



PHARMAC
TE PĀTAKA WHAIORANGA



Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

October 2019

Cumulative for September and October 2019

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Summary of PHARMAC decisions

EFFECTIVE 1 OCTOBER 2019

New listings (pages 28-30)

- Heparin sodium (Wockhardt) inj 25,000 iu per ml, 0.2 ml – S29 and wastage claimable
- Verapamil hydrochloride (Isoptin SR) tab long-acting 120 mg
- Cetomacrogol with glycerol (Boucher) crm 90% with glycerol 10%, 500 ml OP and 1,000 ml OP
- Povidone iodine (Riodine) antiseptic soln 10%, 15 ml
- Povidone iodine (Betadine) antiseptic soln 10%, 15 ml and 100 ml
- Salicylic acid (Midwest) powder, 250 g – only in combination
- Condoms 49 mm; 53 mm, 0.05 mm thickness; 53 mm; 53 mm, strawberry, red; 53 mm, chocolate, brown; 56 mm; 56 mm, 0.08 mm thickness and 56 mm, 0.08 mm thickness, red (Moments) and 56 mm, 0.05 mm thickness; 56 mm, chocolate and 56 mm, strawberry (Gold Knight) – up to 60 dev available on a PSO and maximum of 60 dev per prescription
- Clindamycin (Dalacin C) cap hydrochloride 150 mg – maximum of 4 cap per prescription; can be waived by endorsement – Retail pharmacy-Specialist
- Ropinirole hydrochloride (Ropin) tab 0.25 mg, 1 mg, 2 mg and 5 mg
- Tranlycypromine sulphate (Parnate S29) tab 10 mg – S29 and wastage claimable
- Paroxetine (Loxamine) tab 20 mg
- Sertraline (Setrona) tab 50 mg and 100 mg
- Temozolomide (Temaccord) tab 20 mg, 100 mg, 140 mg and 250 mg – Special Authority – Retail pharmacy
- Pharmacy service (BSF Logem) brand switch fee – may only be claimed once per patient
- Amino acid formula (Neocate Junior Vanilla) powder (vanilla), 400 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 32-37)

- Calcium carbonate (Roxane) oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml) – amended endorsement criteria
- Insulin pen needles 29 g x 12.7 mm, 31 g x 5 mm, 31 g x 8 mm and 32 g x 4 mm (B-D Micro-Fine) and 31 g x 6 mm (Berpu) – maximum quantity per dispensing and OP removed and addition of stat dispensing

Summary of PHARMAC decisions – effective 1 October 2019 (continued)

- Insulin syringe, disposable with attached needle syringe 0.3 ml with 29 g x 12.7 mm needle, syringe 0.5 ml with 29 g x 12.7 mm needle and syringe 1 ml with 29 g x 12.7 mm needle (B-D Ultra Fine) and Syringe 0.3 ml with 31 g x 8 mm needle, syringe 0.5 ml with 31 g x 8 mm needle and syringe 1 ml with 31 g x 8 mm needle (B-D Ultra Fine II) – maximum quantity per dispensing and OP removed and addition of stat dispensing
- Ferric carboxymaltose (Ferinject) inj 50 mg per ml, 10 ml – amended Special Authority criteria
- Condoms (Gold knight, Shield Blue, Moments, Durex Extra Safe and Durex Confidence) 53 mm; 53 mm, 0.05 mm thickness; 53 mm (chocolate); 53 mm, chocolate, brown; 53 mm (strawberry); 53 mm, strawberry, red; 56 mm; 56 mm, 0.08 mm thickness; 56 mm, 0.08 mm thickness, red; 56 mm, 0.05 mm thickness; 56 mm, chocolate; 56 mm, strawberry and 56 mm, shaped – amended PSO quantity and addition of maximum quantity on a prescription
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – amended Special Authority criteria
- Lamotrigine (Logem) tab dispersible 25 mg, 50 mg and 100 mg – addition of brand switch fee
- Ondansetron tab disp 4 mg (Ondansetron ODT-ORLA) and 8 mg (Ondansetron ODT-ORLA) – addition of PSO
- Varenicline tartrate (Varenicline Pfizer) tab 0.5 mg x 11 and 1 mg x 42, 53 OP and tab 1 mg – amended Special Authority criteria and addition of note
- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and 40 mg per 0.8 ml prefilled syringe (Humira) inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria

Increased subsidy (pages 44-45)

- Ethinyloestradiol with norethisterone (Brevinor 1/28) tab 35 mcg with norethisterone 1 mg and 7 inert tab
 - Clotrimazole (Clomazol) vaginal crm 1% with applicators, 35 g OP and 2% with applicators, 20 g OP
 - Tamsulosin hydrochloride (Tamsulosin-Rex) cap 400 mcg
 - Phenoxyethylpenicillin (AFT) grans for oral liq 125 mg and 250 ml per 5 ml, 100 ml
 - Morphine sulphate (m-Eslon) cap long-acting 10 mg, 30 mg, 60 mg and 100 mg
 - Calcium folinate (Calcium Folate Sandoz) inj 10 mg per ml, 5 ml and 100 ml vial
-

Summary of PHARMAC decisions – effective 1 October 2019 (continued)

Decreased subsidy (page 44)

- Iloprost (Ventavis) nebuliser soln 10 mcg per ml, 2 ml
- Povidone iodine (Riodone) antiseptic soln 10%, 500 ml
- Metoclopramide hydrochloride (Pfizer) inj 5 mg per ml, 2 ml ampoule

Increased price but not subsidy (page 44)

- Condoms (Durex Confidence) 56 mm, shaped

News Stories – October 2019 Update

New tender listings

- Cetamacrogol with glycerol (Boucher) crm 90% with glycerol 10%, 500 ml OP and 1,000 ml OP
- Paroxetine (Loxamine) tab 20 mg
- Povidone iodine (Riodine) antiseptic soln 10%, 15 ml
- Ropinirole hydrochloride (Ropin) tab 0.25 mg, 1 mg, 2 mg, and 5 mg
- Sertraline (Setrona) tab 50 mg and 100 mg
- Temozolomide (Temaccord) cap 20 mg, 100 mg, 140 mg and 250 mg.
- Verapamil hydrochloride (Isoptin SR) tab long-acting 120 mg



Temaccord 20 mg, 100 mg, 140 mg and 250 mg capsules are being listed earlier than the notified date of 1 December 2019 to ensure ongoing supply. The 5 mg capsules will be listed in December as notified. The Sole Supply dates remain unchanged.

New listings

New brands of SSRI antidepressants

There will be changes to the funded brands of paroxetine, fluoxetine and sertraline:

- The funded brand of paroxetine will change to Loxamine (from Apo-Paroxetine). Loxamine will be funded from 1 October 2019. Apo-Paroxetine will no longer be funded from **1 March 2020**. Loxamine is a brand that PHARMAC has previously funded.
- The funded brand of sertraline will change to Setrona (from Arrow-Sertraline). Setrona will be funded from 1 October 2019. Arrow-Sertraline will no longer be funded from **1 March 2020**.
- The funded brand of fluoxetine cap 20 mg and tab dispersible 20 mg will change to Fluox (from Arrow-Fluoxetine). Fluox will be funded from 1 November 2019. Arrow-Fluoxetine will no longer be funded from **1 April 2020**. Fluox is a brand that PHARMAC has previously funded.

The brands of paroxetine, fluoxetine and sertraline that PHARMAC currently funds are generic brands. The brands we are changing to are also generics.

Resources explaining these brand changes are available to support patients and health professionals – see www.pharmac.govt.nz

Condoms – new listings and changes to PSO

From 1 October 2019, we are listing Moments and Gold Knight condoms in a range of sizes and colours.

The maximum number of condoms able to be dispensed at one time, or available via a practitioner supply order (PSO) will be reduced from 144 condoms to 60 condoms from 1 October 2019.

The 49 mm nominal width (Moments brand) and 60 mm nominal width (Shield XL brand) are only available in 144 packs. The maximum quantity via dispensing or PSO will remain at 144 condoms for these products. This will minimise the burden on those who dispense condoms to individual consumers such as Pharmacies and practitioners.

Changed listings

Lamotrigine brand change – update

From 1 October 2019:

- Logem will be the only funded brand of lamotrigine dispersible tabs 25 mg, 50 mg and 100 mg.
- Lamictal and Arrow-Lamotrigine 25 mg, 50 mg and 100 mg dispersible tablets will be delisted.
- A Brand Switch Fee will apply to dispensings of lamotrigine 25 mg, 50 mg and 100 mg from 1 October 2019 to 31 December 2019. May be claimed once per patient.

More information about the change can be found on our website at:

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

Varenicline – Special Authority amendment

From 1 October 2019, we are amending the Special Authority criteria for varenicline tartrate. Access will be widened to allow one 12-week course to be funded every 6 months for eligible people wanting to quit smoking. Current funding is limited to every 12 months.

A note is being added to the listing to clarify that the 6-month time period starts from the date the Special Authority is approved.

Adalimumab – Special Authority amendment

The Special Authority criteria for adalimumab will be amended from 1 October 2019 to include people with moderate to severe hidradenitis suppurativa.

Tenofovir disoproxil with emtricitabine for PrEP – change to applicant type

From 1 October 2019, we will be amending the Special Authority criteria for tenofovir disoproxil with emtricitabine that will mean that a much wider range of prescribers can initiate pre-exposure prophylaxis, or PrEP treatment for prevention of HIV infection. The prescriber type in the Special Authority will change to “any relevant practitioner”, and additional clinical and prescriber competency criteria will be added.

Ferric carboxymaltose – change to applicant type

From 1 October 2019, we will be amending the Special Authority criteria for ferric carboxymaltose to “any relevant practitioner”. This will mean that Nurse Practitioners can apply for funding for this treatment. This change will apply only to the initial and renewal applications for serum ferritin less than or equal to 20 mcg/L.

Ondansetron dispersible tablets – available on PSO

Ondansetron dispersible tablets will be available on a Practitioner’s Supply Order (PSO) from 1 October 2019. A maximum of 10 tablets will be available on a PSO for both 4 mg and 8 mg dispersible tablets.

Insulin needles and syringes – change to dispensing quantities

We are changing the quantity restrictions for insulin needles and syringes. From 1 October:

- The maximum of 100 per dispensing will be removed.
- Stat (all-at-once) dispensing will apply.
- OP will be removed.

This means that patients can get up to 200 needles or syringes in a single dispensing.

Calcium carbonate oral liquid – restriction change

From 1 October 2019, we will change the endorsement restriction for calcium carbonate oral liquid 1,250 mg per 5 ml (500 mg elemental per 5 ml).

The liquid will be funded for people unable to swallow calcium carbonate tablets or when calcium carbonate tablets are inappropriate.

Stock issues

Salicylic acid (Midwest)

The Midwest brand of salicylic acid powder, 250 g will be listed temporarily from 1 October 2019 to assist with ongoing supply.

Delistings

Glyceryl trinitrate (Glytrin)

The Glytrin brand of glyceryl trinitrate oral spray, 400 mcg per dose, will be delisted 1 May 2020 due to supplier discontinuation. Current stock expires November 2019. The Nitrolingual brand remains available.

Arrow-Tolterodine

Teva are discontinuing supply of Arrow-Tolterodine 1 mg tablets. This product will be delisted 1 March 2020. Prescribers can consider solifenacin as an alternative.

Benzoin tincture

Benzoin tincture (Pharmacy Health), 50 ml and 500 ml bottles, will be delisted 1 March 2020 as this product is no longer being made.

Other

News in brief

- **Amino acid formula** (Neocate Junior Vanilla) powder (vanilla) – new Pharmacode listing (P'code 2573008) will replace the current Pharmacode which will be delisted 1 April 2020. A minor formulation change has been made to the new product.
- **Povidone iodine** (Betadine) antiseptic solution 10%, 15 ml and 100 ml bottles – new Pharmacodes (15 ml: 2573946 and 100 ml: 2573954) to replace existing Pharmacodes (15 ml: 510203 and 100 ml: 536970) which will be delisted 1 March 2020.

Tender News

Sole Subsidised Supply changes – effective 1 November 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amisulpride	Tab 100 mg; 30 tab	Sulprix (Mylan)
Amisulpride	Tab 200 mg; 60 tab	Sulprix (Mylan)
Aspirin	Tab 100 mg; 990 tab	Ethics Aspirin EC (Multichem)
Caffeine citrate	Oral liq 20 mg per ml (10 mg base per ml); 25 ml OP	Biomed (Biomed)
Cefalexin	Cap 250 mg; 20 cap	Cephalexin ABM (Boucher)
Cetirizine hydrochloride	Tab 10 mg; 100 tab	Zista (Teva)
Chloramphenicol	Eye drops 0.5%; 10 ml OP	Chlorafast (Teva)
Clobetasol propionate	Crm 0.05%; 30 g OP	Dermol (Mylan)
Clobetasol propionate	Oint 0.05%; 30 g OP	Dermol (Mylan)
Clobetasol propionate	Scalp app 0.05%; 30 ml OP	Dermol (Mylan)
Coal tar	Soln BP; 200 ml bottle	Midwest (Midwest)
Digoxin	Tab 62.5 mcg; 240 tab	Lanoxin PG (Aspen)
Digoxin	Tab 250 mcg; 240 tab	Lanoxin (Aspen)
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per ml; 500 ml bottle	Ferodan (Mylan)
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width; 1 dev	Choice TT380 Short (Boucher)
Intra-uterine device	IUD 33.6 mm length x 29.9 mm width; 1 dev	Choice TT380 Standard (Boucher)
Intra-uterine device	IUD 35.5 mm length x 19.6 mm width; 1 dev	Choice Load 375 (Boucher)
Itraconazole	Cap 100 mg; 15 cap	Itrazole (Mylan)
Lactulose	Oral liq 10 g per 15 ml; 500 ml bottle	Laevolac (Douglas)
Lidocaine [Lignocaine]	Gel 2%, 10 ml urethral syringe; 25 inj	Cathejell (InterPharma)
Lidocaine [Lignocaine] hydrochloride	Inj 2%, 5 ml ampoule; 25 inj	Lidocaine-Clarix (Baxter)
Mesna	Tab 400 mg; 50 tab	Uromitexan (Baxter)
Mesna	Tab 600 mg; 50 tab	Uromitexan (Baxter)
Pyridostigmine bromide	Tab 60 mg; 100 tab	Mestinon (Inova)
Spirolactone	Oral liq 5 mg per ml; 25 ml OP	Biomed (Biomed)
Sodium chloride	Nebuliser soln, 7%; 90 ml OP	Biomed (Biomed)
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml; 50 enema	Micolette (AFT)

Looking Forward

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

Decisions for implementation 1 November 2019

- Atomoxetine (Generic Partners brand) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg – new listing and Special Authority removed.

Possible decisions for future implementation 1 November 2019

- Levonorgestrel (Mirena) intra-uterine device system 52 mg
– remove Special Authority
- Levonorgestrel (Jaydess) intra-uterine device system 13.5 mg
– new listing with no restriction

Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg	Ziagen	2022
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Kivexa	2022
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	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2022
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
Alendronate sodium	Tab 70 mg	Fosamax	2022
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600	Fosamax Plus	2022
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
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 vial	Alphamox 125 Alphamox 250 Ibiamox	2020
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2020
Anastrozole	Tab 1 mg	Rolin	2020
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
Aqueous cream	Crm	Boucher	2021
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Asprin	Tab dispersible 300 mg	Ethics Aspirin	2022
Atazanavir sulphate	Cap 150 mg & 200 mg	Teva	2022
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2021
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2021 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 October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2021
Baclofen	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Medsurge Pacifen	2021
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Bethahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	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
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2021
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
Budesonide	Metered aqueous nasal spray, 50 mcg per dose & 100 mcg per dose, 200 dose OP	SteroClear	2020
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Calamine	Crm, aqueous, BP	healthE Calamine Aqueous Cream BP	2021

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2022
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
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2022
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin Sandoz	2021
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetomacrogol	Crn BP, 500 g	healthE	2021
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cilazapril	Tab 0.5 mg	Zapril	2022
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	Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	2022
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	Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Medsurge Clonidine BMN	2021
Clotrimazole	Crn 1%; 20 g OP	Clomazol	2020
Colchicine	Tab 500 mcg	Colgout	2021
Colectalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2020
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021
Compound hydroxybenzoate	Soln	Midwest	2022
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021

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Sole Subsidised Supply Products – cumulative to October 2019

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
Desferrioxamine mesilate	Inj 500 mg vial	DBL Desferrioxamine Mesylate for Injection BP	2021
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-Ph&T	2020
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
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2022
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crn 5% pump bottle, 500 ml OP	healthE Dimethicone 5%	2022
	Lotn 4%, 200 ml OP	healthE Dimethicone 4%	
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2021
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	2022
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 October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Domperidone	Tab 10 mg	Pharmacy Health	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2021
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
Efavirenz with emtricitabine and tenofovir disoproxil	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate)	Mylan	2022
Emtricitabine	Cap 200 mg	Emtriva	2022
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	Teva	2022
Emulsifying ointment	Oint BP, 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	2021
Epoetin alfa	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 1 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Binocrit	2022
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
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
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg Tab long-acting 2.5 mg	Felo 5 ER Felo 10 ER Plendil ER	2021

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule	Boucher and Muir	2021
	Inj 50 mcg per ml, 10 ml ampoule	Fentanyl Sandoz	2020
	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			
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
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)	Ferrograd	2021
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2021
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Grans for oral liq 25 mg per ml	AFT	2021
	Grans for oral liq 50 mg per ml	Staphlex Flucil Flucloxin	2020
	Cap 250 mg & 500 mg		
	Inj 1 g vial		
Inj 250 mg & 500 mg vial			
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
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2021
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2021
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris Urex Forte	2022
	Tab 500 mg		2021
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Glibenclamide	Tab 5 mg	Daonil	2021
Gliclazide	Tab 80 mg	Glizide	2020
Glipizide	Tab 5 mg	Minidiab	2021
Glucose [dextrose]	Inj 50%, 10 ml ampoule	Biomed	2020
	Inj 50%, 90 ml bottle		
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Suppos 3.6 g	PSM healthE Glycerol BP	2021
	Liquid		2020

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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	Inj 5 mg per ml, 1 ml ampoule Oral liq 2 mg per ml Tab 500 mcg, 1.5 mg & 5 mg	Serenace	2022
Heparin sodium	Inj 1,000 iu per ml, 5 ml ampoule Inj 5,000 iu per ml, 5 ml ampoule	Pfizer	2021
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	Douglas ABM	2021 2020
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	Crn 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	Oral liq 20 mg per ml, 200 ml bottle Tab 200 mg	Ethics Relieve	2021 2020
Imatinib mesilate	Cap 100 mg & 400 mg	Imatinib-AFT	2020
Imiquimod	Crn 5%, 250 mg sachet	Perrigo	2020
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP	Univent	2020
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 Tab long-acting 60 mg	Ismo 20 Duride	2020
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lamivudine	Tab 100 mg	Zetlam	2020
Lamotrigine	Tab dispersible 25 mg, 50 mg & 100 mg	Logem	2022
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2021
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Tab 250 mg, 500 mg, 750 mg and 1,000 mg	Everet	2022
	Oral liq 100 mg per ml, 300 ml OP	Levetiracetam-AFT	2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg	Sinemet Sinemet CR	2020
	Tab long-acting 200 mg with carbidopa 50 mg		
Levomepromazine maleate	Tab 25 mg & 100 mg	Nozinan	2022
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	2020
Lidocaine [lignocaine] hydrochloride	Inj 1% & 2%, 20 ml vial	Lidocaine-Claris Mucosoothe	2022 2020
	Oral (gel) soln 2%		
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2022
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
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
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2021
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
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2021
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2020

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
Mercaptopurine	Tab 50 mg	Puri-nethol	2022
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2021
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2022 2021
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2021 2020
Methylcellulose	Powder Suspension	Midwest Ora Plus	2022
Methylcellulose with glycerin and sodium saccharin	Suspension	Ora Blend SF	2022
Methylcellulose with glycerin and sucrose	Suspension	Ora Blend	2022
Methyl hydroxybenzoate	Powder	Midwest	2022
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2021
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2021
Methylprednisolone (as sodium succinate)	Inj 1 g vial Inj 40 mg, 125 mg & 500 mg vial	Solu-Medrol Solu-Medrol-Act-O-Vial	2021
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	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg	Metoprolol IV Mylan Apo-Metoprolol	01/02/2022 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
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2021

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Sole Subsidised Supply Products – cumulative to October 2019

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	Sevredol DBL Morphine Sulphate	2020
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 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	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	2022
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 valerate	Tab 1 mg & 2 mg	Progynova	2021
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Oil in water emulsion	Crn	O/W Fatty Emulsion Cream	2021
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

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2022
	Cap 10 mg	Omeprazole actavis 10	2020
	Cap 20 mg	Omeprazole actavis 20	
	Cap 40 mg	Omeprazole actavis 40	
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT- DRLA	2020
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2021
	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	
	Inj 10 mg per ml, 1 ml & 2 ml ampoule		
	Inj 50 mg per ml, 1 ml ampoule		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
	Inj 10 iu per ml, 1 ml ampoule		
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)	Creon 10000	2021
	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial	Pamisol	2020
	Inj 6 mg per ml, 10 ml vial		
	Inj 9 mg per ml, 10 ml vial		
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
	Oral liq 250 mg per 5 ml	Paracare Double Strength	2020
	Oral liq 120 mg per 5 ml	Paracare	
	Tab 500 mg – bottle pack Tab 500 mg – blister pack	Pharmacare	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2021
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe	Pegasys	2020
Perhexiline maleate	Tab 100 mg	Pexsig	2022

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Tab 50 mg Inj 50 mg per ml, 1 ml & 2 ml ampoules	PSM DBL Pethidine Hydrochloride	2021 2020
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2021
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
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
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2020
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2022
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
Pregnancy tests - HCG urine	Cassette, 40 test OP	Smith BioMed Rapid Pregnancy Test	2020
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Prochlorperazine	Tab 5 mg	Nausafix	2020
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021

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Sole Subsidised Supply Products – cumulative to October 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisothe	2020
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2020
Rifaximin	Tab 550 mg	Xifaxan	2020
Riluzole	Tab 50 mg	Rilutek	2021
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2022
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml	Actavis Risperon	2020
Ritonavir	Tab 100 mg	Norvir	2022
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2020
Rotavirus vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2020
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2022
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin 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
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2020
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium fusidate [fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP Tab 250 mg	Foban Fucidin	2021 2020

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Generic Name	Presentation	Brand Name	Expiry Date*
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sotalol	Tab 80 mg & 160 mg	Mylan	2022
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2022
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2020
Temazepam	Tab 10 mg	Normison	2020
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
Tenoxicam	Tab 20 mg	Tilcotil	2022
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Tetrabenazine	Tab 25 mg	Motetis	2022
Thiamine hydrochloride	Tab 50 mg	Max Health	2020
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP	Arrow-Timolol	2020
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
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
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim	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
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2021
Vancomycin	Inj 500 mg vial	Mylan	2020

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Generic Name	Presentation	Brand Name	Expiry Date*
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2021
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlifax XR	2020
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	2021
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2020
Zinc and castor oil	Oint, 500 g	Boucher	2020
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2021
Zoledronic acid	Inj 0.05 mg per ml, 100 ml, vial, 100 ml OP Inj 4 mg per 5 ml, vial	Aclasta Zoledronic acid Mylan	2022 2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

October changes are in bold type

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Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 October 2019

43	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml Wastage claimable.	122.00	10	✓ Wockhardt	S29
52	VERAPAMIL HYDROCHLORIDE * Tab long-acting 120 mg	36.02	100	✓ Isoptin SR	
65	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%	2.35 3.10	500 ml OP 1,000 ml OP	✓ Boucher ✓ Boucher	
66	POVIDONE IODINE Antiseptic soln 10%	3.83	15 ml	✓ Riodine	
66	POVIDONE IODINE Antiseptic soln 10%	0.19 (7.41) 1.28 (13.27)	15 ml 100 ml	 Betadine Betadine	
Note – these are new Pharmacode listings, 2573946 and 2573954.					
69	SALICYLIC ACID Powder – Only in combination	18.88	250 g	✓ Midwest	
	1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible				
	2) With or without other dermatological galenicals.				
71	CONDOMS * 49 mm – Up to 144 dev available on a PSO	11.42	144	✓ Moments	
	* 53 mm, 0.05 mm thickness	0.95 11.42	10 144	✓ Moments ✓ Moments	
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				
	* 53 mm	0.95 11.64	10 144	✓ Moments ✓ Moments	
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				
	* 53 mm, strawberry, red	0.95 11.64	10 144	✓ Moments ✓ Moments	
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				
	* 53 mm, chocolate, brown	0.95 11.64	10 144	✓ Moments ✓ Moments	
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 October 2019 (continued)

continued...

	* 56 mm	0.97	10	✓ Moments
		11.64	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, 0.08 mm thickness	0.97	10	✓ Moments
		11.64	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, 0.08 mm thickness, red	0.97	10	✓ Moments
		11.64	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, 0.05 mm thickness	1.30	12	✓ Gold Knight
		15.57	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, chocolate	1.30	12	✓ Gold Knight
		15.57	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, strawberry	1.30	12	✓ Gold Knight
		15.57	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
93	CLINDAMYCIN Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist	4.61	24	✓ Dalacin C
118	ROPINIROLE HYDROCHLORIDE			
	▲ Tab 0.25 mg	2.85	84	✓ Ropin
	▲ Tab 1 mg	3.95	84	✓ Ropin
	▲ Tab 2 mg	5.48	84	✓ Ropin
	▲ Tab 5 mg	12.50	84	✓ Ropin
124	TRANLYCYPROMINE SULPHATE			
	* Tab 10 mg	12.85	28	✓ Parnate S29
	Wastage claimable.			
125	PAROXETINE			
	* Tab 20 mg	3.61	90	✓ Loxamine
125	SERTRALINE			
	* Tab 50 mg	0.92	30	✓ Setrona
	* Tab 100 mg	1.61	30	✓ Setrona
163	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy			
	Cap 20 mg	16.38	5	✓ Temaccord
	Cap 100 mg	35.98	5	✓ Temaccord
	Cap 140 mg	50.12	5	✓ Temaccord
	Cap 250 mg	86.34	5	✓ Temaccord

▲ 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 2019 (continued)

230	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... 4.50 a) The Pharmacode for BSF Logem is 2575949.	1 fee	✓ BSF Logem
251	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (vanilla) 53.00	400 g OP	✓ Neocate Junior Vanilla

Note – this is a new Pharmacode listing, 2573008.

Effective 1 September 2019

36	MAGNESIUM HYDROXIDE Suspension 8% 72.20 Wastage claimable	500 ml	✓ T&R S29
46	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 20 ml ampoule – Up to 5 inj available on a PSO..... 5.00	20	✓ Fresenius Kabi
47	CILAZAPRIL * Tab 2.5 mg 4.80 * Tab 5 mg 8.35	90	✓ Zapril
49	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO 16.37	10	✓ Max Health
49	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Tab 50 mg 19.95	60	✓ Flecainide BNM
107	RALTEGRAVIR POTASSIUM – Special Authority see SA1651 – Retail pharmacy Tab 600 mg 1,090.00	60	✓ Isentress HD
118	LEVODOPA WITH CARBIDOPA * Tab long-acting 200 mg with carbidopa 50 mg 46.73 Wastage claimable	100	✓ Mylan S29
155	CARMUSTINE – PCT only – Specialist Inj 100 mg vial 1,387.00	1	✓ Bicnu Heritage S29
159	OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 20 ml vial 46.32	1	✓ Oxaliplatin Accord
163	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy Cap 20 mg 18.30 Cap 100 mg 40.20	5 5	✓ Apo-Temozolomide ✓ Apo-Temozolomide

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 September 2019 (continued)

215	TACROLIMUS – Special Authority see SA1745 – Retail pharmacy Cap 0.75 mg	99.30	100	✓ Tacrolimus Sandoz
227	SODIUM CROMOGLICATE Eye drops 2%	1.79	5 ml OP	✓ Cromal S29
	Wastage claimable			
230	PHARMACY SERVICES May only be claimed once per patient.			
	* Brand switch fee.....	4.50	1 fee	✓ BSF Teva Atazanavir Sulphate
	* Brand switch fee.....	4.50	1 fee	✓ BSF Teva Emtricitabine Tenofovir Disoproxil
	* Brand switch fee.....	4.50	1 fee	✓ BSF Mylan Efavirenz Emtricitabine Tenofovir
	a) The Pharmacode for BSF Teva Atazanavir Sulphate is 2573857			
	b) The Pharmacode for BSF Teva Emtricitabine Tenofovir Disoproxil is 2573865			
	c) The Pharmacode for BSF Mylan Efavirenz Emtricitabine Tenofovir is 2573873			

Effective 1 August 2019

53	FUROSEMIDE [FRUSEMIDE] Tab 40 mg – Up to 30 tab available on a PSO	20.40	1,000	✓ Milan Laboratories S29
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Note: Wastage may only be claimed once on Milan Laboratories.

▲ 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, Chemical Names and Presentations Effective 1 October 2019

6	<p>CALCIUM CARBONATE (amended endorsement criteria) Oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml) – Subsidy by endorsement 39.00 500 ml ✓ Roxane Only when prescribed for children under 12 years of age for use as a phosphate binding agent patients unable to swallow calcium carbonate tablets or when calcium carbonate tablets are inappropriate and the prescription is endorsed accordingly.</p>																																																																								
14	<p>INSULIN PEN NEEDLES (removal of maximum quantity per dispensing and OP and addition of stat dispensing) a) Maximum of 200 dev per prescription b) Maximum of 100 dev per dispensing</p> <table border="0"> <tr> <td>* 29 g × 12.7 mm</td> <td>10.50</td> <td>100 EP</td> <td>✓ B-D Micro-Fine</td> </tr> <tr> <td>* 31 g × 5 mm</td> <td>11.75</td> <td>100 EP</td> <td>✓ B-D Micro-Fine</td> </tr> <tr> <td>* 31 g × 6 mm</td> <td>9.50</td> <td>100 EP</td> <td>✓ Berpu</td> </tr> <tr> <td>* 31 g × 8 mm</td> <td>10.50</td> <td>100 EP</td> <td>✓ B-D Micro-Fine</td> </tr> <tr> <td>* 32 g × 4 mm</td> <td>10.50</td> <td>100 EP</td> <td>✓ B-D Micro-Fine</td> </tr> </table>	* 29 g × 12.7 mm	10.50	100 EP	✓ B-D Micro-Fine	* 31 g × 5 mm	11.75	100 EP	✓ B-D Micro-Fine	* 31 g × 6 mm	9.50	100 EP	✓ Berpu	* 31 g × 8 mm	10.50	100 EP	✓ B-D Micro-Fine	* 32 g × 4 mm	10.50	100 EP	✓ B-D Micro-Fine																																																				
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14	<p>INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE (removal of maximum quantity per dispensing and OP and addition of stat dispensing) a) Maximum of 200 dev per prescription b) Maximum of 100 dev per dispensing</p> <table border="0"> <tr> <td>* Syringe 0.3 ml with 29 g × 12.7 mm needle</td> <td>13.00</td> <td>100 EP</td> <td>✓ B-D Ultra Fine</td> </tr> <tr> <td></td> <td>1.30</td> <td>10 EP</td> <td></td> </tr> <tr> <td></td> <td>(1.99)</td> <td></td> <td>B-D Ultra Fine</td> </tr> <tr> <td>* Syringe 0.3 ml with 31 g × 8 mm needle</td> <td>13.00</td> <td>100 EP</td> <td>✓ B-D Ultra Fine II</td> </tr> <tr> <td></td> <td>1.30</td> <td>10 EP</td> <td></td> </tr> <tr> <td></td> <td>(1.99)</td> <td></td> <td>B-D Ultra Fine II</td> </tr> <tr> <td>* Syringe 0.5 ml with 29 g × 12.7 mm needle</td> <td>13.00</td> <td>100 EP</td> <td>✓ B-D Ultra Fine</td> </tr> <tr> <td></td> <td>1.30</td> <td>10 EP</td> <td></td> </tr> <tr> <td></td> <td>(1.99)</td> <td></td> <td>B-D Ultra Fine</td> </tr> <tr> <td>* Syringe 0.5 ml with 31 g × 8 mm needle</td> <td>13.00</td> <td>100 EP</td> <td>✓ B-D Ultra Fine II</td> </tr> <tr> <td></td> <td>1.30</td> <td>10 EP</td> <td></td> </tr> <tr> <td></td> <td>(1.99)</td> <td></td> <td>B-D Ultra Fine II</td> </tr> <tr> <td>* Syringe 1 ml with 29 g × 12.7 mm needle</td> <td>13.00</td> <td>100 EP</td> <td>✓ B-D Ultra Fine</td> </tr> <tr> <td></td> <td>1.30</td> <td>10 EP</td> <td></td> </tr> <tr> <td></td> <td>(1.99)</td> <td></td> <td>B-D Ultra Fine</td> </tr> <tr> <td>* Syringe 1 ml with 31 g × 8 mm needle</td> <td>13.00</td> <td>100 EP</td> <td>✓ B-D Ultra Fine II</td> </tr> <tr> <td></td> <td>1.30</td> <td>10 EP</td> <td></td> </tr> <tr> <td></td> <td>(1.99)</td> <td></td> <td>B-D Ultra Fine II</td> </tr> </table>	* Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100 EP	✓ B-D Ultra Fine		1.30	10 EP			(1.99)		B-D Ultra Fine	* Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100 EP	✓ B-D Ultra Fine II		1.30	10 EP			(1.99)		B-D Ultra Fine II	* Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100 EP	✓ B-D Ultra Fine		1.30	10 EP			(1.99)		B-D Ultra Fine	* Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100 EP	✓ B-D Ultra Fine II		1.30	10 EP			(1.99)		B-D Ultra Fine II	* Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100 EP	✓ B-D Ultra Fine		1.30	10 EP			(1.99)		B-D Ultra Fine	* Syringe 1 ml with 31 g × 8 mm needle	13.00	100 EP	✓ B-D Ultra Fine II		1.30	10 EP			(1.99)		B-D Ultra Fine II
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35	<p>FERRIC CARBOXYMALTOSE – Special Authority see SA1840 +675 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) Inj 50 mg per ml, 10 ml 150.00 1 ✓ Ferinject</p> <p>➔ SA1840 +675 Special Authority for Subsidy Initial application — (serum ferritin less than or equal to 20 mcg/L) from any medical relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria: Both: 1 Patient has been diagnosed with iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and</p>																																																																								

continued...

Changes to Restrictions – effective 1 October 2019 (continued)

continued...

2 Any of the following:

2.1 Patient has been compliant with oral iron treatment and treatment has proven ineffective; or

2.2 Treatment with oral iron has resulted in dose-limiting intolerance; or

2.3 Rapid correction of anaemia is required.

Renewal — (serum ferritin less than or equal to 20 mcg/L) from any **medical relevant** practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

1 Patient continues to have iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and

2 A re-trial with oral iron is clinically inappropriate.

71 CONDOMS (amended PSO quantity and addition of maximum quantity on a prescription)

* 53 mm	1.11	12	✓ Gold Knight
			✓ Shield Blue
	13.36	144	✓ Shield Blue
	0.95	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm, 0.05 mm thickness.....	0.95	10	✓ Moments
	11.42	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm (chocolate).....	1.11	12	✓ Gold Knight
	13.36	144	✓ Gold Knight
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm, chocolate, brown.....	0.95	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm (strawberry)	1.11	12	✓ Gold Knight
	13.36	144	✓ Gold Knight
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm, strawberry, red.....	0.95	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm	1.11	12	✓ Gold Knight
	13.36	144	✓ Durex Extra Safe
			✓ Gold Knight
	0.97	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, 0.08 mm thickness.....	0.97	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, 0.08 mm thickness, red.....	0.97	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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✓ fully subsidised

Changes to Restrictions – effective 1 October 2019 (continued)
continued...

b) Maximum of 60 dev per prescription			
* 56 mm, 0.05 mm thickness.....	1.30	12	✓ Gold Knight
	15.57	144	✓ Gold Knight
a) Up to 44 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, chocolate	1.30	12	✓ Gold Knight
	15.57	144	✓ Gold Knight
a) Up to 44 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, strawberry.....	1.30	12	✓ Gold Knight
	15.57	144	✓ Gold Knight
a) Up to 44 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, shaped.....	1.11	12	
	(1.34)		Durex Confidence
	13.36	144	
	(16.08)		Durex Confidence
a) Up to 44 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			

103 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1842 4714 (amended Special Authority criteria)

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

Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website.

Tab 200 mg with tenofovir disoproxil 245 mg

(300.6 mg as a succinate)..... 61.15 30 ✓ **Teva**

► SA1842 4714 Special Authority for Waiver of Rule

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

All of the following Both:

- 1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or <https://ashm.org.au/HIV/PrEP/> for training materials); and
- 2 Patient has undergone testing for HIV, syphilis, Hep B if not immune and a full STI screen in the previous two weeks; and
- 3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 3 months and is not contraindicated for treatment; and
- 4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
- 5 + Patient has tested HIV negative and is not at risk of HIV seroconversion; and
- 6 2 Either:

6.1 2-4 All of the following:

6.1.1 2-1-1 Patient is male or transgender; and

6.1.2 2-1-2 Patient has sex with men; and

6.1.3 2-1-3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

6.1.4 2-1-4 Any of the following:

continued...

Changes to Restrictions – effective 1 October 2019 (continued)

continued...

	6.1.4.1 2-1-4-1	Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or		
	6.1.4.2 2-1-4-2	A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or		
	6.1.4.3 2-1-4-3	Patient has used methamphetamine in the last three months; or		
	6.2 2-2	All of the following:		
	6.2.1 2-2-1	Patient has a regular partner who has HIV infection; and		
	6.2.2 2-2-2	Partner is either not on treatment or has a detectable viral load; and		
	6.2.3 2-2-3	Condoms have not been consistently used.		
		Renewal from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:		
		All of the following:		
	1	Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or https://ashm.org.au/HIV/PrEP/ for training materials); and		
	2	Patient has undergone testing for HIV, syphilis, Hep B if not immune and a full STI screen in the previous two weeks; and		
	3	Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months and is not contraindicated for treatment ; and		
	4	Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and		
	5	Patient has tested HIV negative and is not at risk of HIV seroconversion ; and		
	6	Either:		
	6.1	All of the following:		
	6.1.1	Patient is male or transgender; and		
	6.1.2	Patient has sex with men; and		
	6.1.3	Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and		
	6.1.4	Any of the following:		
	6.1.4.1	Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or		
	6.1.4.2	A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or		
	6.1.4.3	Patient has used methamphetamine in the last three months; or		
	6.2	All of the following:		
	6.2.1	Patient has a regular partner who has HIV infection; and		
	6.2.2	Partner is either not on treatment or has a detectable viral load; and		
	6.2.3	Condoms have not been consistently used.		
127	LAMOTRIGINE (addition of brand switch fee, stat dispensing and removal of may dispense all-at-once)			
	* Tab dispersible 25 mg			
	– Brand Switch Fee payable (Pharmacode 2575949)	2.76	56	✓ Logem
	* Tab dispersible 50 mg			
	– Brand Switch Fee payable (Pharmacode 2575949)	3.31	56	✓ Logem
	* Tab dispersible 100 mg			
	– Brand Switch Fee payable (Pharmacode 2575949)	4.40	56	✓ Logem
131	ONDANSETRON (addition of PSO)			
	* Tab disp 4 mg – Up to 10 tab available on a PSO	0.95	10	✓ Ondansetron ODT-ORLA
	* Tab disp 8 mg – Up to 10 tab available on a PSO	1.43	10	✓ Ondansetron ODT-DRLA

▲ 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 2019 (continued)

154 VARENICLINE TARTRATE – Special Authority see SA1845 4774 – Retail pharmacy (amended Special Authority criteria and addition of note)

- a) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack
- b) Varenicline will not be funded in amounts less than 4 weeks of treatment.
- c) **The 6-month time period in which a patient can receive a funded 12-week course of varenicline tartrate starts from the date the Special Authority is approved.**

Tab 0.5 mg × 11 and 1 mg × 42	25.64	53 OP	✓ Varenicline Pfizer
Tab 1 mg	27.10	56	✓ Varenicline Pfizer

➔ **SA1845 4774** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 5 months for applications meeting the following criteria:

All of the following:

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 Either:
 - 3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
 - 3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
- 4 ~~The patient has not used funded varenicline in the last 12 months~~ **The patient has not had a Special Authority for varenicline approved in the last 6 months;** and
- 5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
- 6 The patient is not pregnant; and
- 7 The patient will not be prescribed more than 12 weeks' funded varenicline (see note).

Renewal from any relevant practitioner. Approvals valid for 5 months for applications meeting the following criteria:

All of the following:

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 ~~The patient has not used funded varenicline in the last 12 months~~ **It has been 6 months since the patient's previous Special Authority was approved;** and
- 4 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
- 5 The patient is not pregnant; and
- 6 The patient will not be prescribed more than 12 weeks' funded varenicline (see note).

The patient must not have had an approval in the past ~~12~~ **6** months.

Notes: a maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval.

This includes the 4-week 'starter' pack.

Changes to Restrictions – effective 1 October 2019 (continued)

179	ADALIMUMAB – Special Authority see SA1847 1830 – Retail pharmacy (amended Special Authority – new 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

► SA1847 ~~1830~~ Special Authority for Subsidy

Initial application – (hidradenitis suppurativa) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas; and
- 2 Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or patient has demonstrated intolerance to or has contraindications for systemic antibiotics; and
- 3 The patient has 3 or more active lesions (e.g. inflammatory nodules, abscesses, draining fistulae); and
- 4 The patient has a Dermatology Quality of Life Index of 10 or more and the assessment is no more than 1 month old at time of application; and
- 5 Following the initial loading doses, adalimumab is to be administered at doses no greater than 40mg every 7 days.

Renewal – (hidradenitis suppurativa) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; and
- 2 The patient has a Dermatology Quality of Life Index improvement of 4 or more from baseline; and
- 3 Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered.

▲ 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 September 2019 (continued)

106	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy – addition of Brand switch fee Brand switch fee payable (Pharmacode 2573873) Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate).....	106.88	30	✓ Mylan
106	ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy – addition of Brand switch fee Brand switch fee payable (Pharmacode 2573857) Cap 150 mg..... Cap 200 mg.....	141.68 188.91	60 60	✓ Teva ✓ Teva
179	ADALIMUMAB – Special Authority see SA1830 4847 – Retail pharmacy (amended Special Authority – new criteria shown only) Inj 20 mg per 0.4 ml prefilled syringe..... Inj 40 mg per 0.8 ml prefilled pen..... Inj 40 mg per 0.8 ml prefilled syringe.....	1,599.96 1,599.96 1,599.96	2 2 2	✓ Humira ✓ HumiraPen ✓ Humira

➔ **SA1830** ~~4847~~ Special Authority for Subsidy

Initial application — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either

1 Both:

- 1.1 The patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from infliximab; or
 - 1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for severe ocular inflammation; or

2 Both:

- 2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
- 2.2 Any of the following:
 - 2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
 - 2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
 - 2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Renewal — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both

1 Any of the following:

- 1.1 The patient has had a good clinical response following 3 initial doses; or
- 1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
- 1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and

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

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

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 September 2019 (continued)

continued...

Initial application — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either

1 Both:

1.1 The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation; and

1.2 **Either:**

1.2.1 The patient has experienced intolerable side effects from infliximab; or

1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for chronic ocular inflammation; or

2 Both:

2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and

2.2 **Any of the following:**

2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or

2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or

2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Renewal — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both

1 Any of the following:

1.1 The patient has had a good clinical response following 12 weeks' initial treatment; or

1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or

1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and

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

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

Changes to Restrictions – effective 1 September 2019 (continued)

188	INFLIXIMAB – PCT only – Special Authority see SA1831 4778 (amended Special Authority criteria – affected criteria shown only)			
	Inj 100 mg	806.00	1	✓ Remicade
	Inj 1 mg for ECP	8.29	1 mg	✓ Baxter

► **SA1831** ~~4778~~ Special Authority for Subsidy

Initial application — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for severe ocular inflammation; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe ocular inflammation; or

2 Both:

2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and

2.2 Any of the following:

2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or

2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Renewal — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

1 The patient has had a good clinical response following 3 initial doses; or

2 Following each 12 month treatment period, ~~the~~ the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < 1/2+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), ~~following 12 months' treatment; or~~

3 Following each 12 month treatment period, ~~the~~ the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old, ~~following 12 months' treatment.~~

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Initial application — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for chronic ocular inflammation; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for chronic ocular inflammation; or

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 September 2019 (continued)

continued...

2 Both:

- 2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
- 2.2 Any of the following:
 - 2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
 - 2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or
 - 2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate

Renewal — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 **Following each 12 month treatment period,** the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), ~~following 12 months' treatment;~~ or
- 3 **Following each 12 month treatment period,** the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; ~~following 12 months' treatment.~~

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Effective 1 August 2019

- 14 INSULIN PEN NEEDLES – ~~Maximum of 100 dev per prescription~~ (amended maximum quantity, addition of OP and stat removed)

a) Maximum of 200 dev per prescription

b) Maximum of 100 dev per dispensing

29 g × 12.7 mm.....	10.50	100 OP	✓B-D Micro-Fine
31 g × 5 mm.....	11.75	100 OP	✓B-D Micro-Fine
31 g × 6 mm.....	9.50	100 OP	✓Berpu
31 g × 8 mm.....	10.50	100 OP	✓B-D Micro-Fine
32 g × 4 mm.....	10.50	100 OP	✓B-D Micro-Fine

Changes to Restrictions – effective 1 August 2019 (continued)

14	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription (amended maximum quantity, addition of OP and stat removed)			
	a) Maximum of 200 dev per prescription			
	b) Maximum of 100 dev per dispensing			
	Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100 OP	✓ B-D Ultra Fine
		1.30	10 OP	
		(1.99)		B-D Ultra Fine
	Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100 OP	✓ B-D Ultra Fine II
		1.30	10 OP	
		(1.99)		B-D Ultra Fine II
	Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100 OP	✓ B-D Ultra Fine
		1.30	10 OP	
		(1.99)		B-D Ultra Fine
	Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100 OP	✓ B-D Ultra Fine II
		1.30	10 OP	
		(1.99)		B-D Ultra Fine II
	Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100 OP	✓ B-D Ultra Fine
		1.30	10 OP	
		(1.99)		B-D Ultra Fine
	Syringe 1 ml with 31 g × 8 mm needle	13.00	100 OP	✓ B-D Ultra Fine II
		1.30	10 OP	
		(1.99)		B-D Ultra Fine II

▲ 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 October 2019

59	ILOPROST – Special Authority see SA1705 – Retail pharmacy (↓ subsidy) Nebuliser soln 10 mcg per ml, 2 ml	740.10	30	✓Ventavis
66	POVIDONE IODINE (↓ subsidy) Antiseptic soln 10%	5.40	500 ml	✓Riodine
71	CONDOMS (↑ price but not subsidy) * 56 mm, shaped	1.11 (1.34) 13.36 (16.08)	12 144	Durex Confidence Durex Confidence
	a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription			
72	ETHINYLOESTRADIOL WITH NORETHISTERONE (↑ subsidy) * Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO	6.95	84	✓Brevinor 1/28
74	CLOTRIMAZOLE (↑ subsidy) * Vaginal crm 1% with applicators	2.50	35 g OP	✓Clomazol
	* Vaginal crm 2% with applicators	3.00	20 g OP	✓Clomazol
75	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy (↑ subsidy) * Cap 400 mcg	17.73	100	✓Tamsulosin-Rex
92	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↑ subsidy) Grans for oral liq 125 mg per 5 ml	2.99	100 ml	✓AFT
	a) Up to 200 ml available on a PSO b) Wastage claimable			
	Grans for oral liq 250 mg per 5 ml	3.99	100 ml	✓AFT
	a) Up to 300 ml available on a PSO b) Up to 2 x the maximum PSO quantity for RFPP c) Wastage claimable			
122	MORPHINE SULPHATE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Cap long-acting 10 mg	2.05	10	✓m-Eslon
	Cap long-acting 30 mg	3.00	10	✓m-Eslon
	Cap long-acting 60 mg	6.12	10	✓m-Eslon
	Cap long-acting 100 mg	7.13	10	✓m-Eslon
130	METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy) * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	9.50	10	✓Pfizer

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 October 2019 (continued)

157	CALCIUM FOLINATE (↑ subsidy) Inj 10 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist... 7.28	1	✓ Calcium Folate Sandoz
	Inj 10 mg per ml, 100 ml vial – PCT only – Specialist..... 72.00	1	✓ Calcium Folate Sandoz

Effective 1 September 2019

7	SULFASALAZINE (↑ subsidy) * Tab EC 500 mg 15.53	100	✓ Salazopyrin EN
54	CHLORTALIDONE [CHLOROTHALIDONE] (↓ subsidy) * Tab 25 mg 6.50	50	✓ Hygroton
57	NICORANDIL (↓ subsidy) ▲ Tab 10 mg 25.57 ▲ Tab 20 mg 32.28	60 60	✓ Ikorel ✓ Ikorel
66	POVIDONE IODINE (↑ subsidy) Antiseptic soln 10%..... 2.55	100 ml	✓ Riordine
73	MEDROXYPROGESTERONE ACETATE (↑ subsidy) Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO 7.98	1	✓ Depo-Provera
90	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 (↑ subsidy) Grans for oral liq 250 mg per 5 ml – Wastage claimable..... 192.00	50 ml	✓ Klacid
90	ERYTHROMYCIN (AS LACTOBIONATE) (↓ subsidy) Inj 1 g vial 10.00	1	✓ Erythrocin IV
94	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy (↑ subsidy) Tab 25 mg 48.00	30	✓ Daraprim S29
127	PHENYTOIN SODIUM (↑ subsidy) * Tab 50 mg 75.00 Cap 30 mg 74.00 Cap 100 mg 37.00	200 200 200	✓ Dilantin Infatab ✓ Dilantin ✓ Dilantin
129	SUMATRIPTAN (↑ subsidy) Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per Prescription..... 81.15	2 OP	✓ Clustran
215	TACROLIMUS – Special Authority see SA1745 – Retail pharmacy (↓ subsidy) Cap 0.5 mg 49.60 Cap 1 mg 84.30 Cap 5 mg 248.20	100 100 50	✓ Tacrolimus Sandoz ✓ Tacrolimus Sandoz ✓ Tacrolimus Sandoz
218	CHLORPHENIRAMINE MALEATE (↑ subsidy) * Oral liq 2 mg per 5 ml..... 9.37	500 ml	✓ Histafen

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Check your Schedule for full details
Schedule page ref

Subsidy
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Delisted Items

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 8 mm steel cannula; straight insertion; 110 cm grey line × 10 with 10 needles 8 mm steel cannula; straight insertion; 60 cm grey line × 10 with 10 needles	130.00 130.00 130.00	1 OP 1 OP 1 OP	✓ Contact-D ✓ Contact-D ✓ Contact-D
21	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 13 mm teflon cannula; angle insertion; insertion device; 60 cm grey line × 10 with 10 needles	140.00 140.00	1 OP 1 OP	✓ Inset 30 ✓ Inset 30
23	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.... 6 mm teflon cannula; straight insertion; insertion device; 60 cm grey line × 10 with 10 needles..... 9 mm teflon cannula; straight insertion; insertion device; 110 cm grey line × 10 with 10 needles.... 9 mm teflon cannula; straight insertion; insertion device; 60 cm grey line × 10 with 10 needles.....	140.00 140.00 140.00 140.00	1 OP 1 OP 1 OP 1 OP	✓ Inset II ✓ Inset II ✓ Inset II ✓ Inset II
25	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..... Syringe and cartridge for 50X pump, 3.0 ml × 10.....	50.00 50.00	1 OP 1 OP	✓ Animas Cartridge ✓ 50X 3.0 Reservoir

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 October 2019 (continued)

127	LAMOTRIGINE			
	* Tab dispersible 25 mg	20.40	56	✓ Arrow-Lamotrigine
		29.09		✓ Lamictal
	* Tab dispersible 50 mg	34.70	56	✓ Arrow-Lamotrigine
		47.89		✓ Lamictal
	* Tab dispersible 100 mg	59.90	56	✓ Arrow-Lamotrigine
		79.16		✓ Lamictal
155	CARMUSTINE – PCT only – Specialist			
	Inj 100 mg vial	1,380.00	1	✓ Emcure S29
213	PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1657			
	Inj 50 mg vial	2,340.00	1	✓ Keytruda

Effective 1 September 2019

30	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy			
	Inj 40 iu per ml, 400 iu vial	2,144.00	1	✓ Cerezyme
32	BENZYLAMINE HYDROCHLORIDE			
	Soln 0.15% – Higher subsidy of \$17.01 per 500 ml with			
	Endorsement	3.60	200 ml	
		(8.50)		Difflam
	Additional subsidy by endorsement for a patient who has oral mucositis as a result of treatment for cancer, and the prescription is endorsed accordingly.			
34	CALCIUM CARBONATE			
	* Tab eff 1.75 g (1 g elemental)	2.07	10	✓ Calsource
90	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131			
	Tab 250 mg	3.98	14	✓ Apo-Clarithromycin
	Note – this delist applies to Pharmacode 2557231.			
103	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1714 below			
	Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.			
	Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website.			
	Tab 200 mg with tenofovir disoproxil 245 mg			
	(300 mg as a fumarate)	61.15	30	
		(190.02)		Truvada

▲ 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 September 2019 (continued)

106	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)	106.88 (237.52)	30		Atripla
106	ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy Cap 150 mg	141.68 (568.34)	60		Reyataz
	Cap 200 mg	188.91 (757.79)	60		Reyataz
150	MODAFINIL – Special Authority see SA1126 – Retail pharmacy Tab 100 mg	32.00	30	✓	Modavigil
	Note – this delist applies to the 30 tab pack.				
157	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist Inj 200 mg	78.00	1	✓	Gemzar
159	ARSENIC TRIOXIDE – PCT only – Specialist Inj 10 mg	4,817.00	10	✓	AFT S29
171	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg	16.50	30	✓	Flutamide Mylan S29
	Note – this delist applies to the 30 tab pack.				

Effective 1 August 2019

33	VITAMIN A WITH VITAMINS D AND G * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✓	Vitadol-G
	Note – delist delayed until 1 December 2019.				

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 2019

33	VITAMIN A WITH VITAMINS D AND C * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✓ Vitadol C
230	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Teva Atazanavir Sulphate
	* Brand switch fee.....	4.50	1 fee	✓ BSF Teva Emtricitabine Tenofovir Disoproxil
	* Brand switch fee.....	4.50	1 fee	✓ BSF Mylan Efavirenz Emtricitabine Tenofovir
	a) The Pharmacode for BSF Teva Atazanavir Sulphate is 2573857			
	b) The Pharmacode for BSF Teva Emtricitabine Tenofovir Disoproxil is 2573865			
	c) The Pharmacode for BSF Mylan Efavirenz Emtricitabine Tenofovir is 2573873			

Effective 1 January 2020

130	METOCLOPRAMIDE HYDROCHLORIDE * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	13.56	10	✓ Link Healthcare S29
230	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Logem

Effective 1 February 2020

47	CILAZAPRIL * Tab 2.5 mg	7.20	200	✓ Apo-Cilazapril
	* Tab 5 mg	12.00	200	✓ Apo-Cilazapril
49	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO	9.98 11.98	5 6	✓ Lodi ✓ Cordarone-X
49	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Tab 50 mg	38.95	60	✓ Tambocor
66	POVIDONE IODINE Antiseptic soln 10%	1.28 (13.27)	100 ml	Betadine
	Note – this applies to Pharamcodes 536970 and 2573946.			
156	OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 20 ml vial	46.32	1	✓ Oxaliccord

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 March 2020

52	NIFEDIPINE * Tab long-acting 30 mg	3.14	30	✓ Adefin XL
65	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%.....	2.82	500 ml OP	✓ Pharmacy Health Sorbolene with Glycerin
		3.87	1,000 ml OP	✓ Pharmacy Health Sorbolene with Glycerin
69	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.			
	Crm.....	3.30 (5.89)	100 g OP	Hamilton Sunscreen
	Lotn	3.30	100 g OP	✓ Marine Blue Lotion SPF 50+
71	CONDOMS			
	* 49 mm – Up to 144 dev available on a PSO	13.36	144	✓ Shield 49
	* 53 mm	1.11	12	✓ Gold Knight
		13.36	144	✓ Shield Blue
	a) Up to 60 dev available on a PSO			✓ Shield Blue
	b) Maximum of 60 dev per prescription			✓ Shield Blue
	* 53 mm (chocolate).....	1.11	12	✓ Gold Knight
		13.36	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 53 mm (strawberry)	1.11	12	✓ Gold Knight
		13.36	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm	1.11	12	✓ Gold Knight
		13.36	144	✓ Durex Extra Safe
				✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, shaped.....	1.16 (1.34)	12	Durex Confidence
		11.64	144	Durex Confidence
		(16.08)		Durex Confidence
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
76	TOLTERODINE – Special Authority see SA1272 – Retail pharmacy Tab 1 mg	14.56	56	✓ Arrow-Tolterodine
94	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy Tab 25 mg	36.95	50	✓ Daraprim S29

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 2020 (continued)

118	ROPINIROLE HYDROCHLORIDE			
	▲ Tab 0.25 mg	2.78	100	✓ Apo-Ropinirole
	▲ Tab 1 mg	5.00	100	✓ Apo-Ropinirole
	▲ Tab 2 mg	7.72	100	✓ Apo-Ropinirole
	▲ Tab 5 mg	16.51	100	✓ Apo-Ropinirole
125	PAROXETINE			
	* Tab 20 mg	4.02	90	✓ Apo-Paroxetine
125	SERTRALINE			
	* Tab 50 mg	3.05	90	✓ Arrow-Sertraline
	* Tab 100 mg	5.25	90	✓ Arrow-Sertraline
157	CALCIUM FOLINATE			
	Inj 50 mg – PCT – Retail pharmacy-Specialist.....	18.25	5	✓ Calcium Folate Ebewe
233	BENZOIN			
	Tincture compound BP	24.42 (39.90)	500 ml	Pharmacy Health
		2.44 (5.10)	50 ml	Pharmacy Health

Effective 1 April 2020

251	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (vanilla)	53.00	400 g OP	✓ Neocate Junior Vanilla
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Note – this delist applies to Pharmacode, 2530260.

Effective 1 May 2020

52	VERAPAMIL HYDROCHLORIDE			
	* Tab long-acting 120 mg	15.20	250	✓ Verpamil SR
54	GLYCERYL TRINITRATE			
	* Oral spray, 400 mcg per dose – Up to 200 dose available on a PSO	4.45	200 dose OP	✓ Glytrin

Effective 1 July 2020

131	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Oral liq 100 mg per ml.....	65.53	60 ml	✓ Solian
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber or pharmacist

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

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