 2015 (continued)

continued...

Initial application – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

Any of the following:

- 1 For the short-term treatment of venous thromboembolism prior to establishing a therapeutic INR with level of oral anti-coagulant treatment; or
- 2 For the prophylaxis and treatment of venous thromboembolism in high risk surgery; or
- 3 To enable cessation/re-establishment of existing oral anticoagulant treatment pre/post surgery; or
- 4 For the prophylaxis and treatment of venous thromboembolism in Acute Coronary Syndrome surgical intervention; or
- 5 To be used in association with cardioversion of atrial fibrillation.

Renewal – (Pregnancy or Malignancy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy.

Renewal – (Venous thromboembolism other than in pregnancy or malignancy) from any relevant practitioner. Approvals valid for 1 month where low molecular weight heparin treatment or prophylaxis is required for a second or subsequent event (surgery, ACS, cardioversion, or prior to oral anti-coagulation).

56	BISOPROLOL FUMARATE			
	Tab 2.5 mg	2.40	30	✓ Bosvate
	Tab 5 mg	3.50	30	✓ Bosvate
	Tab 10 mg	6.40	30	✓ Bosvate
68	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN WITH WOOL-FAT AND MINERAL OIL			
	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% wool-fat hydrous 3% and mineral oil – Only on a prescription	10.57	250 ml	✓ DP Lotn HC
86	CARBIMAZOLE (stat dispensing reinstated)			
	* Tab 5 mg	10.80	100	✓ Neo-Mercazole
87	SOMATROPIN (OMNITROPE) – Special Authority see SA1451 – Retail pharmacy No patient co-payment payable Brand switch fee payable (Pharmacode 2472198)			
	* Inj 5 mg cartridge	109.50	1	✓ Omnitrope
	* Inj 10 mg cartridge	219.00	1	✓ Omnitrope
	* Inj 15 mg cartridge	328.50	1	✓ Omnitrope
127	PRAMIPEXOLE HYDROCHLORIDE (removal of S29)			
	▲ Tab 0.25 mg	7.20	100	✓ Ramipex S29
	▲ Tab 1 mg	24.39	100	✓ Ramipex S29
136	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (amended presentation description)			
	Inj 5 mg per ml, 2 ml ampoule – Subsidy by endorsement	11.83	5	✓ Hospira
	a) Up to 5 inj available on a PSO			
	b) Only on a PSO			
	c) PSO must be endorsed "not for anaesthetic procedures".			

▲ 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 January 2015 (continued)

141	HYOSCINE HYDROBROMIDE (amended presentation description) * Inj 400 mcg per ml, 1 ml ampoule	46.50 13.32	5 10	✓ Hospira ✓ Martindale S29
171	IMATINIB MESILATE (co-payment payable) Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule. * Cap 100 mg —No patient co-payment payable..... * Cap 400 mg —No patient co-payment payable.....	298.90 597.80	60 30	✓ Imatinib-AFT ✓ Imatinib-AFT
197	PROMETHAZINE HYDROCHLORIDE (amended presentation description) * Inj 25 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	11.99	5	✓ Hospira
207	NALOXONE HYDROCHLORIDE (amended presentation description) a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule	48.84	5	✓ Hospira
208	DESFERRIOXAMINE MESYLATE (amended presentation description) * Inj 500 mg vial	109.89	10	✓ Hospira
225	STANDARD SUPPLEMENTS (amended criterion only displayed) SA1228 Special Authority for Subsidy Initial application — (Short-term medical condition) 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 Is being feed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or 2 Malignancy and is considered likely to develop malnutrition as a result; or 3 Is undergoing a bone marrow transplant; or 4 Tempomandibular surgery or glossectomy ; or 5 Both: 5.1 Pregnant; and 5.2 Any of the following: 5.2.1 Patient is in early pregnancy (<13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre pregnancy weight; or 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being meet met . Renewal — (Short-term medical condition) 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: Any of the following: 1 Is being fed via a nasogastric tube; or			

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 January 2015 (continued)

continued...

- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Has undergone a bone marrow transplant; or
- 4 Tempomandibular surgery or **glossectomy**; or
- 5 Both:
 - 5.1 Pregnant; and
 - 5.2 Any of the following:
 - 5.2.1 Patient is in early pregnancy (<13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or
 - 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre pregnancy weight; or
 - 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being ~~met~~ **met**.

249 INFLUENZA VACCINE – [Xpharm]

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

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;
- b) people under 65 years of age who:
 - i) have any of the following cardiovascular disease:
 - a) ischaemic heart disease,
 - b) congestive heart disease,
 - c) rheumatic heart disease,
 - d) congenital heart disease, or
 - e) cerebo-vascular disease;
 - ii) have either of the following chronic respiratory disease:
 - a) asthma, if on a regular preventative therapy, or
 - b) other chronic respiratory disease with impaired lung function;
 - iii) have diabetes;
 - iv) have chronic renal disease;
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive;
 - vi) have any of the following other conditions:
 - a) autoimmune disease,
 - b) immune suppression,
 - c) HIV,
 - d) transplant recipients,
 - e) neuromuscular and CNS diseases,
 - f) haemoglobinopathies, or
 - g) are children on long term aspirin, or
 - vii) are pregnant
- ~~e) people under 18 years of age living within the boundaries of the Canterbury District Health Board.~~
- ce) children aged four 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,
- 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.

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 January 2015 (continued)

continued...

- 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.
- 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.

Effective 1 December 2014

134	CITALOPRAM HYDROBROMIDE (stat reinstated)			
	* Tab 20 mg	2.34	84	✓ Arrow-Citalopram

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 April 2015

42	CALCIUM GLUCONATE (↑ subsidy) * Inj 10%, 10 ml ampoule.....	34.24	10	✓ Hospira
42	FERROUS FUMARATE (↓ subsidy) * Tab 200 mg (65 mg elemental)	2.89	100	✓ Ferro-tab
63	PAPAVERINE HYDROCHLORIDE (↑ subsidy) * Inj 12 mg per ml, 10 ml ampoule	217.90	5	✓ Hospira
68	BETAMETHASONE VALERATE (↓ subsidy) * Crm 0.1%	3.15	50 g OP	✓ Beta Cream
	* Oint 0.1%	3.15	50 g OP	✓ Beta Ointment
86	NORETHISTERONE (↓ subsidy) * Tab 5 mg – Up to 30 tab available on a PSO	18.29	100	✓ Primolut N
97	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↓ subsidy) Cap 250 mg – Up to 30 cap available on a PSO	2.88	50	✓ Cilicaine VK
	Cap 500 mg	4.73	50	✓ Cilicaine VK
	a) Up to 20 cap available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6			
100	FLUCONAZOLE (↑ subsidy) Powder for oral suspension 10 mg per ml – Special Authority see SA1359 – Retail pharmacy	98.50	35 ml	✓ Diflucan
	Wastage claimable – see rule 3.3.2			
108	VALGANCICLOVIR – Special Authority see SA1404 – Retail pharmacy (↓ subsidy) Tab 450 mg	1,050.00	60	✓ Valcyte
127	APOMORPHINE HYDROCHLORIDE (↑ subsidy) ▲ Inj 10 mg per ml, 2 ml ampoule	119.00	5	✓ Apomine
141	HYOSCINE HYDROBROMIDE (↑ subsidy) * Inj 400 mcg per ml, 1 ml ampoule	93.00	10	✓ Martindale S29
147	LORAZEPAM – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg (↓ subsidy)	10.79	250	✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 2.5 mg (↑ subsidy)	13.88	100	✓ Ativan
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
169	VINBLASTINE SULPHATE (↑ subsidy) Inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist.....	37.29	1	✓ Hospira
		186.46	5	✓ Hospira
	Inj 1 mg for ECP – PCT only – Specialist	4.14	1 mg	✓ Baxter

▲ 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 April 2015 (continued)

170	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1411 (↓ subsidy)			
	Tab 100 mg	1,000.00	30	✓ Tarceva
	Tab 150 mg	1,500.00	30	✓ Tarceva
214	BENZOIN (↑ price)			
	Tincture compound BP	24.42 (39.90)	500 ml	Pharmacy Health

Effective 1 March 2015

50	PROTAMINE SULPHATE (↑ price)			
	* Inj 10 mg per ml, 5 ml	22.40 (119.23)	10	Artex S29
161	CYCLOPHOSPHAMIDE (↑ subsidy)			
	Inj 1 g – PCT – Retail pharmacy-Specialist.....	35.03	1	✓ Endoxan
	Inj 2 g – PCT only – Specialist	70.06	1	✓ Endoxan
	Inj 1 mg for ECP – PCT only – Specialist	0.04	1 mg	✓ Baxter
168	MITOZANTRONE – PCT only – Specialist (↑ price)			
	Inj 2 mg per ml, 12.5 ml	407.50 (413.21)	1	Onkotrone

Effective 1 February 2015

40	NYSTATIN (↑ subsidy)			
	Oral liq 100,000 u per ml.....	3.35	24 ml OP	✓ Nilstat
69	TRIAMCINOLONE ACETONIDE (↓ subsidy)			
	Crm 0.02%.....	6.30	100 g OP	✓ Aristocort
	Oint 0.02%	6.35	100 g OP	✓ Aristocort
75	IMIQUIMOD (↓ subsidy)			
	Crm 5%.....	17.98 (62.00)	12	Aldara
83	TRIAMCINOLONE ACETONIDE (↓ subsidy)			
	Inj 10 mg per ml, 1 ml ampoule.....	20.80	5	✓ Kenacort-A 10
	Inj 40 mg per ml, 1 ml ampoule	51.10	5	✓ Kenacort-A 40
118	DICLOFENAC SODIUM (↓ price)			
	* Tab 50 mg dispersible	1.50	20	✓ Voltaren D
118	IBUPROFEN (↓ subsidy)			
	* Tab 200 mg	9.45 (12.75)	1,000	Arrowcare

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 February 2015 (continued)

143	CLOZAPINE – Hospital pharmacy [HP4] (↓ subsidy) Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	5.69	50	✓ Clozaril
		11.36	100	✓ Clozaril
	Tab 100 mg	14.73	50	✓ Clozaril
		29.45	100	✓ Clozaril
144	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 0.5 mg	1.90	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(3.51)		
		0.63	20	Risperdal
	(2.86)			
	Tab 1 mg	2.10	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(6.00)		
		(16.92)		Risperdal
	Tab 2 mg	2.34	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(11.00)		
		(33.84)		Risperdal
	Tab 3 mg	2.55	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(15.00)		
		(50.78)		Risperdal
	Tab 4 mg	3.50	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(20.00)		
		(67.68)		Risperdal
157	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA1151 – Retail pharmacy (↓ subsidy)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Cap modified-release 10 mg	15.60	30	✓ Ritalin LA
	Cap modified-release 20 mg	20.40	30	✓ Ritalin LA
	Cap modified-release 30 mg	25.52	30	✓ Ritalin LA
	Cap modified-release 40 mg	30.60	30	✓ Ritalin LA
164	AMSACRINE – PCT only – Specialist			
	Inj 75 mg	1,500.00 CBS	6	✓ Amsidine S29
	Note – the is a change from Cost Brand Source to a price and subsidy.			
196	CETIRIZINE HYDROCHLORIDE (↓ subsidy)			
	*‡ Oral liq 1 mg per ml	2.99	200 ml	Cetirizine - AFT
		(3.52)		

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

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

Check your Schedule for full details
Schedule page ref

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

228	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] († price) Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	Powder (chocolate) – Higher subsidy of \$14.90 per 900 g OP with Endorsement.....	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Powder (vanilla) – Higher subsidy of \$14.90 per 900 g OP with Endorsement.....	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number			

Effective 1 January 2015

38	DOCUSATE SODIUM – Only on a prescription (↓ subsidy)			
	* Cap 50 mg	2.31	100	✓ Laxofast 50
	* Cap 120 mg	3.13	100	✓ Laxofast 120
55	LOSARTAN POTASSIUM (↓ subsidy)			
	* Tab 12.5 mg	1.66 (2.88)	90	Lostaar
	* Tab 25 mg	2.04 (3.20)	90	Lostaar
	* Tab 50 mg	2.41 (5.22)	90	Lostaar
	* Tab 100 mg	2.79	90	✓ Lostaar
56	BISOPROLOL FUMARATE (↓ subsidy)			
	Tab 2.5 mg	2.40	30	✓ Bosvate
	Tab 5 mg	3.50	30	✓ Bosvate
	Tab 10 mg	6.40	30	✓ Bosvate
66	FUSIDIC ACID (↓ subsidy)			
	Crm 2%	2.52 (3.25)	15 g OP	Foban
	a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination			
66	AMOROLFINE (↓ subsidy)			
	a) Only on a prescription b) Not in combination			
	Nail soln 5%	19.95 (61.87)	5 ml OP	Loceryl
67	MICONAZOLE NITRATE († subsidy)			
	* Crm 2%	0.55	15 g OP	✓ Multichem
	a) Only on a prescription b) Not in combination			

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
40

S29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed **Sole Subsidised Supply**

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 January 2015 (continued)

77	ETHINYLLOESTRADIOL WITH DESOGESTREL (↑ price) * Tab 20 mcg with desogestrel 150 mcg and 7 inert tab 6.62 (19.80)	84	Mercilon 28
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500 b) Up to 84 tab available on a PSO		
	* Tab 30 mcg with desogestrel 150 mcg and 7 inert tab 6.62 (19.80)	84	Marvelon 28
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500 b) Up to 84 tab available on a PSO		
79	CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL (↓ price) * Tab 2 mg with ethinylloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO..... 2.68	84	✓Ginet 84
80	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (↓ price) * Tab 5 mg 2.09	30	✓Rex Medical
81	SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy (↓ subsidy) Tab 5 mg 37.50 Tab 10 mg 37.50	30 30	✓Vesicare ✓Vesicare
118	TENOXCAM (↓ subsidy) * Tab 20 mg 15.25	100	✓Tilcotil
125	ALLOPURINOL (↓ subsidy) * Tab 100 mg 15.11 * Tab 300 mg – For allopurinol oral liquid formulation refer 15.91	1,000 500	✓Apo-Allopurinol ✓Apo-Allopurinol
132	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency (↓ price) * Tab paracetamol 500 mg with codeine phosphate 8 mg..... 2.11	100	✓Paracetamol + Codeine (Relieve)
133	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 25 mg 1.68 Tab 50 mg 2.82	100 100	✓Amitrip ✓Amitrip
136	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Inj 5 mg per ml, 2 ml ampoule – Subsidy by endorsement 11.83 a) Up to 5 inj available on a PSO b) Only on a PSO c) PSO must be endorsed “not for anaesthetic procedures”.	5	✓Hospira
141	HYOSCINE HYDROBROMIDE (↑ subsidy) * Inj 400 mcg per ml, 1 ml ampoule 46.50	5	✓Hospira
197	PROMETHAZINE HYDROCHLORIDE (↑ subsidy) * Inj 25 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO 11.99	5	✓Hospira
204	DORZOLAMIDE HYDROCHLORIDE (↑ price) * Eye drops 2%..... 9.77 (17.44)	5 ml OP	Trusopt

▲ 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

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

207	NALOXONE HYDROCHLORIDE († subsidy) a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule	48.84	5	✓ Hospira
208	DEFERIOXAMINE MESYLATE († subsidy) * Inj 500 mg vial	109.89	10	✓ Hospira

Check your Schedule for full details
Schedule page ref

Subsidy
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Changes to Brand Names

Effective 1 April 2015

214	BENZOIN				
	Tincture compound BP	24.42	500 ml		
		(39.90)			Pharmacy Health PSM

Effective 1 February 2015

83	TRIAMCINOLONE ACETONIDE				
	Inj 10 mg per ml, 1 ml ampoule	20.80	5		✓ Kenacort-A 10 Kenacort-A

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"certified exemption" by the prescriber or pharmacist

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applicable, dispensed all-at-once

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Delisted Items

Effective 1 April 2015

38	DOCUSATE SODIUM – Only on a prescription				
	* Cap 50 mg	2.31	100		✓ Laxofast 50
	* Cap 120 mg	3.13	100		✓ Laxofast 120
39	DANTHRON WITH POLOXAMER – Only on a prescription				
	Note: Only for the prevention or treatment of constipation in the terminally ill.				
	Oral liq 25 mg with poloxamer 200 mg per 5 ml	21.30	300 ml		✓ Pinorax
49	HEPARIN SODIUM				
	Inj 1,000 iu per ml, 5 ml	11.44	10		✓ Pfizer
	Note – Pfizer heparin sodium inj 1,000 iu per ml, 5 ml, 50 inj pack size remains subsidised.				
53	PRAZOSIN				
	* Tab 1 mg	5.53	100		✓ Apo-Prazo
	* Tab 2 mg	7.00	100		✓ Apo-Prazo
	* Tab 5 mg	11.70	100		✓ Apo-Prazo
55	LOSARTAN POTASSIUM				
	* Tab 12.5 mg	1.66	90		
		(2.88)			Lostaar
	* Tab 25 mg	2.04	90		
		(3.20)			Lostaar
	* Tab 50 mg	2.41	90		
		(5.22)			Lostaar
	* Tab 100 mg	2.792	90		✓ Lostaar
66	FUSIDIC ACID				
	Crn 2%	2.52	15 g OP		
		(3.25)			Foban
	a) Maximum of 15 g per prescription				
	b) Only on a prescription				
	c) Not in combination				
66	AMOROLFINE				
	a) Only on a prescription				
	b) Not in combination				
	Nail soln 5%	37.86	5 ml OP		
		(61.87)			Loceryl
77	INTRA-UTERINE DEVICE				
	a) Up to 40 dev available on a PSO				
	b) Only on a PSO				
	* IUD 29.1 mm length x 23.2 mm width	31.60	1		✓ MiniTT380 Slimline
	* IUD 33.6 mm length x 29.9 mm width	31.60	1		✓ TT380 Slimline
118	TENOXCAM				
	* Tab 20 mg	15.25	100		✓ Tilcotil

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

133	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency		
	Tab 25 mg	1.68	100 ✓ Amitrip
	Tab 50 mg	2.82	100 ✓ Amitrip
134	CITALOPRAM HYDROBROMIDE (CELAPRAM)		
	* Tab 20 mg	2.16	28 ✓ Celapram
207	PHARMACY SERVICES – May only be claimed once per patient.		
	* Brand switch fee	4.33	1 fee ✓ BSF Omnitrope
	a) The Pharmacode for BSF Omnitrope is 2472198		

Effective 1 March 2015

42	POTASSIUM IODATE		
	* Tab 256 mcg (150 mcg elemental iodine)	3.65 (6.28)	90 NeuroKare
45	EPOETIN BETA [ERYTHROPOIETIN BETA] – Special Authority see SA1469 – Retail pharmacy		
	Wastage claimable – see rule 3.3.2		
	Inj 2,000 iu, prefilled syringe	120.18	6 ✓ NeoRecormon
	Inj 3,000 iu, prefilled syringe	166.87	6 ✓ NeoRecormon
	Inj 4,000 iu, prefilled syringe	193.13	6 ✓ NeoRecormon
	Inj 5,000 iu, prefilled syringe	243.26	6 ✓ NeoRecormon
	Inj 6,000 iu, prefilled syringe	291.29	6 ✓ NeoRecormon
	Inj 10,000 iu, prefilled syringe	395.18	6 ✓ NeoRecormon
77	INTRA-UTERINE DEVICE		
	a) Up to 40 dev available on a PSO		
	b) Only on a PSO		
	* IUD	39.50	1 ✓ Multiload Cu 375 ✓ Multiload Cu 375 SL
79	CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL		
	* Tab 2 mg with ethinylloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO	2.68 (3.89)	84 Ginet 84
80	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy		
	* Tab 5 mg	2.09 (5.10)	30 Rex Medical
132	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency		
	* Tab paracetamol 500 mg with codeine phosphate 8 mg	2.11	100 ✓ Paracetamol + Codeine (Relieve)

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

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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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Delisted Items – effective 1 March 2015 (continued)

207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	<ul style="list-style-type: none"> ✓BSF Capecitabine Winthrop ✓BSF Celapram ✓BSF Quetapel ✓BSF Risperon ✓BSF Zypine
	<ul style="list-style-type: none"> a) The Pharmacode for BSF Capecitabine Winthrop is 2470462 b) The Pharmacode for BSF Celapram is 2471558 c) The Pharmacode for BSF Quetapel is 2470446 d) The Pharmacode for BSF Risperon is 2470454 e) The Pharmacode for BSF Zypine is 2470438 			
214	GLYCEROL * Liquid – Only in combination	14.84 (17.86)	2,000 ml	healthE
	Only in extemporaneously compounded oral liquid preparations.			

Effective 1 February 2015

26	RANITIDINE – Only on a prescription * Tab 150 mg	5.15	250	✓Arrow-Ranitidine
	* Tab 300 mg	7.37	250	✓Arrow-Ranitidine
29	GLICLAZIDE * Tab 80 mg	11.50	500	✓Apo-Gliclazide
73	ACITRETIN – Special Authority see SA1476 – Retail pharmacy Cap 10 mg	29.77	100	✓Neotigason
	Cap 25 mg	68.93	100	✓Neotigason
82	METHYLPREDNISOLONE ACETATE Inj 40 mg per ml, 1 ml	6.70	1	✓Depo-Medrol
84	OESTRADIOL – See prescribing guideline * TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12 (32.50)	4	Femtran 50
	<ul style="list-style-type: none"> a) Higher subsidy of \$13.18 per 4 patch with Special Authority see SA1018 b) No more than 1 patch per week c) Only on a prescription 			
	* TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05 (35.00)	4	Femtran 100
	<ul style="list-style-type: none"> a) Higher subsidy of \$16.14 per 4 patch with Special Authority see SA1018 b) No more than 1 patch per week c) Only on a prescription 			
86	MEDROXYPROGESTERONE ACETATE * Tab 200 mg – Retail pharmacy-Specialist	70.50	30	✓Provera

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

96	AMOXICILLIN WITH CLAVULANIC ACID Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab- available on a PSO	9.75	100	✓ Curam Duo
Note – Curam Duo will not be delisted 1 February 2015 as previously notified.				
106	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy Tab 100 mg	6.00 (32.50)	28	Zetlam
127	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer	10.00	50	✓ Sindopa
130	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO	8.47	1,000	✓ Parafast
132	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 40 mg	18.50	20	✓ Oxycodone BNM
167	IDARUBICIN HYDROCHLORIDE Cap 5 mg – PCT – Retail pharmacy-Specialist	115.00	1	✓ Zavedos
	Cap 10 mg – PCT – Retail pharmacy-Specialist	144.50	1	✓ Zavedos
196	LORATADINE * Oral liq 1 mg per ml	2.13	100 ml	✓ LoraPaed
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Tacrolimus Sandoz is 2468468	4.33	1 fee	✓ BSF Tacrolimus

Effective 1 January 2015

39	DANTHRON WITH POLOXAMER – Only on a prescription Note: Only for the prevention or treatment of constipation in the terminally ill. Oral liq 75 mg with poloxamer 1 g per 5 ml	43.60	300 ml	✓ Pinorax Forte
43	MAGNESIUM SULPHATE * Inj 2 mmol per ml, 5 ml ampoule	12.65 (18.35)	10	Martindale
47	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 250 iu vial.....	250.00	1	✓ Kogenate FS
Note – This applies to Pharmacode 2187159 only. Pharmacode 2461366 remains listed.				

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“certified exemption” by the prescriber or pharmacist

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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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Delisted Items – effective 1 January 2015 (continued)

54	PERINDOPRIL * Tab 2 mg	3.75 (18.50)	30	Coversyl
	* Tab 4 mg	4.80 (25.00)	30	Coversyl
69	BETAMETHASONE VALERATE WITH CLIOQUINOL – Only on a prescription Oint 0.1% with clioquinol 3%.....	3.49 (4.90)	15 g OP	Betnovate-C
87	SOMATROPIN (GENOTROPIN) – Special Authority see SA1279 – [Xpharm] * Inj cartridge 16 iu (5.3 mg)..... * Inj cartridge 36 iu (12 mg).....	160.00 360.00	1 1	✓ Genotropin ✓ Genotropin
127	PRAMIPEXOLE HYDROCHLORIDE ▲ Tab 0.125 mg	1.95	30	✓ Dr Reddy's Pramipexole
	▲ Tab 0.25 mg	2.16 (2.40)	30	Dr Reddy's Pramipexole
	▲ Tab 0.5 mg	4.20	30	✓ Dr Reddy's Pramipexole
	▲ Tab 1 mg	7.20	30	✓ Dr Reddy's Pramipexole
130	PARACETAMOL *‡ Oral liq 120 mg per 5 ml..... a) Up to 200 ml available on a PSO b) Not in combination	2.08	500 ml	✓ Ethics Paracetamol
132	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 80 mg	34.00	20	✓ Oxydone BNM
134	SERTRALINE * Tab 50 mg	4.42	30	✓ Zoloft
	* Tab 100 mg	4.42	30	✓ Zoloft
228	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (vanilla)	9.50	900 g OP	✓ Fortisip

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Generic Mnfr
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Items to be Delisted

Effective 1 May 2015

75	IMIQUIMOD Crm 5%.....	17.98 (62.00)	12		Aldara
118	IBUPROFEN * Tab 200 mg	9.45 (12.75)	1,000		Arrowcare
133	TRANLYCYPROMINE SULPHATE * Tab 10 mg	22.94	50	✓	Parnate
	Note – Pharmacode 493295 only is being delisted. 2315076 remains listed.				
144	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency				
	Tab 0.5 mg	1.90	60	✓	Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(3.51)			
		0.63	20		Risperdal
	Tab 1 mg	(2.86) 2.10	60	✓	Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(6.00)			Risperdal
	Tab 2 mg	(16.92) 2.34	60	✓	Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(11.00)			Risperdal
	Tab 3 mg	(33.84) 2.55	60	✓	Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(15.00)			Risperdal
	Tab 4 mg	(50.78) 3.50	60	✓	Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(20.00)			Risperdal
		(67.68)			
196	CETIRIZINE HYDROCHLORIDE *‡ Oral liq 1 mg per ml.....	2.99 (3.52)	200 ml		Cetirizine - AFT
207	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				

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“certified exemption” by the prescriber or pharmacist

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

Check your Schedule for full details
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Generic Mnfr
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Items to be Delisted – effective 1 June 2015

207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee4.33	1 fee	✓BSF Eprex
	The Pharmacode for BSF Eprex is 2474727.		

Effective 1 July 2015

40	TRIAMCINOLONE ACETONIDE Paste 0.1%.....4.34	5 g OP	✓Oracort
74	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription * Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium5.82	1,000 ml	✓Pinetarsol
	Note – Pinetarsol soln 500 ml pack size remains listed.		
83	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist Inj 250 mg per ml, 4 ml86.00	1	✓Reandron 1000
	Note – this is the delisting of Reandron 1000 in the ampoule presentation (Pharmacode 2265524). A vial presentation will be listed 1 January 2015.		
95	CEFUROXIME SODIUM Inj 750 mg – Maximum of 1 inj per prescription; can be waived by endorsement.....6.96	5	✓m-Cefuroxime
	Waiver by endorsement must state that the prescription is for dialysis or cystic fibrosis patient.		
143	HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO21.55	10	✓Haloperidol - MercuryPharma S29
204	LEVOBUNOLOL * Eye drops 0.25%.....7.00	5 ml OP	✓Betagan
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee4.33	1 fee	✓BSF Arrow- Amitriptyline
	The Pharmacode for BSF Arrow-Amitriptyline is 2476029.		

Effective 1 August 2015

41	PYRIDOXINE HYDROCHLORIDE a) No more than 100 mg per dose b) Only on a prescription * Tab 25 mg – No patient co-payment payable2.15	90	✓PyridoxADE
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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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Items to be Delisted – effective 1 August 2015 (continued)

130	FENTANYL					
	a) Only on a controlled drug form					
	b) No patient co-payment payable					
	c) Safety medicine; prescriber may determine dispensing frequency					
	Patch 12.5 mcg per hour	8.90	5	✓ Mylan Fentanyl Patch		
	Patch 25 mcg per hour	9.15	5	✓ Mylan Fentanyl Patch		
	Patch 50 mcg per hour	11.50	5	✓ Mylan Fentanyl Patch		
	Patch 75 mcg per hour	13.60	5	✓ Mylan Fentanyl Patch		
	Patch 100 mcg per hour	14.50	5	✓ Mylan Fentanyl Patch		
233	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]					
	Liquid (citrus).....	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10		
		31.20	125 ml OP	✓ PKU Lophlex LQ 20		
	Liquid (juicy berries).....	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10		
		31.20	125 ml OP	✓ PKU Lophlex LQ 20		
	Liquid (juicy orange).....	15.65	62.5 ml OP	✓ PKU Lophlex LQ 10		
		31.20	125 ml OP	✓ PKU Lophlex LQ 20		

Effective 1 September 2015

31	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription					
	* 31 g x 8 mm	10.50	100	✓ ABM		
31	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription					
	* Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	✓ ABM		
	* Syringe 1 ml with 31 g x 8 mm needle	13.00	100	✓ ABM		
56	FLECAINIDE ACETATE – Retail pharmacy-Specialist					
	Inj 10 mg per ml, 15 ml ampoule	52.45	5	✓ Tambacor		
	Note – Pharmacode 332062 only being delisted.					
222	HIGH PROTEIN ORAL FEED 1KCAL/ML – Special Authority see SA1378 – Hospital pharmacy [HP3]					
	Liquid	1.90	200 ml OP	✓ Fortimel Regular		
229	ORAL FEED 1.5KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3]					
	Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly.					
	Liquid (toffee) – Higher subsidy of \$1.26 per					
	200 ml with Endorsement	0.72	200 ml OP			
		(1.26)		Fortisip		
	Liquid (tropical fruit) – Higher subsidy of					
	\$1.26 per 200 ml with Endorsement	0.72	200 ml OP			
		(1.26)		Fortisip		

▲ 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 October 2015

60	ACIPIMOX * Cap 250 mg	18.75	30	✓ Olbetam
	Note – Pharmacode 2451905 only is being delisted. 609641 remains listed.			
176	TAMOXIFEN CITRATE * Tab 10 mg	2.63	60	✓ Genox
	Note – Genox tab 10 mg, 100 tablet pack size remains listed.			
214	BENZOIN Tincture compound BP	2.44 (5.10)	50 ml	PSM

Index

Pharmaceuticals and brands

A	
Acipimox	52
Acitretin	46
Aclasta	31
Aldara	30, 38, 49
Allopurinol.....	41
Aminoacid formula without phenylalanine	25, 51
Amitrip.....	41, 45
Amitriptyline.....	28, 41, 45
Amlodipine.....	24
Amorolfine.....	40, 44
Amoxicillin with clavulanic acid	47
Amsacrine	25, 30, 39
AmsaLyo	25
Amsidine	30, 39
Apo-Allopurinol	41
Apo-Amlodipine	24
Apo-Gliclazide.....	46
Apo-Imiquimod Cream 5%	30
Apomine	28, 37
Apomorphine hydrochloride	28, 37
Apo-Prazo.....	44
Apo-Risperidone	39, 49
Aristocort.....	38
Arrow-Amitriptyline	28
Arrow-Citalopram	36
Arrow-Ranitidine	46
Ativan	37
Atorvastatin.....	29
Azamun	25
Azathioprine.....	25
B	
Bacillus calmette-guerin (BCG) vaccine	24
Benzoin.....	24, 38, 43, 52
Beta Cream.....	37
Betagan	50
Betamethasone valerate	37
Betamethasone valerate with clioquinol.....	48
Beta Ointment	37
Betnovate-C	48
Bisoprolol fumarate	33, 40
Bosvate	33, 40
BSF Arrow-Amitriptyline	24, 50
BSF Capecitabine Winthrop	46
BSF Celapram	46
BSF Eprex	24, 50
BSF Glizide.....	25, 49
BSF Omnitrope.....	26, 45
BSF Quetapel	46
BSF Risperon	46
BSF Tacrolimus.....	47
C	
BSF Zypine.....	46
C	
Calcium gluconate	27, 37
Capecitabine	30
Capecitabine Winthrop	30
Capsaicin.....	28
Carbamazepine	31
Carbimazole.....	33
Carvedilol	24
Cefuroxime sodium	50
Celapram	29, 45
Cetirizine - AFT.....	39, 49
Cetirizine hydrochloride	39, 49
Cilicaine VK.....	28, 37
Citalopram hydrobromide	36
Citalopram hydrobromide (celapram).....	29, 45
Clexane.....	32
Clozapine.....	39
Clozaril	39
Coversyl	48
Curam Duo	47
Cyclophosphamide	38
Cyproterone acetate with ethinyloestradiol	41, 45
D	
Dalteparin sodium	32
Dantron with poloxamer.....	44, 47
Depo-Medrol.....	46
Desferrioxamine mesylate	34, 42
Diazepam.....	33, 41
Dicarz	24
Diclofenac sodium	31, 38
Diflucan	37
Docusate sodium	40, 44
Dorzolamide hydrochloride.....	41
DP Lotn HC.....	33
Dr Reddy's Pramipexole.....	48
Dr Reddy's Risperidone.....	39, 49
E	
Endothelin receptor antagonists	27
Endoxan.....	38
Enoxaparin sodium.....	32
Epoetin alfa	29
Epoetin beta	45
Eprex	29
Erlotinib	38
Erythropoietin alfa	29
Erythropoietin beta	45
Ethics Paracetamol	48
Ethinylloestradiol with desogestrel	41
F	
Femtran 50	46

Index

Pharmaceuticals and brands

Femtran 100	46	Laxofast 50	40, 44
Fentanyl	25, 51	Laxofast 120	40, 44
Fentanyl Sandoz	25	Levobunolol	50
Ferro-tab	37	Levodopa with carbidopa	47
Ferrous fumarate	37	Levothyroxine (Mercury Pharma)	28, 31
Finasteride	41, 45	Lipitor	29
Flecainide acetate	24, 51	Loceryl	40, 44
Fluarix	35	LoraPaed	47
Fluconazole	37	Loratadine	47
Foban	40, 44	Lorazepam	37
Fortimel Regular	51	Losartan potassium	40, 44
Fortisip	48, 51	Lostaar	40, 44
Fragmin	32	M	
Fusidic acid	40, 44	Magnesium sulphate	47
G		Marvelon 28	41
Ganciclovir	26	m-Cefuroxime	50
Genotropin	48	Medroxyprogesterone acetate	46
Genox	52	Mercilon 28	41
Ginet 84	41, 45	Methylphenidate hydrochloride extended-release	39
Gliclazide	30, 46	Methylprednisolone acetate	46
Glizide	30	Mianserin hydrochloride	31
Glycerol	46	Miconazole nitrate	40
H		MiniTT380 Slimline	44
Haloperidol	50	Mitozantrone	38
Haloperidol - MercuryPharma	50	Multiload Cu 375	45
Heparinised saline	27	Multiload Cu 375 SL	45
Heparin sodium	44	Mylan Fentanyl Patch	51
High protein oral feed 1kcal/ml	51	N	
Hydrocortisone and paraffin liquid and lanolin	33	Naloxone hydrochloride	34, 42
Hydrocortisone with wool fat and mineral oil	33	Naprosyn SR 1000	28
Hyoscine hydrobromide	34, 37, 41	Naproxen	28
I		Neo-Mercazole	33
Ibuprofen	38, 49	NeoRecormon	45
Idarubicin hydrochloride	47	Neotigason	46
Imatinib-AFT	34	NeuroKare	45
Imatinib mesilate	34	Nilstat	38
Imiquimod	30, 38, 49	Non-opioid analgesics	28
Influenza vaccine	35	Norethisterone	37
Influvac	35	Nystatin	38
Insulin pen needles	51	O	
Insulin syringes, disposable with attached needle	51	Octocog alfa [recombinant factor viii]	47
Intra-uterine device	44, 45	Oestradiol	46
K		Olanzapine	29
Kenacort-A 10	31, 38, 43	Olbetam	52
Kenacort-A 40	31, 38	Omnitrope	28, 33
Kenalog in Orabase	24, 30	Onkotrone	38
Ketoconazole	24	Oracort	30, 50
Kogenate FS	47	Oral feed 1.5Kcal/ml	51
L		Oral feed (powder)	31, 40, 48
Lamivudine	47	Oxycodone hydrochloride	47, 48
		Oxydone BNM	47, 48

Index

Pharmaceuticals and brands

P

Papaverine hydrochloride	37
Paracetamol.....	47, 48
Paracetamol + Codeine (Relieve).....	41, 45
Paracetamol with codeine	41, 45
Parafast	47
Parnate	49
Perindopril	48
Pfizer atorvastatin.....	29
Pharmacy services... 24, 25, 26, 45, 46, 47, 49, 50	
Phenoxymethylpenicillin (penicillin V)	28, 37
Phosphodiesterase type 5 inhibitors	27
Pinetarsol.....	50
Pinorax	44
Pinorax Forte.....	47
PKU Lophlex LQ 10.....	25, 51
PKU Lophlex LQ 20.....	25, 51
Potassium iodate	45
Pramipexole hydrochloride	33, 48
Prazosin.....	44
Primolut N.....	37
Promethazine hydrochloride	34, 41
Prostacyclin analogues	27
Protamine sulphate	27, 38
Provera.....	46
PyridoxADE.....	50
Pyridoxine hydrochloride	24, 50

Q

Quetapel	29
Quetiapine.....	29

R

Ramipex	33
Ranitidine.....	46
Reandron 1000.....	26, 50
Ridal.....	39, 49
Risperdal	39, 49
Risperidone.....	29, 39, 49
Risperon.....	29
Ritalin LA	39

S

Sertraline	48
SII-Onco-BCG	24

Sindopa	47
Solifenacin succinate	41
Somatropin (genotropin)	48
Somatropin (omnitrope)	28, 33
Standard supplements.....	34
Sustagen Hospital Formula.....	31, 40

T

Tacrolimus.....	31
Tacrolimus Sandoz	31
Tambacor	24, 51
Tamoxifen citrate.....	52
Tarceva.....	38
Tar with triethanolamine lauryl sulphate and fluorescein	50
Tegretol	31
Tenoxicam.....	41, 44
Testosterone undecanoate.....	26, 50
Tilcotil.....	41, 44
Tolvon	31
Tranlycypromine sulphate	49
Triamcinolone acetonide	24, 30, 31, 38, 43, 50
Trusopt.....	41
TT380 Slimline.....	44

V

Valcyte.....	37
Valganciclovir	37
Vesicare.....	41
Vinblastine sulphate	28, 37
Virgan	26
Vitamin B6 25	24
Voltaren D	31, 38

Z

Zarator	29
Zavedos	47
Zetlam	47
Zoledronic acid	25, 31
Zoloft	48
Zometa	25
Zostrix HP	28
Zypine.....	29
Zypine ODT	29

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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

Freephone Information line (9am-5pm weekdays) 0800 66 00 50

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