

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2018

Cumulative for January, February and March 2018



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Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2018

New listings (pages 25-27)

- Calcium folinate (Calcium Folate Sandoz) inj 10 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist
- Calcium folinate (Calcium Folate Sandoz) inj 10 mg per ml, 10 ml and 35 ml vials – PCT only – Specialist
- Dacarbazine (Dacarbazine APP) inj 200 mg vial – PCT only – Specialist, S29
- Oral feed (powder) (Fortisip) powder (vanilla) 857 g OP – Special Authority – Hospital pharmacy [HP3]
- Influenza vaccine (Influvac Tetra) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – only on a prescription, no patient co-payment payable, access restriction applies
- Influenza vaccine (Fluarix Tetra) inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – only on a prescription, no patient co-payment payable, access restriction applies

Changes to restrictions (pages 33-36)

- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Moloxole and Lax-Sachets) Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – Special Authority and maximum of 90 sach per prescription removed
- Bisoprolol fumarate (Bosvate) tab 2.5 mg, 5 mg and 10 mg – addition of STAT dispensing
- Simvastatin (Simvastatin Mylan and Arrow-Simva) tab 10 mg, 20 mg, 40 mg and 80 mg – addition of STAT dispensing
- Bosentan (Mylan-Bosentan and Bosentan-Mylan) tab 62.5 mg and 125 mg – amended Special Authority criteria
- Emtricitabine with tenofovir disoproxil fumarate (Truvada) tab 200 mg with tenofovir disoproxil fumarate 300 mg – Subsidy by endorsement added and amended Special Authority criteria
- Mask for spacer device (e-chamber Mask) small – PSO quantity increased to 50 dev
- Peak flow meter low range (Mini-Wright AFS Low Range) and normal range (Mini-Wright Standard) – PSO quantity increased to 25 dev
- Spacer device 220 ml (single patient) (e-chamber Turbo), 510 ml (single patient) (e-chamber La Grande), and 800 ml (Volumatic) – PSO quantity increased to 50 dev
- Prednisolone sodium phosphate (Minims Prednisolone) eye drops 0.5%, single dose (preservative free) – amended Special Authority criteria

Summary of PHARMAC decisions – effective 1 March 2018 (continued)

- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – Sole Supply revoked and delisted

Increased subsidy (page 47)

- Colestipol hydrochloride (Colestid) grans for oral liq 5 g
- Cytarabine inj 100 mg per ml, 20 ml vial (Pfizer) and inj 1 mg for ECP (Baxter)
- Dactinomycin [actinomycin D] inj 0.5 mg vial (Cosmegen) and inj 0.5 mg for ECP (Baxter)
- Tamoxifen (Genox) tab 10 mg and 20 mg

Decreased subsidy (page 47)

- Omeprazole (Omezol Relief) cap 10 mg, 20 mg and 40 mg
- Ezetimibe (Ezemibe) tab 10 mg
- Pravastatin (Chlorvastin) tab 20 mg and 40 mg
- Simvastatin tab 20 mg (Arrow-Simva 20mg), 40 mg (Arrow-Simva 40mg) and 80 mg (Arrow-Simva 80mg)

Changes to the Pharmaceutical Schedule Rules – consultation

PHARMAC has begun consultation on changes to the Pharmaceutical Schedule Rules, to make them easier to find, use and apply.

PHARMAC is proposing to tidy up the rules by bringing them together in one place and removing redundant text. Practical resources will be developed to help explain the rules.

The proposed changes to the Schedules Rules should make it easier for health professionals to help their patients, but PHARMAC wants to hear from you to make sure we get this right.

Consultation on the proposed changes to the Pharmaceutical Schedule rules is on our website: <https://www.pharmac.govt.nz/news/consultation-2018-02-15-schedule-rules-changes/> and is open until Thursday 29 March 2018. We encourage you to respond to it.



New listings

Quadrivalent influenza vaccine

Two quadrivalent influenza vaccines, Inluvac Tetra and Fluarix Tetra, will be listed from 1 March 2018. Inluvac (trivalent) vaccine will be delisted from 1 March 2018.

Inluvac Tetra is funded for people meeting eligibility criteria over three years of age. Eligible people are those over 65, pregnant women and those with chronic illnesses. The eligibility criteria can be accessed from our online Schedule.

<http://www.pharmac.govt.nz/patients/PharmaceuticalSchedule/Schedule?osq=Influenza%20vaccine&code=C4525013804>

People 65 years of age or over and pregnant women can choose to receive their funded flu vaccine (Inluva Tetra) from their general practice or their community pharmacy.

Fluarix Tetra will be funded only for children meeting eligibility criteria and who are aged 6 months to 35 months. Fluarix Tetra will be listed Xpharm, meaning that pharmacists will not be able to claim subsidy for this brand.

More information can be found on our website:

<https://www.pharmac.govt.nz/news/notification-2018-02-12-influenza-vaccine-2018/>

Changed listings

Emtricitabine with tenofovir disoproxil fumarate (Truvada) – HIV prevention

From 1 March 2018, PHARMAC has widened access to Truvada. It will now be funded for pre-exposure prophylaxis (PrEP) for prevention of HIV infection for people at high risk of contracting HIV.

Truvada will be funded via a different Special Authority for those people meeting the criteria for PrEP. A named HIV specialist must make the application or provide a recommendation.

Truvada will be funded for HIV treatment and post-exposure prophylaxis by prescription endorsement for those people with a Special Authority for HIV treatment (SA1651).

The Special Authority approval number can be used to endorse prescriptions.

More information, including Special Authority criteria and renewal requirements to access PrEP, can be found on our My Medicine Has Changed website page:

<https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/prep-for-hiv/>

Diabetes meters and strips – pharmacist claiming

Pharmacists may dispense and claim a funded CareSens meter, without a prescription from a prescriber, until 1 August 2018 for patients where there exists a record of prior dispensing of insulin or sulphonylurea.

To dispense and claim, pharmacists may generate a prescription using their pharmacy software to record the dispensing. Pharmacists should code the prescription A3. There will be no patient co-payment payable on meters until 1 August 2018.

Pharmacists can claim one Brand Switch Fee per patient for CareSens N, CareSens N POP, CareSens N Premier and CareSens Dual meters.

More information on the changes is on our website www.pharmac.govt.nz/diabetes

Prednisolone sodium phosphate (Minims Prednisolone)

The Special Authority criteria that applies to prednisolone sodium phosphate (Minims Prednisolone) eye drops 0.5%, single dose (preservative free) will change from 1 March 2018 to allow optometrists to apply for initial approvals.

Molaxole and Lax-Sachets – removal of Special Authority

From 1 March 2018, macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Molaxole and Lax-Sachets) powder for oral solution will no longer require Special Authority approval. The restriction limiting subsidy to 90 sachets will also be removed.

Spacers, peak flow meters and masks – increased allowance on PSO

From 1 March 2018, the maximum order quantities will increase for the following products on a Practitioner Supply Order (PSO):

- Mask for Spacer Device – will increase from 20 to 50
- Peak flow meter, low range and normal range – will increase from 10 to 25
- Spacer, 220 ml (single patient), 510 ml (single patient) and 800 ml – will increase from 20 to 50.

The increased PSO limits will assist organisations providing patient education programmes in the community.

Fortisip oral feed powder – change to pack size

A 857 g OP pack of Fortisip oral feed powder will be listed from 1 March 2018. This will replace the 350 g pack size which will be delisted from 1 August 2018.

The supplier, Nutricia, has advised that it expects supply of the larger pack size to be more consistent.

Bosentan – change to Special Authority criteria

There will be some slight amendments made to the Special Authority criteria for bosentan from 1 March 2018. These changes are to reduce the length of the form for technical reasons. The form number will change, but the eligibility criteria remains the same.

Losartan potassium with hydrochlorothiazide – price reduction

The price and subsidy for losartan potassium with hydrochlorothiazide (50/12.5 mg) tablets (Arrow-Losartan & hydrochlorothiazide) will decrease from 1 April 2018 from \$15.25 to \$1.88. We recommend pharmacies work with their wholesaler to manage stock during this time.

News in brief

- **Dr Michael Lutarewych** has been added to the list of approved prescribers of antiretroviral agents.
- **Bisoprolol fumarate** tablets –three months all-at-once (Stat) dispensing added.
- **Simvastatin** tablets – three months all-at-once (Stat) dispensing will be reinstated. Sole Supply will apply to the Simvastatin Mylan brand from 1 June 2018.
- **Colestipol hydrochloride** (Colestid) grans for oral liquid 5 g – price and subsidy increase from 1 March 2018 following a supplier price increase.
- Ferrograd F (**ferrous sulphate with folic acid**) long-acting tablets have been discontinued by the supplier and will be delisted from the Schedule on 1 September 2018.
- Provera S29 (**medroxyprogesterone acetate**) 2.5 mg tablet, 56 tablet pack, has been discontinued by the supplier and will be delisted 1 September 2018. This was listed temporarily to cover an out-of-stock.



Tender News

Sole Subsidised Supply changes – effective 1 April 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Allopurinol	Tab 100 mg; 500 tab	DP-Allopurinol (Douglas)
Allopurinol	Tab 300 mg; 500 tab	DP-Allopurinol (Douglas)
Anastrozole	Tab 1 mg; 30 tab	Rolin (Rex Medical)
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg; 500 tab	Arrow-Bendrofluazide (Actavis)
Bendroflumethiazide [bendrofluazide]	Tab 5 mg; 500 tab	Arrow-Bendrofluazide (Actavis)
Calcium carbonate	Tab 1.25 g (500 mg elemental); 250 tab	Arrow-Calcium (Actavis)
Diazepam	Tab 2 mg; 500 tab	Arrow-Diazepam (Actavis)
Diazepam	Tab 5 mg; 500 tab	Arrow-Diazepam (Actavis)
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets; 84 tab	Microgynon 20 ED (Bayer)
Ethinylestradiol with levonorgestrel	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets; 84 tab	Levien ED (Bayer)
Levonorgestrel	Subdermal implant (2 x 75 mg rods); 1 pack	Jadelle (Bayer)
Metoclopramide hydrochloride	Tab 10 mg; 100 tab	Metoclopramide Actavis 10 (Actavis)
Nicotine	Gum 2 mg (Fruit); 384 piece	Habitrol (GSK Consumer)
Nicotine	Gum 2 mg (Fruit) for direct distribution only; 96 piece	Habitrol (GSK Consumer)
Nicotine	Gum 2 mg (Mint); 384 piece	Habitrol (GSK Consumer)
Nicotine	Gum 2 mg (Mint) for direct distribution only; 96 piece	Habitrol (GSK Consumer)
Nicotine	Gum 4 mg (Fruit); 384 piece	Habitrol (GSK Consumer)
Nicotine	Gum 4 mg (Fruit) for direct distribution only; 96 piece	Habitrol (GSK Consumer)
Nicotine	Gum 4 mg (Mint); 384 piece	Habitrol (GSK Consumer)
Nicotine	Gum 4 mg (Mint) for direct distribution only; 96 piece	Habitrol (GSK Consumer)
Nicotine	Lozenge 1 mg; 216 loz	Habitrol (GSK Consumer)
Nicotine	Lozenge 1 mg for direct distribution only; 36 loz	Habitrol (GSK Consumer)
Nicotine	Lozenge 2 mg; 216 loz	Habitrol (GSK Consumer)
Nicotine	Lozenge 2 mg for direct distribution only; 36 loz	Habitrol (GSK Consumer)

Sole Subsidised Supply changes – effective 1 April 2018 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Nicotine	Patch 7 mg; 28 patch	Habitrol (GSK Consumer)
Nicotine	Patch 7 mg for direct distribution only; 7 patch	Habitrol (GSK Consumer)
Nicotine	Patch 14 mg; 28 patch	Habitrol (GSK Consumer)
Nicotine	Patch 14 mg for direct distribution only; 7 patch	Habitrol (GSK Consumer)
Nicotine	Patch 21 mg; 28 patch	Habitrol (GSK Consumer)
Nicotine	Patch 21 mg for direct distribution only; 7 patch	Habitrol (GSK Consumer)
Terbinafine	Tab 250 mg; 14 tab	Deolate (Rex Medical)
Travoprost	Eye drops 0.004%; 5 ml OP	Travopt (Mylan)

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 2018

- Anastrozole (Rolin) tab 1 mg – addition of Brand Switch Fee
- Daunorubicin (Pfizer) inj 2 mg per ml, 10 ml vial – price and subsidy increase
- Daunorubicin (Baxter) inj 20 mg for ECP, 20 mg OP – price and subsidy increase
- Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – price and subsidy decrease
- Oestrogens (Provera) conjugated, equine tab 300 mcg and 650 mcg – price increase, no subsidy increase
- Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] (Zostavax) inj 19,400 PFU prefilled syringe plus vial, 1 and 10 inj pack sizes – new listing, Xpharm and access criteria applies

Possible decisions for future implementation 1 April 2018

- Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg – Special Authority criteria removed

Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2020
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	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2020
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Lodi Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix Solian	2019
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2020
Amoxicillin	Inj 250 mg, 500 mg and 1 g vials Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2020 2019
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP	Augmentin Curam	2020 2019
Aqueous cream	Crm, 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	2020
Azathioprine	Tab 25 mg & 50 mg 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
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Liorsesal Intrathecal	2018
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
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
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
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	2020
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspiron 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
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Brinov	2019
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml Cap 250 mg	Ranbaxy-Cefaclor	2019
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cephalexin ABM Cefalexin Sandoz	2019 2018
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Ceftriaxone	Inj 500 mg & 1 g vial	DEVA	2019
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
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

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Chloramphenicol	Eye oint 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorafast	2019 2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
Ciclopirox olamine	Nail soln 8%, 7 ml OP	Apo-Ciclopirox	2018
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	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2018
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2020
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Clindamycin ABM Dalacin C	2019
Clobetasol propionate	Crm 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2020
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clopidogrel	Tab 75 mg	Arrow - Clopid	2019
Clotrimazole	Crm 1%; 20 g OP Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP	Clomazol	2020 2019
Coal tar	Soln BP	Midwest	2019
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2019
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2020
Compound electrolytes	Powder for oral soln	Enerlyte	2019
Crotamiton	Crm 10%, 20 g OP	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-Ph&T Minirin	2020
	Tab 100 mcg & 200 mcg		2019
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2018
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz Apo-Diclo SR	2018
	Tab long-acting 75 mg & 100 mg		
Digoxin	Tab 62.5 mcg	Lanoxin PG Lanoxin	2019
	Tab 250 mcg		
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Dimethicone	Lotn 4%, 200 ml OP	healthE Dimethicone 4% Lotion	2019
	Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 5%	
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2018
Diphtheria, tetanus and acellular 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	2020
Diphtheria, tetanus, acellular pertussis and inactivated 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 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2020
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP; 500 g	AFT	2020
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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	Epex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Apo-Escitalopram	2020
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	2020
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
Fentanyl	Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Fentanyl Sandoz Boucher and Muir	2020 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	Ricit	2020
Flucloxacillin	Inj 1 g vial Inj 250 mg & 500 mg vials Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg	Flucil Flucloxin AFT Staphlex	2020 2018
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%, 5 ml OP	FML	2018
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
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

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg Tab 500 mg	Frusemide-Claris Diurin 40 Urex Forte	2019 2018
Fusidic acid	Tab 250 mg	Fucidin	2020
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	2020
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule, 5 inj Inj 50%, 90 ml bottle, 1 inj	Biomed	2020
Glycerol	Liquid Suppos 3.6 g	healthE Glycerol BP PSM	2020 2018
Goserelin	Implant 3.6 mg & 10.8 mg syringe	Zoladex	2019
Haemophilus influenzae type B vaccine	Haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	Hiberix	2020
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml ampoule	Serenace	2019
Hepatitis A vaccine	Inj 720 ELISA units in 0.5 ml syringe Inj 1440 ELISA units in 1 ml syringe	Havrix Junior Havrix	2020
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2020
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Powder	ABM DermAssist Pharmacy Health	2020
	Crm 1%, 30 g OP		2019
	Crm 1%, 500 g	Solu-Cortef Douglas	2018
	Inj 100 mg vial Tab 5 mg & 20 mg		2018
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%, 250 ml	DP Lotn HC	2020
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

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Tab long-acting 800 mg	Brufen SR	2018
Imatinib mesilate	Cap 100 mg & 400 mg	Imatinib-AFT	2020
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP	Univent	2020
	Nebuliser soln, 250 mcg per ml, 1 ml ampoule	Univent	2019
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule		
Isoniazid	Tab 100 mg	PSM	2018
	Tab 100 mg with rifampicin 150 mg	Rifinah	
	Tab 150 mg with rifampicin 300 mg		
Isosorbide mononitrate	Tab 20 mg	Ismo 20	2020
	Tab long-acting 60 mg	Duride	2019
	Tab long-acting 40 mg	Ismo 40 Retard	
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020
Itraconazole	Cap 100 mg	Itrazole	2019
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2019
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2018
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Tab 1.5 mg Intra-uterine system 20 mcg per day	Postinor-1 Mirena	2019
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%	Mucosoothe	2020
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2018
Loperamide hydrochloride	Tab 2 mg	Nodia	2019
	Cap 2 mg	Diamide Relief	
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Loratadine	Oral liq 1 mg per ml, 120 ml Tab 10 mg	Lorfast Lorafix	2019
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2020
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2020
Mask for spacer device	Small	e-chamber Mask	2018
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2020
Medroxyprogesterone acetate	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	2020
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 0.5ml vial	Menactra	2020
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
Metformin hydrochloride	Tab immediate-release 850 mg Tab immediate-release 500 mg	Metformin Mylan 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 100 mg per ml, 50 ml vial Inj 25 mg per ml, 2 ml & 20 ml vials Tab 2.5 mg & 10 mg	Methotrexate Ebewe DBL Methotrexate Onco-Vial Trexate	2020 2019 2018
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

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2018
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2018
Miconazole nitrate	Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2020
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
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Sevredol DBL Morphine Sulphate Arrow-Morphine LA	2020 2019
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule	DBL Morphine Tartrate	2019
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
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 metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 30 mg & 60 mg	Adalat Oros	2020
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2020
Octreotide	Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL Octreotide	2020
Oestradiol	Patch 25 mcg per day Patch 50 mcg per day Patch 75 mcg per day Patch 100 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
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	2020
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
Ondansetron	Tab 4 mg & 8 mg	Apo-Ondansetron	2019
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
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	2020
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

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
Paracetamol	Oral liq 120 mg per 5 ml	Paracare Pharmacare	2020
	Tab 500 mg – bottle pack		2018
	Tab 500 mg – blister pack	Gacet Paracare	
	Suppos 125 mg & 250 mg Suppos 500 mg		
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paroxetine	Tab 20 mg	Apo-Paroxetine	2019
Peak flow meter	Low range	Mini-Wright AFS Low Range Mini-Wright Standard	2018
	Normal range		
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe; 4 inj	Pegasys	2020
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crm 5%, 30 g OP	Lyderm A-Scabies	2020
	Lotn 5%, 30 ml OP		
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml ampoules	DBL Pethidine Hydrochloride PSM	2020
	Tab 50 mg & 100 mg		2018
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2019
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule	Hospira	2018
	Inj 50 mg per ml, 5 ml ampoule		
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2020
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOP	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Prednisone	Tab 1 mg , 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
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	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
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	2020
Rifabutin	Cap 150 mg	Mycobutin	2019
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2020
Rifaximin	Tab 550 mg	Xifaxan	2020
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2019
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml	Actavis Risperon	2020
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2020
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Apo-Ropinirole	2019
Rotavirus vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2020
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

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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
Sodium chloride	Inj 0.9%, 10 ml ampoule Inj 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	Pfizer Biomed Baxter	2019
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphionate	Powder	Resonium A	2018
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2019
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2020
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 2 mg Tab 5 mg Tab 1 mg	Apo-Terazosin Apo-Terazosin Actavis	2019
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
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% & 0.5%, 5 ml OP Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP	Arrow-Timolol Timoptol XE	2020 2019
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2018
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020

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Sole Subsidised Supply Products – cumulative to March 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim	Tab 300 mg	TMP	2018
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crn 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Urosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg vial	Mylan	2020
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Water	Inj 5 ml ampoule Inj 10 ml ampoule	InterPharma Pfizer	2019
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	2020
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 2018

167	CALCIUM FOLINATE Inj 10 mg per ml, 5 ml vial – PCT – Retail pharmacy- Specialist.....	4.55	1	✓ Calcium Folate Sandoz
	Inj 10 mg per ml, 10 ml vial – PCT only – Specialist.....	7.30	1	✓ Calcium Folate Sandoz
	Inj 10 mg per ml, 35 ml vial – PCT only – Specialist.....	20.95	1	✓ Calcium Folate Sandoz
170	DACARBAZINE – PCT only – Specialist Inj 200 mg vial	580.60	10	✓ Dacarbazine APP \$29
239	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (vanilla)	8.54	857 g OP	✓ Fortisip
262	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	90.00	10	✓ Influvac Tetra
	a) Only on a prescription			
	b) No patient co-payment payable			
	c) INFLUENZA VACCINE – people 3 years and over			
	A) is available each year for patients aged 3 years and over 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) cerebro-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			

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

New Listings – effective 1 March 2018 (continued)

continued...

- vii) are pregnant; or
- c) children aged four years or less (but over three years) who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
- d) people under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board).
- e) people under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region;

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) Contractors will be entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm] 9.00 1 ✓ **Fluarix Tetra**

INFLUENZA VACCINE child aged 6 months to 35 months

A) is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by PHARMAC:

- 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) cerebro-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) 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) have been hospitalised for respiratory illness or have a history of significant respiratory illness;
- viii) are living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board).
- ix) have been displaced from their homes in Edgecumbe and the surrounding region;

continued...

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 2018 (continued)

continued...

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 inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent 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.

Effective 1 February 2018

20	<p>BUDESONIDE Cap 3 mg – Special Authority see SA1155 – Retail pharmacy..... 166.50 90 ✓Entocort CIR Note – this is a listing of a new Pharmacode, 2536528</p>
21	<p>MESALAZINE Tab 400 mg 49.50 100 ✓Asacol Tab 800 mg 85.50 90 ✓Asacol Suppos 500 mg 22.80 20 ✓Asacol Note – this is a listing for new Pharmacodes. Asacol tab 400 mg, 2536544; tab 800 mg, 2536552 and suppos 500 mg, 2536560.</p>
25	<p>BLOOD KETONE DIAGNOSTIC TEST STRIP – Subsidy by endorsement a) Maximum of 20 strip per prescription b) Up to 10 strip available on a PSO c) Not on a BSO d) Patient has any of the following: 1 type 1 diabetes; or 2 permanent neonatal diabetes; or 3 undergone a pancreatectomy; or 4 cystic fibrosis-related diabetes; or 5 metabolic disease or epilepsy under the care of a paediatrician, neurologist or metabolic specialist The prescription must be endorsed accordingly. Test strips 15.50 10 strip OP ✓KetoSens</p>
26	<p>BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 pack per prescription b) Up to 1 pack available on a PSO c) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A d) A diagnostic blood glucose test meter is subsidised for a patient who: 1 is receiving insulin or sulphonylurea therapy; or 2 is pregnant with diabetes; or 3 is on home TPN at risk of hypoglycaemia or hyperglycaemia; or 4 has a genetic or an acquired disorder of glucose homeostasis, excluding type 1 or type 2 diabetes and metabolic syndrome. The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas. Only one meter per patient will be subsidised (no repeat prescriptions).</p>

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

New Listings – effective 1 February 2018 (continued)

continued...

Patients already using the CareSens N POP meter and CareSens N meter are not eligible for a new meter, unless they meet the criteria for a dual blood glucose and blood ketone diagnostic test meter.

For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.

From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria.

Meter with 50 lancets, a lancing device and

10 diagnostic test strips – No patient co-payment payable 20.00 1 OP ✓ **CareSens N Premier**

a) CareSens N Premier brand: Brand Switch Fee payable (2535882).

26 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO

The number of test strips available on a prescription is restricted to 50 unless:

- 1) Prescribed for a patient on insulin or a sulphonylurea and endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylurea; or
- 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
- 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or
- 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or
- 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.

Test strips 10.56 50 test OP ✓ **CareSens PRO**

27 DUAL BLOOD GLUCOSE AND BLOOD KETONE DIAGNOSTIC TEST METER – Subsidy by endorsement

a) Maximum of 1 pack per prescription

b) Up to 1 pack available on a PSO

c) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A

d) A dual blood glucose and blood ketone diagnostic test meter is subsidised for a patient who has:

- 1 type 1 diabetes; or
- 2 permanent neonatal diabetes; or
- 3 undergone a pancreatectomy; or
- 4 cystic fibrosis-related diabetes, or
- 5 metabolic disease or epilepsy under the care of a paediatrician, neurologist or metabolic specialist.

The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.

Only 1 meter per patient will be subsidised (no repeat prescriptions).

For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.

From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria.

Meter with 50 lancets, a lancing device and 10 blood glucose

diagnostic test strips – No patient co-payment payable,

Brand switch fee payable (Pharmacode 2535890) 20.00 1 OP ✓ **CareSens Dual**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 February 2018 (continued)

42	LARONIDASE – Special Authority see SA1695 – Retail pharmacy Inj 100 U per ml, 5 ml vial.....	1,335.16	1	✓ Aldurazyme
	<p>▶ SA1695 Special Authority for Subsidy</p> <p>Initial application only from a metabolic physician. Approvals valid for 24 weeks for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 The patient has been diagnosed with Hurler Syndrome (mucopolysaccharidosis I-H); and 2 Either: <ol style="list-style-type: none"> 2.1 Diagnosis confirmed by demonstration of alpha-L-iduronidase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or 2.2 Detection of two disease causing mutations in the alpha-L-iduronidase gene and patient has a sibling who is known to have Hurler syndrome; and 3 Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with laronidase would be bridging treatment to transplant; and 4 Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and 5 Laronidase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 post-HSCT) at doses no greater than 100 units/kg every week. 			
67	EPOPROSTENOL – Special Authority see SA1696 – Retail pharmacy Inj 500 mcg vial	36.61	1	✓ Veletri
	Inj 1.5 mg vial	73.21	1	✓ Veletri
	<p>▶ SA1696 Special Authority for Subsidy</p> <p>Special Authority approved by the Pulmonary Arterial Hypertension Panel Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Coordinator, PAH Panel PHARMAC, PO Box 10-254, WELLINGTON Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz</p>			
140	LEVETIRACETAM ‡ Oral liq 100 mg per ml.....	44.78	300 ml OP	✓ Levetiracetam-AFT
195	CETUXIMAB – PCT only – Specialist – Special Authority see SA1697 Inj 5 mg per ml, 20 ml vial	364.00	1	✓ Erbitux
	Inj 5 mg per ml, 100 ml vial	1,820.00	1	✓ Erbitux
	Inj 1 mg for ECP.....	3.82	1 mg	✓ Baxter
	<p>▶ SA1697 Special Authority for Subsidy</p> <p>Initial application – only from a medical oncologist or a medical practitioner on the recommendation of a medical oncologist. Approvals valid for 6 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and 2 Patient is contraindicated to, or is intolerant of, cisplatin; and 3 Patient has good performance status; and 4 To be administered in combination with radiation therapy. 			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 February 2018 (continued)

218 PHARMACY SERVICES

May only be claimed once per patient.

* Brand switch fee.....4.50 1 fee ✓BSF CareSens N
✓BSF CareSens N POP
✓BSF CareSens N
Premier
✓BSF CareSens Dual

- a) The Pharmacode for BSF CareSens N is 2423138
- b) The Pharmacode for BSF CareSens N POP is 2423154
- c) The Pharmacode for BSF CareSens N Premier is 2535882
- d) The Pharmacode for BSF CareSens Dual is 2535890

243 PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Special Authority see SA1698 – Hospital pharmacy [HP3]

Liquid2.35 125 ml OP ✓Infatini

▶ SA1698 Special Authority for Subsidy

Initial application only from a paediatrician, dietitian, or general practitioner on the recommendation of a paediatrician or dietitian. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient is fluid restricted or volume intolerant and has been diagnosed with faltering growth; and
- 2 Patient is under the care of a paediatrician or dietitian who has recommended treatment with a high energy infant formula; and
- 3 Patient is under 18 months of age or weighs less than 8 kg.

Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

Renewal only from a paediatrician, dietitian, or general practitioner on the recommendation of a paediatrician or dietitian. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient continues to be fluid restricted or volume intolerant and has faltering growth; and
- 2 Patient is under the care of a hospital paediatrician or dietitian who has recommended treatment with a high energy infant formula; and
- 3 Patient is under 18 months of age or weighs less than 8 kg.

Note: 'Volume intolerant' patients are those who are unable to tolerate an adequate volume of infant formula to achieve expected growth rate. These patients should have first trialled appropriate clinical alternative treatments, such as concentrating, fortifying and adjusting the frequency of feeding.

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 2018

23	OMEPRAZOLE For omeprazole suspension refer Standard Formulae			
	* Cap 10 mg	1.98	90	✓ Omeprazole actavis 10
	* Cap 20 mg	1.96	90	✓ Omeprazole actavis 20
	* Cap 40 mg	3.12	90	✓ Omeprazole actavis 40
39	METHYLNALTREXONE BROMIDE – Special Authority see SA1691 – Retail pharmacy			
	Inj 12 mg per 0.6 ml vial.....	36.00	1	✓ Relistor
		246.00	7	✓ Relistor
	<p>▶ SA1691 Special Authority for Subsidy Initial application – (Opioid induced constipation) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 The patient is receiving palliative care; and 2 Either: 2.1 Oral and rectal treatments for opioid induced constipation are ineffective; or 2.2 Oral and rectal treatments for opioid induced constipation are unable to be tolerated.</p>			
64	PRAVASTATIN – See prescribing guideline			
	* Tab 40 mg	8.06	100	✓ Apo-Pravastatin
64	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy			
	Tab 10 mg	2.00	30	✓ Ezetimibe Sandoz
66	BOSENTAN – Special Authority see SA0967 – Retail pharmacy			
	Tab 62.5 mg	401.79	60	✓ Bosentan-Mylan
	Tab 125 mg	401.79	60	✓ Bosentan-Mylan
88	MEDROXYPROGESTERONE ACETATE – See prescribing guideline			
	* Tab 2.5 mg	7.00	56	✓ Provera S29 S29
	Wastage claimable – see rule 3.3.2			
143	PROCHLORPERAZINE			
	* Tab 5 mg – Up to 30 tab available on a PSO	6.35	250	✓ Nausafix

▲ 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 2018 (continued)

163	NICOTINE			
	a) Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.			
	b) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.			
	Patch 7 mg for direct distribution only – [Xpharm]	3.94	7	✓ Habitrol
	Patch 14 mg for direct distribution only – [Xpharm]	4.52	7	✓ Habitrol
	Patch 21 mg for direct distribution only – [Xpharm]	5.18	7	✓ Habitrol
	Lozenge 1 mg for direct distribution only – [Xpharm]	3.20	36	✓ Habitrol
	Lozenge 2 mg for direct distribution only – [Xpharm]	3.24	36	✓ Habitrol
	Gum 2 mg (Fruit) for direct distribution only – [Xpharm]	8.64	96	✓ Habitrol
	Gum 2 mg (Mint) for direct distribution only – [Xpharm]	8.64	96	✓ Habitrol
	Gum 4 mg (Fruit) for direct distribution only – [Xpharm]	10.01	96	✓ Habitrol
	Gum 4 mg (Mint) for direct distribution only – [Xpharm]	10.01	96	✓ Habitrol
174	VINBLASTINE SULPHATE			
	Inj 1 mg per ml, 10 ml vial – PCT			
	– Retail pharmacy-Specialist.....	37.29	1	✓ Vinblastina Teva
				S29
	Wastage claimable – see rule 3.3.2			

Effective 1 December 2017

181	OCTREOTIDE			
	Inj 500 mcg per ml, 1 ml ampoule	72.50	5	✓ Octreotide MaxRx

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 2018

39 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE
—Special Authority see SA1473 — Retail pharmacy

Powder for oral soln 13.125 g with potassium chloride 46.6 mg,
sodium bicarbonate 178.5 mg and sodium chloride
350.7 mg — Maximum of 90 sach per prescription 6.78 30 ✓ **Molaxole**
(7.65) Lax-Sachets

➡ SA1473 Special Authority for Subsidy

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

Both:

- 1 The patient has problematic constipation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; and
- 2 The patient would otherwise require a per rectal preparation.

Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is compliant and is continuing to gain benefit from treatment.

58 BISOPROLOL FUMARATE (addition of STAT dispensing)

* Tab 2.5 mg 3.53 90 ✓ **Bosvate**
* Tab 5 mg 5.15 90 ✓ **Bosvate**
* Tab 10 mg 9.40 90 ✓ **Bosvate**

64 SIMVASTATIN — See prescribing guideline (STAT reinstated)

* Tab 10 mg 0.95 90 ✓ **Simvastatin Mylan**
✓ **Arrow-Simva 10mg**
* Tab 20 mg 1.52 90 ✓ **Simvastatin Mylan**
(1.61) Arrow-Simva 20mg
* Tab 40 mg 2.63 90 ✓ **Simvastatin Mylan**
(2.83) Arrow-Simva 40mg
* Tab 80 mg 6.00 90 ✓ **Simvastatin Mylan**
(7.91) Arrow-Simva 80mg

66 BOSENTAN — Special Authority see SA1712 1703 — Retail pharmacy (affected criteria only shown)

Tab 62.5 mg 375.00 56 ✓ **Mylan-Bosentan**
401.79 60 ✓ **Bosentan-Mylan**
Tab 125 mg 375.00 56 ✓ **Mylan-Bosentan**
401.79 60 ✓ **Bosentan-Mylan**

➡ SA1712 1703 Special Authority for Subsidy

Initial application only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)*; and
- 2 **PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and Any of the following:**
 - 2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
 - 2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
 - 2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
- 3 **PAH is at NYHA/WHO functional class II, III, or IV; and Any of the following:**
 - 3.1 PAH is in NYHA/WHO functional class II; or
 - 3.2 PAH is in NYHA/WHO functional class III; 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
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Changes to Restrictions – effective 1 March 2018 (continued)

continued...

- 3.3 PAH is in NYHA/WHO functional class IV; and
- 4 Any of the following:
- 4.1 Both:
- 4.1.1 Bosentan is to be used as PAH monotherapy; and
- 4.1.2 Either:
- 4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or
- 4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or
- 4.2 Both:
- 4.2.1 Bosentan is to be used as PAH dual therapy; and
- 4.2.2 Either:
- 4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond; or
- 4.2.2.2 Patient deteriorated while on a PAH monotherapy; or
- 4.3 Both:
- 4.3.1 Bosentan is to be used as PAH triple therapy; and
- 4.3.2 Any of the following:
- 4.3.2.1 Patient is on the lung transplant list; or
- 4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
- 4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
- 4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

- 119 EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – **Subsidy by endorsement; can be waived by Special Authority SA1714** Special Authority see SA1651—Retail pharmacy
Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil fumarate is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.

Note:

Emtricitabine with tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651.

There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website.

Note: Emtricitabine with tenofovir disoproxil fumarate counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority

Tab 200 mg with tenofovir disoproxil fumarate 300 mg 838.20 30 ✓ Truvada

► **SA1714** Special Authority for Waiver of Rule

Initial application only from a named specialist or medical practitioner on the recommendation of a named specialist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

1 Patient has tested HIV negative; and

2 Either:

2.1 All of the following:

2.1.1 Patient is male or transgender; and

2.1.2 Patient has sex with men; and

2.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

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 March 2018 (continued)

continued...

2.1.4 Any of the following:

2.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

2.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

2.1.4.3 Patient has used methamphetamine in the last three months; or

2.2 All of the following:

2.2.1 Patient has a regular partner who has HIV infection; and

2.2.2 Partner is either not on treatment or has a detectable viral load; and

2.2.3 Condoms have not been consistently used.

Renewal only from a relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis; and

2 Patient has undergone testing for HIV, syphilis, and a full STI screen in the previous two weeks; and

3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months; and

4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and

5 Patient has tested HIV negative; and

6 Either:

6.1 All of the following:

6.1.1 Patient is male or transgender; and

6.1.2 Patient has sex with men; and

6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

6.1.4 Any of the following

6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

6.1.4.3 Patient has used methamphetamine in the last three months; or

6.2 All of the following:

6.2.1 Patient has a regular partner who has HIV infection; and

6.2.2 Partner is either not on treatment or has a detectable viral load; and

6.2.3 Condoms have not been consistently used.

212 MASK FOR SPACER DEVICE

a) Up to 50 20 dev available on a PSO

b) Only on a PSO

c) Only for children aged six years and under

Small 2.20 1 ✓ e-chamber Mask

212 PEAK FLOW METER

a) Up to 25 10 dev available on a PSO

b) Only on a PSO

Low range 9.54 1 ✓ Mini-Wright AFS

Low Range

Normal range 9.54 1 ✓ Mini-Wright Standard

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

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Check your Schedule for full details
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Changes to Restrictions – effective 1 March 2018 (continued)

212	SPACER DEVICE a) Up to 50 20 dev available on a PSO b) Only on a PSO 220 ml (single patient).....2.95 510 ml (single patient).....5.12 800 ml.....6.50	1 1 1	✓ e-chamber Turbo ✓ e-chamber La Grande ✓ Volumatic
215	PREDNISOLONE SODIUM PHOSPHATE – Special Authority see SA1715 1547 – Retail pharmacy Eye drops 0.5%, single dose (preservative free)38.50 SA1715 1547 Special Authority for Subsidy Initial application only from an ophthalmologist or optometrist. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Patient has severe inflammation; and 2 Patient has a confirmed allergic reaction to preservative in eye drops. Renewal from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.	20 dose	✓ Minims Prednisolone
262	INFLUENZA VACCINE (Sole Supply revoked) a) Only on a prescription b) No patient co-payment payable c) Access criteria applies Inj 45 mcg in 0.5 ml syringe90.00 Note – Influvac inj 45 mcg in 0.5 ml syringe to be delisted from 1 March 2018.	10	✓ Influvac

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 2018

25	METFORMIN HYDROCHLORIDE (Sole Supply reinstated) * Tab immediate-release 850 mg.....	7.82	500	✓ Metformin Mylan
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26	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement a) Maximum of 1 pack per prescription b) Up to 1 pack available on a PSO c) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.			
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- d) A diagnostic blood glucose test meter is subsidised for a patient who:
- 1 is receiving insulin or sulphonylurea therapy; or
 - 2 is pregnant with diabetes; or
 - 3 is on home TPN at risk of hypoglycaemia or hyperglycaemia; or
 - 4 has a genetic or an acquired disorder of glucose homeostasis, excluding type 1 or type 2 diabetes and metabolic syndrome.

Only one CareSens meter per patient. No further prescriptions will be subsidised for patients who already have a CareSens meter. For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a CareSens meter.

The prescription must be endorsed accordingly.

Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.

The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.

Only one meter per patient will be subsidised (no repeat prescriptions).

Patients already using the CareSens N POP meter or CareSens N meter are not eligible for a new meter, unless they meet the criteria for a dual blood glucose and blood ketone diagnostic test meter.

For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.

From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria.

Meter with 50 lancets, a lancing device and 10 diagnostic test strips.....	20.00	1 OP	✓ CareSens II
Meter with 50 lancets, a lancing device and 10 diagnostic test strips – No patient co-payment payable – Note differing brand requirements below	20.00	1 OP	✓ CareSens N Premier ✓ CareSens N ✓ CareSens N POP
	10.00		

- a) CareSens N brand; Brand switch fee payable (Pharmacode 2423138)
- b) CareSens N POP brand; Brand switch fee payable (Pharmacode 2423154)
- c) CareSens N Premier brand; Brand switch fee payable (Pharmacode 2535882)

▲ 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

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(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 February 2018 (continued)

- 26 BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO
The number of test strips available on a prescription is restricted to 50 unless:
- 1) Prescribed for a patient on insulin or a sulphonylurea and endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylurea; or
 - 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or
 - 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or
 - 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or
 - 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.
- Blood glucose test strips
- | | | | |
|---|-------|------------|----------------------|
| – Note differing brand requirements below | 10.56 | 50 test OP | ✓ CareSens |
| | 28.75 | | ✓ CareSens N |
| | | | ✓ Accu-Chek Performa |
| | | | ✓ Freestyle Optium |
- a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy
b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy
c) Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO

66 ENDOTHELIN RECEPTOR ANTAGONISTS

▶ SA0967 Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel
Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:
The Coordinator, PAH Panel
PHARMAC, PO Box 10-254, WELLINGTON
Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz

- 66 AMBRISENTAN – Special Authority see SA1702 0967 – Retail pharmacy
- | | | | |
|-----------------|----------|----|------------|
| Tab 5 mg | 4,585.00 | 30 | ✓ Volibris |
| Tab 10 mg | 4,585.00 | 30 | ✓ Volibris |

▶ SA1702 0967 Special Authority for Subsidy

Special Authority approved by the Pulmonary Arterial Hypertension Panel
Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:
The Coordinator, PAH Panel
PHARMAC, PO Box 10-254, WELLINGTON
Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz

- 66 BOSENTAN – Special Authority see SA1703 0967 – Retail pharmacy
- | | | | |
|-------------------|--------|----|------------------|
| Tab 62.5 mg | 375.00 | 56 | ✓ Mylan-Bosentan |
| | 401.79 | 60 | ✓ Bosentan-Mylan |
| Tab 125 mg | 375.00 | 56 | ✓ Mylan-Bosentan |
| | 401.79 | 60 | ✓ Bosentan-Mylan |

▶ SA1703 0967 Special Authority for Subsidy

Initial application only from a respiratory physician or cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 Any of the following:

continued...

Changes to Restrictions – effective 1 February 2018 (continued)

continued...

- 2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
- 2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications, or
- 2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
- 3 Any of the following:
 - 3.1 PAH is at NYHA/WHO functional class II; or
 - 3.2 PAH is at NYHA/WHO functional class III; or
 - 3.3 PAH is at NYHA/WHO functional class IV; and
- 4 Any one of the following:
 - 4.1 Both:
 - 4.1.1 Bosentan is to be used as PAH monotherapy; and
 - 4.1.2 Either:
 - 4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or
 - 4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or
 - 4.2 Both:
 - 4.2.1 Bosentan is to be used as PAH dual therapy; and
 - 4.2.2 Either:
 - 4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond, or
 - 4.2.2.2 Patient deteriorated while on a PAH monotherapy; or
 - 4.3 Both:
 - 4.3.1 Bosentan is to be used as PAH triple therapy; and
 - 4.3.2 Any of the following:
 - 4.3.2.1 Patient is on the lung transplant list; or
 - 4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
 - 4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
 - 4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

Renewal only from a respiratory physician or cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 2 years for applications meeting the following criteria: Any one of the following:

- 1 Both:
 - 1.1 Bosentan is to be used as PAH monotherapy; and
 - 1.2 Patient is stable or has improved while on bosentan; or
- 2 Both:
 - 2.1 Bosentan is to be used as PAH dual therapy; and
 - 2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or
- 3 Both:
 - 3.1 Bosentan is to be used as PAH triple therapy; and
 - 3.2 Any of the following:
 - 3.2.1 Patient is on the lung transplant list; or
 - 3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
 - 3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
 - 3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

▲ 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 February 2018 (continued)

67 PHOSPHODIESTERASE TYPE 5 INHIBITORS

▶▶ SA1293 Special Authority for Subsidy

Initial application — (Raynaud's Phenomenon* – for Pulmonary Arterial Hypertension see note below) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has Raynaud's Phenomenon*; and
- 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
- 3 Patient is following lifestyle management (avoidance of cold exposure, sufficient protection, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient is being treated with calcium channel blockers and nitrates (or these are contraindicated/not tolerated).

Notes: Sildenafil is also funded for patients with Pulmonary Arterial Hypertension who are approved by the Pulmonary Arterial Hypertension Panel (an application must be made using form SA1293-PAH).

Application details may be obtained from:

The Coordinator, PAH Panel

PHARMAC, PO Box 10 254, Wellington

Phone: (04) 916 7561 Facsimile: (04) 974 4858 Email: PAH@pharmac.govt.nz

Indications marked with * are Unapproved Indications.

67	SILDENAFIL – Special Authority see SA1704+293 – Retail pharmacy			
	Tab 25 mg	0.75	4	✓ Vedafil
	Tab 50 mg	0.75	4	✓ Vedafil
	Tab 100 mg – For sildenafil oral liquid formulation refer.....	2.75	4	✓ Vedafil

▶▶ SA1704 Special Authority for Subsidy

Initial application — (Raynaud's Phenomenon) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has Raynaud's Phenomenon*; and
- 2 Patient has severe digital ischaemia (defined as severe pain requiring hospital admission or with a high likelihood of digital ulceration; digital ulcers; or gangrene); and
- 3 Patient is following lifestyle management (avoidance of cold exposure, sufficient protection, smoking cessation support, avoidance of sympathomimetic drugs); and
- 4 Patient is being treated with calcium channel blockers and nitrates (or these are contraindicated/not tolerated).

Initial application – (Pulmonary arterial hypertension*) only from a respiratory physician or cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH)*; and
- 2 Any of the following:
 - 2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
 - 2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
 - 2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
- 3 Any of the following:
 - 3.1 PAH is in NYHA/WHO functional class II; or
 - 3.2 PAH is in NYHA/WHO functional class III; or
 - 3.3 PAH is in NYHA/WHO functional class IV; and

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 February 2018 (continued)

continued...

- 4 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
- 5 Either:
 - 5.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
 - 5.2 Patient is peri Fontan repair; and
- 6 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm⁻⁵).

Indications marked with * are Unapproved Indications.

67	PROSTACYCLIN ANALOGUES ▶ SA0969 Special Authority for Subsidy Special Authority approved by the Pulmonary Arterial Hypertension Panel Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Coordinator, PAH Panel PHARMAC, PO Box 10-254, WELLINGTON Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz			
67	ILOPROST – Special Authority see SA1705 0969 – Retail pharmacy ▶ SA1705 0969 Special Authority for Subsidy Special Authority approved by the Pulmonary Arterial Hypertension Panel Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Coordinator, PAH Panel PHARMAC, PO Box 10-254, WELLINGTON Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz			
	Nebuliser soln 10 mcg per ml, 2 ml	1,185.00	30	✓ Ventavis
72	ZINC AND CASTOR OIL * Oint BP	5.95	500 g	✓ Multichem
140	LEVETIRACETAM Tab 500 mg – For levetiracetam oral liquid formulation refer.....	28.71	60	✓ Everet
143	ONDANSETRON * Tab disp 4 mg	0.95	10	✓ Dr Reddy's Ondansetron ODT-DRLA
223	PHARMACEUTICALS WITH STANDARDISED FORMULA FOR COMPOUNDING IN ORA PRODUCTS Levetiracetam 100 mg/ml			

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 January 2018

64	SIMVASTATIN – See prescribing guideline (remove Stat (all-at-once) dispensing)			
	Tab 10 mg	0.95	90	✓ Arrow-Simva 10mg ✓ Simvastatin Mylan
	Tab 20 mg	1.52	90	✓ Simvastatin Mylan
	Tab 40 mg	1.61		✓ Arrow-Simva 20mg
	Tab 80 mg	2.63	90	✓ Simvastatin Mylan
		2.83		✓ Arrow-Simva 40mg
		6.00	90	✓ Simvastatin Mylan
		7.91		✓ Arrow-Simva 80mg
85	ZOLEDRONIC ACID			
	Inj 4 mg per 5 ml, vial – Special Authority see SA1687 †512 – Retail pharmacy.....	84.50	1	✓ Zoledronic acid Mylan ✓ Zometa
		550.00		

▶ SA1687 †512 Special Authority for Subsidy

Initial application — (**bone metastases**) only from an oncologist, haematologist or palliative care specialist.

Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Patient has hypercalcaemia of malignancy; or
- 2 Both:
 - 2.1 Patient has bone metastases or involvement; and
 - 2.2 Patient has severe bone pain resistant to standard first-line treatments; or
- 3 Both:
 - 3.1 Patient has bone metastases or involvement; and
 - 3.2 Patient is at risk of skeletal-related events pathological fracture, spinal cord compression, radiation to bone or surgery to bone).

Initial application — (early breast cancer) only from an oncologist or medical practitioner on the recommendation of an oncologist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 Treatment to be used as adjuvant therapy for early breast cancer; and
- 2 Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
- 3 Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years.

108	PAROMOMYCIN – Special Authority see SA1689 †324— Retail pharmacy			
	Cap 250 mg	126.00	16	✓ Humatin S29

▶ SA1689 †324 Special Authority for Subsidy

Initial application only from an infectious disease specialist, or clinical microbiologist, or gastroenterologist.

Approvals valid for 1 month for applications meeting the following criteria:

Either:

- 1 where the pPatient has confirmed cryptosporidium infection; or
- 2 For the eradication of Entamoeba histolytica carriage.

Renewal only from an infectious disease specialist, or clinical microbiologist or gastroenterologist. Approvals valid for 1 month for applications meeting the following criteria:

Either:

- 1 where the pPatient has confirmed cryptosporidium infection; or
- 2 For the eradication of Entamoeba histolytica carriage.

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 2018 (continued)

- 112 TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see **SA1690 1362**

Endorsement for treatment of HIV: Prescription is deemed to be endorsed if tenofovir disoproxil fumarate is co-prescribed with another ~~anti-retroviral~~ **antiretroviral** subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.

Note:

Tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA1651

Tab 300 mg 531.00 30 ✓Viread

➔ **SA1690 1362** Special Authority for Waiver of Rule

Initial application — (Chronic Hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either Any of the following:

1 All of the following:

- 1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
- 1.3 HBV DNA greater than 20,000 IU/mL or increased 10 fold or higher over nadir; and

1.4 Any of the following:

- 1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
- 1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
- 1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M, S202C/G/I, M204V or M250I/V mutation; or

2 Patient is either listed or has undergone liver transplantation for HBV; or

~~3 Patient has decompensated cirrhosis with a Mayo score > 20.~~

Initial application — (**Pregnant Woman of child bearing age with** active hepatitis B) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for ~~12 months~~ **2 years** for applications meeting the following criteria:

Both: All of the following:

1 Patient is HBsAg positive ~~and pregnant~~; and

2 **Either:**

- 2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or
- 2.2 **HBV DNA > 20 million IU/mL and ALT normal; and**

3 **Any of the following:**

- 3.1 **Patient is of child bearing potential and has not yet completed a family; or**
- 3.2 **Patient is pregnant; or**
- 3.3 **Patient is breastfeeding.**

Renewal — (Confirmed Hepatitis B following funded tenofovir treatment for pregnancy within the previous two years) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 All of the following:

- 1.1 Patient has confirmed Hepatitis B infection (HBsAg positive for more than 6 months); and
- 1.2 Patient has had previous lamivudine, adefovir or entecavir therapy; and
- 1.3 HBV DNA greater than 20,000 IU/mL or increased 10 fold or higher over nadir; and

1.4 Any of the following:

- 1.4.1 Lamivudine resistance - detection of M204I/V mutation; or
- 1.4.2 Adefovir resistance - detection of A181T/V or N236T mutation; or
- 1.4.3 Entecavir resistance - detection of relevant mutations including I169T, L180M T184S/A/I/L/G/C/M, S202C/G/I, M204V or M250I/V mutation; or

2 Patient is either listed or has undergone liver transplantation for HBV.

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 2018 (continued)

continued...

Renewal — (Subsequent pregnancy or Breastfeeding; **Woman of child bearing age with active hepatitis B**) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for ~~12 months~~ **2 years** for applications meeting the following criteria:

Both: All of the following:

1 Patient is HBsAg positive and pregnant or breastfeeding; and

2 **Either:**

2.1 HBV DNA > 20,000 IU/mL and ALT > ULN; or

2.2 **HBV DNA > 20 million IU/mL and ALT normal; and**

3 **Any of the following:**

3.1 **Patient is of child bearing potential and has not yet completed a family; or**

3.2 **Patient is pregnant; or**

3.3 **Patient is breastfeeding.**

Initial application — (Pregnant, prevention of vertical transmission) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 HBV DNA > 20 million IU/mL and ALT normal.

Renewal — (Subsequent pregnancy, prevention of vertical transmission) only from a gastroenterologist, infectious disease specialist or general physician. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient is HBsAg positive and pregnant; and

2 HBV DNA > 20 million IU/mL and ALT normal.

Notes:

- Tenofovir disoproxil fumarate should be stopped 6 months following HBeAg seroconversion for patients who were HBeAg positive prior to commencing this agent and 6 months following HBsAg seroconversion for patients who were HBeAg negative prior to commencing this agent.
- The recommended dose of Tenofovir disoproxil fumarate for the treatment of all three indications is 300 mg once daily.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Tenofovir disoproxil fumarate dose should be reduced in accordance with the approved Medsafe datasheet guidelines.
- Tenofovir disoproxil fumarate is not approved for use in children.

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 2018 (continued)

113	LEDIPASVIR WITH SOFOSBUVIR – Special Authority see SA1605 – [Xpharm] No patient co-payment payable Tab 90 mg with sofosbuvir 400 mg 24,363.46	28	✓ Harvoni
	<p>▶ SA1605 Special Authority for Subsidy</p> <p>Chronic hepatitis C – Advanced disease - ribavirin is not contraindicated</p> <p>Applications from any relevant practitioner. Approvals valid for 12 weeks for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 1 Patient has chronic hepatitis C (any genotype); and 2 Ribavirin treatment is not contraindicated; and 3 Any of the following: <ol style="list-style-type: none"> 3.1 Patient has decompensated cirrhosis (Child-Pugh B or C) with a MELD score of 12 or greater; or 3.2 Patient has been accepted onto a list for a liver transplant or has received a liver transplant; or 3.3 Patient has essential mixed cryoglobulinaemia with associated purpuric skin rash and; either <ol style="list-style-type: none"> 3.3.1 Cryoglobulinaemic Glomerulonephritis; or 3.3.2 Systemic vasculitis. <p>Chronic hepatitis C – Advanced disease - ribavirin is contraindicated</p> <p>Applications from any relevant practitioner. Approvals valid for 24 weeks for applications meeting the following criteria:</p> <p>All of the following:</p> <ol style="list-style-type: none"> 1 Patient has chronic hepatitis C (any genotype); and 2 Ribavirin treatment is contraindicated; and 3 Any of the following: <ol style="list-style-type: none"> 3.1 Patient has decompensated cirrhosis (Child-Pugh B or C) with a MELD score of 12 or greater; or 3.2 Patient has been accepted onto a list for a liver transplant or has received a liver transplant; or 3.3 Patient has essential mixed cryoglobulinaemia with associated purpuric skin rash and; either: <ol style="list-style-type: none"> 3.3.1 Cryoglobulinaemic Glomerulonephritis; or 3.3.2 Systemic vasculitis. 		
137	SERTRALINE (reinstate Stat (all-at-once) dispensing) * Tab 50 mg 3.05 * Tab 100 mg 5.25	90 90	✓ Arrow-Sertraline ✓ Arrow-Sertraline

▲ 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 2018 (continued)

214 DEXAMETHASONE (affected criteria only shown)

Ocular implant 700 mcg – Special Authority see SA1680

– Retail pharmacy..... 1,444.50 1 ✓ **Ozurdex**

▶ SA1680 Special Authority for Subsidy

Initial application — (Diabetic macular oedema) only from an ophthalmologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has diabetic macular oedema with pseudophakic lens; and
- 2 Patient has reduced visual acuity of between 6/9 - 6/48 with functional awareness of reduction in vision; and
- 3 Either:
 - 3.1 Patient's disease has progressed despite 3 injections with bevacizumab; or
 - 3.2 Patient is unsuitable or contraindicated to treatment with anti-VEGF agents; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

Renewal — (Diabetic macular oedema) only from an ophthalmologist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 Patient's vision is stable or has improved (prescriber determined); and
- 2 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

Initial application — (Women of child bearing age with diabetic macular oedema) only from an ophthalmologist.

Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has diabetic macular oedema; and
- 2 Patient has reduced visual acuity of between 6/9 - 6/48 with functional awareness of reduction in vision; and
- 3 Patient is of child bearing potential and has not yet completed a family; and
- 4 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

Renewal — (Women of child bearing age with diabetic macular oedema) only from an ophthalmologist.

Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient's vision is stable or has improved (prescriber determined); and
- 2 Patient is of child bearing potential and has not yet completed a family; and
- 3 Dexamethasone implants are to be administered not more frequently than once every 4 months **into each eye**, and up to a maximum of 3 implants **per eye** per year.

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 2018

23	OMEPRAZOLE (↓ subsidy) For omeprazole suspension refer Standard Formulae				
	* Cap 10 mg	1.98	90		
		(2.23)			Omezol Relief
	* Cap 20 mg	1.96	90		
		(2.91)			Omezol Relief
	* Cap 40 mg	3.12	90		
		(4.42)			Omezol Relief
63	COLESTIPOL HYDROCHLORIDE (↑ subsidy) Grans for oral liq 5 g	28.60	30		✓ Colestid
64	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) Tab 10 mg	2.00	30		
		(3.35)			Ezemibe
64	PRAVASTATIN – See prescribing guideline (↓ subsidy) * Tab 20 mg	1.42	30		
		(3.45)			Cholvastin
	* Tab 40 mg	2.42	30		
		(6.36)			Cholvastin
64	SIMVASTATIN – See prescribing guideline (↓ subsidy) * Tab 20 mg	1.52	90		
		(1.61)			Arrow-Simva 20mg
	* Tab 40 mg	2.63	90		
		(2.83)			Arrow-Simva 40mg
	* Tab 80 mg	6.00	90		
		(7.91)			Arrow-Simva 80mg
167	CYTARABINE (↑ subsidy) Inj 100 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist	41.36	1		✓ Pfizer
	Inj 1 mg for ECP – PCT only – Specialist	0.25	10 mg		✓ Baxter
170	DACTINOMYCIN [ACTINOMYCIN D] – PCT only – Specialist (↑ subsidy) Inj 0.5 mg vial	166.75	1		✓ Cosmegen
	Inj 0.5 mg for ECP	166.75	0.5 mg OP		✓ Baxter
182	TAMOXIFEN CITRATE (↑ subsidy) * Tab 10 mg	19.50	100		✓ Genox
	* Tab 20 mg	12.50	100		✓ Genox

▲ 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 February 2018

26	<p>BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement (↓ subsidy)</p> <p>a) Maximum of 1 pack per prescription b) Up to 1 pack available on a PSO c) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A d) A diagnostic blood glucose test meter is subsidised for a patient who:</p> <ol style="list-style-type: none"> 1 is receiving insulin or sulphonylurea therapy; or 2 is pregnant with diabetes; or 3 is on home TPN at risk of hypoglycaemia or hyperglycaemia; or 4 has a genetic or an acquired disorder of glucose homeostasis, excluding type 1 or type 2 diabetes and metabolic syndrome. <p>The prescription must be endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylureas.</p> <p>Only 1 meter per patient will be subsidised (no repeat prescriptions).</p> <p>Patients already using the CareSens N POP meter and CareSens N meter are not eligible for a new meter, unless they meet the criteria for a dual blood glucose and blood ketone diagnostic test meter.</p> <p>For the avoidance of doubt patients who have previously received a funded meter, other than CareSens, are eligible for a funded CareSens meter.</p> <p>From 1 February 2018 – 31 July 2018 patients who have used a CareSens II blood glucose diagnostic meter and associated strips, as their only blood glucose diagnostic testing meter and strips, are eligible for a new CareSens meter provided they meet the funding criteria.</p> <p>Meter with 50 lancets, a lancing device and 10 diagnostic test strips.....</p>	10.00	1 OP	<p>✓ CareSens N ✓ CareSens N POP</p>
39	<p>MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE – Special Authority see SA1473 on the next page – Retail pharmacy (↓ subsidy) Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – Maximum of 90 sach per prescription</p>	6.78 (7.65)	30	Lax-Sachets
58	<p>LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↑ subsidy) Tab 50 mg with hydrochlorothiazide 12.5 mg.....</p>	15.25	30	✓ Arrow-Losartan & Hydrochlorothiazide
104	<p>FLUCONAZOLE (↓ subsidy) Cap 50 mg – Retail pharmacy-Specialist</p>	2.09	28	✓ Ozole
	<p>Cap 150 mg – Subsidy by endorsement</p>	0.33	1	✓ Ozole
	<p>a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.</p> <p>Cap 200 mg – Retail pharmacy-Specialist</p>	5.08	28	✓ Ozole

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 2018 (continued)

130	LEVODOPA WITH CARBIDOPA (↓ subsidy) Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation refer	17.97	100	✓ Kinson
131	LIDOCAINE [LIGNOCAINE] (↑ subsidy) Gel 2%, 10 ml urethral syringe – Subsidy by endorsement	81.50	10	✓ Pfizer
	a) Up to 5 each available on a PSO b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.			
132	LIDOCAINE [LIGNOCAINE] WITH CHLORHEXIDINE (↑ subsidy) Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes – Subsidy by endorsement	81.50	10	✓ Pfizer
	a) Up to 5 each available on a PSO b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.			
135	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 10 mg	1.96	100	✓ Arrow-Amitriptyline
135	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 25 mg	1.52	100	✓ Arrow-Amitriptyline
	Tab 50 mg	2.51	100	✓ Arrow-Amitriptyline
143	ONDANSETRON (↓ subsidy) * Tab disp 4 mg	0.95	10	✓ Ondansetron ODT-DRLA
	* Tab disp 8 mg	1.43	10	✓ Ondansetron ODT-DRLA
180	BICALUTAMIDE (↓ subsidy) Tab 50 mg	3.80 (4.90)	28	Bicalaccord

Effective 1 January 2018

40	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription (↑ subsidy) Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	26.72	50	✓ Micolette
45	CALCIUM CARBONATE (↑ subsidy) * Tab 1.25 g (500 mg elemental).....	7.52	250	✓ Arrow-Calcium
45	POTASSIUM IODATE (↑ subsidy) * Tab 253 mcg (150 mcg elemental iodine).....	4.69	90	✓ NeuroTabs
63	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↑ subsidy) * Tab 2.5 mg – Up to 150 tab available on a PSO	12.50	500	✓ Arrow-Bendrofluazide
	May be supplied on a PSO for reasons other than emergency. * Tab 5 mg	20.42	500	✓ Arrow-Bendrofluazide

▲ 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 2018 (continued)

80	ETHINYLOESTRADIOL WITH LEVONORGESTREL (↓ subsidy) * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 84 tab available on a PSO2.18 (2.65)	84	Ava 20 ED
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 84 tab available on a PSO1.77 (2.30)	84	Ava 30 ED
81	LEVONORGESTREL (↓ subsidy) * Subdermal implant (2 × 75 mg rods) – Up to 3 pack available on a PSO106.92	1	✓ Jadelle
106	TERBINAFINE (↓ subsidy) * Tab 250 mg – For terbinafine oral liquid formulation refer1.33 (1.50)	14	Dr Reddy's Terbinafine
108	DAPSONE – Retail pharmacy-Specialist († subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or dermatologist Tab 25 mg268.50 Tab 100 mg329.50	100 100	✓ Dapsone ✓ Dapsone
119	NORFLOXACIN († subsidy) Tab 400 mg – Subsidy by endorsement135.00 Only if prescribed for a patient with an uncomplicated urinary tract infection that is unresponsive to a first line agent or with proven resistance to first line agents and the prescription is endorsed accordingly.	100	✓ Arrow-Norfloxac
120	IBUPROFEN († subsidy) *‡ Oral liq 20 mg per ml2.39	200 ml	✓ Fenpaed
123	ALENDRONATE SODIUM – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) * Tab 70 mg4.82	4	✓ Fosamax
123	ALENDRONATE SODIUM WITH COLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy (↓ subsidy) * Tab 70 mg with colecalciferol 5,600 iu4.82	4	✓ Fosamax Plus
127	ALLOPURINOL (↓ subsidy) * Tab 100 mg9.08 (15.11) * Tab 300 mg – For allopurinol oral liquid formulation refer10.35 (15.91)	1,000 500	Allopurinol-Apotex Allopurinol-Apotex
143	METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy) * Tab 10 mg – For metoclopramide hydrochloride oral liquid formulation refer1.30 (1.82)	100	Metamide

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 January 2018 (continued)

148	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 2 mg	15.05	500	✓ Arrow-Diazepam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 5 mg	16.18	500	✓ Arrow-Diazepam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
163	NICOTINE († subsidy)			
	a) Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.			
	b) Note: may be provided by a pharmacist under the non-prescribing Practitioners provisions in Part III of Section A.			
	Patch 7 mg – Up to 28 patch available on a PSO	16.00	28	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO	17.59	28	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO	20.16	28	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO	16.61	216	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO	18.20	216	✓ Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	33.69	384	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	33.69	384	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	38.95	384	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	38.95	384	✓ Habitrol
182	ANASTROZOLE (↓ subsidy)			
	* Tab 1 mg	5.04	30	
		(26.55)		Aremed Arimidex DP-Anastrozole
216	TRAVOPROST (↓ subsidy)			
	* Eye drops 0.004%	3.65	2.5 ml OP	
		(19.50)		Travatan

▲ 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 PSO

Effective 1 March 2018

249	MASK FOR SPACER DEVICE		
	✓ Small – See note	50	20
249	PEAK FLOW METER		
	✓ Low range	25	10
	✓ Normal range	25	10
250	SPACER DEVICE		
	✓ 220 ml (single patient)	50	20
	✓ 510 ml (single patient)	50	20
	✓ 800 ml	50	20

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 2018

22	HYOSCINE BUTYLBROMIDE * Tab 10 mg	1.75 (2.18)	20		Gastrosoothe
25	SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription * Test strip – Not on a BSO	6.00	50 strip OP	✓	Accu-Chek Ketur-Test
58	BISOPROLOL FUMARATE Tab 2.5 mg	1.18	30	✓	Bosvate
	Tab 5 mg	1.72	30	✓	Bosvate
	Tab 10 mg	3.13	30	✓	Bosvate
	Note – this delist applies to the 30 tab pack only, the 90 tab pack remains listed.				
59	CARVEDILOL * Tab 6.25 mg	2.24 (3.90)	60		Dicarz
	* Tab 12.5 mg	2.30 (5.10)	60		Dicarz
	* Tab 25 mg – For carvedilol oral liquid formulation refer	2.95 (6.30)	60		Dicarz
59	METOPROLOL SUCCINATE * Tab long-acting 23.75 mg	0.80	30	✓	Myloc CR
		2.39	90	✓	Metoprolol - AFT CR
	* Tab long-acting 47.5 mg	2.59	30	✓	Myloc CR
		3.48	90	✓	Metoprolol - AFT CR
	* Tab long-acting 95 mg	1.91	30	✓	Myloc CR
		5.73	90	✓	Metoprolol - AFT CR
	* Tab long-acting 190 mg	3.85	30	✓	Myloc CR
		11.54	90	✓	Metoprolol - AFT CR
61	NIFEDIPINE * Tab long-acting 30 mg	3.14	30	✓	Adefin XL
	* Tab long-acting 60 mg	5.67	30	✓	Adefin XL
82	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy * Tab 5 mg	1.44 (2.08)	30		Finpro
87	TESTOSTERONE Transdermal patch, 2.5 mg per day	80.00	60	✓	Androderm
116	INDINAVIR – Special Authority see SA1651 – Retail pharmacy Cap 200 mg	519.75	360	✓	Crixivan
	Cap 400 mg	519.75	180	✓	Crixivan

▲ 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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Delisted Items – effective 1 March 2018 (continued)

136	ESCITALOPRAM * Tab 10 mg	1.11	28	✓ Air Flow Products
146	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 12.5 mg per 0.5 ml, 0.5 ml – Up to 5 inj available on a PSO.....	17.60	5	✓ Modecate
	Inj 25 mg per ml, 1 ml – Up to 5 inj available on a PSO	27.90	5	✓ Modecate ✓ Modecate S29 S29
	Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	77.25	5	✓ Modecate S29 S29
	Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO	154.50	5	✓ Modecate
174	VINBLASTINE SULPHATE Inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy -Specialist	37.29	1	✓ Hospira
	Note – the 5 injection pack remains subsidised.			
217	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Mylan Clonidine
	a)The Pharmacode for BSF Mylan Clonidine is 2533839 - see also page 61			
262	INFLUENZA VACCINE a) Only on a prescription b) No patient co-payment payable c) Access criteria applies Inj 45 mcg in 0.5 ml syringe	90.00	10	✓ Influvac

Effective 1 February 2018

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....	7.82	500	✓ Apotex
86	DEXAMETHASONE PHOSPHATE * Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	12.59	5	✓ Max Health
	Note – Max Health inj 4 mg per ml, 2 ml ampoule, 10 inj pack remains subsidised.			
173	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy Cap 20 mg	18.30	5	✓ Temaccord

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 January 2018

43	NYSTATIN Oral liq 100,000 u per ml	1.95 (2.55)	24 ml OP	m-Nystatin
120	NAPROXEN * Tab long-acting 750 mg * Tab long-acting 1 g Note – Naprosyn SR 750 tab long-acting 750 mg and Naprosyn SR 1000 tab long-acting 1 g, 28 tab pack remains subsidised.	18.00 21.00	90 90	✓ Naprosyn SR 750 ✓ Naprosyn SR 1000
132	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Oral (gel) soln 2%	38.00 (55.00)	200 ml	Xylocaine Viscous
167	CYTARABINE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist Inj 500 mg – PCT – Retail pharmacy-Specialist Inj 100 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist Inj 100 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist	80.00 95.36 42.65 34.47	5 5 1 1	✓ Hospira ✓ Hospira ✓ Hospira ✓ Hospira
171	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 50 mg vial Inj 2 mg per ml, 100 ml vial	40.00 150.00	1 1	✓ DBL Doxorubicin ✓ DBL Doxorubicin S29 S29 ✓ Adriamycin
171	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 25 ml vial Inj 2 mg per ml, 50 ml vial Inj 2 mg per ml, 100 ml vial	39.38 58.20 94.50	1 1 1	✓ DBL Epirubicin Hydrochloride ✓ DBL Epirubicin Hydrochloride ✓ DBL Epirubicin Hydrochloride
211	SODIUM CROMOGLICATE Powder for inhalation, 20 mg per dose	26.35	50 dose	✓ Intal Spincaps

▲ 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 2018

80	ETHINYLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 84 tab available on a PSO 2.18 84 (2.65) Ava 20 ED
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 84 tab available on a PSO 1.77 84 (2.30) Ava 30 ED
106	TERBINAFINE * Tab 250 mg – For terbinafine oral liquid formulation 1.33 14 (1.50) Dr Reddy's Terbinafine
127	ALLOPURINOL * Tab 100 mg 9.08 1,000 (15.11) Allopurinol-Apotex * Tab 300 mg – For allopurinol oral liquid formulation refer 10.35 500 (15.91) Allopurinol-Apotex
143	METOCLOPRAMIDE HYDROCHLORIDE * Tab 10 mg – For metoclopramide hydrochloride oral liquid formulation refer 1.30 100 (1.82) Metamide
182	ANASTROZOLE * Tab 1 mg 5.04 30 (26.55) Aremed Arimidex DP-Anastrozole
216	TRAVOPROST * Eye drops 0.004% 3.65 2.5 ml OP (19.50) Travatan

Effective 1 May 2018

39	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 6.78 30 (7.65) Lax-Sachets
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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 May 2018 (continued)

104	FLUCONAZOLE Cap 50 mg – Retail pharmacy-Specialist	2.09	28	✓ Ozole
	Cap 150 mg – Subsidy by endorsement	0.33	1	✓ Ozole
	a) Maximum of 1 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist			
	b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist.			
	Cap 200 mg – Retail pharmacy-Specialist	5.08	28	✓ Ozole
120	IBUPROFEN * Tab 200 mg	9.45	1,000	✓ Ibugesic
130	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg – For levodopa with carbidopa oral liquid formulation, refer	17.97	100	✓ Kinson
180	BICALUTAMIDE Tab 50 mg	3.80 (4.90)	28	Bicalaccord

Effective 1 June 2018

23	OMEPRAZOLE For omeprazole suspension refer Standard Formulae * Cap 10 mg	1.98 (2.23)	90	Omezol Relief
	* Cap 20 mg	1.96 (2.91)	90	Omezol Relief
	* Cap 40 mg	3.12 (4.42)	90	Omezol Relief
64	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy Tab 10 mg	2.00 (3.35)	30	Ezemibe
64	PRAVASTATIN – See prescribing guideline * Tab 20 mg	1.42 (3.45)	30	Cholvastin
	* Tab 40 mg	2.42 (6.36)	30	Cholvastin
67	SIMVASTATIN – See prescribing guideline * Tab 10 mg	0.95	90	✓ Arrow-Simva 10mg
	* Tab 20 mg	1.52 (1.61)	90	Arrow-Simva 20mg
	* Tab 40 mg	2.63 (2.83)	90	Arrow-Simva 40mg
	* Tab 80 mg	6.00 (7.91)	90	Arrow-Simva 80mg

▲ 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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Items to be Delisted – effective 1 June 2018 (continued)

89	OESTROGENS WITH MEDROXYPROGESTERONE – See prescribing guideline * Tab 625 mcg conjugated equine with 2.5 mg medroxyprogesterone acetate tab (28)	5.40 (22.96)	28 OP	Premia 2.5 Continuous
	* Tab 625 mcg conjugated equine with 5 mg medroxyprogesterone acetate tab (28)	5.40 (22.96)	28 OP	Premia 5 Continuous
143	PROCHLORPERAZINE * Tab 5 mg – Up to 30 tab available on a PSO	9.75	500	✓ Antinaus
181	OCTREOTIDE Inj 500 mcg per ml, 1 ml ampoule	72.50	5	✓ Octreotide MaxRx

Effective 1 July 2018

66	BOSENTAN – Special Authority see SA0967 – Retail pharmacy Tab 62.5 mg	375.00	56	✓ Mylan-Bosentan
	Tab 125 mg	375.00	56	✓ Mylan-Bosentan
	Note – the 60 tab pack size remains listed.			
83	OXYBUTYNIN * Tab 5 mg	1.77	100	✓ Ditropan ^{S29}
	Wastage claimable – see rule 3.3.2			
233	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3] Powder (vanilla)	28.00	850 g OP	✓ Pediasure
243	PRETERM POST-DISCHARGE INFANT FORMULA – Special Authority see SA1198 – Hospital pharmacy [HP3] Powder	15.25	400 g OP	✓ S-26 Gold Premgro

Effective 1 August 2018

25	BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump. Only one meter per patient will be subsidised every 5 years. Meter	40.00	1	✓ Freestyle Optium Neo
25	KETONE BLOOD BETA-KETONE ELECTRODES a) Maximum of 20 strip per prescription b) Up to 10 strip available on a PSO Test strip – Not on a BSO	15.50	10 strip OP	✓ Freestyle Optium Ketone
26	BLOOD GLUCOSE DIAGNOSTIC TEST METER – Subsidy by endorsement Restrictions apply – see Schedule listing. Meter with 50 lancets, a lancing device and 10 diagnostic test Strips	20.00	1 OP	✓ CareSens II

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 August 2018 (continued)

26	BLOOD GLUCOSE DIAGNOSTIC TEST STRIP – Up to 50 test available on a PSO Restrictions apply – see Schedule listing. Blood glucose test strips – Note differing brand requirements	10.56 28.75	50 test OP	✓ CareSens ✓ Accu-Chek Performa ✓ Freestyle Optium
	a) Accu-Chek Performa brand: Special Authority see SA1294 – Retail pharmacy b) Freestyle Optium brand: Special Authority see SA1291 – Retail pharmacy c) Note: Accu-Chek Performa and Freestyle Optium are not available on a PSO			
60	SOTALOL * Inj 10 mg per ml, 4 ml ampoule	65.39	5	✓ Sotacor
218	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF CareSens N ✓ BSF CareSens N POP ✓ BSF CareSens N Premier ✓ BSF CareSens Dual
	a) The Pharmacode for BSF CareSens N is 2423138 b) The Pharmacode for BSF CareSens N POP is 2423154 c) The Pharmacode for BSF CareSens N Premier is 2535882 d) The Pharmacode for BSF CareSens Dual is 2535890			
239	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (vanilla)	3.67	350 g OP	✓ Fortisip

Effective 1 September 2018

46	FERROUS SULPHATE WITH FOLIC ACID * Tab long-acting 325 mg (105 mg elemental) with folic acid 350 mcg.....	1.80 (4.29)	30	Ferrograd F
88	MEDROXYPROGESTERONE ACETATE – See prescribing guideline * Tab 2.5 mg	7.00	56	✓ Provera S29 S29
	Note – Provera tab 2.5 mg remains listed.			

Effective 1 January 2019

62	AMILORIDE HYDROCHLORIDE * Tab 5 mg	15.00	100	✓ Apo-Amiloride
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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

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