

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2017

Cumulative for January, February and March 2017



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2017

New listings (page 23)

- Potassium chloride (Slow-K) tab long-acting 600 mg (8 mmol) – S29, wastage claimable
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Clarix) inj 1% and 2%, 20 ml vials – Up to 5 inj available on a PSO
- Ondansetron (Apo-Ondansetron) tab 4 mg and 8 mg

Changes to restrictions (page 27)

- Leuprorelin inj 3.75 mg prefilled dual chamber syringe (Lucrin Depot 1 month), 7.5 mg syringe with diluent (Eligard 1 Month), 11.25 mg prefilled dual chamber syringe (Lucrin Depot 3-month), 22.5 mg syringe with diluent (Eligard 3 Month), 30 mg prefilled dual chamber syringe (Lucrin Depot 6-month), and 45 mg syringe with diluent (Eligard 6 Month) – amended restriction
- Dosulepin [dothiepin] hydrochloride (Dopress) tab 75 mg and cap 25 mg – amended chemical name

Decreased subsidy (page 36)

- Mesalazine (Asacol) tab 800 mg
- Sodium chloride (Multichem and Pfizer) inj 0.9% 5 ml ampoule
- Sodium chloride (Multichem and Pharmacia) inj 0.9% 10 ml and 20 ml ampoule
- Water (Multichem) inj 5 ml, 10 ml and 20 ml ampoule

What's changing?

The following Tender product will be listed from 1 March 2017:

- Ondansetron (Apo-Ondansetron) tab 4 mg and 8 mg



New listings

Potassium chloride tablets (Slow-K) – new listing

The Slow K-brand of potassium chloride 600 mg (8 mmol) long-acting tablets will be listed temporarily from 1 March 2017. The Slow-K brand will be listed alongside the Duro-K brand to ensure there are enough potassium chloride 600 mg tablets to meet demand. The Slow-K brand will be supplied under section 29 of the Medicines Act 1981. Wastage may be claimed on dispensings of Slow-K. Medsafe is updating the Guidance for Pharmacists Dispensing Prescriptions for Span-K. This can be found on the Medsafe website, at <http://medsafe.govt.nz/hot/RecallActionNoticesNew/20651.asp>

Escitalopram 10 mg tablet – new listing from 14 February 2017

An additional brand of escitalopram 10 mg tablet, Loxalate, was listed temporarily from 14 February 2017 as a result of a supply issue with the Air Flow brand. Loxalate escitalopram 10 mg tablets are supplied by Air Flow. Note that Mylan is supplying Loxalate for the private market at a higher price. We recommend that you manage any existing Loxalate stock supplied by Mylan (for example by quarantining existing packs) while Air Flow is providing this as an alternative.

More information for people taking escitalopram can be found at www.pharmac.govt.nz/medicines/my-medicine-has-changed/escitalopram

Lidocaine hydrochloride (Lidocaine-Clarix) inj 1% and 2% – new pack size

A five injection pack size for lidocaine hydrochloride 1%, 20 ml and 2%, 20 ml injections will be listed from 1 March 2017. The one injection pack sizes for each strength will be discontinued once supplies are exhausted.

Other changes

Dimethicone (healthE Dimethicone 4% Lotion) – tender delay

The listing of the healthE Dimethicone 4% Lotion has been delayed due to manufacturing delays. This product, being listed as a treatment for headlice, will now be listed from 1 May 2017, commencing Sole Supply from 1 October 2017.

Methyldopa (Prodopa) – delisting of 125 mg and 250 mg tablets

The 125 mg and 250 mg strengths of the Prodopa brand of methyldopa will be delisted from 1 September 2017 due to supplier discontinuation. In December 2016, we advised that the 500 mg Prodopa would be delisted from June 2017.

A 250 mg tablet strength of methyldopa under the brand name Methyldopa Mylan will remain funded.

Leuprorelin – endorsement change

From 1 March 2017, repeat dispensings for leuprorelin will no longer be funded by endorsement. Children or adolescents can continue to receive fully funded leuprorelin if they are unable to tolerate goserelin via prescriber endorsement. Other patients will need to change to goserelin to maintain access to a fully funded treatment.

Gefitinib (Iressa) – will remain fully funded

Gefitinib (Iressa) 250 mg tablets will remain fully funded for eligible patients. We previously notified that the subsidy would reduce from 1 April 2017, but have more recently notified a decision to maintain the subsidy. There will be no changes to the current Special Authority criteria or hospital restrictions for gefitinib.



Alprazolam – price increase reminder

This is a reminder that the price, but not the subsidy, for alprazolam (Xanax) will increase from 1 March 2017. Existing patients will be able to access partly funded alprazolam via endorsement, but will have to pay a manufacturer's surcharge.

Alprazolam (Xanax) tablets 250 mcg, 500 mcg and 1 mg are being discontinued and will be delisted from 1 September 2017.

We have asked prescribers to consider transitioning their patients to alternative treatments as soon as possible. You can find more information about the change on our website, at <https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/alprazolam/>

News in brief

- **Rizatriptan** (Rizamelt) 10 mg orodispersible tablet, 12 tablet pack size will be delisted from 1 September 2017. This product was listed temporarily due to a supply issue which has now been resolved.
- **Cytarabine** (Pfizer) 500 mg injection, one injection pack size, will be delisted from 1 September 2017 due to supplier discontinuation. Hospira's 5 injection pack size will remain listed.
- **Heparinised saline** (Becton Dickinson PosiFlush) 10 iu per ml, 5 ml injection, will be delisted from 1 June 2017. This product was listed temporarily due to a supply issue which has now been resolved.
- **Enteral/oral elemental feed 1kcal/ml** (Alitraq) peptide-based oral feed powder. The supplier has discontinued Alitraq and it will be delisted from 1 September 2017.
- **Dosulepin [dothiepin] hydrochloride** – the chemical name for dothiepin has been amended to dosulepin [dothiepin] to be consistent with Medsafe, NZULM and NZF. You will be able to search our online, PDF and hard copy Schedules using either dotheipin or dosulepin.

Tender News

Sole Subsidised Supply changes – effective 1 April 2017

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Capecitabine	Tab 150 mg; 60 tab	Brinov (Rex Medical)
Capecitabine	Tab 500 mg; 120 tab	Brinov (Rex Medical)
Clopidogrel	Tab 75 mg; 84 tab	Arrow-Clopid (Actavis)
Montelukast	Tab 4 mg; 28 tab	Apo-Montelukast (Apotex)
Montelukast	Tab 5 mg; 28 tab	Apo-Montelukast (Apotex)
Montelukast	Tab 10 mg; 28 tab	Apo-Montelukast (Apotex)
Oestradiol	Patch 75 mcg per day; 8 patch	Estradot (Novartis)
Prednisolone acetate	Eye drops 1%; 10 ml OP	Prednisolone-AFT (AFT)
Risedronate sodium	Tab 35 mg; 4 tab	Risedronate Sandoz (Sandoz)

Looking Forward

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

Decisions for implementation 1 April 2017

- Erlotinib (Tarceva) tab 100 mg and 150 mg – amended Special Authority criteria
- Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg – addition of Brand Switch Fee
- Venlafaxine (Enlax XR) cap 37.5 mg, 75 mg and 150 mg – new listing

Possible decisions for future implementation 1 April 2017

- Influenza vaccine (Influvac) inj 45 mg in 0.5 ml syringe – pharmacist vaccinators subsidy for eligible patients

Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2018
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	VirusPOS Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatrein	2017
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Allopurinol	Tab 100 mg & 300 mg	Allopurinol-Apotex	2017
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
Amiodarone hydrochloride	Tab 100 mg & 200 mg	Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix Solian	2019
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2017
Amoxicillin	Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g vials	Apo-Amoxi Ibiamox	2019 2017
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2017
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
Aqueous cream	Crn, 500 g	AFT SLS-free	2018
Ascorbic acid	Tab 100 mg	Cvite	2019
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2019
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2017
Azathioprine	Inj 50 mg vial	Imuran	2019
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2018
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017

*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.

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Generic Name	Presentation	Brand Name	Expiry Date*
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Lioresal Intrathecal	2018
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 30 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2018
Betamethasone valerate	Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP	Beta Cream Beta Ointment	2018
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bimatoprost	Eye drops 0.03%; 3 ml OP	Bimatoprost Actavis	2018
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Lax-Tab	2018
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2017
Bupirone hydrochloride	Tab 5 mg & 10 mg	Orion	2018
Cabergoline	Tab 0.5 mg	Dostinex	2018
Calamine	Crn, aqueous, BP Lotn, BP	Pharmacy Health PSM	2018
Calcitonin	Inj 100 iu per ml, 1 ml ampoule	Miacalcic	2017
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2017
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2017
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml Cap 250 mg	Ranbaxy-Cefaclor	2019

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Generic Name	Presentation	Brand Name	Expiry Date*
Cefalexin	Cap 250 mg	Cephalexin ABM	2019
	Cap 500 mg	Cephalexin ABM	2018
	Grans for oral liq 25 mg per ml	Cefalexin Sandoz	
	Grans for oral liq 50 mg per ml		
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Ceftriaxone	Inj 1 g vial	DEVA	2019
	Inj 500 mg vial	DEVA	
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
	Oral liq 1 mg per ml	Histaclear	
Cetomacrogol	Crn BP	healthE	2018
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP	Chlorsig	2019
	Eye drops 0.5%, 10 ml OP	Chlorafast	2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
Ciclopirox olamine	Nail soln 8%, 7 ml OP	Apo-Ciclopirox	2018
Cilazapril	Tab 2.5 mg & 5 mg	Apo-Cilazapril	2019
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2019
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2017
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2018
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2017
Clindamycin	Cap hydrochloride 150 mg	Clindamycin ABM	2019
	Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	
Clobetasol propionate	Crn 0.05%, 30 g OP	Dermol	2019
	Oint 0.05%, 30 g OP		
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine	Patch 2.5 mg, 100 mcg per day	Catapres TTS 1	2017
	Patch 5 mg, 200 mcg per day	Catapres TTS 2	
	Patch 7.5 mg, 300 mcg per day	Catapres TTS 3	
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clotrimazole	Vaginal crn 1% with applicators, 35 g OP	Clomazol	2019
	Vaginal crn 2% with applicators, 20 g OP		
	Crn 1%, 20 g OP		2017
Coal tar	Soln BP	Midwest	2019
Compound electrolytes	Powder for oral soln	Enerlyte	2019
Crotamiton	Crn 10%, 20 g OP	Itch-Soothe	2018

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Generic Name	Presentation	Brand Name	Expiry Date*
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2017
Dapsone	Tab 25 mg & 100 mg	Dapsone	2017
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
Desmopressin acetate	Tab 100 mcg & 200 mcg Nasal spray 10 mcg per dose, 6 ml OP	Minirin Desmopressin-PH&T	2019 2017
Dexamethasone	Tab 0.5 mg & 4 mg Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	Dexmethasone Maxidex	2018 2017
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Diclofenac Sandoz Apo-Diclo SR Voltaren Voltaren Ophtha	2018 2017
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Dimethicone	Crn 5%, pump bottle, 500 ml OP Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 5% healthE Dimethicone 10%	2019 2018
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2017
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP	AFT	2017
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Etoposide	Inj 20 mg per ml, 5 ml vial	Rex Medical	2018
Exemestane	Tab 25 mg	Pfizer Exemestane	2017
Ezetimibe	Tab 10 mg	Ezemibe	2017
Ezetimibe with simvastatin	Tab 10 mg with simvastatin 10 mg Tab 10 mg with simvastatin 20 mg Tab 10 mg with simvastatin 40 mg Tab 10 mg with simvastatin 80 mg	Zimbybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018

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Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Boucher and Muir	2018
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2019
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Grans for oral liq 25 mcg per ml	AFT	2018
	Grans for oral liq 50 mcg per ml	Staphlex Flucloxin	2017
	Cap 250 mg & 500 mg Inj 250 mg vial, 500 mg vial & 1 g vial		
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%, 5 ml OP	FML	2018
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg	Arrow-Fluoxetine	2019
	Tab dispersible 20 mg, scored		
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris	2019
	Tab 40 mg	Diurin 40	2018
	Tab 500 mg	Urex Forte	
Galsulfase	Inj 1 mg per ml, 5 ml vial	Naglazyme	2018
Gemfibrozil	Tab 600 mg	Lipazil	2019
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule	Biomed	2017
	Inj 50%, 90 ml bottle		
Glycerol	Suppos 3.6 g	PSM healthE Glycerol BP	2018
	Liquid		2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day	Nitroderm TTS 5	2017
	Patch 50 mg, 10 mg per day	Nitroderm TTS 10	
Goserelin	Implant 3.6 mg & 10.8 mg	Zoladex	2019
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	Serenace	2019
	Oral liq 2 mg per ml		
	Inj 5 mg per ml, 1 ml ampoule		
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe	Havrix	2017
	Inj 720 ELISA units in 1 ml syringe	Havrix Junior	

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Generic Name	Presentation	Brand Name	Expiry Date*
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Crm 1%, 500 g Inj 100 mg vial Tab 5 mg & 20 mg Powder	Pharmacy Health	2019
		Solu-Cortef	2018
		Douglas ABM	2017
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Ibuprofen	Tab long-acting 800 mg Tab 200 mg	Brufen SR	2018
		Ibugesic	2017
Imatinib mesilate	Cap 100 mg	Imatinib-AFT	2017
Imiquimod	Crm 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
Influenza vaccine	Inj 45 mcg in 0.5 ml syringe	Influvac	31/12/19
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml ampoule Nebuliser soln, 250 mcg per ml, 2 ml ampoule Aqueous nasal spray, 0.03%	Univent	2019
		Univent	2017
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM	2018
		Rifinah	
Isosorbide mononitrate	Tab long-acting 40 mg Tab 20 mg	Ismo 40 Retard	2019
		Ismo-20	2017
Itraconazole	Cap 100 mg	Itrazole	2019
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2017
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2019
Lamivudine	Tab 100 mg Oral liq 5 mg per ml	Zeffix	2017
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Letrozole	Tab 2.5 mg	Letrole	2018
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Intra-uterine system 20 mcg per day Subdermal implant (2 x 75 mg rods)	Mirena Jadelle	2019 31/12/17
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2%	Xylocaine Viscous	2017
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2018 2017
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	2017
Loperamide hydrochloride	Tab 2 mg Cap 2 mg	Nodia Diamide Relief	2019
Loratadine	Tab 10 mg	Lorafix	2019
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2017
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
Mask for spacer device	Small	e-chamber Mask	2018
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
Mebeverine hydrochloride	Tab 135 mg	Colofac	2017
Medroxyprogesterone	Tab 2.5 mg, 5 mg & 10 mg Tab 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Provera HD Depo-Provera	2019
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2018
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
Meningococcal (groups a,c,y and w-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Metformin hydrochloride	Tab immediate-release 500 mg	Metchek	2018
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2018
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml vials Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml	DBL Methotrexate Onco-Vial Trexate Methotrexate Ebewe	2019 2018 2017
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2018
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2018
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	Crn 2%, 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2017
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019
Mitomycin C	Inj 5 mg vial	Arrow	2019
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2018
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	Arrow-Morphine LA Sevredol DBL Morphine Sulphate	2019 2017

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule	DBL Morphine Tartrate	2019
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2018
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	m-Nystatin	2017
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
Oestradiol	Patch 50 mcg per day Patch 100 mcg per day Patch 25 mcg per day	Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oil in water emulsion	Crn; 500 g	O/W Fatty Emulsion Cream	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Inj 40 mg ampoule with diluent Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole Omezol Relief	2019 2017
Ondansetron	Tab disp 4 mg Tab disp 8 mg	Dr Reddy's Ondansetron Ondansetron ODT-DRLA	2017
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2019
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Inj 10 mg per ml, 1 ml & 2 ml ampoules Inj 50 mg per ml, 1 ml ampoule Cap immediate-release 5 mg, 10 mg & 20 mg	BNM OxyNorm	2018
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml	Syntometrine	2018
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2017
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2018
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
Paracetamol	Suppos 125 mg & 250 mg Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Gacet Paracare Pharmacare Paracare Paracare Double Strength	2018 2017
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%, 3.5 g OP	Poly-Visc	2017
Peak flow meter	Low range Normal range	Mini-Wright AFS Low Range Mini-Wright Standard	2018
Pegylated interferon alfa-2a	Inj 180 mcg prefilled syringe Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys Pegasys RBV Combination Pack	2017
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml & 2 ml	PSM DBL Pethidine Hydrochloride	2018 2017
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2019 2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP Eye drops 2%, 15 ml OP Eye drops 4%, 15 ml OP	Isopto Carpine	2017
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2017
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2017
Pregnancy tests – HCG urine	Cassette	EasyCheck	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017
Progesterone	Cap 100 mg	Urogestan	2019
Promethazine hydrochloride	Inj 25 mg per ml, 2 ml ampoule Oral liq 1 mg per ml Tab 10 mg & 25 mg	Hospira Allersoothe	2019 2018
Pyridostigmine bromide	Tab 60 mg	Mestinon	2019
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2018
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
Rifabutin	Cap 150 mg	Mycobutin	2019
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2017
Rifaximin	Tab 550 mg	Xifaxan	2017
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Actavis Risperon	2017
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2017
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Apo-Ropinirole	2019
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Asthalin	2018
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2019
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Siltuximab	Inj 100 mg & 400 mg vials	Sylvant	2018
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2017
Sodium chloride	Inj 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	Biomed Baxter	2019
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphonate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Sotalol	Tab 80 mg & 160 mg	Mylan	2019

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2017
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 1 mg	Actavis	2019
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Timoptol XE Arrow-Timolol	2019 2017
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrchloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Triamcinolone acetonide	Paste 0.1% Oint 0.02%, 100 g OP Crm 0.02%, 100 g OP Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydracyl	2017
Urea	Crm 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg	Mylan	2017

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Sole Subsidised Supply Products – cumulative to March 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml, 200 ml OP	Retrovir	2019
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

March 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 March 2017

55	POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol) 3.71 Wastage claimable – see rule 3.3.2	100	✓ Slow-K S29
132	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 1%, 20 ml vial – Up to 5 inj available on a PSO 12.00 Inj 2%, 20 ml vial – Up to 5 inj available on a PSO 12.00	5 5	✓ Lidocaine-Clarix ✓ Lidocaine-Clarix
144	ONDANSETRON * Tab 4 mg 3.36 * Tab 8 mg 4.77	50 50	✓ Apo-Ondansetron ✓ Apo-Ondansetron

Effective 14 February 2017

137	ESCITALOPRAM * Tab 10 mg 1.40	28	✓ Loxalate
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Effective 1 February 2017

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg..... 7.82	500	✓ Apotex
56	TERAZOSIN * Tab 2 mg 7.50	500	✓ Apo-Terazosin
90	CARBIMAZOLE * Tab 5 mg 10.80 Wastage claimable – see rule 3.3.2	100	✓ AFT Carbimazole S29
137	PAROXETINE * Tab 20 mg 4.02	90	✓ Apo-Paroxetine
143	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per prescription 42.67	2 OP	✓ Clustran
219	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... 4.50 a) The Pharmacode for BSF Lorstat is 2514206 b) The Pharmacode for BSF Sulprix is 2514192	1 fee	✓ BSF Lorstat ✓ BSF Sulprix

Effective 16 January 2017

54	PEGFILGRASTIM – Special Authority see SA1384 – Retail pharmacy Inj 6 mg per 0.6 ml syringe 1,080.00 Note –This is the listing of a new Pharmacode, 2513145.	1	✓ Neulastim
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▲ 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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New Listings – effective 1 January 2017

137	ESCITALOPRAM * Tab 10 mg	1.40	28	✓ Accord Escitalopram
54	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00	50	✓ InterPharma
	Inj 0.9%, 20 ml ampoule	7.50	30	✓ InterPharma
55	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Inj 5 ml ampoule – Up to 5 inj available on a PSO	7.00	50	✓ InterPharma
	Inj 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✓ Pfizer
	Inj 20 ml ampoule – Up to 5 inj available on a PSO	7.50	30	✓ InterPharma
59	METOPROLOL SUCCINATE Tab long-acting 95 mg	1.91	30	✓ Myloc CR
88	OESTRADIOL – See prescribing guideline * Patch 75 mcg per day	7.91	8	✓ Estradot
	a) No more than 2 patch per week b) Only on a prescription			
107	PYRAZINAMIDE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician * Tab 500 mg – For pyrazinamide oral liquid formulation refer	59.00	100	✓ AFT-Pyrazinamide S29 S29
	Wastage claimable – see rule 3.3.2			
147	TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride. Tab 1 mg	19.75	100	✓ Apo-Trifluoperazine S29
	Wastage claimable – see rule 3.3.2			
	Tab 5 mg	26.23	100	✓ Apo-Trifluoperazine S29
	Wastage claimable – see rule 3.3.2			
148	FLUPHENAZINE DECANOATE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking fluphenazine decanoate prior to 1 December 2016 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of fluphenazine decanoate. Inj 25 mg per ml, 1 ml – Up to 5 inj available on a PSO	27.90	5	✓ Modecate S29 S29
	Wastage claimable – see rule 3.3.2			

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 January 2017 (continued)

184 ETANERCEPT – Special Authority see SA1620 – Retail pharmacy
 Inj 50 mg autoinjector 1,599.96 4 ✓ **Enbrel**
 Note – This is the listing of an alternate Pharmacode, 2510456.

197 OBINUTUZUMAB – PCT only – Specialist – Special Authority see SA1627
 Inj 25 mg per ml, 40 ml vial 5,910.00 1 ✓ **Gazyva**
 Inj 1 mg for ECP 6.21 1 mg ✓ **Baxter**

▶ **SA1627** Special Authority for Subsidy

Initial application — (chronic lymphocytic leukaemia) only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
- 2 The patient is obinutuzumab treatment naive; and
- 3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance <70mL/min); and
- 4 Patient has adequate neutrophil and platelet counts ($\geq 1.5 \times 10^9/L$ and platelets $\geq 75 \times 10^9/L$) unless the cytopenias are a consequence of marrow infiltration by CLL; and
- 5 Patient has good performance status; and
- 6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to <2.

198 PERTUZUMAB – PCT only – Specialist – Special Authority see SA1606
 Inj 30 mg per ml, 14 ml vial 3,927.00 1 ✓ **Perjeta**
 Inj 1 mg for ECP 9.82 1 mg ✓ **Baxter**

▶ **SA1606** Special Authority for Subsidy

Initial application — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 Patient is chemotherapy treatment naive; or
 - 2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
- 3 The patient has good performance status (ECOG grade 0-1); and
- 4 Pertuzumab to be administered in combination with trastuzumab; and
- 5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
- 6 Pertuzumab to be discontinued at disease progression.

Renewal — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab.

▲ 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 2017 (continued)

212	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA1628 Cap 267 mg	3,645.00	270 OP	✓ Esbriet
	<p>▶ SA1628 Special Authority for Subsidy Initial application — (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Patient has been diagnosed with idiopathic pulmonary fibrosis as confirmed by histology, CT or biopsy; and 2 Forced vital capacity is between 50% and 80% predicted; and 3 Pirfenidone is to be discontinued at disease progression (See Notes). <p>Renewal — (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and 2 Pirfenidone is to be discontinued at disease progression (See Notes). <p>Notes: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.</p>			
260	HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – [Xpharm] Any of the following:			
	<ol style="list-style-type: none"> 1 Maximum of two doses for children aged 14 years and under; or 2 Maximum of three doses for patients meeting any of the following criteria: <ol style="list-style-type: none"> 2.1 People aged 15 to 26 years inclusive; or 2.2 Either: <ol style="list-style-type: none"> People aged 9 to 26 years inclusive; and 2.2.1 Confirmed HIV; or 2.2.2 Transplant (including stem cell) patients; or 3 Maximum of four doses for people aged 9 to 26 years inclusive post chemotherapy. 			
	Inj 270 mcg in 0.5 ml syringe	0.00	10	✓ Gardasil 9

Effective 22 November 2016

55	POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol)	3.71	100	✓ Duro-K S29 Wastage claimable – see rule 3.3.2
55	SODIUM BICARBONATE Cap 840 mg	8.52	100	✓ Sodibic Note – This is the listing of an alternate Pharmacode, 2513447.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions, Chemical Names and Presentations Effective 1 March 2017

95 LEUPRORELIN

Additional subsidy by endorsement where the patient is a child or adolescent and is unable to tolerate administration of goserelin and the prescription is endorsed accordingly; ~~or the patient has outstanding repeat dispensings at 1 December 2016 and the prescription is endorsed accordingly. From 1 December 2016 until 28 February 2017 pharmacists may annotate a prescription as endorsed where the patient has outstanding repeat dispensings at 1 December 2016.~~

Inj 3.75 mg prefilled dual chamber syringe			
– Higher subsidy of \$221.60 per 1 inj with Endorsement	66.48	1	
	(221.60)		Lucrin Depot 1-month
Inj 7.5 mg syringe with diluent			
– Higher subsidy of \$166.20 per 1 inj with Endorsement	66.48	1	
	(166.20)		Eligard 1 Month
Inj 11.25 mg prefilled dual chamber syringe			
– Higher subsidy of \$591.68 per 1 inj with Endorsement	177.50	1	
	(591.68)		Lucrin Depot 3-month
Inj 22.5 mg syringe with diluent			
– Higher subsidy of \$443.76 per 1 inj with Endorsement	177.50	1	
	(443.76)		Eligard 3 Month
Inj 30 mg prefilled dual chamber syringe			
– Higher subsidy of \$1109.40 per 1 inj with Endorsement	332.82	1	
	(1,109.40)		Lucrin Depot 6-month
Inj 45 mg syringe with diluent			
– Higher subsidy of \$832.05 per 1 inj with Endorsement	332.82	1	
	(832.05)		Eligard 6 Month

136	DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency		
	Tab 75 mg	11.19	100 ✓ Dopress
	Cap 25 mg	6.45	100 ✓ Dopress

Effective 1 February 2017

25	METFORMIN HYDROCHLORIDE (Sole Supply suspended)		
	* Tab immediate-release 850 mg	7.82	500 ✓ Metformin Mylan
59	METOPROLOL TARTRATE		
	* Tab 50 mg	4.64	100 ✓ Apo-Metoprolol
	a) Brand switch fee payable (Pharmacode 2511541)		
	b) For metoprolol tartrate oral liquid formulation refer		
	* Tab 100 mg – Brand switch fee payable (Pharmacode 2511541)	6.09	60 ✓ Apo-Metoprolol
63	ATORVASTATIN		
	a) See prescribing guideline		
	b) Brand switch fee payable (Pharmacode 2514206)		
	* Tab 10 mg	9.29	500 ✓ Lorstat
	* Tab 20 mg	13.32	500 ✓ Lorstat
	* Tab 40 mg	21.23	500 ✓ Lorstat
	* Tab 80 mg	36.26	500 ✓ Lorstat

▲ 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 February 2017 (continued)

81	LEVONORGESTREL * Subdermal implant (2 x 75 mg rods) – Up to 3 pack available on a PSO	133.65	1	✓ Jadelle
137	PAROXETINE HYDROCHLORIDE * Tab 20 mg	4.02 4.32	90	✓ Apo-Paroxetine ✓ Loxamine
145	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg – Brand switch fee payable (Pharmacode 2514192)	4.56	30	✓ Sulprix
	Tab 200 mg – Brand switch fee payable (Pharmacode 2514192)	14.75	60	✓ Sulprix
	Tab 400 mg – Brand switch fee payable (Pharmacode 2514192)	27.70	60	✓ Sulprix
260	HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – [Xpharm] Maximum of three doses Funded for patient meeting either any of the following criteria: 1) Maximum of 3 doses for people aged 9 to 26 years inclusive Females aged under 20 years old; or 2) Patients aged under 26 years old with confirmed HIV infection; or 3) For use in transplant (including stem cell) patients; or 2)4) Maximum of four An additional doses for people patients aged 9 to under 26 years inclusive , of age post chemotherapy. Inj 120 mcg in 0.5 ml syringe	0.00	10 1	✓ Gardasil ✓ Gardasil

Effective 1 January 2017

54	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00 10.85 15.50	50	✓ InterPharma ✓ Multichem ✓ Pfizer
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63 11.50	50	✓ Pfizer ✓ Multichem
	Inj 0.9%, 20 ml ampoule	4.72 8.41 7.50 11.79	6 20 30	✓ Pharmacia ✓ Multichem ✓ InterPharma ✓ Pharmacia
55	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Inj Purified for inj; 5 ml ampoule – Up to 5 inj available on a PSO	7.00 10.25	50	✓ InterPharma ✓ Multichem

continued...

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 2017 (continued)

continued...

	Inj Purified for inj; 10 ml ampoule		
	– Up to 5 inj available on a PSO	6.63	50
		11.25	✓Pfizer ✓Multichem
	Inj Purified for inj; 20 ml ampoule		
	– Up to 5 inj available on a PSO	6.50	20
		7.50	30
			✓Multichem ✓InterPharma
91	SOMATROPIN (OMNITROPE) – Special Authority see SA1629 1454 – Retail pharmacy		
	* Inj 5 mg cartridge	109.50	1
	* Inj 10 mg cartridge	219.00	1
	* Inj 15 mg cartridge	328.50	1
	SA1629 1454 Special Authority for Subsidy (amended criteria shown only)		
	Initial application — (Prader-Willi syndrome) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:		
	All of the following:		
	1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and		
	2 The patient's height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and		
	3 Either:		
	3.1 The patient is under two years of age and height velocity has been assessed over a minimum six month period from the age of 12 months, with at least three supine length measurements over this period demonstrating clear and consistent evidence of linear growth failure (with height velocity < 25th percentile); or		
	3.2 The patient is aged two years or older; and		
	2 The patient is aged six months or older; and		
	34 A current bone age is < 14 years (female patients) or < 16 years (male patients); and		
	45 Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and		
	56 Either:		
	5.1 Both:		
	5.1.1 The patient is aged two years or older; and		
	5.1.2 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months; or		
	5.2 The patient is aged between six months and two years and a thorough upper airway assessment is planned to be undertaken prior to treatment commencement and at six to 12 weeks following treatment initiation.		
128	ALLOPURINOL (Sole Supply transferred to Allopurinol-Apotex brand)		
	* Tab 100 mg	15.11	1,000
			✓Allopurinol-Apotex ✓Apo-Allopurinol
	* Tab 300 mg – For allopurinol oral liquid formulation refer	15.91	500
			✓Allopurinol-Apotex ✓Apo-Allopurinol
	Note – Sole Supply transferred from Apo-Allopurinol tab 100 mg and 300 mg to Allopurinol-Apotex. Sole Supply continues to end on 30 June 2017.		

▲ 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 2017 (continued)

129	BENZBROMARONE – Special Authority see SA1537 – Retail pharmacy Tab 100 mg	45.00	100	✓ Benzbromaron AL 100 S29
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▶ SA1537 Special Authority for Subsidy

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

All of the following:

1 Patient has been diagnosed with gout; and

2 Any of the following:

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

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

2.3 Both:

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

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

2.4 All of the following:

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

2.4.2 Allopurinol is contraindicated; and

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

3 The patient is receiving monthly liver function tests.

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

Both:

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

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

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity.

In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective.

Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

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

www.rheumatology.org.nz/downloads/Benzbromarone-prescriber-information-NZRA-V2.pdf

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 2017 (continued)

147	TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement		
	a) Safety medicine; prescriber may determine dispensing frequency		
	b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride.		
	Tab 1 mg	9.83	100
		19.75	✓Stelazine ✓Apo-Trifluoperazine S29
		11.01	112
			✓Mercury Pharma S29
	Tab 2 mg	14.64	100
	Tab 5 mg	16.66	100
		26.23	✓Stelazine ✓Apo-Trifluoperazine S29
177	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1577 (Sole Supply removed)		
	Tab 100 mg	764.00	30
	Tab 150 mg	1,146.00	30
			✓Tarceva ✓Tarceva
198	RITUXIMAB – PCT only – Specialist – Special Authority see SA1631 1152 (amended criteria only shown)		
	Inj 100 mg per 10 ml vial.....	1,075.50	2
	Inj 500 mg per 50 ml vial.....	2,688.30	1
	Inj 1 mg for ECP	5.64	1 mg
			✓Mabthera ✓Mabthera ✓Baxter

➔ **SA1631 ~~1152~~** Special Authority for Subsidy

Initial application — (Indolent, Low-grade lymphomas **or hairy cell leukaemia***) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has indolent low grade NHL **or hairy cell leukaemia*** with relapsed disease following prior chemotherapy; and
- 1.2 To be used for a maximum of 6 treatment cycles; or

2 Both:

- 2.1 The patient has indolent, low grade lymphoma **or hairy cell leukaemia*** requiring first-line systemic chemotherapy; and
- 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. ***Hairy cell leukaemia includes hairy cell leukaemia variant *Unapproved indication.**

Renewal — (Indolent, Low-grade lymphomas **or hairy cell leukaemia***) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and
- 2 The patient has indolent, low-grade NHL **or hairy cell leukaemia*** with relapsed disease following prior chemotherapy; and
- 3 To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small-lymphocytic lymphoma. ***Hairy cell leukaemia includes hairy cell leukaemia variant *Unapproved indication.**

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

Changes to Restrictions – effective 1 January 2017 (continued)

continued...

Renewal — (Chronic Lymphocytic Leukaemia) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
- 2 The patient has had a rituximab treatment-free interval of 36 months or more; and
- 3 The patient does not have chromosome 17p deletion CLL; and
- 4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration); and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

200	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA1632 †‡ (amended criteria only shown)			
	Inj 150 mg vial	1,350.00	1	✓ Herceptin
	Inj 440 mg vial	3,875.00	1	✓ Herceptin
	Inj 1 mg for ECP	9.36	1 mg	✓ Baxter

▶ SA1632 †‡ Special Authority for Subsidy

Initial application - (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 2.2 Both:
 - 2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 2.2.2 The cancer did not progress whilst on lapatinib; and
- 3 Either:
 - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 3.2 All of the following:
 - 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab not to be given in combination with lapatinib; and
- 5 Trastuzumab to be discontinued at disease progression.

Initial application — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

† All of the following:

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

continued...

Changes to Restrictions – effective 1 January 2017 (continued)

continued...

- 1.2 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; and
- 1.3 Trastuzumab not to be given in combination with lapatinib; and
- 1.4 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
 - 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 2.2 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 2.3 The cancer did not progress whilst on lapatinib; and
 - 2.4 Trastuzumab not to be given in combination with lapatinib; and
 - 2.5 Trastuzumab to be discontinued at disease progression.

Renewal— (early breast cancer*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 3 Any of the following:
 - 3.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 3.2 Both:
 - 3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 3.2.2 The cancer did not progress whilst on lapatinib; or
 - 3.3 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 4 Either:
 - 4.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 4.2 All of the following:
 - 4.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 4.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 4.2.3 The patient has good performance status (ECOG grade 0-1); and
- 5 Trastuzumab not to be given in combination with lapatinib; and
- 6 Trastuzumab to be discontinued at disease progression.

Note: *For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

Renewal — (early breast cancer*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 3 Any of the following:
 - 3.1 All of the following:
 - 3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
 - 3.1.2 Trastuzumab not to be given in combination with lapatinib; and
 - 3.1.3 Trastuzumab to be discontinued at disease progression; or

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 January 2017 (continued)

continued...

3.2 All of the following:

- 3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
- 3.2.2 The cancer did not progress whilst on lapatinib; and
- 3.2.3 Trastuzumab not to be given in combination with lapatinib; and
- 3.2.4 Trastuzumab to be discontinued at disease progression; or

3.3 All of the following:

- 3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 3.3.2 Trastuzumab not to be given in combination with lapatinib; and
- 3.3.3 Trastuzumab to be discontinued at disease progression.

Note: * For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

- 212 DORNASE ALFA – Special Authority see SA0611 – Retail pharmacy (application criteria change)
Nebuliser soln, 2.5 mg per 2.5 ml ampoule..... 250.00 6 ✓ **Pulmozyme**

▶▶ SA0611 Special Authority for Subsidy

Special Authority approved by the Cystic Fibrosis Advisory Panel

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The Co-ordinator, Cystic Fibrosis Advisory Panel

Phone: (04) 460 4990

PHARMAC, PO Box 10 254

Facsimile: (04) 916 7571

Wellington

Email: CFPPanel@pharmac.govt.nz

Prescriptions for patients approved for treatment must be written by respiratory physicians or paediatricians who have experience and expertise in treating cystic fibrosis.

For the new criteria please refer to the PHARMAC website <http://www.pharmac.govt.nz/latest/SA0611.pdf>.

261 INFLUENZA VACCINE – [Xpharm]

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

- a) all people 65 years of age and over; or
- b) people under 65 years of age who:
 - i) have any of the following cardiovascular diseases:
 - a) ischaemic heart disease, or
 - b) congestive heart failure, or
 - c) rheumatic heart disease, or
 - d) congenital heart disease, or
 - e) cerebo-vascular disease; or
 - ii) have either of the following chronic respiratory diseases:
 - a) asthma, if on a regular preventative therapy, or
 - b) other chronic respiratory disease with impaired lung function; or
 - iii) have diabetes; or
 - iv) have chronic renal disease; or
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive; or
 - vi) have any of the following other conditions:
 - a) autoimmune disease, or
 - b) immune suppression or immune deficiency, or
 - c) HIV, or
 - d) transplant recipients, or
 - e) neuromuscular and CNS diseases/disorders, or
 - f) haemoglobinopathies, or
 - g) are children on long term aspirin, or

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 2017 (continued)

continued...

- h) have a cochlear implant, or
 - i) errors of metabolism at risk of major metabolic decompensation, or
 - j) pre and post splenectomy, or
 - k) down syndrome, or
 - vii) are pregnant; or
 - c) children aged four years and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
Unless meeting the criteria set out above, the following conditions are excluded from funding:
 - a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
 - B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
 - ~~C) Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor, or~~
 - CB)** Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.
- | | | | |
|------------------------------------|-------|----|---|
| Inj 45 mcg in 0.5 ml syringe | 90.00 | 10 | <ul style="list-style-type: none"> ✓ Fluarix ✓ Influvac |
|------------------------------------|-------|----|---|

Effective 22 November 2016

- | | | | | |
|----|---|------|-----|--|
| 55 | POTASSIUM CHLORIDE (Sole Supply suspended)
* Tab long-acting 600 mg (8 mmol) | 7.42 | 200 | <ul style="list-style-type: none"> ✓ Span-K |
|----|---|------|-----|--|

▲ 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 March 2017

21	MESALAZINE (↓ subsidy) Tab 800 mg	85.50	90	✓ Asacol
54	SODIUM CHLORIDE (↓ subsidy) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.			
	Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00 (10.85) (15.50)	50	Multichem Pfizer
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63 (11.50)	50	Multichem
	Inj 0.9%, 20 ml ampoule	1.50 (4.72) 5.00 (8.41) 7.50 (11.79)	6 20 30	Pharmacia Multichem Pharmacia
55	WATER (↓ subsidy) 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops.			
	Inj 5 ml ampoule – Up to 5 inj available on a PSO	7.00 (10.25)	50	Multichem
	Inj 10 ml ampoule – Up to 5 inj available on a PSO	6.63 (11.25)	50	Multichem
	Inj 20 ml ampoule – Up to 5 inj available on a PSO	5.00 (6.50)	20	Multichem
150	ALPRAZOLAM – Subsidy by endorsement (↑ price) a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking alprazolam prior to 1 December 2016 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of alprazolam.			
	Tab 250 mcg	2.50 (4.84)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 mcg	3.25 (5.92)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	5.00 (12.00)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

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 2017

56	TERAZOSIN (↓ subsidy) * Tab 5 mg	0.57 (0.68)	28	Arrow
71	HYDROCORTISONE (↓ subsidy) * Crm 1% – Only on a prescription	3.70 (3.75)	100 g	Pharmacy Health
103	TOBRAMYCIN (↓ subsidy) Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement	15.00	5	✓ DBL Tobramycin Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.
134	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 15 mg	5.75	100	✓ PSM
	Tab 30 mg	6.80	100	✓ PSM
	Tab 60 mg	13.50	100	✓ PSM
174	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy (↓ subsidy) Cap 20 mg	18.30	5	✓ Temaccord
	Cap 100 mg	40.20	5	✓ Temaccord
	Cap 250 mg	96.80	5	✓ Temaccord
207	LORATADINE (↓ subsidy) * Oral liq 1 mg per ml	3.58 (4.25)	200 ml	LoraPaed

Effective 1 January 2017

23	PANTOPRAZOLE (↓ price) * Tab EC 20 mg	2.41	100	✓ Pantoprazole Actavis 20
	* Tab EC 40 mg	3.35	100	✓ Pantoprazole Actavis 40
50	CLOPIDOGREL (↓ subsidy) * Tab 75 mg – For clopidogrel oral liquid formulation refer	5.44	84	✓ Arrow - Clopid
54	SODIUM CHLORIDE (↓ subsidy) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✓ Pfizer
126	RISEDRONATE SODIUM (↓ subsidy) Tab 35 mg	3.80	4	✓ Risedronate Sandoz
138	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Rectal tubes 5 mg – Up to 5 tube available on a PSO	33.07	5	✓ Stesolid
	Rectal tubes 10 mg – Up to 5 tube available on a PSO	40.87	5	✓ Stesolid

▲ 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 Subsidy and Manufacturer's Price – effective 1 January 2017 (continued)

143	SUMATRIPTAN († subsidy) Inj 12 mg per ml, 0.5 ml pre-filled pen – Maximum of 10 inj per prescription.....	42.67	2 OP	✓ Sun Pharma S29
164	BUPROPION HYDROCHLORIDE († subsidy) Tab modified-release 150 mg.....	11.00	30	✓ Zyban
164	DISULFIRAM († subsidy) Tab 200 mg.....	44.30	100	✓ Antabuse
164	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy († subsidy) Tab 50 mg.....	131.00	30	✓ Naltrexone
169	CAPECITABINE – Retail pharmacy-Specialist († subsidy) Tab 150 mg..... Tab 500 mg.....	11.15 62.28	60 120	✓ Capecitabine Winthrop ✓ Capecitabine Winthrop
177	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1577 († subsidy) Tab 100 mg..... Tab 150 mg.....	764.00 1,146.00	30 30	✓ Tarceva ✓ Tarceva
211	MONTELUKAST – Special Authority see SA1421 – Retail pharmacy († subsidy) Prescribing Guideline: Clinical evidence indicates that the effectiveness of montelukast is strongest when montelukast is used in short treatment courses. Tab 4 mg..... Tab 5 mg..... Tab 10 mg.....	5.25 (18.48) 5.50 (18.48) 5.65 (18.48)	28 28 28	Singulair Singulair Singulair
215	PREDNISOLONE ACETATE († subsidy) * Eye drops 1%.....	1.97 (4.50)	5 ml OP	Pred Forte
234	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3] († subsidy) Powder (vanilla).....	28.00	850 g OP	✓ Pediasure
240	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] († subsidy) 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. Powder (chocolate)..... Powder (vanilla).....	26.00 26.00	850 g OP 850 g OP	✓ Ensure ✓ Ensure

Effective 1 December 2016

206	CETIRIZINE HYDROCHLORIDE († price and subsidy) * Tab 10 mg..... Note – price decrease was notified after Update production was completed.	1.01	100	✓ Zetop
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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to PSO

Effective 1 February 2017

250	LEVONORGESTREL		
	Tab 30 mcg.....		84
	✓ Tab 1.5 mg		5
	✓ Subdermal implant (2 x 75 mg rods).....		3

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 March 2017

23	PANTOPRAZOLE				
	* Tab EC 20 mg	2.41	100	✓ Pantoprazole Actavis 20	
	* Tab EC 40 mg	3.35	100	✓ Pantoprazole Actavis 40	
54	CILAZAPRIL				
	* Tab 2.5 mg	3.24 (4.31)	90	Zapril	
	* Tab 5 mg	5.40 (6.98)	90	Zapril	
70	CLOBETASOL PROPIONATE				
	* Crm 0.05%	2.20 (3.20)	30 g OP	Clobetasol BNM	
	* Oint 0.05%	2.20 (3.20)	30 g OP	Clobetasol BNM	
96	CEFTRIAXONE – Subsidy by endorsement				
	a) Up to 5 inj available on a PSO				
	b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.				
	Inj 1 g vial	4.20 (5.22)	5	Ceftriaxone-AFT	
165	NICOTINE				
	Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.				
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO	22.26	384	✓ Habitrol	
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO	25.67	384	✓ Habitrol	
202	CETIRIZINE HYDROCHLORIDE				
	* Tab 10 mg	1.01	100	✓ Zetop	

Effective 1 February 2017

63	ATORVASTATIN – See prescribing guideline				
	* Tab 10 mg	1.67 (2.52)	90	Zarator	
	* Tab 20 mg	2.40 (4.17)	90	Zarator	
	* Tab 40 mg	3.82 (7.32)	90	Zarator	
	* Tab 80 mg	6.53 (16.23)	90	Zarator	
71	CLOBETASONE BUTYRATE				
	Crm 0.05%	16.13 (22.00)	100 g OP	Eumovate	

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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Delisted Items – effective 1 February 2017 (continued)

98	CEFTRIAXONE – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial	1.20 (1.50)	1	Ceftriaxone-AFT
145	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	4.56	30	✓Solian
	Tab 200 mg	14.75	60	✓Solian
	Tab 400 mg	27.70	60	✓Solian
190	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
219	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Apo-Metoprolol is 2511541	4.50	1 fee	✓BSF Apo-Metoprolol
261	INFLUENZA VACCINE – [Xpharm] A) is available each year for patients who meet the following criteria, as set by PHARMAC: a) all people 65 years of age and over; or b) people under 65 years of age who: i) have any of the following cardiovascular diseases: a) ischaemic heart disease, or b) congestive heart failure, or c) rheumatic heart disease, or d) congenital heart disease, or e) cerebo-vascular disease; or ii) have either of the following chronic respiratory diseases: a) asthma, if on a regular preventative therapy, or b) other chronic respiratory disease with impaired lung function; or iii) have diabetes; or iv) have chronic renal disease; or v) have any cancer, excluding basal and squamous skin cancers if not invasive; or vi) have any of the following other conditions: a) autoimmune disease, or b) immune suppression or immune deficiency, or c) HIV, or d) transplant recipients, or e) neuromuscular and CNS diseases/disorders, or f) haemoglobinopathies, or g) are children on long term aspirin, or h) have a cochlear implant, or i) errors of metabolism at risk of major metabolic decompensation, or j) pre and post splenectomy, or k) down syndrome, or vii) are pregnant; or			

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 February 2017 (continued)

continued...

- c) children aged four years and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
Unless meeting the criteria set out above, the following conditions are excluded from funding:
a) asthma not requiring regular preventative therapy,
b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
C) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.
- | | | | |
|------------------------------------|-------|----|----------|
| Inj 45 mcg in 0.5 ml syringe | 90.00 | 10 | ✓Fluarix |
|------------------------------------|-------|----|----------|

Effective 1 January 2017

23	BISMUTH TRIOXIDE Tab 120 mg	32.50	112	✓De Nol
58	AMIODARONE HYDROCHLORIDE ▲Tab 100 mg – Retail pharmacy-Specialist..... ▲Tab 200 mg – Retail pharmacy-Specialist..... (30.52)	4.66 7.63	30 30	✓Aratac Aratac
59	METOPROLOL SUCCINATE Tab long-acting 23.75 mg	0.80	30	✓Metoprolol - AFT CR
	Tab long-acting 47.5 mg	1.16	30	✓Metoprolol - AFT CR
	Tab long-acting 95 mg	1.91	30	✓Metoprolol - AFT CR
	Tab long-acting 190 mg	3.85	30	✓Metoprolol - AFT CR
	Note – Metoprolol – AFT CR tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg, 30 tab pack, to be delisted from 1 January 2017. The 90 tab packs remain listed.			
76	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%.....	11.15	90 g OP	✓Para Plus
88	OESTRADIOL – See prescribing guideline * TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05 (16.14)	4	Climara 100
	a) No more than 1 patch per week b) Only on a prescription			
	* TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12 (13.18)	4	Climara 50
	a) No more than 1 patch per week b) Only on a prescription			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 January 2017 (continued)

148	FLUPHENAZINE DECANOATE – Subsidy by endorsement (delisting revoked) a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking fluphenazine decanoate prior to 1 December 2016 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of fluphenazine decanoate. Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO 77.25 — 5 — ✓ Modecate S29 Note – Modecate inj 25 mg per ml, 2 ml delisting has been revoked and will remain listed.			
184	EXEMESTANE * Tab 25 mg	14.50	30	✓ Aromasin
214	ACICLOVIR * Eye oint 3%	14.92 (37.53)	4.5 g OP	Zovirax

▲ 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 April 2017

169	CAPECITABINE – Retail pharmacy-Specialist				
	Tab 150 mg	11.15	60	✓ Capecitabine Winthrop	
	Tab 500 mg	62.28	120	✓ Capecitabine Winthrop	
211	MONTELUKAST – Special Authority see SA1421 – Retail pharmacy				
	Prescribing Guideline: Clinical evidence indicates that the effectiveness of montelukast is strongest when montelukast is used in short treatment courses.				
	Tab 4 mg	5.25 (18.48)	28	Singulair	
	Tab 5 mg	5.50 (18.48)	28	Singulair	
	Tab 10 mg	5.65 (18.48)	28	Singulair	
215	PREDNISOLONE ACETATE				
	* Eye drops 1%	1.97 (4.50)	5 ml OP	Pred Forte	

Effective 1 May 2017

56	TERAZOSIN				
	* Tab 5 mg	0.57 (0.68)	28	Arrow	
71	HYDROCORTISONE				
	* Crm 1% – Only on a prescription	3.70 (3.75)	100 g	Pharmacy Health	
103	TOBRAMYCIN				
	Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement	15.00	5	✓ DBL Tobramycin	
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.				
174	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy				
	Cap 5 mg	8.00	5	✓ Temaccord	
	Cap 20 mg	18.30	5	✓ Temaccord	
	Cap 100 mg	40.20	5	✓ Temaccord	
	Cap 250 mg	96.80	5	✓ Temaccord	
207	LORATADINE				
	* Oral liq 1 mg per ml	3.58 (4.25)	200 ml	LoraPaed	
219	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee.....	4.50	1 fee	✓ BSF Lorstat ✓ BSF Sulprix	
	a) The Pharmacode for BSF Lorstat is 2514206				
	b) The Pharmacode for BSF Sulprix is 2514192				

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 June 2017

53	HEPARINISED SALINE Inj 10 iu per ml, 5 ml	23.40	30	✓ Becton Dickinson PosiFlush S29
54	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.			
	Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00 (10.85) (15.50)	50	Multichem Pfizer
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63 (11.50)	50	Multichem
	Inj 0.9%, 20 ml ampoule	1.50 (4.72) 5.00 (8.41) 7.50 (11.79)	6 20 30	Pharmacia Pharmacia Multichem Pharmacia
55	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops.			
	Inj 5 ml ampoule – Up to 5 inj available on a PSO	7.00 (10.25)	50	Multichem
	Inj 10 ml ampoule – Up to 5 inj available on a PSO	6.63 (11.25)	50	Multichem
	Inj 20 ml ampoule – Up to 5 inj available on a PSO	5.00 (6.50)	20	Multichem

Effective 1 July 2017

45	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental)	6.21	30	✓ Calsource
	Note – Calsource tab eff 1.75 g (1 g elemental) 10 tab pack remains subsidised.			
116	DIDANOSINE [DDI] – Special Authority see SA1364 – Retail pharmacy			
	Cap 125 mg	115.05	30	✓ Videx EC
	Cap 200 mg	184.08	30	✓ Videx EC
	Cap 250 mg	230.10	30	✓ Videx EC
	Cap 400 mg	368.16	30	✓ Videx EC
117	STAVUDINE [D4T] – Special Authority see SA1364 – Retail pharmacy			
	Cap 40 mg	503.80	60	✓ Zerit
	Powder for oral soln 1 mg per ml	100.76	200 ml OP	✓ Zerit S29
137	ESCITALOPRAM * Tab 10 mg	1.40	28	✓ Accord Escitalopram

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* 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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Items to be Delisted – effective 1 July 2017 (continued)

143	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription.....	13.80	2 OP	✓ Arrow-Sumatriptan
147	TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride. Tab 1 mg	9.83 11.01	100 112	✓ Stelazine ✓ Mercury Pharma S29
	Tab 2 mg	14.64	100	✓ Stelazine
	Tab 5 mg	16.66	100	✓ Stelazine
158	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 3 ml ampoule.....	2.50	5	✓ Hypnovel

Effective 1 August 2017

102	GENTAMICIN SULPHATE Inj 40 mg per ml, 2ml ampoule – Subsidy by endorsement	30.00	50	✓ Pfizer Only if prescribed for dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.
158	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule	4.30	10	✓ Hypnovel
184	ETANERCEPT – Special Authority see SA1620 – Retail pharmacy Inj 50 mg autoinjector.....	1,599.96	4	✓ Enbrel Note – this delist applies only to Pharmacode 2375729. A new Pharmacode was listed 1 January 2017.
190	ADALIMUMAB – Special Authority see SA1621 – Retail pharmacy Inj 10 mg per 0.2 ml prefilled syringe	1,599.96	2	✓ Humira
240	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (chocolate)	26.00	850 g OP	✓ Ensure
	Powder (vanilla)	26.00	850 g OP	✓ Ensure
	Note – This delist only applies to Pharmacode 2453991 and 2447223.			

Effective 1 September 2017

54	PEGFILGRASTIM – Special Authority see SA1384 – Retail pharmacy Inj 6 mg per 0.6 ml syringe.....	1,080.00	1	✓ Neulastim Note – This delist only applies to Pharmacode 2265478. A new Pharmacode was listed 16 January 2017.
61	METHYLDOPA * Tab 125 mg	14.25	100	✓ Prodopa
	* Tab 250 mg	15.10	100	✓ Prodopa

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 September 2017 (continued)

143	RIZATRIPTAN Tab orodispersible 10 mg 3.24	12	✓ Rizamelt
	Note – Rizamelt tab orodispersible 10 mg, 30 tab pack, remains subsidised.		
150	ALPRAZOLAM – Subsidy by endorsement		
	a) Safety medicine; prescriber may determine dispensing frequency		
	b) Subsidised for patients who were taking alprazolam prior to 1 December 2016 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of alprazolam.		
	Tab 250 mcg 2.50	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		
	Tab 500 mcg 3.25	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		
	Tab 1 mg 5.00	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.		
158	INTERFERON BETA-1-ALPHA – Special Authority see SA1564 – [Xpharm] Inj 6 million iu per vial 1,170.00	4	✓ Avonex
169	CYTARABINE Inj 500 mg – PCT – Retail pharmacy – Specialist 18.15	1	✓ Pfizer
235	ENTERAL/ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Powder 7.50	76 g OP	✓ Allitraq

Effective 1 October 2017

260	HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – [Xpharm] Funded for patient meeting either of the following criteria: 1) Maximum of 3 doses for people aged 9 to 26 years inclusive; or 2) Maximum of four doses for people aged 9 to 26 years inclusive, post chemotherapy.		
	Inj 120 mcg in 0.5 ml syringe 0.00	10	✓ Gardasil
		1	✓ Gardasil

Effective 1 December 2017

147	TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement		
	a) Safety medicine; prescriber may determine dispensing frequency		
	b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride.		
	Tab 1 mg 19.75	100	✓ Apo-Trifluoperazine S29
	Tab 5 mg 26.23	100	✓ Apo-Trifluoperazine S29

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

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

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