

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 October 2018

Cumulative for September and October 2018



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Summary of PHARMAC decisions

EFFECTIVE 1 OCTOBER 2018

New listings (pages 28-32)

- Metformin hydrochloride (Apotex) tab immediate-release 500 mg
- Vildagliptin (Galvus) tab 50 mg
- Vildagliptin with metformin hydrochloride (Galvumet) tab 50 mg with 850 mg metformin hydrochloride and 50 mg with 1,000 mg metformin hydrochloride
- Sacubitril with valsartan tab 24.3 mg with valsartan 25.7 mg (Entresto 24/26), tab 48.6 mg with valsartan 51.4 mg (Entresto 49/51) and tab 97.2 mg with valsartan 102.8 mg (Entresto 97/103) – Special Authority – Retail pharmacy
- Felodipine tab long-acting 5 mg (Felo 5 ER) and long-acting 10 mg (Felo 10 ER)
- Eplerenone (Inspra) tab 50 mg – Special Authority – Retail pharmacy
- Aqueous cream (Boucher) crm
- Betamethasone dipropionate with calcipotriol (Daivobet) gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP
- Solifenacin succinate (Solifenacin Mylan) tab 5 mg and 10 mg
- Cyproterone acetate (Siterone) tab 50 mg and 100 mg – Retail pharmacy-Specialist
- Azactidine (Azacitidine Dr Reddy's) inj 100 mg vial – PCT only – Specialist – Special Authority
- Ruxolitinib (Jakavi) tab 5 mg, 15 mg and 20 mg – Special Authority – Retail pharmacy – wastage claimable
- Omalizumab (Xolair) inj 150 mg prefilled syringe – Special Authority – Retail pharmacy
- Pertuzumab (Baxter) inj 420 mg for ECP, 420 mg OP – PCT only – Specialist – Special Authority
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – Special Authority – Retail pharmacy
- Nintedanib (Ofev) cap 100 mg and 150 mg – Special Authority – Retail pharmacy

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

Changes to restrictions (pages 34-39)

- Eltrombopag (Revolade) tab 25 mg and 50 mg – amended Special Authority criteria
- Aqueous cream (AFT SLS-free, Home Essentials and Boucher) crm – reinstate stat dispensing
- Solifenacin succinate (Vesicare) tab 5 mg and 10 mg – Special Authority moved from chemical to brand level
- Methylprednisolone (as sodium succinate) (Solu-Medrol-Act-O-Vial) inj 40 mg, 125 mg and 500 mg – amended brand name
- Medroxyprogesterone acetate (Provera) tab 2.5 mg – remove stat dispensing
- Omalizumab (Xolair) inj 150 mg vial and prefilled syringe – amended Special Authority criteria
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – amended Special Authority criteria, note and Sole Supply removed
- Tiotropium bromide powder for inhalation, 18 mcg per dose (Spiriva) and soln for inhalation 2.5 mcg per dose (Spiriva Respimat) – Special Authority removed and replaced with subsidy by endorsement
- Montelukast tab 4 mg, 5 mg and 10 mg (Apo-Montelukast) and tab 10 mg (Accord) – reinstate stat dispensing
- Pirfenidone (Esbriet) cap 267 mg – amended Special Authority and added note
- Chloroform (PSM) chloroform BP – amended prescribing restriction quantity

Increased subsidy (pages 44-45)

- Glipizide (Minidiab) tab 5 mg
- Sodium fluoride (PSM) tab 1.1 mg (0.5 mg elemental)
- Lisinopril (Ethics Lisinopril) tab 5 mg, 10 mg and 20 mg
- Quinapril with hydrochlorothiazide tab 10 mg with hydrochlorothiazide 12.5 mg (Accuretic 10) and 20 mg with hydrochlorothiazide 12.5 mg (Accuretic 20)
- Bezafibrate tab 200 mg (Bezalip) and tab long-acting 400 mg (Bezalip Retard)
- Betamethasone valerate (Betnovate) lotn 0.1%, 50 ml OP
- Methylprednisolone (Medrol) tab 4 mg and 100 mg
- Methylprednisolone (as sodium succinate) inj 1 g vial (Solu-Medrol) and inj 40 mg, 125 mg and 500 mg vial (Solu-Medrol-Act-O-Vial)
- Methylprednisolone acetate (Depo-Medrol) inj 40 mg per ml, 1 ml vial
- Azithromycin (Zithromax) grans for oral liq 200 mg per 5 ml (40 mg per ml)

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

- Benzathine benzylpenicillin (Bicillin LA) inj 900 mg (1.2 million units) in 2.3 ml syringe
- Voriconazole (Vfend) powder for oral suspension 40 mg per ml
- Naproxen tab 250 mg (Noflam 250) and tab 500 mg (Noflam 500)
- Morphine hydrochloride (RA-Morph) oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml and 10 mg per ml
- Zopiclone (Zopiclone Actavis) tab 7.5 mg
- Bleomycin sulphate inj 15,000 iu, vial (DBL Bleomycin Sulfate) and inj 1,000 iu for ECP (Baxter)

Decreased subsidy (pages 44-46)

- Eltrombopag (Revolade) tab 25 mg and 50 mg
- Atropine sulphate (AstraZeneca) inj 600 mcg per ml, 1 ml ampoule
- Clonidine hydrochloride (Catapres) inj 150 mcg per ml, 1 ml ampoule
- Isotretinoin cap 10 mg (Isotane 10) and cap 20 mg (Isotane 20)
- Betamethasone dipropionate with calcipotriol (Daivobet) oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP
- Entecavir (Baraclude) tab 0.5 mg
- Fingolimod (Gilenya) cap 0.5 mg
- Omalizumab (Xolair) inj 150 mg vial
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg

News Stories – October 2018 Update

New tender listings for 1 October 2018

- Aqueous cream (Boucher) cream, 500 g
- Azacitidine (Azacitidine Dr Reddy's) inj 100 mg vial
- Betamethasone dipropionate with calcipotriol (Daivobet) gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP (pack size change)
- Cyproterone acetate (Siterone) tab 50 mg and 100 mg
- Felodipine (Felo 5 ER and Felo 10 ER) tab long-acting 5 mg and 10 mg
- Metformin hydrochloride (Apotex) tab immediate-release 500 mg
- Solifenacin succinate (Solifenacin Mylan) tab 5 mg and 10 mg



Metformin – amended tender date

Metformin hydrochloride (Apotex) 500 mg tablets is being listed earlier than previously notified from 1 October 2018, due to a supply issue with the Metchek brand. The 850 mg tablet will be listed from 1 December 2018, as notified. Reference pricing, sole supply and delisting of the 500 mg immediate-release tablets remain unchanged.

Solifenacin succinate

From 1 October 2018, the Mylan brand of solifenacin succinate (Solifenacin Mylan), 5 mg and 10 mg tablets, will be listed without Special Authority restriction. This means that Solifenacin Mylan can be prescribed fully funded without the requirement of documented patient intolerance or non-responsiveness to oxybutynin. Note that the Special Authority criteria still applies to the Vesicare brand of solifenacin succinate until 1 December 2018.



New listings

Novartis funding package

From 1 October, as part of a funding agreement with Novartis New Zealand Limited, five new treatments will be funded and access widened to three others.

New treatments:

- Ruxolitinib (Jakavi) 5 mg, 15 mg and 20 mg tablets for myelofibrosis
- Secukinumab (Cosentyx) 150 mg prefilled syringe for severe chronic plaque psoriasis
- Sacubitril with valsartan (Entresto 24/26, 49/51 and 97/103) tablets for chronic heart failure
- Vildagliptin (Galvus) 50 mg tablets, for type 2 diabetes mellitus
- Vildagliptin with metformin hydrochloride (Galvumet) 50 mg tablets with 850 mg and 1000 mg metformin hydrochloride, for type 2 diabetes mellitus

Widening of access:

- Eltrombopag (Revolade) for idiopathic thrombocytopenic purpura contraindicated to splenectomy, and severe aplastic anaemia
- Omalizumab (Xolair) for chronic spontaneous urticaria and severe asthma. New 150 mg prefilled syringe presentation, 150 mg vial remains listed
- Tacrolimus (Tacrolimus Sandoz) for non-transplant indication

More information on the entire funding package can be found on our website, at: <https://www.pharmac.govt.nz/news/notification-2018-09-06-multiproduct-novartis/>

Nintedanib

Nintedanib (Ofev) 100 mg and 150 mg capsules will be fully funded from 1 October 2018. Funding is subject to Special Authority criteria for people with idiopathic pulmonary fibrosis. Nintedanib will not be subsidised in combination with subsidised pirfenidone.

Eplerenone – new 50 mg strength

From 1 October 2018, the 50 mg tablet strength of eplerenone (Inspra) will be listed. Special Authority criteria applies.

Changed listings

Tiotropium bromide – Endorsement replaces Special Authority

The Special Authority criteria will be removed from tiotropium bromide powder for inhalation, 18 mcg (Spiriva), and solution for inhalation, 2.5 mcg (Spiriva Respimat) from 1 October 2018. This will be replaced by an endorsement for people diagnosed with COPD using spirometry. People who have been dispensed tiotropium bromide prior to 1 October 2018 with a valid Special Authority approval, will be deemed to be endorsed.

When a Special Authority (SA) is removed prescribers and pharmacists need to be aware that SA applications or renewals will not be able to be made from the 27 September 2018 to the 30 September 2018. Information regarding this has been put on the PHARMAC website.

Stock issues

Medroxyprogesterone acetate (Provera) – removal of stat dispensing

From 1 October 2018 until 1 November 2018, stat (three months all-at-once) dispensing will be removed temporarily from medroxyprogesterone acetate (Provera) 2.5 mg tablets due to a potential supply issue.

Ceftriaxone – inj 1g vial

Deva has issued a recall notice for all batches of ceftriaxone 1 g. Deva's ceftriaxone 500 mg is not impacted and remains available. Community pharmacists should consider using the 500 mg as an alternative and should annotate the prescription as this would result in additional cost.

Deva has arranged for AFT to supply its ceftriaxone 1 g brand to hospitals, although this will not be listed in the Schedule.

Phenytoin sodium (Dilantin)

Following the listing of new pharmacodes for the Pfizer's Dilantin 30 mg and 100 mg presentations, the existing pharmacodes will be delisted from the Schedule on 1 April 2019 following notification from Pfizer that its stock has been exhausted.

Montelukast – reinstate stat dispensing

From 1 October 2018, stat (three months all-at-once) dispensing will be reinstated for montelukast (Apo-Montelukast and Accord) 4 mg, 5 mg and 10 mg tablets.

Aqueous cream – reinstate stat and delist Home Essentials brand

Stat (three months all-at-once) dispensing will be reinstated for aqueous cream and the new tender brand, Boucher, will be listed from 1 October 2018. The Home Essentials brand (500 g) will be delisted 1 December 2018. This brand was supplied temporarily to cover an out-of-stock of the AFT brand.

Other

Revised Pharmaceutical Schedule Rules and the ECP dermatologicals flowchart

We recently made changes to the Pharmaceutical Schedule Rules– making them easier to find, use and apply. The rules are no longer being published in the printed Pharmaceutical Schedule. You can find these on the Pharmaceutical Schedule page on our website.

We also removed the extemporaneously compounded dermatologicals flowchart. Some pharmacists have told us they use the flowchart regularly, so we have updated it and added it to our website Pharmaceutical Schedule page, www.pharmac.govt.nz/pharmaceutical-schedule/

Piportil – discontinuation

Any remaining patients being prescribed pipothiazine palmitate (Piportil) should be switched to alternative treatments. Sanofi and PHARMAC have notified of the impending discontinuation of Piportil in recent years due to manufacturing issues. Remaining stock is due to expire on 30 September 2018 (50 mg) and 31 December 2018 (100mg) and both presentations will be delisted from the Schedule on 1 June 2019.

Iron polymaltose (Ferrum H) – delist

Iron polymaltose (Ferrum H) will be delisted from 1 April 2019, following supplier discontinuation due to decreasing use internationally. PHARMAC is looking at securing an alternative source.

Lithium carbonate (Lithicarb FC) – 400 mg tab delist

Lithium carbonate (Lithicarb FC) 400 mg tablet will be delisted from 1 March 2019 due to supplier discontinuation. We understand from the supplier that stock may be depleted sooner. Lithicarb FC 250 mg tablets remain available for now. The 400 mg long-acting tablet and the 250 mg capsules also remain available.

Vitadol C – delist

The vitamin A, D and C product, Vitadol C, will be delisted from 1 August 2019 as expert advice PHARMAC has received recommends separate vitamin D and vitamin A products.

Chloroform – maximum quantity

A maximum quantity of 100 ml chloroform, for extemporaneously compounded aspirin + chloroform application, per prescription will apply from 1 October 2018. The Dermatological Subcommittee of PTAC, recommended setting a limit of 100 ml on a prescription to minimise the risk of toxicity from overuse.

News in brief

- **Betamethasone dipropionate with calcipotriol (Daivobet)** gel 500/50 mcg per g – new 60 g OP pack size.
- **Lidocaine [lignocaine] hydrochloride** (Lidocaine Claris) inj 1% and 2%, 20 ml ampoule – single injection packs will be delisted 1 February 2019, due to supplier discontinuation.
- **Aminoacid formula without phenylalanine** (XP Maxamaid) orange and unflavoured powder will be delisted 1 April 2019, due to supplier discontinuation.
- **Ethambutol hydrochloride** (Myambutol) – 100 mg tablet will be delisted from 1 February 2019. The EMB Fatol brand (s29) remains available.



Tender News

Sole Subsidised Supply changes – effective 1 November 2018

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aripiprazole	Tab 5 mg; 30 tab	Aripiprazole Sandoz (Novartis)
Aripiprazole	Tab 10 mg; 30 tab	Aripiprazole Sandoz (Novartis)
Aripiprazole	Tab 15 mg; 30 tab	Aripiprazole Sandoz (Novartis)
Aripiprazole	Tab 20 mg; 30 tab	Aripiprazole Sandoz (Novartis)
Aripiprazole	Tab 30 mg; 30 tab	Aripiprazole Sandoz (Novartis)
Baclofen	Tab 10 mg; 100 tab	Pacifen (Mylan)
Betamethasone valerate	Crn 0.1%; 50 g OP	Beta Cream (Mylan)
Betamethasone valerate	Oint 0.1%; 50 g OP	Beta Ointment (Mylan)
Betamethasone valerate	Scalp app 0.1%; 100 ml OP	Beta Scalp (Mylan)
Cefalexin	Grans for oral liq 25 mg per ml; 100 ml	Cefalexin Sandoz (Novartis)
Cefalexin	Grans for oral liq 50 mg per ml; 100 ml	Cefalexin Sandoz (Novartis)
Clomipramine hydrochloride	Tab 10 mg; 100 tab	Apo-Clomipramine (Apotex)
Clomipramine hydrochloride	Tab 25 mg; 100 tab	Apo-Clomipramine (Apotex)
Clonidine hydrochloride	Tab 25 mcg; 112 tab	Clonidine BMN (Boucher)
Dexamethasone	Tab 0.5 mg; 30 tab	Dexmethsone (Aspen Pharma)
Dexamethasone	Tab 4 mg; 30 tab	Dexmethsone (Aspen Pharma)
Dexamfetamine sulfate	Tab 5 mg; 100 tab	PSM (API)
Diclofenac sodium	Tab EC 25 mg; 50 tab	Diclofenac Sandoz (Novartis)
Diclofenac sodium	Tab EC 50 mg; 50 tab	Diclofenac Sandoz (Novartis)
Diclofenac sodium	Tab long-acting 75 mg; 500 tab	Apo-Diclo SR (Apotex)
Diclofenac sodium	Tab long-acting 100 mg; 500 tab	Apo-Diclo SR (Apotex)
Diltiazem hydrochloride	Cap long-acting 120 mg; 500 cap	Apo-Diltiazem CD (Apotex)
Diltiazem hydrochloride	Cap long-acting 180 mg; 500 cap	Apo-Diltiazem CD (Apotex)
Diltiazem hydrochloride	Cap long-acting 240 mg; 500 cap	Apo-Diltiazem CD (Apotex)
Flucloxacillin	Grans for oral liq 25 mg per ml; 100 ml	AFT (AFT)
Flucloxacillin	Grans for oral liq 50 mg per ml; 100 ml	AFT (AFT)
Folic acid	Tab 0.8 mg; 1,000 tab	Apo-Folic Acid (Apotex)
Folic acid	Tab 5 mg; 500 tab	Apo-Folic Acid (Apotex)
Gabapentin	Cap 100 mg; 100 cap	Apo-Gabapentin (Apotex)
Gabapentin	Cap 300 mg; 100 cap	Apo-Gabapentin (Apotex)
Gabapentin	Cap 400 mg; 100 cap	Apo-Gabapentin (Apotex)

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

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Glibenclamide	Tab 5 mg; 100 tab	Daonil (Sanofi)
Glycerol	Suppos 3.6 g; 20 suppos	PSM (API)
Imiquimod	Crm 5%, 250 mg sachet; 24 sachet	Perrigo (Orion Laboratories)
Isoniazid	Tab 100 mg; 100 tab	PSM (API)
Isotretinoin	Cap 5 mg; 60 cap	Oratane (Douglas)
Lamivudine	Tab 100 mg; 28 tab	Zetlam (Mylan)
Megestrol acetate	Tab 160 mg; 30 tab	Apo-Megestrol (Apotex)
Methadone hydrochloride	Oral liq 2 mg per ml; 200 ml	Biodone (Biomed)
Methadone hydrochloride	Oral liq 5 mg per ml; 200 ml	Biodone Forte (Biomed)
Methadone hydrochloride	Oral liq 10 mg per ml; 200 ml	Biodone Extra Forte (Biomed)
Metoprolol tartrate	Tab 50 mg; 100 tab	Apo-Metoprolol (Apotex)
Metoprolol tartrate	Tab 100 mg; 60 tab	Apo-Metoprolol (Apotex)
Mirtazapine	Tab 30 mg; 30 tab	Apo-Mirtazapine (Apotex)
Mirtazapine	Tab 45 mg; 30 tab	Apo-Mirtazapine (Apotex)
Nadolol	Tab 40 mg; 100 tab	Apo-Nadolol (Apotex)
Nadolol	Tab 80 mg; 100 tab	Apo-Nadolol (Apotex)
Naproxen	Tab long-acting 750 mg; 28 tab	Naprosyn SR 750 (Clinct)
Naproxen	Tab long-acting 1 g; 28 tab	Naprosyn SR 1000 (Clinct)
Olanzapine	Inj 210 mg vial; 1 inj	Zyprexa Relprev (Eli Lilly)
Olanzapine	Inj 300 mg vial; 1 inj	Zyprexa Relprev (Eli Lilly)
Olanzapine	Inj 405 mg vial; 1 inj	Zyprexa Relprev (Eli Lilly)
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml; 5 inj	Syntometrine (API)
Phenobarbitone	Tab 15 mg; 500 tab	PSM (API)
Phenobarbitone	Tab 30 mg; 500 tab	PSM (API)
Pindolol	Tab 5 mg; 100 tab	Apo-Pindolol (Apotex)
Pindolol	Tab 10 mg; 100 tab	Apo-Pindolol (Apotex)
Pindolol	Tab 15 mg; 100 tab	Apo-Pindolol (Apotex)
Pioglitazone	Tab 15 mg; 90 tab	Vexazone (Mylan)
Pioglitazone	Tab 30 mg; 90 tab	Vexazone (Mylan)
Pioglitazone	Tab 45 mg; 90 tab	Vexazone (Mylan)

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

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Potassium chloride	Tab long-acting 600 mg (8 mmol); 200 tab	Span-K (Aspen Pharma)
Potassium citrate	Oral liq 3 mmol per ml; 200 ml OP	Biomed (Biomed)
Propranolol	Tab 10 mg; 100 tab	Apo-Propranolol (Apotex)
Propranolol	Tab 40 mg; 100 tab	Apo-Propranolol (Apotex)
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule; 20 neb	Asthalin (Rex Medical)
Salbutamol	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule; 20 neb	Asthalin (Rex Medical)
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule; 20 neb	Duolin (Rex Medical)
Somatropin	Inj 5 mg cartridge; 1 inj	Omnitrope (Novartis)
Somatropin	Inj 10 mg cartridge; 1 inj	Omnitrope (Novartis)
Somatropin	Inj 15 mg cartridge; 1 inj	Omnitrope (Novartis)
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate); 30 tab	Tenofovir Disoproxil Teva (Teva)
Trimethoprim	Tab 300 mg; 50 tab	TMP (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 November 2018

- Gabapentin (Apo-Gabapentin) cap 100 mg, 300 mg and 400 mg – addition of Brand Switch Fee
- Aripiprazole (Aripiprazole Sandoz) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg – addition of Brand Switch Fee
- Tenofovir disoproxil (Tenofovir Disoproxil Teva) tab 245 mg (300.6 mg as a succinate) – addition of Brand Switch Fee

Possible decisions for future implementation 1 November 2018

- Sapropterin dihydrochloride (Kuvan) tab soluble 100 mg – new listing with Special Authority

Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2021
Acetazolamide	Tab 250 mg	Diamox	2020
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2021
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	ViruPOS 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
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	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
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg, 500 mg and 1 g vials Cap 250 mg & 500 mg	Alphamox 125 Alphamox 250 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
Anastrozole	Tab 1 mg	Rolin	2020
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
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	2021
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2020
Azathioprine	Tab 25 mg & 50 mg Inj 50 mg vial	Imuran	2019

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

Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Azithromycin	Tab 250 mg & 500 mg	Apo-Azithromycin	2021
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2020
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Bicalutamide	Tab 50 mg	Binarex	2020
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2020
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2020
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
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	Cephalexin ABM	2019
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, 500 g	healthE	2021
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019

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

Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Chloramphenicol	Eye oint 1%, 4 g OP	Chlorsig	2019
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
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
Cinacalcet	Tab 30 mg	Sensipar	2021
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
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	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
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
Clopidogrel	Tab 75 mg	Arrow - Clopid	2019
Clotrimazole	Crn 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	Crn 10%, 20 g OP	Itch-soothe	2021
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
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP Tab 100 mcg & 200 mcg	Desmopressin-Ph&T Minirin	2020 2019
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019

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Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Dimethicone	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2021
	Lotn 4%, 200 ml OP	healthE Dimethicone 4% Lotion	2019
	Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 5%	
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml 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
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Dual blood glucose and blood ketone diagnostic test meter	Meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips, 1 OP	CareSens Dual	2022
Emulsifying ointment	Oint BP; 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 25 mg	Inspra	2021
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Ethinylestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets	Microgynon 20 ED	2020
	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Levlen ED	

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Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
Felodipine	Tab long-acting 2.5 mg	Plendil ER	2021
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	Fentanyl Sandoz	2020
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2021 2019
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Cap 250 mg & 500 mg Inj 1 g vial Inj 250 mg & 500 mg vials	Staphlex Flucil Flucloxin	2021 2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2021
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris	2019
Gemfibrozil	Tab 600 mg	Lipazil	2019
Gliclazide	Tab 80 mg	Glizide	2020
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerol	Liquid	healthE Glycerol BP	2020
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

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Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
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	Tab 5 mg & 20 mg Powder Crm 1%, 30 g OP Crm 1%, 500 g Inj 100 mg vial	Douglas ABM DermAssist Pharmacy Health Solu-Cortef	2021 2020 2019
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	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Tab 200 mg	Relieve	2020
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 Nebuliser soln, 250 mcg per ml, 1 ml ampoule Nebuliser soln, 250 mcg per ml, 2 ml ampoule	Univent	2020 2019
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg Tab long-acting 60 mg Tab long-acting 40 mg	Ismo 20 Duride Ismo 40 Retard	2020 2019
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	2021
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Levetiracetam	Oral liq 100 mg per ml, 300 ml OP	Levetiracetam-AFT	2020
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

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Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Tab 1.5 mg Intra-uterine system 20 mcg per day	Jadelle Postinor-1 Mirena	2020 2019
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%	Mucosoothe	2020
Loperamide hydrochloride	Tab 2 mg Cap 2 mg	Nodia Diamide Relief	2019
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Loratadine	Oral liq 1 mg per ml, 120 ml Tab 10 mg	Lorfast Lorafix	2019
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2020
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	Molaxole	2020
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2020
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; 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
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
Methotrexate	Inj 100 mg per ml, 50 ml vial Inj 25 mg per ml, 2 ml & 20 ml vials	Methotrexate Ebewe DBL Methotrexate Onco-Vial	2020 2019
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2020
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Crn 2%; 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2020

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Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Misoprostol	Tab 200 mcg	Cytotec	2019
Mitomycin C	Inj 5 mg vial	Arrow	2019
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
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
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2021
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021
Nicotine	Gum 2 mg & 4 mg (Fruit & Mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only Lozenge 1 mg & 2 mg for direct distribution only Patch 7 mg, 14 mg & 21 mg for direct distribution only	Habitrol	2020
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 60 mg	Adalat Oros	2020
Norethisterone	Tab 350 mcg	Noriday 28	2021
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
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 50 mcg per ml, 1 ml vial 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	2021
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020

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Sole Subsidised Supply Products – cumulative to October 2018

Generic Name	Presentation	Brand Name	Expiry Date*
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2020
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg Inj 40 mg ampoule with diluent	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40 Dr Reddy's Omeprazole	2020 2019
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Ondansetron ODT-DRLA Apo-Ondansetron	2020 2019
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Orphenadrine citrate	Tab 100 mg	Norflex	2021
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	Cap immediate-release 5 mg, 10 mg & 20 mg Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	OxyNorm	2021
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	2021
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
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
Paracetamol	Oral liq 250 mg per 5 ml Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Paracare Double Strength Paracare Pharmacare	2020
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paroxetine	Tab 20 mg	Apo-Paroxetine	2019
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe	Pegasys	2020
Perhexiline maleate	Tab 100 mg	Pexsig	2019

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Generic Name	Presentation	Brand Name	Expiry Date*
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Tab 50 mg Inj 50 mg per ml, 1 ml & 2 ml ampoules	PSM DBL Pethidine Hydrochloride	2021 2020
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT	2021 2019
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
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	IPOL	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020
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
Pravastatin	Tab 20 mg and 40 mg	Apo-Pravastatin	2020
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Pregabalin	Cap 25 mg, 75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Prochlorperazine	Tab 5 mg	Nausafix	2020
Progesterone	Cap 100 mg	Ultrogestan	2019
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml Inj 25 mg per ml, 2 ml ampoule	Allersoothe Hospira	2021 2019
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Riluzole	Tab 50 mg	Rilutek	2021
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
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2019
Sildenafil	Tab 25 mg & 50 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg and 80 mg	Simvastatin Mylan	2020
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 fusidate [fusidic acid]	Tab 250 mg	Fucidin	2020
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crm 1%, 50 g OP	Flamazine	2020
Sulfasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2019
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2019
Temazepam	Tab 10 mg	Normison	2020
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019

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Generic Name	Presentation	Brand Name	Expiry Date*
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 1 mg Tab 2 mg & 5 mg	Actavis Apo-Terazosin	2019
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
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	2021
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
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021
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 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	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
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	2021
Water	Inj 5 ml ampoule Inj 10 ml ampoule	InterPharma Pfizer	2019

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Zinc and castor oil	Oint, 500 g	Boucher	2020
Ziprasidone	Cap 40 mg, 60 mg & 80 mg	Zusdone	2021

October 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 October 2018

11	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg.....	8.63	1,000	✓ Apotex
11	VILDAGLIPTIN Tab 50 mg	40.00	60	✓ Galvus
11	VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE Tab 50 mg with 850 mg metformin hydrochloride	40.00	60	✓ Galvumet
	Tab 50 mg with 1,000 mg metformin hydrochloride	40.00	60	✓ Galvumet
45	SACUBITRIL WITH VALSARTAN – Special Authority see SA1751 – Retail Pharmacy Note: Due to the angiotensin II receptor blocking activity of sacubitril with valsartan it should not be co-administered with an ACE inhibitor or another ARB.			
	Tab 24.3 mg with valsartan 25.7 mg.....	190.00	56	✓ Entresto 24/26
	Tab 48.6 mg with valsartan 51.4 mg.....	190.00	56	✓ Entresto 49/51
	Tab 97.2 mg with valsartan 102.8 mg.....	190.00	56	✓ Entresto 97/103
	<p>▶ SA1751 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: All of the following: 1 Patient has heart failure; and 2 Any of the following: 2.1 Patient is in NYHA/WHO functional class II; or 2.2 Patient is in NYHA/WHO functional class III; or 2.3 Patient is in NYHA/WHO functional class IV; and 3 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; and 4 Patient is receiving concomitant optimal standard chronic heart failure treatments. Renewal from any relevant practitioner. Approvals valid for 12 months for applications where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
48	FELODIPINE * Tab long-acting 5 mg	3.93	90	✓ Felo 5 ER
	* Tab long-acting 10 mg	4.32	90	✓ Felo 10 ER
49	EPLERENONE – Special Authority see SA1728 – Retail pharmacy Tab 50 mg	17.00	30	✓ Inspra
62	AQUEOUS CREAM * Crm.....	1.92	500 g	✓ Boucher
65	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (new pack size) Gel 500 mcg with calcipotriol 50 mcg per g	52.24	60 g OP	✓ Daivobet
72	SOLIFENACIN SUCCINATE Tab 5 mg	3.00	30	✓ Solifenacin Mylan
	Tab 10 mg	5.50	30	✓ Solifenacin Mylan

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 October 2018 (continued)

76	CYPROTERONE ACETATE – Retail pharmacy-Specialist		
	Tab 50 mg	13.17	50 ✓ Siterone
	Tab 100 mg	26.75	50 ✓ Siterone
152	AZACITIDINE – PCT only – Specialist – Special Authority see SA1467		
	Inj 100 mg vial	139.00	1 ✓ Azacitidine Dr Reddy's
165	RUXOLITINIB – Special Authority see SA1753 – Retail Pharmacy		
	Wastage claimable		
	Tab 5 mg	2,500.00	56 ✓ Jakavi
	Tab 15 mg	5,000.00	56 ✓ Jakavi
	Tab 20 mg	5,000.00	56 ✓ Jakavi

▶ SA1753 Special Authority for Subsidy

Initial application only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and
- 2 A classification of risk of intermediate-2 or high-risk myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and
- 3 A maximum dose of 20 mg twice daily is to be given.

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

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

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 A maximum dose of 20 mg twice daily is to be given.

184	OMALIZUMAB – Special Authority see SA1744 – Retail pharmacy		
	Inj 150 mg prefilled syringe.....	450.00	1 ✓ Xolair

▶ SA1744 Special Authority for Subsidy

Initial application – (severe asthma) only from a clinical immunologist or respiratory specialist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient must be aged 6 years or older; and
- 2 Patient has a diagnosis of severe asthma; and
- 3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
- 4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
- 5 Proven adherence with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 mcg per day or fluticasone propionate 1,000 mcg per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 mcg bd or eformoterol 12 mcg bd) for at least 12 months, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; or
 - 6.2 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and

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 October 2018 (continued)

continued...

- 7 Patient has an Asthma Control Test (ACT) score of 10 or less; and
- 8 Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.

Initial application – (severe chronic spontaneous urticaria) only from a clinical immunologist or dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
 - 2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; or
 - 2.2 Patient has a Urticaria Control Test (UCT) of 8 or less; and
- 3 Any of the following:
 - 3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (>3 mg/kg day) for at least 6 weeks; or
 - 3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (>20 mg prednisone per day for at least 5 days) in the previous 6 months; or
 - 3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and
- 4 Either:
 - 4.1 Treatment to be stopped if inadequate response* following 4 doses; or
 - 4.2 Complete response* to 6 doses of omalizumab.

Renewal – (severe asthma) only from a clinical immunologist or respiratory specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and
- 2 A reduction in the maintenance oral corticosteroid dose or number of exacerbations of at least 50% from baseline

Renewal – (severe chronic spontaneous urticaria) only from a clinical immunologist or dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Patient has previously adequately responded* to 6 doses of omalizumab; or
- 2 Both:
 - 2.1 Patient has previously had a complete response* to 6 doses of omalizumab; and
 - 2.2 Patient has relapsed after cessation of omalizumab therapy.

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

184 PERTUZUMAB – PCT only – Specialist – Special Authority see SA1606
Inj 420 mg for ECP 3,927.00 420 mg OP ✓Baxter

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 October 2018 (continued)

187 SECUKINUMAB – Special Authority see SA1754 – Retail Pharmacy
Inj 150 mg per ml, 1 ml prefilled syringe 1,599.00 2 ✓ **Cosentyx**

▶ SA1754 Special Authority for Subsidy

Initial application — (severe chronic plaque psoriasis – second-line biologic) only from a dermatologist.

Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialed infliximab in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule, for severe chronic plaque psoriasis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from adalimumab, etanercept or infliximab; or
 - 2.2 The patient has received insufficient benefit from adalimumab, etanercept or infliximab; and
- 3 A Psoriasis Area and Severity Index (PASI) assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Initial application — (severe chronic plaque psoriasis – first-line biologic) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
 - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 3 A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Note: A treatment course is defined as a minimum of 12 weeks of treatment. “Inadequate response” is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Renewal — (severe chronic plaque psoriasis – first and second-line biologic) only from a dermatologist or medical practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Either:
 - 1.1 Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
 - 1.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and
- 2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

▲ 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)
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Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 October 2018 (continued)

198 NINTEDANIB – Special Authority see SA1755 – Retail Pharmacy

Note: Nintedanib not subsidised in combination with subsidised pirfenidone.

Cap 100 mg.....	2,554.00	60 OP	✓ Ofev
Cap 150 mg.....	3,870.00	60 OP	✓ Ofev

► SA1755 Special Authority for Subsidy

Initial application - (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
- 2 Forced vital capacity is between 50% and 90% predicted; and
- 3 Nintedanib is to be discontinued at disease progression (See Note); and
- 4 Nintedanib is not to be used in combination with subsidised pirfenidone; and
- 5 Any of the following:
 - 5.1 The patient has not previously received treatment with pirfenidone; or
 - 5.2 Patient has previously received pirfenidone, but discontinued pirfenidone within 12 weeks due to intolerance; or
 - 5.3 Patient has previously received pirfenidone, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with pirfenidone).

Renewal – (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
- 2 Nintedanib is not to be used in combination with subsidised pirfenidone; and
- 3 Nintedanib is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

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 September 2018

31	THIAMINE HYDROCHLORIDE – Only on a prescription * Tab 50 mg	4.89	100	✓ Max Health
43	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops; or 4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only. Inj 10 ml ampoule – Up to 5 inj available on a PSO.....	6.63	50	✓ Pfizer
Note – this is an alternative listing, Pharmacode 2549840.				
48	VERAPAMIL HYDROCHLORIDE * Inj 2.5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	25.00	5	✓ Isoptin
Note – this is a new Pharmacode listing, 2535351.				
53	HYDRALAZINE HYDROCHLORIDE * Tab 25 mg – Special Authority see SA1321 – Retail Pharmacy	CBS	100	✓ Onelink S29
59	CALAMINE a) Only on a prescription b) Not in combination Crn, aqueous, BP	1.26	100 g	✓ healthE Calamine Aqueous Cream BP
74	CALCITONIN * Inj 100 iu per ml, 1 ml ampoule	121.00	5	✓ Miacalcic
Note – this is a new Pharmacode listing, 2548356.				
90	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml – Subsidy by endorsement	62.00	5	✓ Wockhardt S29
Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly. Wastage claimable				
117	LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg	17.97	100	✓ Kinson
126	PHENYTOIN SODIUM Cap 100 mg	19.79	200	✓ Dilantin
Note – this is a listing of a new formulation, Pharmacode 2552140.				

▲ 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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Schedule page ref

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Generic Mnfr
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Changes to Restrictions, Chemical Names and Presentations Effective 1 October 2018

36	ELTROMBOPAG – Special Authority see SA1743+448 – Retail pharmacy (amended Special Authority – new criteria shown only) Wastage claimable			
	Tab 25 mg	1,550.00	28	✓ Revolade
	Tab 50 mg	3,100.00	28	✓ Revolade

▶ **SA1743+448** Special Authority for Subsidy

Initial application – (idiopathic thrombocytopenic purpura contraindicated to splenectomy) only from a haematologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Patient has a significant and well-documented contraindication to splenectomy for clinical reasons; and
- 2 Two immunosuppressive therapies have been trialled and failed after therapy of 3 months each (or 1 month for rituximab); and
- 3 Either:
 - 3.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microliter; or
 - 3.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Initial application – (severe aplastic anaemia) only from a haematologist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Two immunosuppressive therapies have been trialled and failed after therapy of at least 3 months duration; and
- 2 Either:
 - 2.1 Patient has severe aplastic anaemia with a platelet count of less than or equal to 20,000 platelets per microliter; or
 - 2.2 Patient has severe aplastic anaemia with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding.

Renewal – (idiopathic thrombocytopenic purpura contraindicated to splenectomy) only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient's significant contraindication to splenectomy remains; and
- 2 The patient has obtained a response from treatment during the initial approval period; and
- 3 Patient has maintained a platelet count of at least 50,000 platelets per microlitre on treatment; and
- 4 Further treatment with eltrombopag is required to maintain response.

Renewal – (severe aplastic anaemia) only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has obtained a response from treatment of at least 20,000 platelets per microlitre above baseline during the initial approval period; and
- 2 Platelet transfusion independence for a minimum of 8 weeks during the initial approval period.

62	AQUEOUS CREAM (reinstate stat dispensing)			
	* Crm.....	1.99	500 g	✓ AFT SLS-free
		1.92		✓ Home Essentials
				✓ Boucher

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 October 2018 (continued)

72	SOLIFENACIN SUCCINATE – Special Authority see SA0998 – Retail pharmacy (Special Authority moved from chemical to Vesicare brand) Tab 5 mg – Special Authority (Vesicare brand only) see SA0998 – Retail pharmacy	37.50	30	✓Vesicare
	Tab 10 mg – Special Authority (Vesicare brand only) see SA0998 – Retail pharmacy	37.50	30	✓Vesicare
75	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) – Retail pharmacy-Specialist (amended brand name) Inj 40 mg vial	18.90	1	✓Solu-Medrol-Act-O-Vial
	Inj 125 mg vial	28.90	1	✓Solu-Medrol-Act-O-Vial
	Inj 500 mg vial	22.78	1	✓Solu-Medrol-Act-O-Vial
77	MEDROXYPROGESTERONE ACETATE – See prescribing guideline (remove stat dispensing) Tab 2.5 mg	3.75	30	✓Provera
184	OMALIZUMAB – Special Authority see SA17441490 – Retail pharmacy (amended Special Authority) Inj 150 mg vial	450.00	1	✓Xolair
	Inj 150 mg prefilled syringe.....	450.00	1	✓Xolair

➔ SA1744 1490 Special Authority for Subsidy

Initial application – (**severe asthma**) only from a **clinical immunologist** or respiratory specialist.

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 **Patient must be aged 6 years or older** ~~Patient is over the age of 6; and~~
- 2 Patient has a diagnosis of severe, ~~life-threatening~~ asthma; and
- 3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
- 4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and
- 5 Proven ~~compliance~~ **adherence** with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1,600 ~~mcg-micrograms~~ per day or fluticasone propionate 1,000 ~~mcg-micrograms~~ per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 ~~mcg-micrograms~~ bd or eformoterol 12 ~~mcg-micrograms~~ bd) for at least 12 months, unless contraindicated or not tolerated; and
- 6 **Either:**
 - 6.1 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; ~~and-or~~
 - 6.2 ~~7- At least four admissions to hospital for a severe asthma exacerbation over the previous 24 months with at least one of those being in the previous 12 months; and~~ **Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral steroids; and**
- 8 ~~An Asthma Control Questionnaire (ACQ-5) score of at least 3.0 as assessed in the previous month.~~
- 7 **Patient has an Asthma Control Test (ACT) score of 10 or less; and**
- 8 **Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 26 weeks after the first dose to assess response to treatment.**

Initial application – (**severe chronic spontaneous urticaria**) only from a clinical immunologist or dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 **Patient must be aged 12 years or older; and**

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 October 2018 (continued)

continued...

- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is symptomatic with Urticaria Activity Score 7 (UAS7) of 20 or above; and
 - 2.1.2 Patient has a Dermatology life quality index (DLQI) of 10 or greater; or
 - 2.2 Patient has a Urticaria Control Test (UCT) of 8 or less; and
- 3 Any of the following:
 - 3.1 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and ciclosporin (>3 mg/kg day) for at least 6 weeks; or
 - 3.2 Patient has been taking high dose antihistamines (e.g. 4 times standard dose) and at least 3 courses of systemic corticosteroids (>20 mg prednisone per day for at least 5 days) in the previous 6 months; or
 - 3.3 Patient has developed significant adverse effects whilst on corticosteroids or ciclosporin; and
- 4 Either:
 - 4.1 Treatment to be stopped if inadequate response* following 4 doses; or
 - 4.2 Complete response* to 6 doses of omalizumab.

Renewal – (**severe asthma**) only from a clinical immunologist or respiratory specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Hospital admissions have been reduced as a result of treatment; and
- 1 A reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 1.0 from baseline **An increase in the Asthma Control Test (ACT) score of at least 5 from baseline**; and
- 2 A reduction in the maintenance oral corticosteroid dose or number of **exacerbations** of at least 50% from baseline

Renewal – (**severe chronic spontaneous urticaria**) only from a clinical immunologist or dermatologist.

Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Patient has previously adequately responded* to 6 doses of omalizumab; or
- 2 Both:
 - 2.1 Patient has previously had a complete response* to 6 doses of omalizumab; and
 - 2.2 Patient has relapsed after cessation of omalizumab therapy.

Note: *Inadequate response defined as less than 50% reduction in baseline UAS7 and DLQI score, or an increase in Urticaria Control Test (UCT) score of less than 4 from baseline. Patient is to be reassessed for response after 4 doses of omalizumab. Complete response is defined as UAS7 less than or equal to 6 and DLQI less than or equal to 5; or UCT of 16. Relapse of chronic urticaria on stopping prednisone/ciclosporin does not justify the funding of omalizumab.

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions – effective 1 October 2018 (continued)

192	TACROLIMUS – Special Authority see SA1745-1540 – Retail pharmacy (amended Special Authority, note removed and Sole Supply removed)			
	Cap 0.5 mg	55.64	100	✓ Tacrolimus Sandoz
	Cap 1 mg	111.28	100	✓ Tacrolimus Sandoz
	Cap 5 mg	278.20	50	✓ Tacrolimus Sandoz

▶ SA1745-1540 Special Authority for Subsidy

Initial application — (organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified where the patient is an organ transplant recipient.

Note: Subsidy applies for either primary or rescue therapy.

Initial application – (non-transplant indications*) only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Patient requires long-term systemic immunosuppression; and**
- 2 Ciclosporin has been trialled and discontinued treatment because of unacceptable side effects or inadequate clinical response.**

Note: Indications marked with * are unapproved indications

Initial application — (steroid-resistant nephrotic syndrome*) only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 The patient is a child with steroid-resistant nephrotic syndrome* (SRNS) where ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; or
- 2 All of the following:
 - 2.1 The patient is an adult with SRNS; and
 - 2.2 Ciclosporin has been trialled in combination with prednisone and discontinued because of unacceptable side effects or inadequate clinical response; and
 - 2.3 Cyclophosphamide or mycophenolate have been trialled and discontinued because of unacceptable side effects or inadequate clinical response, or these treatments are contraindicated.

Note: Indications marked with * are unapproved indications

Note: Subsidy applies for either primary or rescue 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 October 2018 (continued)

197	<p>TIOTROPIUM BROMIDE —Special Authority see SA1568 —Retail pharmacy – Subsidy by endorsement (Special Authority removed and added subsidy by endorsement)</p> <p>a) Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.</p> <p>b) Tiotropium bromide is subsidised only for patients who have been diagnosed as having COPD using spirometry, and the prescription is endorsed accordingly. Patients who had tiotropium dispensed before 1 October 2018 with a valid Special Authority approval, are deemed to be endorsed.</p>	<p>Powder for inhalation, 18 mcg per dose.....50.37 30 dose ✓ Spiriva</p> <p>Soln for inhalation 2.5 mcg per dose.....50.37 60 dose OP ✓ Spiriva Respimat</p>
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▶▶ SA1568 —Special Authority for Subsidy

Initial application only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
- 2 In addition to standard treatment, the patient has trialled a short acting bronchodilator dose of at least 40 µg ipratropium q.i.d for one month; and
- 3 Either:
 - The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:
 - 3.1 Grade 3 (stops for breath after walking about 100 meters or after a few minutes on the level); or
 - 3.2 Grade 4 (too breathless to leave the house, or breathless when dressing or undressing); and
- 4 All of the following:
 - Applicant must state recent measurement of:
 - 4.1 Actual FEV1 (litres); and
 - 4.2 Predicted FEV1 (litres); and
 - 4.3 Actual FEV1 as a % of predicted (must be below 60%); and
- 5 Either:
 - 5.1 Patient is not a smoker (for reporting purposes only); or
 - 5.2 Patient is a smoker and has been offered smoking cessation counselling; and
- 6 The patient has been offered annual influenza immunisation.

Renewal only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 Patient is compliant with the medication; and
- 2 Patient has experienced improved COPD symptom control (prescriber determined);

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 October 2018 (continued)

198	MONTELUKAST (reinstate stat dispensing)			
	* Tab 4 mg	5.25	28	✓ Apo-Montelukast
	* Tab 5 mg	5.50	28	✓ Apo-Montelukast
	* Tab 10 mg	5.65	28	✓ Accord ^{\$29} ✓ Apo-Montelukast
198	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA1748 1628 (amended Special Authority and added note)			
	Note: Pirfenidone is not subsidised in combination with subsidised nintedanib.			
	Cap 267 mg – Wastage claimable.....	3,645.00	270	✓ Esbriet
	<p>➡ SA1748 1628 Special Authority for Subsidy Initial application – (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Patient has been diagnosed with idiopathic pulmonary fibrosis as confirmed by histology, CT or biopsy by a multidisciplinary team including a radiologist; and 2 Forced vital capacity is between 50% and 80% predicted; and 3 Pirfenidone is to be discontinued at disease progression (See Notes); and 4 Pirfenidone is not to be used in combination with subsidised nintedanib; and 5 Any of the following: <ol style="list-style-type: none"> 5.1 The patient has not previously received treatment with nintedanib; or 5.2 Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or 5.3 Patient has previously received nintedanib, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib). <p>Renewal – (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria: All of the following Both:</p> <ol style="list-style-type: none"> 1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and 2 Pirfenidone is not to be used in combination with subsidised nintedanib; and 3 Pirfenidone is to be discontinued at disease progression (See Note). <p>Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.</p>			
209	CHLOROFORM – Only in combination (amended prescribing quantity restriction)			
	a) Only in aspirin and chloroform application.			
	b) Maximum of 100 ml per prescription.			
	Chloroform BP.....	25.50	500 ml	✓ PSM

▲ 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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✓ fully subsidised

Changes to Restrictions – effective 1 September 2018

24	URSODEOXYCHOLIC ACID – Special Authority see SA17391383 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) Cap 250 mg..... 37.95 100 ✓ Ursosan
	<p>➔ SA1739 1383 Special Authority for Subsidy Initial application — (Cirrhosis Primary biliary cholangitis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Primary biliary cirrhosis cholangitis confirmed by antimitochondrial antibody titre (AMA) > 1:80, and raised cholestatic liver enzymes with or without raised serum IgM or, if AMA is negative, by liver biopsy; and 2 Patient not requiring a liver transplant (bilirubin > 100 umol/l; decompensated cirrhosis). Renewal — (Pregnancy/Cirrhosis Primary biliary cholangitis) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>
41	HEPARIN SODIUM (amended presentation description) Inj 1,000 iu per ml, 5 ml ampoule 13.36 10 ✓ Hospira 66.80 50 ✓ Hospira 58.57 ✓ Pfizer Inj 5,000 iu per ml, 5 ml ampoule 203.68 50 ✓ Pfizer
43	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] DEXTROSE WITH ELECTROLYTES (amended chemical name) Soln with electrolytes (2 × 500 ml) 6.55 1,000 ml OP ✓ Pedialyte - Bubblegum
53	ISOPRENALINE [ISOPROTERENOL] (amended chemical name) * Inj 200 mcg per ml, 1 ml ampoule 36.80 25 (164.20) Isuprel
55	SILDENAFIL – Special Authority see SA17381704 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) Tab 25 mg 0.64 4 ✓ Vedafil Tab 50 mg 0.64 4 ✓ Vedafil Tab 100 mg 2.20 4 ✓ Vedafil 6.60 12 ✓ Vedafil
	<p>➔ SA1738 1704 Special Authority for Subsidy 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</p>

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 September 2018 (continued)

continued...

4 Either:

4.1 All of the following:

4.1.1 4 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.2 5 Either:

4.1.2.1 5-1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or

4.1.2.2 5-2 Patient is peri Fontan repair; and

4.1.3 6 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm⁻⁵); or

4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age.

90 MOXIFLOXACIN – Special Authority see ~~SA1740~~ ~~1358~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) No patient co-payment payable

Tab 400 mg 52.00 5 ✓ **Avelox**

▶ **SA1740** ~~1358~~ Special Authority for Subsidy

Initial application — (*Tuberculosis*) only from a respiratory specialist or infectious disease specialist. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following Either:

1 Both:

1.1 Active tuberculosis*; and

1.2 Any of the following:

1.2.1 Documented resistance to one or more first-line medications; or

1.2.2 Suspected resistance to one or more first-line medications (tuberculosis assumed to be contracted in an area with known resistance), as part of regimen containing other second-line agents; or

1.2.3 Impaired visual acuity (considered to preclude ethambutol use); or

1.2.4 Significant pre-existing liver disease or hepatotoxicity from tuberculosis medications; or

1.2.5 Significant documented intolerance and/or side effects following a reasonable trial of first-line medications; or

2 *Mycobacterium avium-intracellulare* complex not responding to other therapy or where such therapy is contraindicated*; or

3 Patient is under five years of age and has had close contact with a confirmed multi-drug resistant tuberculosis case.

Note: Indications marked with * are unapproved indications.

Initial application — (*Mycoplasma genitalium*) **only from a sexual health specialist or Practitioner on the recommendation of a sexual health specialist** ~~from any relevant practitioner~~. Approvals valid for 1 month for applications meeting the following criteria:

All of the following:

1 Has nucleic acid amplification test (NAAT) confirmed *Mycoplasma genitalium** **and is symptomatic**; and

2 Either:

2.1 Has tried and failed to clear infection using azithromycin; ~~and or~~

2.2 Has laboratory confirmed azithromycin resistance; and

3 Treatment is only for 7 days.

117 LEVODOPA WITH CARBIDOPA (suspend Sole Supply)

* Tab 100 mg with carbidopa 25 mg 17.97 100 ✓ **Sinemet**

▲ 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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Schedule page ref

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Changes to Restrictions – effective 1 September 2018 (continued)

160	TEMOZOLOMIDE – Special Authority see SA1741+6+6 – Retail pharmacy (amended Special Authority criteria – new criteria shown only)			
	Cap 5 mg	10.20	5	✓ Orion Temozolomide
	Cap 20 mg	18.30	5	✓ Orion Temozolomide
	Cap 100 mg	40.20	5	✓ Temizole 20 S29
	Cap 140 mg	56.00	5	✓ Orion Temozolomide
	Cap 250 mg	96.80	5	✓ Orion Temozolomide

➔ **SA1741 +6+6** Special Authority for Subsidy

Initial application – (Ewing's sarcoma) only from a relevant specialist. Approvals valid for 9 months for applications where patient has relapsed/refractory Ewing's sarcoma.

Renewal – (Ewing's sarcoma) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

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

169	LETROZOLE (reinstate stat dispensing)			
	* Tab 2.5 mg	4.68	30	✓ Letrole
		5.90	60	✓ Letromyl

175	ADALIMUMAB – Special Authority see SA1742+62+ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)			
	Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2	✓ Humira
	Inj 40 mg per 0.8 ml prefilled pen	1,599.96	2	✓ HumiraPen
	Inj 40 mg per 0.8 ml prefilled syringe	1,599.96	2	✓ Humira

➔ **SA1742 +62+** Special Authority for Subsidy

Initial application — (Crohn's disease – adults) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Patient has severe active Crohn's disease; and
- 2 Any of the following:
 - 2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
 - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
 - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
 - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

Initial application — (Crohn's disease – children) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Paediatric patient has severe active Crohn's disease; and**
- 2 Either:**
 - 2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30;**
 - or**
 - 2.2 Patient has extensive small intestine disease; and**

continued...

Changes to Restrictions – effective 1 September 2018 (continued)

continued...

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal — (Crohn's disease – **adults**) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Applicant is a gastroenterologist; or

1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Either:

2.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or

2.1.2 CDAI score is 150 or less; or

2.2 Both:

2.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and

2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal — (Crohn's disease – children) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Applicant is a gastroenterologist; or

1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Either:

2.1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or

2.1.2 PCDAI score is 15 or less; or

2.2 Both:

2.2.1 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and

2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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Changes to Subsidy and Manufacturer's Price

Effective 1 October 2018

11	GLIPIZIDE (↑ subsidy) * Tab 5 mg	3.27	100	✓ Minidiab
33	SODIUM FLUORIDE (↑ subsidy) * Tab 1.1 mg (0.5 mg elemental).....	5.75	100	✓ PSM
36	ELTROMBOPAG – Special Authority see SA1743 – Retail pharmacy (↓ subsidy) Wastage claimable Tab 25 mg	1,550.00	28	✓ Revolade
	Tab 50 mg	3,100.00	28	✓ Revolade
44	LISINAPRIL (↑ subsidy) * Tab 5 mg	2.07	90	✓ Ethics Lisinopril
	* Tab 10 mg	2.36	90	✓ Ethics Lisinopril
	* Tab 20 mg	3.17	90	✓ Ethics Lisinopril
45	QUINAPRIL WITH HYDROCHLOROTHIAZIDE (↑ subsidy) * Tab 10 mg with hydrochlorothiazide 12.5 mg.....	3.83	30	✓ Accuretic 10
	* Tab 20 mg with hydrochlorothiazide 12.5 mg.....	4.92	30	✓ Accuretic 20
45	ATROPINE SULPHATE (↓ subsidy) * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	60.35 (71.00)	50	AstraZeneca
49	CLONIDINE HYDROCHLORIDE (↓ subsidy) * Inj 150 mcg per ml, 1 ml ampoule	12.98 (16.07)	5	Catapres
50	BEZAFIBRATE (↑ subsidy) * Tab 200 mg	19.01	90	✓ Bezalip
	* Tab long-acting 400 mg	12.89	30	✓ Bezalip Retard
57	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy (↓ subsidy) Cap 10 mg	11.12 (12.47)	100	Isotane 10
	Cap 20 mg	17.08	100	✓ Isotane 20
60	BETAMETHASONE VALERATE (↑ subsidy) * Lotn 0.1%	18.00	50 ml OP	✓ Betnovate
65	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (↓ subsidy) Oint 500 mcg with calcipotriol 50 mcg per g.....	19.95	30 g OP	✓ Daivobet
75	METHYLPREDNISOLONE – Retail pharmacy-Specialist (↑ subsidy) * Tab 4 mg	112.00	100	✓ Medrol
	* Tab 100 mg	194.00	20	✓ Medrol

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

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

75	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) – Retail pharmacy-Specialist († subsidy)		
	Inj 1 g vial	27.83	1 ✓Solu-Medrol
	Inj 40 mg vial	18.90	1 ✓Solu-Medrol-Act-O-Vial
	Inj 125 mg vial	28.90	1 ✓Solu-Medrol-Act-O-Vial
	Inj 500 mg vial	22.78	1 ✓Solu-Medrol-Act-O-Vial
75	METHYLPREDNISOLONE ACETATE († subsidy)		
	Inj 40 mg per ml, 1 ml vial	44.40	5 ✓Depo-Medrol
86	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see SA1683 († subsidy)		
	A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority.		
	Grans for oral liq 200 mg per 5 ml (40 mg per ml)		
	– Wastage claimable.....	14.38	15 ml ✓Zithromax
88	BENZATHINE BENZYL PENICILLIN († subsidy)		
	Inj 900 mg (1.2 million units) in 2.3 ml syringe		
	– Up to 5 inj available on a PSO	344.93	10 ✓Bicillin LA
94	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy († subsidy)		
	Powder for oral suspension 40 mg per ml		
	– Wastage claimable.....	1,437.00	70 ml ✓Vfend
98	ENTECAVIR († subsidy)		
	* Tab 0.5 mg	52.00 (400.00)	30 Baraclude
107	NAPROXEN († subsidy)		
	* Tab 250 mg	32.69	500 ✓Noflam 250
	* Tab 500 mg	22.19	250 ✓Noflam 500
121	MORPHINE HYDROCHLORIDE († subsidy)		
	a) Only on a controlled drug form		
	b) No patient co-payment payable		
	c) Safety medicine; prescriber may determine dispensing frequency		
	Oral liq 1 mg per ml.....	9.28	200 ml ✓RA-Morph
	Oral liq 2 mg per ml.....	16.24	200 ml ✓RA-Morph
	Oral liq 5 mg per ml.....	19.44	200 ml ✓RA-Morph
	Oral liq 10 mg per ml.....	27.74	200 ml ✓RA-Morph
135	FINGOLIMOD – Special Authority see SA1562 – Retail pharmacy († subsidy)		
	Wastage claimable		
	Cap 0.5 mg	2,200.00	28 ✓Gilenya
143	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency († subsidy)		
	Tab 7.5 mg	9.56	500 ✓Zopiclone Actavis
156	BLEOMYCIN SULPHATE – PCT only – Specialist († subsidy)		
	Inj 15,000 iu, vial.....	161.01	1 ✓DBL Bleomycin Sulfate
	Inj 1,000 iu for ECP	12.45	1,000 iu ✓Baxter

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

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

Check your Schedule for full details
Schedule page ref

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Changes to Subsidy and Manufacturer's Price – effective 1 October 2018 (continued)

184	OMALIZUMAB – Special Authority see SA1744 – Retail pharmacy (↓ subsidy) Inj 150 mg vial	450.00	1	✓ Xolair
192	TACROLIMUS – Special Authority see SA1745 – Retail pharmacy (↓ subsidy) Cap 0.5 mg	55.64	100	✓ Tacrolimus Sandoz
	Cap 1 mg	111.28	100	✓ Tacrolimus Sandoz
	Cap 5 mg	278.20	50	✓ Tacrolimus Sandoz

Effective 1 September 2018

41	HEPARIN SODIUM (↓ subsidy) Inj 1,000 iu per ml, 5 ml ampoule	58.57	50	✓ Pfizer
	Inj 5,000 iu per ml, 5 ml ampoule	203.68	50	✓ Pfizer
44	QUINAPRIL (↑ subsidy) * Tab 5 mg	6.01	90	✓ Arrow-Quinapril 5
	* Tab 10 mg	3.16	90	✓ Arrow-Quinapril 10
44	QUINAPRIL (↓ subsidy) * Tab 20 mg	4.89	90	✓ Arrow-Quinapril 20
48	NIFEDIPINE (↓ subsidy) * Tab long-acting 30 mg	3.14	30	✓ Adefin XL
55	SILDENAFIL – Special Authority see SA1738 – Retail pharmacy (↓ subsidy) Tab 100 mg	2.20	4	✓ Vedafile
60	MOMETASONE FUROATE (↓ subsidy) Crm 0.1%	2.50	50 g OP	✓ Elocon Alcohol Free
	Lotn 0.1%	6.30	30 ml OP	✓ Elocon
71	OXYTOCIN – Up to 5 inj available on a PSO (↓ subsidy) Inj 5 iu per ml, 1 ml ampoule	3.98	5	✓ Oxytocin BNM
	Inj 10 iu per ml, 1 ml ampoule	4.98	5	✓ Oxytocin BNM
71	PREGNANCY TESTS - HCG URINE (↓ subsidy) a) Up to 200 test available on a PSO b) Only on a PSO Cassette	12.00 (17.60)	40 test OP	EasyCheck
76	TESTOSTERONE UNDECANOATE – Retail pharmacy-Specialist (↑ subsidy) Cap 40 mg	21.00	60	✓ Andriol Testocaps
120	PARACETAMOL (↓ subsidy) * Suppos 125 mg	3.29	10	✓ Gacet

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Changes to Subsidy and Manufacturer's Price – effective 1 September 2018 (continued)

120	FENTANYL (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 50 mcg per ml, 2 ml ampoule	3.56	10	✓ Boucher and Muir
	Inj 50 mcg per ml, 10 ml ampoule	9.41	10	✓ Boucher and Muir
125	ETHOSUXIMIDE (↑ subsidy)			
	Cap 250 mg	281.75	200	✓ Zorantin
	Oral liq 250 mg per 5 ml	56.35	200 ml	✓ Zorantin
169	LETROZOLE (↑ subsidy)			
	* Tab 2.5 mg	4.68	30	✓ Letrole
196	SALBUTAMOL (↑ subsidy)			
	Oral liq 400 mcg per ml	20.00	150 ml	✓ Ventolin
199	FLUTICASONE PROPIONATE (↓ subsidy)			
	Metered aqueous nasal spray, 50 mcg per dose	1.98	120 dose OP	✓ Flixonase Hayfever & Allergy

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Delisted Items

Effective 1 October 2018

32	COLECALCIFEROL * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription 2.50 Note – this delist applies to Pharmacode 2446154. A new Pharmacode was listed 10 April 2018.	12		✓ Vit.D3
61	ZINC AND CASTOR OIL * Oint..... 4.25	500 g		✓ Multichem
135	CYTARABINE Inj 100 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist 8.83	1		✓ Pfizer
184	PERTUZUMAB – PCT only – Specialist – Special Authority see SA1606 Inj 1 mg for ECP 9.82	1 mg		✓ Baxter
222	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription. Powder (chocolate) – Higher subsidy of up to \$26.00 per 840 g with Endorsement..... 9.54 (26.00)	840 g OP		Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	Powder (vanilla) – Higher subsidy of up to \$26.00 per 840 g with Endorsement..... 9.54 (26.00)	840 g OP		Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	Note – this delist applied to Sustagen Hospital Formula brand only. A new brand was listed 1 April 2018.			
226	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Liquid (juicy citrus) 125 ml..... 936.00	30 OP		✓ PKU Lophlex LQ 20

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 September 2018

34	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
77	MEDROXYPROGESTERONE ACETATE – See prescribing guideline * Tab 2.5 mg	7.00	56	✓ Provera S29 S29
89	DOXYCYCLINE * Tab 100 mg – Up to 30 tab available on a PSO	0.57	21	✓ Doxylin 100
103	RITONAVIR – Special Authority see SA1651 – Retail pharmacy Oral liq 80 mg per ml	103.98	90 ml OP	✓ Norvir
125	ETHOSUXIMIDE Cap 250 mg.....	16.45	100	✓ Zarontin
201	CIPROFLOXACIN Eye drops 0.3% – Subsidy by endorsement	9.99 (12.43)	5 ml OP	Ciloxan
When prescribed for the treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol; or for the second line treatment of chronic suppurative otitis media (CSOM)*; and the prescription is endorsed accordingly. Note: Indication marked with a * is an unapproved indication.				
203	PREDNISOLONE ACETATE Eye drops 1%	7.00	5 ml OP	✓ Pred Forte
Note – this delist applies to Pharmacode 2528258. A new Pharmacode was listed 1 April 2018.				
221	ENTERAL FEED 1KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3] Liquid.....	5.29	1,000 ml OP	✓ Isosource Standard RTH
Note – this delist applies to Pharmacodes 283444 and 377481.				
227	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured)	53.00	400 g OP	✓ Neocate Advance
	Powder (vanilla)	53.00	400 g OP	✓ Neocate Advance

▲ 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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Items to be Delisted

Effective 1 December 2018

41	HEPARINISED SALINE Inj 10 iu per ml, 5 ml	53.40	30	✓ BD PosiFlush S29
	Note – delisting delayed until 1 March 2019.			
55	SILDENAFIL – Special Authority see SA1738 – Retail pharmacy Tab 100 mg	2.20	4	✓ Vedafil
62	AQUEOUS CREAM * Crm.....	1.99	500 g	✓ Home Essentials
71	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette	12.00 (17.60)	40 test OP	EasyCheck
72	OXYBUTYNIN * Tab 5 mg	1.77	100	✓ Ditropan S29
	Note – delisting delayed until 1 February 2019.			
142	LORMETAZEPAM – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg	3.11 (23.50)	30	Noctamid
	Note – delisting delayed until 1 March 2019.			

Effective 1 January 2019

45	ATROPINE SULPHATE * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	60.35 (71.00)	50	AstraZeneca
49	CLONIDINE HYDROCHLORIDE Inj 150 mcg per ml, 1 ml ampoule	12.98 (16.07)	5	Catapres
57	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy Cap 10 mg	11.12 (12.47)	100	Isotane 10
	Cap 20 mg	17.08	100	✓ Isotane 20
98	ENTECAVIR * Tab 0.5 mg	52.00 (400.00)	30	Baraclude

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 February 2019

41	HEPARIN SODIUM Inj 1,000 iu per ml, 35 ml vial	24.15	1	✓ Hospira
72	OXYBUTYNIN * Tab 5 mg	1.77	100	✓ Ditropan S29
96	ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician Tab 100 mg	48.01	56	✓ Myambutol S29
119	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 1%, 20 ml ampoule – Up to 5 inj available on a PSO	2.40	1	✓ Lidocaine-Clarix
	Inj 2%, 20 ml ampoule – Up to 5 inj available on a PSO	2.40	1	✓ Lidocaine-Clarix

Effective 1 March 2019

41	HEPARINISED SALINE Inj 10 iu per ml, 5 ml	53.40	30	✓ BD PosiFlush S29
41	RIVAROXABAN Tab 10 mg – No more than 1 tab per day	41.55	15	✓ Xarelto
48	VERAPAMIL HYDROCHLORIDE * Inj 2.5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	25.00	5	✓ Isoptin
	Note – this delist applies to Pharmacode 253480. A new Pharmacode was listing 1 September 2018.			
65	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL Gel 500 mcg with calcipotriol 50 mcg per g	26.12	30 g OP	✓ Daivobet
	Note – the 60 g OP pack was listed 1 October 2018.			
74	CALCITONIN * Inj 100 iu per ml, 1 ml ampoule	121.00	5	✓ Miacalcic
	Note – this delist applies to Pharmacode 259012. A new Pharmacode was listed 1 September 2018.			
130	PROMETHAZINE THEOCLATE * Tab 25 mg	1.20 (5.59)	10	Avomine
131	LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency Tab 400 mg	12.83	100	✓ Lithicarb FC
132	ZIPRASIDONE – Safety medicine; prescriber may determine dispensing frequency Cap 20 mg	14.56	60	✓ Zeldox

▲ 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 March 2018 (continued)

142	LORMETAZEPAM – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg	3.11	30	
		(23.50)		Noctamid
153	FLUOROURACIL Inj 50 mg per ml, 50 ml vial – PCT only – Specialist.....	17.00	1	✓ Fluorouracil Ebewe

Effective 1 April 2019

25	DOCUSATE SODIUM – Only on a prescription * Enema conc 18%	5.40	100 ml OP	✓ Coloxyl
34	IRON POLYMALTOSE * Inj 50 mg per ml, 2 ml ampoule	15.22	5	✓ Ferrum H
79	LEVOTHYROXINE * Tab 100 mcg..... Note – this delist applies to Pharmacode 2389460. A new Pharmacode was listed 1 July 2018.	4.21	90	✓ Synthroid
90	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml – Subsidy by endorsement	175.10	25	✓ APP Pharmaceuticals S29
		62.00	5	✓ Wockhardt S29
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
126	PHENYTOIN SODIUM Cap 30 mg	22.00	200	✓ Dilantin
	Cap 100 mg	19.79	200	✓ Dilantin
	Note – this delist applies to Pharmacodes 258571 and 258598. New Pharmacodes were listed previously.			
226	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (orange)	221.00	500 g OP	✓ XP Maxamaid
	Powder (unflavoured)	221.00	500 g OP	✓ XP Maxamaid

Effective 1 August 2019

31	VITAMIN A WITH VITAMINS D AND C * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops.....	4.50	10 ml OP	✓ Vitadol C
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