

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule Effective 1 November 2018

Cumulative for September, October and November 2018



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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2018

New listings (pages 26-29)

- Insulin pump min basal rate 0.001 U/h (Tandem t:slin X2) and min basal rate 0.025 U/h (MiniMed 640G) – Special Authority – Retail pharmacy – maximum of 1 dev per prescription, only on a prescription and maximum of 1 insulin pump per patient each four year period
- Insulin pump infusion set (steel cannula, straight insertion) (TruSteel) 6 mm steel cannula; straight insertion; 60 cm line x 10 with 10 needles; 6 mm steel cannula; straight insertion; 81 cm line x 10 with 10 needles; 8 mm steel cannula; straight insertion; 60 cm line x 10 with 10 needles and 8 mm steel cannula; straight insertion; 81 cm line x 10 with 10 needles, 1 OP – Special Authority – Retail pharmacy – maximum of 3 sets per prescription, only on a prescription and maximum of 12 infusion sets will be funded per year
- Insulin pump infusion set (teflon cannula, angle insertion with insertion device) (Autosoft 30) 13 mm teflon cannula; angle insertion; insertion device; 60 cm line x 10 with 10 needles and 13 mm teflon cannula; angle insertion; insertion device; 110 cm line x 10 with 10 needles, 1 OP – Special Authority – Retail pharmacy – maximum of 3 sets per prescription, only on a prescription and maximum of 12 infusion sets will be funded per year
- Insulin pump infusion set (teflon cannula, straight insertion with insertion device) (Autosoft 90) 6 mm teflon cannula; straight insertion; insertion device; 60 cm line x 10 with 10 needles; 6 mm teflon cannula; straight insertion; insertion device; 110 cm line x 10 with 10 needles; 9 mm teflon cannula; straight insertion; insertion device; 60 cm line x 10 with 10 needles and 9 mm teflon cannula; straight insertion; insertion device; 110 cm line x 10 with 10 needles, 1 OP – Special Authority – Retail pharmacy – maximum of 3 sets per prescription, only on a prescription and maximum of 12 infusion sets will be funded per year
- Insulin pump cartridge (Tandem Cartridge) cartridge 300 U, t:lock x 10, 1 OP – Special Authority – Retail pharmacy – Maximum of 3 sets per prescription, only on a prescription and maximum of 13 packs of cartridge sets will be funded per year
- Pancreatic enzyme (Creon 25000) cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) – Pharmacode change
- Sapropterin dihydrochloride (Kuvan) tab soluble 100 mg, 30 tab OP – Special Authority – Retail pharmacy
- Cholestyramine (Questran-Lite S29) powder for oral liq 4 g – S29 and wastage claimable
- Hydrogen peroxide (Crystaderm) crm 1%, 10 g OP

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

- Paraffin (healthE) oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP
- Povidone iodine (Pfizer) skin preparation, povidone iodine 10% with 70% alcohol, 100 ml
- Ergometrine maleate (Ergonovine) inj 250 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO – S29 and wastage claimable
- Clarithromycin (Klacid) grans for oral liq 250 mg per 5 ml – wastage claimable – maximum of 500 mg per prescription; can be waived by Special Authority, Pharmacode change
- Primidone (Mysoline S29) tab 250 mg – S29 and wastage claimable
- Cyclizine hydrochloride (Nausicalm) tab 50 mg
- Methotrexate (Trexate) tab 2.5 mg and 10 mg, 90 tab pack – PCT – Retail pharmacy-Specialist
- Tamoxifen citrate (Tamoxifen Sandoz) tab 10 mg and 20 mg
- Eformoterol fumarate dihydrate (Oxis Turbuhaler) powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose), 60 dose OP
- Dorzolamide with timolol (Dortimopt) eye drops 2% with timolol 0.5%, 5 ml OP
- Pharmacy services (BSF Apo-Gabapentin, BSF Aripiprazole Sandoz and BSF Tenofovir Disoproxil Teva) brand switch fee – may only be claimed once per patient
- Amino acid formula (Neocate SYNEO) powder (unflavoured), 400 g OP

Changes to restrictions (page 35)

- Glyceril trinitrate (Glytrin) oral spray, 400 mcg per dose, 200 dose OP – amended PSO quantity
 - Medroxyprogesterone acetate (Provera) tab 2.5 mg – stat dispensing reinstated
 - Tenofovir disoproxil (Tenofovir Disoproxil Teva) tab 245 mg (300.6 mg as a succinate) – addition of Brand Switch Fee
 - Gabapentin (Apo-Gabapentin) cap 100 mg, 300 mg and 400 mg – addition of Brand Switch Fee
 - Phenytoin sodium (Dilantin) oral liq 30 mg per 5 ml – stat dispensing removed
 - Aripiprazole (Aripiprazole Sandoz) tab 5 mg, 10 mg, 15 mg, 20 mg and 30 mg – addition of Brand Switch Fee
-

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

Increased subsidy (page 46)

- Ferrous fumarate (Ferro-tab) tab 200 mg (65 mg elemental)
- Oxaliplatin (Oxaliccord) inj 5 mg per ml, 20 ml vial
- Doxorubicin hydrochloride (Doxorubicin Ebewe) inj 2 mg per ml, 100 ml vial

Decreased subsidy (page 46)

- Thiamine hydrochloride (Apo-Thiamine) tab 50 mg
- Heparin sodum (Hospira) inj 1,000 iu per ml, 35 ml vial and 5 ml ampoule
- Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg
- Calamine (Pharmacy Health) crm, aqueous, BP, 100 g
- Oil in water emulsion (O/W Fatty Emulsion Cream) crm, 500 g
- Colchicine (Colgout) tab 500 mcg
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Claris) inj 2%, 5 ml ampoule

News Stories – November 2018 Update

New tender listings for 1 November 2018

- Cyclizine hydrochloride (Nausicalm) tab 50 mg
- Dorzolamide with timolol (Dortimopt) eye drops 2% with timolol 0.5%
- Methotrexate (Trexate) tab 2.5 mg and 10 mg
- Paraffin (healthE) oint liq paraffin 50% with white soft paraffin 50%
- Tamoxifen citrate (Tamoxifen Sandoz) tab 10 mg and 20 mg



New listings

Insulin pumps – MiniMed 640G and Tandem t:Slim X2

From 1 November 2018, we will be listing two new insulin pumps:

- The MiniMed 640G insulin pump, supplied by Intermed, will replace the Paradigm 522 and 722 pumps which will no longer be available from 1 November 2018. The consumables for the Paradigm 522 and 722 pumps are interchangeable with the MiniMed 640G and will remain funded except for the insulin pump reservoir (50X 3.0 Reservoir) which will be delisted from 1 October 2019.
- The Tandem t:slim X2 insulin pump, supplied by NZMS will replace the Animas pumps. We are listing new consumables for this pump.

People who are eligible to start on an insulin pump, or if the warranty has expired on their current pump, can choose which pump they would like to be started on/changed to. They will need a valid Special Authority for a new pump. People may like to discuss the best pump for their needs with their diabetes healthcare team.

Some people will still be using an Animas Vibe pump in warranty and will need to replace their current pump with a Tandem t:Slim X2. These people will get a replacement pump direct from the supplier.

The suppliers of the funded pumps will, in the first instance be communicating with diabetes clinics about the change process. They will continue to provide education, training and technical support about the new pump to diabetes health professionals and people using insulin pumps.

Patients using the 50X 3.0 Reservoir will need to change to a different pump before 1 October 2019. We will be contacting prescribers of this reservoir.

More information on the new pumps can be found on our website <https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/insulin-pumps>

Sapropterin dihydrochloride

From 1 November 2018, sapropterin dihydrochloride (Kuvan) 100 mg soluble tablets will be fully funded. Funding is subject to Special Authority criteria for people with phenylketonuria (PKU) and are pregnant or actively planning to become pregnant. Original pack (OP) dispensing will apply to Kuvan. Kuvan is supplied in bottles of 30 tablets, which should be used within two months after first opening.

Changed listings

Lithium carbonate 400 mg tablets discontinuation

Mylan, the supplier of lithium carbonate tablets, has informed PHARMAC that their lithium 400 mg tablets (Lithicarb FC) have been discontinued. There are approximately 900 people are currently taking the lithium 400 mg tablets that will need to change treatment.

As with any change to lithium, patients will require monitoring of serum lithium concentrations during the change. In general, serum lithium concentrations should be performed weekly after each dose change until concentrations are stable, then every 3 months thereafter. More information regarding serum lithium concentrations and monitoring following a change in dose can be found on the New Zealand Formulary.

PHARMAC has communicated this information to general practice and the Royal Australian and New Zealand College of Psychiatrists. The table below summarises the key points for prescribers:

| Lithium strength funded | Availability | Funded alternative lithium products and what to do | Monitoring |
|------------------------------------|---|---|--|
| 400 mg tablet (Lithicarb FC brand) | Very low – start changing your patients to alternative product now. | Change patients now to the lithium 400 mg LA tablet (Priadel brand) | Serum lithium concentrations need to be checked after changing to another lithium product – refer to NZF for more information. |

Stock issues

Mid-month changes – promethazine hydrochloride and ferrous sulphate

Promethazine hydrochloride (Phenergan Elixir) oral liquid 1 mg per ml, was listed temporarily from 11 October 2018 until 1 December 2018, due to a supply issue with Allersoothe oral liquid.

STAT (three months all-at-once) dispensing was removed from ferrous sulphate (Ferrograd) tab long-acting 325 mg (105 mg elemental) from 11 October 2018 to 1 January 2019 to assist in managing the available stock.

Cholestyramine – listing of Questran-Lite S29

An unapproved presentation of cholestyramine (Questran-Lite S29) will be listed from 1 November 2018, due to a supply issue with the registered product. Questran-Lite S29 must be supplied and dispensed in accordance with section 29 of the Medicines Act, 1981.

Primidone tab 250 mg

From 1 November 2018, primidone tab 250 mg (Mysoline S29) will be listed temporarily due to a supply issue with Apo-Primidone. Mysoline S29 will be supplied in accordance with Section 29 of the Medicines Act, 1981.

Phenytoin sodium (Dilantin) Oral liq 30 mg per 5 ml

STAT (three months all-at-once) dispensing to be removed from 1 November 2018 until 1 January 2019 to assist in managing a temporary supply issue.

Ergometrine maleate (Ergonovine) inj 250 mcg per ml, 1 ml ampoule

Ergonovine (Section 29), supplied by Link Healthcare, will be listed temporarily from 1 November 2018 due to a supply issue with Pfizer's brand DBL Ergometrine. Ergonovine is a 250 mcg per ml ampoule, a different strength to the DBL Ergometrine brand (500 mcg per ml, 1 ml ampoule). Ergonovine will be supplied in accordance with section 29 of the Medicines Act 1981. This does mean that it can only be prescribed by a medical practitioner.

Hydrogen peroxide (Crystaderm)

Hydrogen peroxide (Crystaderm) 10 g tube – a new 10 g pack size will be listed temporarily due to a supply issue with the 15 g tube.

Other

Combination pegylated interferon alfa-2a injections

Pegylated interferon alfa-2a with ribavirin (Pegasys RBV Combination Pack) injections will be delisted from 1 December 2018 due to and supplier discontinuation.

PHARMAC will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin alone and meet existing Special Authority Criteria. If you have a patient that meets the criteria, please contact the Hepatitis C/Harvoni Coordinator at PHARMAC on 0800-023-588 option 4.

News in brief

- **Amino acid formula** – Neocate SYNEO 400 g OP will be listed, replacing Neocate LCP which will be delisted 1 May 2019.
- **Amyl nitrite** (Baxter) liq 98% in 0.3 ml cap will be delisted 1 November 2018 due to supplier discontinuation.
- **Aripiprazole** (BSF Aripiprazole Sandoz) Pharmacists may claim a Brand Switch Fee on dispensings between 1 November 2018 to 31 January 2019.
- **Carboplatin** – delist of smaller vial presentations, inj 10 mg per ml, 15 ml vial (Carboplatin Ebewe, Carbaccord and DBL Carboplatin), and inj 10 mg per ml, 5 ml vial (Carboplatin Ebewe and DBL Carboplatin) from 1 March 2019.
- **Clarithromycin** (Klacid) grans for oral liq 250 mg per 5 ml – new Pharmacode.
- **Eformoterol fumarate dihydrate** (Oxis Turbuhaler) powder for inhalation, 6 mcg per dose – A new Pharmacode for a changed device, chemical name and labelling will be listed 1 November 2018, replacing the current Pharmacode which will be delisted 1 April 2019.
- **Gabapentin** (BSF Apo-Gabapentin) – Pharmacists may claim a Brand Switch Fee on dispensings between 1 November 2018 to 31 January 2019.
- **Glyceryl trinitrate** (Glytrin) oral spray, 400 mcg per dose, 200 dose OP – the PSO quantity has been amended to align with the 200 dose pack.
- **Imipramine hydrochloride** (Tofranil s29) tab 10 mg will be delisted 1 February 2019. Registered Tofranil stock is now available.
- **Levodopa with carbidopa** (Kinson) tab 100/25 mg tablets will be delisted 1 June 2019. Sinemet is now available.
- **Medroxyprogesterone acetate** (Provera) tab 2.5 mg – Stat dispensing reinstated from 1 November 2018.
- **Oxaliplatin** – delist of smaller vial presentations, inj 5 mg per ml, 10 ml vial (Oxaliccord), and inj 50 mg vial (Oxaliplatin Ebewe and Oxaliplatin Actavis 50) from 1 January 2019.
- **Pancreatic enzyme** (Creon 25000) cap 300 mg – new Pharmacode.
- **Povidone iodine** skin preparation, with alcohol – The Pfizer brand will be listed from 1 November 2018, replacing the Orion brand that will be delisted from 1 June 2019.
- **Tenofovir** (BSF Tenofovir Disoproxil Teva) Pharmacists may claim a Brand Switch Fee on dispensings between 1 November 2018 to 31 January 2019.

Tender News

Sole Subsidised Supply changes – effective 1 December 2018

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|---|---|--|
| Compound electrolytes with glucose [dextrose] | Soln with electrolytes (2 x 500 ml); 1,000 ml OP | Pedialyte – bubblegum (Abbott) |
| Fentanyl | Inj 50 mcg per ml, 2 ml ampoule; 10 inj | Boucher and Muir (Boucher) |
| Fentanyl | Inj 50 mcg per ml, 10 ml ampoule; 10 inj | Boucher and Muir (Boucher) |
| Fluticasone propionate | Metered aqueous nasal spray, 50 mcg per dose; 120 dose OP | Flixonase Hayfever & Allergy (GSK) |
| Heparin sodium | Inj 5,000 iu per ml, 5 ml ampoule; 50 inj | Pfizer (Pfizer) |
| Letrozole | Tab 2.5 mg; 30 tab | Letrole (Mylan) |
| Mometasone furoate | Crn 0.1%; 15 g OP | Elocon Alcohol Free (MSD) |
| Mometasone furoate | Crn 0.1%; 50 g OP | Elocon Alcohol Free (MSD) |
| Mometasone furoate | Lotn 0.1%; 30 ml OP | Elocon (MSD) |
| Mometasone furoate | Oint 0.1%; 15 g OP | Elocon (MSD) |
| Mometasone furoate | Oint 0.1%; 50 g OP | Elocon (MSD) |
| Oxytocin | Inj 5 iu per ml, 1 ml ampoule; 5 inj | Oxytocin BNM (Boucher) |
| Oxytocin | Inj 10 iu per ml, 1 ml ampoule; 5 inj | Oxytocin BNM (Boucher) |
| Paracetamol | Suppos 125 mg; 10 suppos | Gacet (AFT) |
| Paracetamol | Suppos 250 mg; 10 suppos | Gacet (AFT) |
| Pregnancy tests – HCG urine | Cassette; 40 test OP | Smith BioMed Rapid Pregnancy Test (Smith BioMed) |
| Quinapril | Tab 5 mg; 90 tab | Arrow-Quinapril 5 (Actavis) |
| Quinapril | Tab 10 mg; 90 tab | Arrow-Quinapril 10 (Actavis) |
| Quinapril | Tab 20 mg; 90 tab | Arrow-Quinapril 20 (Actavis) |
| Salbutamol | Oral liq 400 mcg per ml; 150 ml | Ventolin (GSK) |
| Sildenafil | Tab 100 mg; 12 tab | Vedafil (Mylan) |
| Testosterone undecanoate | Cap 40 mg; 60 cap | Andriol Testocaps (MSD) |

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 December 2018

- Bosentan (Bosentan-Mylan) tab 62.5 mg and 125 mg – price and subsidy decrease
- Solifenacin succinate (Vesicare) tab 5 mg and 10 mg – Special Authority removed from brand and subsidy decrease

Sole Subsidised Supply Products – cumulative to November 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 | VirusPOS Lovir | 2019 |
| Acitretin | Cap 10 mg & 25 mg | Novatretin | 2020 |
| Adult diphtheria and tetanus vaccine | Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml | ADT Booster | 2020 |
| Alfacalcidol | Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP | One-Alpha | 2020 |
| 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 | MycONail | 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 |
| Aripiprazole | Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg | Aripiprazole Sandoz | 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 |

*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 November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|--|---------------------|
| Azathioprine | Tab 25 mg & 50 mg Inj 50 mg vial | Imuran | 2019 |
| Azithromycin | Tab 250 mg & 500 mg | Apo-Azithromycin | 2021 |
| Baclofen | Tab 10 mg | Pacifen | 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 |
| Betamethasone valerate | Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP | Beta Cream Beta Ointment Beta Scalp | 2021 |
| 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 |
| Buspiron 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 | Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg | Cefalexin Sandoz Cephalexin ABM | 2021 2019 |
| Cefazolin | Inj 500 mg & 1 g vials | AFT | 2020 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-------------------------------------|---|---|--------------|
| 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 |
| 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 |
| Clomipramine hydrochloride | Tab 10 mg & 25 mg | Apo-Clomipramine | 2021 |
| 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 |
| Clonidine hydrochloride | Tab 25 mcg | Clonidine BMN | 2021 |
| 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 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|---|--------------|
| 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 | Desmopressin-Ph&T | 2020 |
| | Tab 100 mcg & 200 mcg | Minirin | 2019 |
| Dexamethasone | Tab 0.5 mg & 4 mg | Dexmethsone | 2021 |
| Dexamfetamine sulfate | Tab 5 mg | PSM | 2021 |
| Diazepam | Tab 2 mg & 5 mg | Arrow-Diazepam | 2020 |
| Diclofenac sodium | Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg | Diclofenac Sandoz Apo-Diclo SR | 2021 |
| Digoxin | Tab 62.5 mcg | Lanoxin PG | 2019 |
| | Tab 250 mcg | Lanoxin | |
| Dihydrocodeine tartrate | Tab long-acting 60 mg | DHC Continus | 2019 |
| Diltiazem hydrochloride | Cap long-acting 120 mg, 180 mg & 240 mg | Apo-Diltiazem CD | 2021 |
| 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 0.5 ml 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 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|--|---|-------------------------|
| 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 Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets | Microgynon 20 ED Levlen ED | 2020 |
| 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 | Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg Inj 1 g vial Inj 250 mg & 500 mg vials | AFT 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 |
| Folic acid | Tab 0.8 mg & 5 mg | Apo-Folic Acid | 2021 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|--|----------------------|
| Furosemide [frusemide] | Inj 10 mg per ml, 2 ml ampoule | Frusemide-Claris | 2019 |
| Gabapentin | Cap 100 mg, 300 mg & 400 mg | Apo-Gabapentin | 2021 |
| Gemfibrozil | Tab 600 mg | Lipazil | 2019 |
| Glibenclamide | Tab 5 mg | Daonil | 2021 |
| Gliclazide | Tab 80 mg | Glizide | 2020 |
| Glucose [dextrose] | Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle | Biomed | 2020 |
| Glycerol | Suppos 3.6 g Liquid | PSM healthE Glycerol BP | 2021 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 |
| 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 |
| Imiquimod | Crm 5%, 250 mg sachet | Perrigo | 2020 |
| Indapamide | Tab 2.5 mg | Dapa-Tabs | 2019 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--------------------------------------|--|-------------------------|--------------|
| Ipratropium bromide | Aqueous nasal spray 0.03%, 15 ml OP | Univent | 2020 |
| | Nebuliser soln, 250 mcg per ml, 1 ml ampoule | | 2019 |
| | Nebuliser soln, 250 mcg per ml, 2 ml ampoule | | |
| Isoniazid | Tab 100 mg | PSM | 2021 |
| Isoniazid with rifampicin | Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg | Rifinah | 2021 |
| Isosorbide mononitrate | Tab 20 mg | Ismo 20 | 2020 |
| | Tab long-acting 60 mg | Duride | |
| | Tab long-acting 40 mg | Ismo 40 Retard | 2019 |
| Isotretinoin | Cap 5 mg | Oratane | 2021 |
| 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 |
| Lamivudine | Tab 100 mg | Zetlam | 2020 |
| 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 | Sinemet | 2020 |
| | Tab long-acting 200 mg with carbidopa 50 mg | Sinemet CR | |
| Levomepromazine hydrochloride | Inj 25 mg per ml, 1 ml ampoule | Wockhardt | 2019 |
| Levonorgestrel | Subdermal implant (2 x 75 mg rods) | Jadelle | 2020 |
| | Tab 1.5 mg | Postinor-1 | 2019 |
| | Intra-uterine system 20 mcg per day | Mirena | |
| Lidocaine [lignocaine] hydrochloride | Oral (gel) soln 2% | Mucosoothe | 2020 |
| Loperamide hydrochloride | Tab 2 mg | Nodia Diamide Relief | 2019 |
| | Cap 2 mg | | |
| Lopinavir with ritanovir | Tab 200 mg with ritonavir 50 mg | Kaletra | 2020 |
| Loratadine | Oral liq 1 mg per ml, 120 ml | Lorfast Lorafix | 2019 |
| | Tab 10 mg | | |
| 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 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|--|--------------|
| 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 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml | Priorix | 2020 |
| Medroxyprogesterone acetate | Tab 2.5 mg, 5 mg & 10 mg Tab 100 mg Inj 150 mg per ml, 1 ml syringe | Provera Provera HD Depo-Provera | 2019 |
| Megestrol acetate | Tab 160 mg | Apo-Megestrol | 2021 |
| 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 0.5 ml vial | Menactra | 2020 |
| Methadone hydrochloride | Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml | Biodone Biodone Forte Biodone Extra Forte | 2021 |
| 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 |
| Metoprolol tartrate | Tab 50 mg & 100 mg | Apo-Metoprolol | 2021 |
| Miconazole | Oral gel 20 mg per g, 40 g OP | Decozol | 2021 |
| Miconazole nitrate | Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP | Multichem Micreme | 2020 |
| Mirtazapine | Tab 30 mg & 45 mg | Apo-Mirtazapine | 2021 |
| 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 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|-----------------------------|--|---|----------------------|
| Morphine sulphate | Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg | Sevredol DBL Morphine Sulphate Arrow-Morphine LA | 2020 2019 |
| Morphine tartrate | Inj 80 mg per ml, 1.5 ml ampoule | DBL Morphine Tartrate | 2019 |
| Nadolol | Tab 40 mg & 80 mg | Apo-Nadolol | 2021 |
| Naloxone hydrochloride | Inj 400 mcg per ml, 1 ml ampoule | DBL Naloxone Hydrochloride | 2021 |
| Naltrexone hydrochloride | Tab 50 mg | Naltraccord | 2020 |
| Naproxen | Tab long-acting 750 mg Tab long-acting 1 g | Naprosyn SR 750 Naprosyn SR 1000 | 2021 |
| 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 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|--|----------------------|
| Oestriol | Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg | Ovestin | 2020 |
| Olanzapine | Inj 210 mg, 300 mg & 405 mg vial Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg | Zyprexa Relprevv Zypine Zypine ODT | 2021 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 |
| Oxytocin with ergometrine maleate | Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml | Syntometrine | 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 |

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Sole Subsidised Supply Products – cumulative to November 2018

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|--|---------------------------------------|--------------|
| 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 |
| 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 |
| Phenobarbitone | Tab 15 mg & 30 mg | PSM | 2021 |
| 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 |
| Pindolol | Tab 5 mg, 10 mg & 15 mg | Apo-Pindolol | 2021 |
| Pine tar with trolamine laurilsulfate and fluorescein | Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml | Pinetarsol | 2020 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Vexazone | 2021 |
| 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 |
| Potassium chloride | Tab long-acting 600 mg (8 mmol) | Span-K | 2021 |
| Potassium citrate | Oral liq 3 mmol per ml, 200 ml OP | Biomed | 2021 |
| 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 |

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| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|--|------------------------|--------------|
| Prochlorperazine | Tab 5 mg | Nausafix | 2020 |
| Progesterone | Cap 100 mg | Ultrogestan | 2019 |
| Promethazine hydrochloride | Tab 10 mg & 25 mg | Allersoothe | 2021 |
| | Oral liq 1 mg per 1 ml Inj 25 mg per ml, 2 ml ampoule | Hospira | 2019 |
| Propranolol | Tab 10 mg & 40 mg | Apo-Propranolol | 2021 |
| Pyridostigmine bromide | Tab 60 mg | Mestinon | 2019 |
| Pyridoxine hydrochloride | Tab 25 mg | Vitamin B6 25 | 2020 |
| | Tab 50 mg | Apo-Pyridoxine | |
| Quetiapine | Tab 25 mg, 100 mg, 200 mg & 300 mg | Quetapel | 2020 |
| Ranitidine | Tab 150 mg & 300 mg | Ranitidine Relief | 2020 |
| | Oral liq 150 mg per 10 ml | Peptisoothe | |
| Rifabutin | Cap 150 mg | Mycobutin | 2019 |
| Rifampicin | Cap 150 mg & 300 mg | Rifadin | 2020 |
| | Oral liq 100 mg per 5 ml | | |
| 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 | Actavis | 2020 |
| | Oral liq 1 mg per ml | Risperon | |
| Rizatriptan | Tab orodispersible 10 mg | Rizamelt | 2020 |
| Ropinirole hydrochloride | Tab 0.25 mg, 1 mg, 2 mg & 5 mg | Apo-Ropinirole | 2019 |
| Rotavirus vaccine | Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator | Rotarix | 2020 |
| Salbutamol | Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule | Asthalin | 2021 |
| Salbutamol with ipratropium bromide | Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule | Duolin | 2021 |
| 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 | Pfizer | 2019 |
| | Inj 23.4% (4 mmol/ml), 20 ml ampoule | Biomed | |
| | Inj 0.9%, bag; 500 ml & 1,000 ml | Baxter | |

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| Generic Name | Presentation | Brand Name | Expiry Date* |
|--------------------------------|--|---|--------------|
| 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 |
| Somatropin | Inj 5 mg, 10 mg & 15 mg | Omnitrope | 2021 |
| Sotalol | Tab 80 mg & 160 mg | Mylan | 2019 |
| Spirolactone | Tab 25 mg & 100 mg | Spiractin | 2019 |
| Sulfadiazine silver | Crn 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 |
| Tenofovir disoproxil | Tab 245 mg (300.6 mg as a succinate) | Tenofovir Disoproxil Teva | 2021 |
| 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 |

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| Generic Name | Presentation | Brand Name | Expiry Date* |
|--|---|--|--------------|
| Triamcinolone acetonide | Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP | Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase | 2020 |
| Trimethoprim | Tab 300 mg | TMP | 2021 |
| 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 |
| 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 |

November changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
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Brand or
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✓ fully subsidised

New Listings

Effective 1 November 2018

| | | | | |
|----|--|----------|------|-------------------|
| 14 | INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy | | | |
| | a) Maximum of 1 dev per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 1 insulin pump per patient each four year period. | | | |
| | Min basal rate 0.001 U/h | 4,500.00 | 1 | ✓Tandem t:slim X2 |
| | Min basal rate 0.025 U/h | 8,800.00 | 1 | ✓MiniMed 640G |
| 20 | INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles | 130.00 | 1 OP | ✓TruSteel |
| | 6 mm steel cannula; straight insertion; 81 cm line × 10 with 10 needles | 130.00 | 1 OP | ✓TruSteel |
| | 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles | 130.00 | 1 OP | ✓TruSteel |
| | 8 mm steel cannula; straight insertion; 81 cm line × 10 with 10 needles | 130.00 | 1 OP | ✓TruSteel |
| 20 | INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 13 mm teflon cannula; angle insertion; insertion device; 60 cm line × 10 with 10 needles | 140.00 | 1 OP | ✓AutoSoft 30 |
| | 13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles | 140.00 | 1 OP | ✓AutoSoft 30 |
| 22 | INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles | 140.00 | 1 OP | ✓AutoSoft 90 |
| | 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles | 140.00 | 1 OP | ✓AutoSoft 90 |
| | 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles | 140.00 | 1 OP | ✓AutoSoft 90 |
| | 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles | 140.00 | 1 OP | ✓AutoSoft 90 |
| 23 | INSULIN PUMP CARTRIDGE – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 packs of cartridge sets will be funded per year. | | | |
| | Cartridge 300 U, t:lock × 10 | 50.00 | 1 OP | ✓Tandem Cartridge |

Check your Schedule for full details
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✓ fully subsidised

New Listings – effective 1 November 2018 (continued)

| | | | |
|----|---|-----------|-------------------|
| 24 | PANCREATIC ENZYME Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) 94.38 | 100 | ✓ Creon 25000 |
| | Note – this is a listing of a new Pharmacode 2535319. | | |
| 28 | SAPROPTERIN DIHYDROCHLORIDE – Special Authority see SA1757 – Retail pharmacy Tab soluble 100 mg..... 1,452.70 | 30 OP | ✓ Kuvan |
| | ▶ SA1757 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 1 month for applications meeting the following criteria: All of the following: 1 Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant; and 2 Treatment with sapropterin is required to support management of PKU during pregnancy; and 3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and 4 Sapropterin to be used alone or in combination with PKU dietary management; and 5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery. Renewal only from a metabolic physician or relevant practitioner on the recommendation of a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria: All of the following: 1 Either: 1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or 1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and 2 Any of the following: 2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or 2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or 2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and 3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and 4 Sapropterin to be used alone or in combination with PKU dietary management; and 5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery. | | |
| 51 | CHOLESTYRAMINE Powder for oral liq 4 g 19.25 | 50 | Questran-Lite S29 |
| | | (52.68) | \$29 |
| | Wastage claimable | | |
| 57 | HYDROGEN PEROXIDE * Crm 1%..... 8.56 | 10 g OP | ✓ Crystaderm |
| | Note – this is a new listing of a 10 g tube. | | |
| 62 | PARAFFIN Oint liquid paraffin 50% with white soft paraffin 50% 5.35 | 500 ml OP | ✓ healthE |

▲ 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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New Listings – effective 1 November 2018 (continued)

| | | | | | |
|-----|--|------------------|------------|--|-----------------|
| 63 | POVIDONE IODINE Skin preparation, povidone iodine 10% with 70% alcohol..... | 1.63 (6.64) | 100 ml | | Pfizer |
| 71 | ERGOMETRINE MALEATE Inj 250 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO..... Wastage claimable | 454.00 | 5 | ✓ Ergonovine | S29 |
| 86 | CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 250 mg per 5 ml – Wastage claimable..... Note – this is a listing of a new Pharmacode 2535378. | 23.12 | 50 ml | ✓ Klacid | |
| 127 | PRIMIDONE * Tab 250 mg Wastage claimable | 62.00 | 200 | ✓ Mysoline S29 | S29 |
| 129 | CYCLIZINE HYDROCHLORIDE Tab 50 mg | 0.55 | 10 | ✓ Nausicalm | |
| 155 | METHOTREXATE * Tab 2.5 mg – PCT – Retail pharmacy-Specialist..... * Tab 10 mg – PCT – Retail pharmacy-Specialist..... | 8.05 31.75 | 90 90 | ✓ Trexate ✓ Trexate | |
| 169 | TAMOXIFEN CITRATE * Tab 10 mg * Tab 20 mg | 11.75 5.60 | 60 60 | ✓ Tamoxifen Sandoz ✓ Tamoxifen Sandoz | |
| 195 | EFORMOTEROL FUMARATE DIHYDRATE Powder for inhalation 4.5 mcg per dose, breath activated (equivalent to eformoterol fumarate 6 mcg metered dose) | 10.32 (16.90) | 60 dose OP | | Oxis Turbuhaler |
| 203 | DORZOLAMIDE WITH TIMOLOL * Eye drops 2% with timolol 0.5%..... | 2.87 | 5 ml OP | ✓ Dortimopt | |
| 206 | PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... | 4.50 | 1 fee | ✓ BSF Apo-Gabapentin ✓ BSF Aripiprazole Sandoz ✓ BSF Tenofovir Disoproxil Teva | |
| 227 | AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured) | 53.00 | 400 g OP | ✓ Neocate SYNEO | |

| 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 11 October 2018

| | | | | |
|-----|---|------|--------|--------------------|
| 194 | PROMETHAZINE HYDROCHLORIDE * Oral liq 1 mg per 1 ml..... | 9.57 | 100 ml | ✓ Phenergan Elixir |
|-----|---|------|--------|--------------------|

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 |

► 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.

| | | | | |
|----|--|-------|---------|---------------------|
| 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 | ✓ Inspira |
| 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 |

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

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

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

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**

New Listings – effective 1 October 2018 (continued)

| | | | |
|-----|---|---|------------|
| 187 | <p>SECUKINUMAB – Special Authority see SA1754 – Retail Pharmacy Inj 150 mg per ml, 1 ml prefilled syringe 1,599.00</p> <p>➤ SA1754 Special Authority for Subsidy</p> <p>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:</p> <ol style="list-style-type: none"> 1 The patient has had an initial Special Authority approval for adalimumab or etanercept, or has trialled infliximab in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule, for severe chronic plaque psoriasis; and 2 Either: <ol style="list-style-type: none"> 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 DLQI assessment is no more than 1 month old at the time of application. <p>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:</p> <ol style="list-style-type: none"> 1 Either: <ol style="list-style-type: none"> 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 DLQI assessment is no more than 1 month old at the time of application. <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> 1 Either <ol style="list-style-type: none"> 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. | 2 | ✓ Cosentyx |
|-----|---|---|------------|

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.

▲ 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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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 Crm, 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. | | | |

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Changes to Restrictions, Chemical Names and Presentations

Effective 1 November 2018

| | | | | |
|-----|---|-------|-------------|--|
| 52 | GLYCERYL TRINITRATE (amended PSO quantity) * Oral spray, 400 mcg per dose – Up to 200 250 dose available on a PSO | 4.45 | 200 dose OP | ✓ Glytrin |
| 77 | MEDROXYPROGESTERONE ACETATE – See prescribing guideline (reinstate stat dispensing) * Tab 2.5 mg | 3.75 | 30 | ✓ <u>Provera</u> |
| 98 | TENOFOVIR DISOPROXIL – Brand switch fee payable (Pharmacode 2556642) Tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA1651, page 101 * Tab 245 mg (300.6 mg as a succinate) | 38.10 | 30 | ✓ <u>Tenofovir Disoproxil</u> <u>Teva</u> |
| 125 | GABAPENTIN – Brand switch fee payable (Pharmacode 2556626) Note: Not subsidised in combination with subsidised pregabalin * Cap 100 mg | 2.65 | 100 | ✓ <u>Apo-Gabapentin</u> |
| | * Cap 300 mg | 4.07 | 100 | ✓ <u>Apo-Gabapentin</u> |
| | * Cap 400 mg | 5.64 | 100 | ✓ <u>Apo-Gabapentin</u> |
| 126 | PHENYTOIN SODIUM (remove stat dispensing) Oral liq 30 mg per 5 ml | 22.03 | 500 ml | ✓ Dilantin |
| 130 | ARIPIPRAZOLE – Brand switch fee payable (Pharmacode 2556634) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg | 17.50 | 30 | ✓ <u>Aripiprazole Sandoz</u> |
| | Tab 10 mg | 17.50 | 30 | ✓ <u>Aripiprazole Sandoz</u> |
| | Tab 15 mg | 17.50 | 30 | ✓ <u>Aripiprazole Sandoz</u> |
| | Tab 20 mg | 17.50 | 30 | ✓ <u>Aripiprazole Sandoz</u> |
| | Tab 30 mg | 17.50 | 30 | ✓ <u>Aripiprazole Sandoz</u> |

Effective 11 October 2018

| | | | | |
|----|--|------|----|--------------------|
| 34 | FERROUS SULPHATE (stat dispensing removed) Tab long-acting 325 mg (105 mg elemental)..... | 2.06 | 30 | ✓ <u>Ferrograd</u> |
|----|--|------|----|--------------------|

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

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

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

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| 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 SA1744+490 – Retail pharmacy (amended Special Authority) Inj 150 mg vial 450.00 | 1 | ✓ Xolair |
| | Inj 150 mg prefilled syringe..... 450.00 | 1 | ✓ Xolair |

➔ SA1744 +490 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 formoterol 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 ~~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.

Changes to Restrictions – effective 1 October 2018 (continued)

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| 192 | TACROLIMUS – Special Authority see SA1745+540 – 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 +540** 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 Cyclosporin 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 Cyclosporin 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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

- 197 TIOtropium BROMIDE — Special Authority see SA1568 — Retail pharmacy — **Subsidy by endorsement**
(Special Authority removed and added subsidy by endorsement)
- a) Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.
 - 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.**
- | | | | |
|---|-------|------------|--------------------|
| Powder for inhalation, 18 mcg per dose..... | 50.37 | 30 dose | ✓ Spiriva |
| Solin for inhalation 2.5 mcg per dose..... | 50.37 | 60 dose OP | ✓ Spiriva Respimat |

➔ 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 trialed 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).

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Changes to Restrictions – effective 1 October 2018 (continued)

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| 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 S29 ✓ Apo-Montelukast |

198 PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see **SA1748+628** (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**

► **SA1748 +628** 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 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:**
 - 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).**

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:

- 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).

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

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| 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

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Changes to Restrictions – effective 1 September 2018

| | |
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| 24 | <p>URSODEOXYCHOLIC ACID – Special Authority see SA17391383 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)</p> <p>Cap 250 mg 37.95 100 ✓ Ursosan</p> <p>➤ SA1739 1383 Special Authority for Subsidy</p> <p>Initial application — (Cirrhosis Primary biliary cholangitis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:</p> <p>Both:</p> <p>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</p> <p>2 Patient not requiring a liver transplant (bilirubin > 100 umol/l; decompensated cirrhosis).</p> <p>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 | <p>HEPARIN SODIUM (amended presentation description)</p> <p>Inj 1,000 iu per ml, 5 ml ampoule..... 13.36 10 ✓ Hospira</p> <p style="padding-left: 100px;">66.80 50 ✓ Hospira</p> <p style="padding-left: 100px;">58.57 ✓ Pfizer</p> <p>Inj 5,000 iu per ml, 5 ml ampoule..... 203.68 50 ✓ Pfizer</p> |
| 43 | <p>COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] DEXTROSE WITH ELECTROLYTES (amended chemical name)</p> <p>Soln with electrolytes (2 × 500 ml) 6.55 1,000 ml OP ✓ Pedialyte - Bubblegum</p> |
| 53 | <p>ISOPRENALINE [ISOPROTERENOL] (amended chemical name)</p> <p>* Inj 200 mcg per ml, 1 ml ampoule 36.80 25</p> <p style="padding-left: 100px;">(164.20) Isuprel</p> |
| 55 | <p>SILDENAFIL – Special Authority see SA17381704 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)</p> <p>Tab 25 mg 0.64 4 ✓ Vedafil</p> <p>Tab 50 mg 0.64 4 ✓ Vedafil</p> <p>Tab 100 mg 2.20 4 ✓ Vedafil</p> <p style="padding-left: 100px;">6.60 12 ✓ Vedafil</p> <p>➤ SA1738 1704 Special Authority for Subsidy</p> <p>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:</p> <p>All of the following:</p> <p>1 Patient has pulmonary arterial hypertension (PAH)*; and</p> <p>2 Any of the following:</p> <p style="padding-left: 20px;">2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or</p> <p style="padding-left: 20px;">2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or</p> <p style="padding-left: 20px;">2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and</p> <p>3 Any of the following:</p> <p style="padding-left: 20px;">3.1 PAH is in NYHA/WHO functional class II; or</p> <p style="padding-left: 20px;">3.2 PAH is in NYHA/WHO functional class III; or</p> <p style="padding-left: 20px;">3.3 PAH is in NYHA/WHO functional class IV; and</p> |

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Changes to Restrictions – effective 1 September 2018 (continued)

| | | | | |
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| 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 ✓ Orion Temozolomide |
| | 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.**

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

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| 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

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Changes to Subsidy and Manufacturer's Price

Effective 1 November 2018

| | | | | | |
|-----|---|------------------|-------|---|---|
| 31 | THIAMINE HYDROCHLORIDE – Only on a prescription (↓ subsidy) * Tab 50 mg | 4.89 (5.62) | 100 | | Apo-Thiamine |
| 34 | FERROUS FUMARATE (↑ subsidy) * Tab 200 mg (65 mg elemental)..... | 3.09 | 100 | ✓ | Ferro-tab |
| 41 | HEPARIN SODIUM (↓ subsidy) Inj 1,000 iu per ml, 35 ml vial | 14.53 | 1 | ✓ | Hospira |
| | Inj 1,000 iu per ml, 5 ml ampoule | 11.71 (13.36) | 10 | | Hospira |
| | | 58.57 (66.80) | 50 | | Hospira |
| 45 | LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (↓ subsidy) Tab 50 mg with hydrochlorothiazide 12.5 mg..... | 1.88 | 30 | ✓ | Arrow-Losartan & Hydrochlorothiazide |
| 59 | CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Crm, aqueous, BP | 1.26 (1.49) | 100 g | | Pharmacy Health |
| 62 | OIL IN WATER EMULSION (↓ subsidy) * Crm..... | 2.19 | 500 g | ✓ | O/W Fatty Emulsion Cream |
| 116 | COLCHICINE (↓ subsidy) * Tab 500 mcg..... | 9.58 | 100 | ✓ | Colgout |
| 119 | LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy) Inj 2%, 5 ml ampoule – Up to 5 inj available on a PSO | 6.75 | 25 | ✓ | Lidocaine-Claris |
| 152 | OXALIPLATIN – PCT only – Specialist (↑ subsidy) Inj 5 mg per ml, 20 ml vial | 46.32 | 1 | ✓ | Oxaliccord |
| 157 | DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy) Inj 2 mg per ml, 100 ml vial | 56.15 | 1 | ✓ | Doxorubicin Ebewe |

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
✓ fully subsidised

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 |

▲ Three months supply may be dispensed at one time if endorsed
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* Three months or six months, as
applicable, dispensed all-at-once

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Schedule page ref

Subsidy
(Mnfr's price)
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Brand or
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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-0-Vial |
| | Inj 125 mg vial | 28.90 | 1 | ✓ Solu-Medrol-Act-0-Vial |
| | Inj 500 mg vial | 22.78 | 1 | ✓ Solu-Medrol-Act-0-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 |

| 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)

| | | | | |
|-----|--|--------|-----|----------------------------|
| 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 | ✓ Vedafil |
| 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 |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 September 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 | ✓ Zarontin |
| | Oral liq 250 mg per 5 ml | 56.35 | 200 ml | ✓ Zarontin |
| 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 |

Changes to General Rules

Effective 1 November 2018

Part 10 – Definitions

Dermatological Base means a standard medicinal preparation used topically that may have a Dermatological Galenical added. For the purposes of the Schedule, Dermatological Bases are identified **barrier creams and emollients, collodion flexible and proprietary topical corticosteroid-plain preparations** within Section B of the Schedule and include the ~~proprietary topical corticosteroid-plain preparations~~.

Dermatological Galenical means an ingredient ~~identified in the Schedule as a Dermatological Galenical~~, and Subsidised for use in a topical extemporaneously compounded product **and listed in the Dermatologicals therapeutic group in Section B of the Schedule with the restriction - "Only in combination"**.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 November 2018

| | | | | |
|----|---|------------------|-------------|----------------------------------|
| 8 | MEBEVERINE HYDROCHLORIDE * Tab 135 mg | 18.00 | 90 | ✓ Colofac |
| | Note – this delist applies to Pharmacode 587575, a new Pharmacode was listed from 1 May 2018. | | | |
| 14 | INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy a) Maximum of 1 dev per prescription b) Only on a prescription c) Maximum of 1 insulin pump per patient each four year period. | | | |
| | Min basal rate 0.025 U/h; black colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Min basal rate 0.025 U/h; blue colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Min basal rate 0.025 U/h; green colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Min basal rate 0.025 U/h; pink colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Min basal rate 0.025 U/h; silver colour | 4,500.00 | 1 | ✓ Animas Vibe |
| | Min basal rate 0.05 U/h; blue colour | 4,400.00 | 1 | ✓ Paradigm 522 ✓ Paradigm 722 |
| | Min basal rate 0.05 U/h; clear colour | 4,400.00 | 1 | ✓ Paradigm 522 ✓ Paradigm 722 |
| | Min basal rate 0.05 U/h; pink colour | 4,400.00 | 1 | ✓ Paradigm 522 ✓ Paradigm 722 |
| | Min basal rate 0.05 U/h; purple colour | 4,400.00 | 1 | ✓ Paradigm 522 ✓ Paradigm 722 |
| | Min basal rate 0.05 U/h; smoke colour | 4,400.00 | 1 | ✓ Paradigm 522 ✓ Paradigm 722 |
| 48 | VERAPAMIL HYDROCHLORIDE * Tab 40 mg | 7.01 | 100 | ✓ Isoptin |
| | Note – this delist applies to Pharmacode 253499, a new Pharmacode was listed from 1 May 2018. | | | |
| 52 | GLYCERYL TRINITRATE * Oral spray, 400 mcg per dose – Up to 200 dose available on a PSO | 4.45 | 250 dose OP | ✓ Glytrin |
| | Note – Glytrin in a 200 dose pack was listed 1 May 2018. | | | |
| 53 | AMYL NITRITE * Liq 98% in 0.3 ml cap | 62.92 (73.40) | 12 | Baxter |
| 59 | MENTHOL – Only in combination 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain 2) With or without other dermatological galenicals. Crystals | 6.50 | 25 g | ✓ PSM |
| 66 | IMIQUIMOD Crm 5%, 250 mg sachet | 10.86 (17.98) | 12 | Apo-Imiquimod Cream 5% |
| 98 | LAMIVUDINE – Special Authority see SA1685 – Retail pharmacy Tab 100 mg | 4.20 (6.00) | 28 | Zeffix |

| 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 November 2018 (continued)

| | | | | |
|--|--|-------------------|-----|---|
| 98 | TENOFOVIR DISOPROXIL Tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA1651. * Tab 245 mg (300 mg as a fumarate) | 38.10 (531.00) | 30 | Viread |
| 107 | IBUPROFEN * Tab long-acting 800 mg | 7.99 | 30 | ✓ Brufen SR |
| Note – this delist applies to Pharmacode 2255499, a new Pharmacode was listed from 1 May 2018. | | | | |
| 108 | MELOXICAM – Special Authority see SA1034 – Retail pharmacy * Tab 7.5 mg | 11.50 | 30 | ✓ Arrow-Meloxicam |
| 125 | GABAPENTIN Note: Not subsidised in combination with subsidised pregabalin * Cap 100 mg | 2.65 (7.16) | 100 | Arrow-Gabapentin Neurontin Nupentin |
| | * Cap 300 mg | 4.07 (11.00) | 100 | Arrow-Gabapentin Neurontin Nupentin |
| | * Cap 400 mg | 5.64 (13.75) | 100 | Arrow-Gabapentin Neurontin Nupentin |
| 130 | ARIPIPRAZOLE – Safety medicine; prescriber may determine dispensing frequency Tablet 5 mg | 17.50 (123.54) | 30 | Abilify |
| | Tab 10 mg | 17.50 (123.54) | 30 | Abilify |
| | Tab 15 mg | 17.50 (175.28) | 30 | Abilify |
| | Tab 20 mg | 17.50 (213.42) | 30 | Abilify |
| | Tab 30 mg | 17.50 (260.07) | 30 | Abilify |
| 169 | LETROZOLE * Tab 2.5 mg | 5.90 | 60 | ✓ Letromyl |

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 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) 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 840 g OP | Sustagen Hospital Formula 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

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

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 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. | | | |
| 105 | PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 | 1,975.00 | 1 OP | ✓ Pegasys RBV Combination Pack |
| | Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 | 1,159.84 | 1 OP | ✓ Pegasys RBV Combination Pack |
| | Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 | 1,290.00 | 1 OP | ✓ Pegasys RBV Combination Pack |
| 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. | | | |
| 194 | PROMETHAZINE HYDROCHLORIDE * Oral liq 1 mg per 1 ml..... | 9.57 | 100 ml | ✓ Phenergan Elixir |
| 232 | HEPATITIS B RECOMBINANT VACCINE – [Xpharm] Inj 20 mcg per 1 ml prefilled syringe | 0.00 | 1 | ✓ Engerix-B |
| | Note – delisting delayed until further notice. | | | |

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 |
|----|---|------------------|----|-------------|

| 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 January 2019 (continued)

| | | | | |
|-----|--|-------------------|-----|--------------------------|
| 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 |
| 152 | OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 10 ml vial | 13.32 | 1 | ✓ Oxallicord |
| | Inj 50 mg vial | 15.32 | 1 | ✓ Oxaliplatin Actavis 50 |
| | | 55.00 | | ✓ Oxaliplatin Ebewe |

Effective 1 February 2019

| | | | | |
|-----|--|------------------|-------|------------------------|
| 31 | THIAMINE HYDROCHLORIDE – Only on a prescription * Tab 50 mg | 4.89 (5.62) | 100 | Apo-Thiamine |
| 41 | HEPARIN SODIUM Inj 1,000 iu per ml, 35 ml vial | 14.53 | 1 | ✓ Hospira |
| | Inj 1,000 iu per ml, 5 ml ampoule | 11.71 (13.36) | 10 | Hospira |
| | | 58.57 (66.80) | 50 | Hospira |
| 59 | CALAMINE a) Only on a prescription b) Not in combination Crn, aqueous, BP | 1.26 (1.49) | 100 g | Pharmacy Health |
| 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-Claris |
| | Inj 2%, 20 ml ampoule – Up to 5 inj available on a PSO | 2.40 | 1 | ✓ Lidocaine-Claris |

▲ 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 February 2019 (continued)

| | | | | |
|-----|---|------|-------|--|
| 123 | IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg | 6.58 | 60 | ✓ Tofranil s29 S29 |
| 206 | PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... | 4.50 | 1 fee | ✓ BSF Apo-Gabapentin ✓ BSF Aripiprazole Sandoz ✓ BSF Tenofovir Disoproxil Teva |
| | a) The Pharmacode for BSF Apo-Gabapentin is 2556626 b) The Pharmacode for BSF Aripiprazole Sandoz is 2556634 c) The Pharmacode for BSF Tenofovir Disoproxil Teva is 2556642 | | | |

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 |
| 142 | LORMETAZEPAM – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg | 3.11 (23.50) | 30 | Noctamid |

| 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 March 2019 (continued)

| | | | | |
|-----|--|-------|---|----------------------|
| 151 | CARBOPLATIN – PCT only – Specialist | | | |
| | Inj 10 mg per ml, 5 ml vial | 15.07 | 1 | ✓ DBL Carboplatin |
| | | 20.00 | | ✓ Carboplatin Ebewe |
| | Inj 10 mg per ml, 15 ml vial | 14.05 | 1 | ✓ DBL Carboplatin |
| | | 19.50 | | ✓ Carbaccord |
| | | 22.50 | | ✓ Carboplatin Ebewe |
| 153 | FLUOROURACIL | | | |
| | Inj 50 mg per ml, 50 ml vial – PCT only – Specialist | 17.00 | 1 | ✓ Fluorouracil Ebewe |

Effective 1 April 2019

| | | | | |
|-----|---|------------------|------------|---|
| 24 | PANCREATIC ENZYME | | | |
| | Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) | 94.38 | 100 | ✓ Creon 25000 |
| | Note – this delist applies to Pharmacode 2451042. A new Pharmacode was listed 1 November 2018. | | | |
| 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 | 4.21 | 90 | ✓ Synthroid |
| | Note – this delist applies to Pharmacode 2389460. A new Pharmacode was listed 1 July 2018. | | | |
| 90 | GENTAMICIN SULPHATE | | | |
| | Inj 10 mg per ml, 2 ml – Subsidy by endorsement | 175.10 | 25 | ✓ APP Pharmaceuticals |
| | | 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. | | | |
| 129 | CYCLIZINE HYDROCHLORIDE | | | |
| | Tab 50 mg | 0.59 | 20 | ✓ Nauzene |
| 195 | EFORMOTEROL FUMARATE | | | |
| | Powder for inhalation, 6 mcg per dose, breath activated | 10.32 (16.90) | 60 dose OP | Oxis Turbuhaler |

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 April 2019 (continued)

| | | | | |
|-----|---|--------|----------|--------------|
| 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 May 2019

| | | | | |
|----|---|-------|-------|---------|
| 86 | CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 250 mg per 5 ml – Wastage claimable..... | 23.12 | 50 ml | ✓Klacid |
| | Note – this delist applies to Pharmacode 2494973. A new Pharmacode was listed 1 November 2018. | | | |

| | | | | |
|-----|---|-------|----------|--------------|
| 227 | AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder | 53.00 | 400 g OP | ✓Neocate LCP |
|-----|---|-------|----------|--------------|

Effective 1 June 2019

| | | | | |
|----|---|------------------|----|---|
| 51 | CHOLESTYRAMINE Powder for oral liq 4 g | 19.25 (52.68) | 50 | Questran-Lite Questran-Lite S29 S29 |
|----|---|------------------|----|---|

| | | | | |
|----|--|------|---------|-------------|
| 57 | HYDROGEN PEROXIDE * Crm 1% | 8.56 | 10 g OP | ✓Crystaderm |
| | Note – this delist only applies to the 10 g tube pack. | | | |

| | | | | |
|----|--|-----------------|--------|-------|
| 63 | POVIDONE IODINE Skin preparation, povidone iodine 10% with 70% alcohol..... | 8.13 (18.63) | 500 ml | Orion |
| | | 1.63 (6.04) | 100 ml | Orion |

| | | | | |
|-----|--|-------|-----|---------|
| 117 | LEVODOPA WITH CARBIDOPA * Tab 100 mg with carbidopa 25 mg | 17.97 | 100 | ✓Kinson |
|-----|--|-------|-----|---------|

Effective 1 July 2019

| | | | | |
|----|--|--------|---|-----------------|
| 71 | ERGOMETRINE MALEATE Inj 250 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO..... | 454.00 | 5 | ✓Ergonovine S29 |
|----|--|--------|---|-----------------|

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 | ✓Vitaldol C |
|----|--|------|----------|-------------|

Items to be Delisted – effective 1 October 2019

| | | | | |
|----|--|--------|------|-----------------------------|
| 19 | INSULIN PUMP ACCESSORIES – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 1 cap per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 1 prescription per 180 days. | | | |
| | Battery cap..... | 32.00 | 1 | ✓ Animas Battery Cap |
| 20 | INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 6 mm steel cannula; straight insertion; 60 cm grey line | | | |
| | × 10 with 10 needles..... | 130.00 | 1 OP | ✓ Contact-D |
| | 8 mm steel cannula; straight insertion; 110 cm grey line | | | |
| | × 10 with 10 needles..... | 130.00 | 1 OP | ✓ Contact-D |
| | 8 mm steel cannula; straight insertion; 60 cm grey line | | | |
| | × 10 with 10 needles..... | 130.00 | 1 OP | ✓ Contact-D |
| 20 | INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) | | | |
| | – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 13 mm teflon cannula; angle insertion; insertion device; | | | |
| | 110 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✓ Inset 30 |
| | 13 mm teflon cannula; angle insertion; insertion device; | | | |
| | 60 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✓ Inset 30 |
| 22 | INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) | | | |
| | – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 infusion sets will be funded per year. | | | |
| | 6 mm teflon cannula; straight insertion; insertion device; | | | |
| | 110 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| | 6 mm teflon cannula; straight insertion; insertion device; | | | |
| | 60 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| | 9 mm teflon cannula; straight insertion; insertion device; | | | |
| | 110 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| | 9 mm teflon cannula; straight insertion; insertion device; | | | |
| | 60 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✓ Inset II |
| 23 | INSULIN PUMP RESERVOIR – Special Authority see SA1604 – Retail pharmacy | | | |
| | a) Maximum of 3 sets per prescription | | | |
| | b) Only on a prescription | | | |
| | c) Maximum of 13 packs of reservoir sets will be funded per year. | | | |
| | Cartridge 200 U, luer lock × 10..... | 50.00 | 1 OP | ✓ Animas Cartridge |
| | Syringe and cartridge for 50X pump, 3.0 ml × 10..... | 50.00 | 1 OP | ✓ 50X 3.0 Reservoir |

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