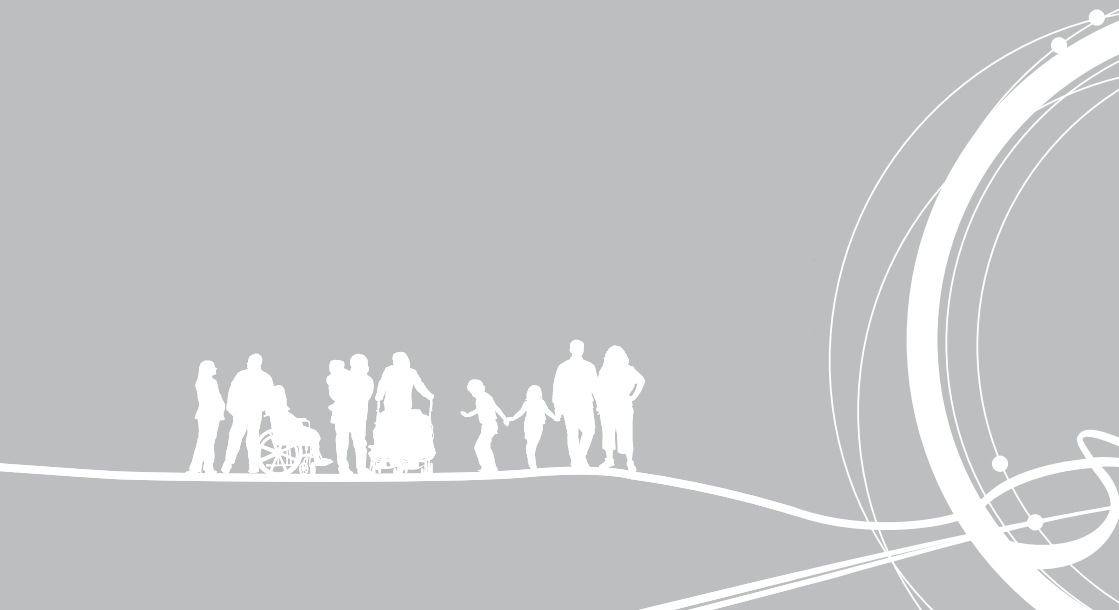
Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2014

Cumulative for September, October and November 2014



Contents

Summary of PHARMAC decisions
EFFECTIVE 1 NOVEMBER 2014

New listings (pages 26-32)

- Docusate sodium (Coloxyl) tab 50 mg and 120 mg – only on a prescription
- Losartan potassium (Losartan Actavis) tab 12.5 mg, 25 mg, 50 mg and 100 mg
- Amorolfine (MycoNail) nail soln 5%, 5 ml OP – only on a prescription – not in combination
- Fusidic acid (DP Fusidic Acid Cream) crm 2%, 15 g OP – maximum 15 g per prescription – only on a prescription – not in combination
- Fluconazole (Diflucan S29) powder for oral suspension 10 mg per ml – Special Authority – Retail pharmacy – wastage claimable.
- Tobramycin (TOBI) solution for inhalation 60 mg per ml, 5 ml – subsidy by endorsement – wastage claimable
- Ibuprofen (Ibugesic) tab 200 mg
- Tenoxicam (Reutenox) tab 20 mg
- Amitriptyline (Arrow-Amitriptyline) tab 25 mg and 50 mg – safety medicine
- Topiramate (Topiramate Actavis) tab 25 mg, 50 mg, 100 mg and 200 mg
- Granisetron (Granirex) tab 1 mg
- Fingolimod (Gilenya) cap 0.5 mg – Special Authority – Retail pharmacy – wastage claimable
- Natalizumab (Tysabri) inj 20 mg per ml, 15 ml vial – Special Authority – Retail pharmacy
- Rivastigmine (Exelon) patch 4.6 mg per 24 hour and 9.5 mg per 24 hour – Special Authority – Retail pharmacy
- Nilotinib (Tasigna) cap 150 mg and 200 mg – Special Authority – Retail pharmacy – wastage claimable
- Omalizumab (Xolair) inj 150 mg vial – Special Authority – Retail pharmacy
- Everolimus (Afinitor) tab 5 mg and 10 mg – Special Authority – Retail pharmacy – wastage claimable
- Indacaterol (Onbrez Breezhaler) powder for inhalation 150 mcg per dose and 300 mcg per dose, 30 dose OP – prescribing guideline
- Glycopyrronium (Seebri Breezhaler) powder for inhalation 50 mcg per dose, 30 dose OP – Special Authority – Retail pharmacy – not subsidised if patient is receiving subsidised tiotropium
- Pharmacy services (BSF Tacrolimus Sandoz) brand switch fee – may only be claimed once per patient
- Deferasirox (Exjade) tab 125 mg, 250 mg and 500 mg dispersible – Special Authority – Retail pharmacy – wastage claimable

Summary of PHARMAC decisions – effective 1 November 2014 (continued)

Changes to restrictions, chemical names and presentation (pages 37-38)

- Ethambutol hydrochloride (Myambutol) tab 100 mg and 400 mg – Section 29 and wastage removed
- Multiple sclerosis treatments (glatiramer acetate, interferon beta-1-alpha and interferon beta-1-beta) – amended Special Authority criteria
- Dexamfetamine sulfate (PSM) tab 5 mg – amended chemical name, and Section 29 and wastage removed
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg – addition of Brand Switch Fee
- Long-acting muscarinic antagonists (glycopyrronium and tiotropium bromide) – amended Special Authority criteria
- Tiotropium bromide (Spriiva) powder for inhalation, 18 mcg per dose – amended Special Authority criteria – not subsidised if patient is receiving subsidised glycopyrronium
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per 1 ml – amended Special Authority criteria

Increased subsidy (pages 56-57)

- Interferon beta-1-alpha inj 6 million iu prefilled syringe and vial (Avonex) and injection 6 million iu per 0.5 ml pen injector (Avonex Pen)

Decreased subsidy (pages 56-57)

- Ranitidine (Arrow-Ranitidine) tab 150 mg and 300 mg
- Omeprazole (Omezol Relief) cap 10 mg, 20 mg and 40 mg
- Gliclazide (Apo-Gliclazide) tab 80 mg
- Pyridoxine hydrochloride (PyridoxADE) tab 25 mg
- Acitretin (Neotigason) cap 10 mg and 25 mg
- Amoxicillin with clavulanic acid (Curam Duo) tab 500 mg with clavulanic acid 125 mg
- Lamivudine (Zetlam) tab 100 mg
- Paracetamol (Parafast) tab 500 mg
- Loratadine (LoraPaed) oral liq 1 mg per ml, 100 ml
- Ipratropium bromide (Univent) aqueous nasal spray, 0.03%, 15 ml OP

Multiple Sclerosis (MS) – new treatment listings and funding changes for current treatments

Funding has been approved for two new treatments for relapsing-remitting multiple sclerosis (RRMS), from 1 November 2014: natalizumab (supplied by Biogen Idec.) and fingolimod (supplied by Novartis).

The new treatments will be available from first confirmed diagnosis of RRMS, for patients with an Expanded Disability Status Scale (EDSS) MS disability score of 0-4, who meet the Special Authority criteria.

The currently funded treatments, beta interferon and glatiramer, will continue to be funded, but only for people who cannot take natalizumab or fingolimod for clinical reasons.

People currently receiving funded treatments can choose to stay on the existing treatment, or change to the new treatments (provided they meet the new funding EDSS entry criteria). They should talk to their doctors about this choice that is now available.

Community pharmacies will dispense fingolimod, which is an oral treatment. The wastage rule will apply to fingolimod.

Natalizumab is a treatment delivered by IV infusion, so it is likely that most dispensing will be by pharmacies located within hospitals. Pharmacists involved in the dispensing of natalizumab will have to complete the Tysabri Australasian Prescribing Programme (TAPP), which is run by the supplier of natalizumab, Biogen Idec. You can find out more about TAPP by emailing medinfo-aunz@biogenidec.com or calling 0800 852 289. You can also find more information at www.tapp.com.au.

The funded beta interferons and glatiramer treatments will continue to be sent directly to patients and will not go through community pharmacy.

Multiproduct agreement with Novartis

An agreement has been approved with Novartis seeing nine new medicines funded, and widened access to others.

The following new medicines will be listed fully funded from 1 November 2014:

- Fingolimod (Gilenya) (an MS treatment as detailed above)
- Glycopyrronium (Seebri Breezhaler) 50 mcg per dose powder for inhalation with Special Authority for chronic obstructive pulmonary disease. A single Special Authority will apply to both glycopyrronium and tiotropium bromide. This will allow clinicians to switch patients between the two products without having to re-apply for an alternative Special Authority, but it does not allow patients to be co-prescribed the two products.
- Indacaterol (Onbrez Breezhaler) 150 mcg and 300 mcg per dose powder for inhalation with prescribing guideline for chronic obstructive pulmonary disease.
- Rivastigmine (Exelon) 4.6 mg and 9.5 mg per 24 hour patches with Special Authority for dementia.
- Everolimus (Afinitor) 5 mg and 10 mg tablets with Special Authority for patients with tuberous sclerosis and sub-ependymal giant cell astrocytomas (SEGAs). Wastage may be claimed on everolimus tablet dispensings.
- Omalizumab (Xolair) 150 mg injection with Special Authority for severe allergic asthma.
- Tobramycin (TOBI) solution for inhalation 60 mg per ml, 5 ml by endorsement for cystic fibrosis. Wastage may be claimed on TOBI dispensings.
- Nilotinib (Tasigna) 150 mg and 200 mg capsules with Special Authority criteria for chronic myeloid leukaemia. Wastage may be claimed on nilotinib caps dispensings.
- Desferasirox (Exjade) 125 mg, 250 mg and 500 mg dispersible tablets with Special Authority for iron overload. Wastage may be claimed on desferasirox dispersible tablet dispensings.

Tacrolimus brand change

We are aware that some patients have not yet changed to the Tacrolimus Sandoz brand. The brand should only be changed under the direction of the transplant service and prescriptions should be written and dispensed by brand name. Note that repeat dispensings for Prograf will not be subsidised beyond 31 October 2014. Pharmacists should contact the prescriber if they have a patient that has not yet changed to confirm which brand to dispense.

A small number of patients will continue to be funded via the NPPA mechanism. We have contacted clinicians and pharmacists involved in the care of these patients.

Imatinib mesilate – co-payment waiver ending and listing of new 400 mg capsule presentation.

There are two changes coming up for imatinib:

1. A new 400 mg capsule presentation of the Imatinib-AFT brand of imatinib will be listed fully subsidised from 1 December 2014. The 100 mg capsule will remain fully subsidised. Patients who have a daily dose of imatinib of 400 mg or above may find it more convenient to have 400 mg capsules dispensed rather than the 100 mg capsules. Patients should discuss their options with their pharmacists and prescribers.
2. The co-payment waiver for Imatinib-AFT will end on 31 December 2014. From 1 January 2015, all imatinib dispensed at community pharmacy will incur the patient co-payment.

We recommend that you discuss these changes with your patients on imatinib – both giving them the option of being prescribed 400 mg rather than 100 mg capsules and also letting them know that they will need to pay a co-payment from 1 January 2015.

Risperidone tablets – correction to tender change dates

There was an error in the October 2014 Update news item on the risperidone tablet tender transition. The listing, sole supply and delisting dates remain as previously notified, although there may be a delay to supply of the Actavis brand of tablets.

Sole supply of the Actavis brand will commence 1 February 2015 with the Brand Switch Fee applying from 1 February 2015 to 30 April 2015.

Ibuprofen brand change

The Ibugesic brand of ibuprofen 200 mg tablets will now be listed from 1 November 2014. The listing date has been brought forward from 1 December 2014 due to a potential shortage of the Actavis brand, Arrowcare. Stock of Rex Medical's Ibugesic brand is expected to be available from mid November.

The subsidy change and delisting dates will remain as previously notified. The subsidy for Arrowcare will reduce on 1 February 2015 1 and Arrowcare will be delisted 1 May 2015.

Amoxicillin grans for oral liq – supply update

We are continuing to work with suppliers of amoxicillin grans for oral liquids following the Actavis Amoxicillin recall.

The Alphamox brand of amoxicillin 125 mg per 5 ml and 250 mg per 5 ml granules for oral liquid were listed from 1 October 2014. Stock of Alphamox is now available, and Ospamox will be discontinued.

We will continue to keep you informed of further changes to subsidies, including delisting any of the listed brands.

Pharmacists and health providers are reminded to read the label of each product for reconstitution, storage and expiry details.

Copper intra-uterine device- information regarding insertion periods

The Choice TT380 Standard and the Choice TT380 Short copper intra-uterine devices were listed on the Pharmaceutical Schedule from 1 October 2014 and are subsidised on a PSO.

Please be aware that the two models of the same brand have different insertion periods. The Choice TT380 Short has an insertion period of up to 5 years, whilst the Choice TT380 Standard has an insertion period of up to 10 years.

Paracare (Paracetamol) oral liquid labelling

Pharmacists have expressed concern that the labels of the 120 mg per 5 ml and 250 mg per 5 ml strengths of Paracare (paracetamol) oral liquid (1,000 ml bottles) are similar.

API has advised that it has made plans to change the labelling to better highlight the different strengths.

Chlorsig (chloramphenicol) eye ointment – in short supply.

Aspen Pharmacare has advised that it anticipates a shortage of Chlorsig (chloramphenicol) eye ointment 4 g. Further stock is due in November 2014. Actavis's brand of chloramphenicol eye drops 10ml (Chlorafast) remains in stock.

Reminder: Topiramate change in brand and formulation

A reminder that Topiramate Actavis will be listed from 1 November 2014. This has a different formulation and appearance to Arrow-Topiramate. Arrow-Topiramate will be discontinued, however, there are no changes to the supply and subsidy of Topamax.

We recommend you confirm with the prescriber that the change in formulation will be suitable for their patient. The prescriber may choose for the patient to be on Topiramate Actavis or Topamax brand of topiramate.

Reminder: Ovestin cream

This is a reminder that Ovestin (oestriol) cream has no requirement to be discarded one month after opening. Only the quantity which equates to the dosing instructions will be subsidised. Providing good hygiene standards are met, there is no requirement to discard the applicator after a calendar month's use.

Reminder: Eye drops for other uses

A reminder that the funding for all eye preparations in the Pharmaceutical Schedule is restricted to use in the eye except where an individual listing permits other uses. Currently the only exceptions are for chloramphenicol (Chlorofast) 0.5% eye drops for use in the ear and pilocarpine eye drops for oral use using the Standard Formula.

News in brief

- **Granisetron** (Granirex) 1 mg tablets will be listed fully subsidised from 1 November 2014.
- **Myambutol** (ethambutol hydrochloride) 100 mg and 400 mg tablets are now registered and no longer require it supply to be under section 29 of the Medicines Act 1981.
- **Dexamfetamine sulfate** (PSM) 5 mg tablets are now registered and are no longer required to be supplied under section 29 of the Medicines Act 1981.
- A Brand Switch Fee is payable on dispensings of **tacrolimus** from 1 November 2014 until 31 January 2014.

Tender News

Sole Subsidised Supply changes – effective 1 December 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Capecitabine	Tab 150 mg; 60 tab	Capecitabine Winthrop (Sanofi-Aventis)
Capecitabine	Tab 500 mg; 120 tab	Capecitabine Winthrop (Sanofi-Aventis)
Ciprofloxacin	Tab 500 mg; 28 tab	Cipflox (Mylan)
Ciprofloxacin	Tab 750 mg; 28 tab	Cipflox (Mylan)
Fluconazole	Cap 50 mg; 28 cap	Ozole (Douglas)
Fluconazole	Cap 150 mg; 1 cap	Ozole (Douglas)
Fluconazole	Cap 200 mg; 28 cap	Ozole (Douglas)
Lamivudine	Oral liq 5 mg per ml; 240 ml	Zeffix (GSK)
Nifedipine	Tab long-acting 30 mg; 30 tab	Adefin XL (Mylan)
Nifedipine	Tab long-acting 60 mg; 30 tab	Adefin XL (Mylan)
Octreotide	Inj 50 mcg per ml, 1 ml vial; 5 inj	DBL (Hospira)
Octreotide	Inj 100 mcg per ml, 1 ml vial; 5 inj	DBL (Hospira)
Octreotide	Inj 500 mcg per ml, 1 ml vial; 5 inj	DBL (Hospira)
Olanzapine	Tab 2.5 mg; 28 tab	Zypine (Mylan)
Olanzapine	Tab 5 mg; 28 tab	Zypine (Mylan)
Olanzapine	Tab 10 mg; 28 tab	Zypine (Mylan)
Olanzapine	Tab orodispersible 5 mg; 28 tab	Zypine ODT (Mylan)
Olanzapine	Tab orodispersible 10 mg; 28 tab	Zypine ODT (Mylan)
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial; 1 inj	Pamisol (Hospira)
Pamidronate disodium	Inj 6 mg per ml, 10 ml vial; 1 inj	Pamisol (Hospira)
Pamidronate disodium	Inj 9 mg per ml, 10 ml vial; 1 inj	Pamisol (Hospira)
Quetiapine	Tab 25 mg; 90 tab	Quetapel (Mylan)
Quetiapine	Tab 100 mg; 90 tab	Quetapel (Mylan)
Quetiapine	Tab 200 mg; 90 tab	Quetapel (Mylan)
Quetiapine	Tab 300 mg; 90 tab	Quetapel (Mylan)
Rifampicin	Cap 150 mg; 100 cap	Rifadin (Sanofi)
Rifampicin	Cap 300 mg; 100 cap	Rifadin (Sanofi)
Rifampicin	Tab 600 mg; 30 tab	Rifadin (Sanofi)
Rifampicin	Oral liq 100 mg per 5 ml; 60 ml	Rifadin (Sanofi)
Risperidone	Oral liq 1 mg per ml; 30 ml	Risperon (Mylan)

Looking Forward

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

Possible decisions for future implementation 1 December 2014

- Docusate sodium with sennosides (Laxsol) tab 50 mg with total sennosides 8 mg – price and subsidy decrease
- Imatinib mesilate (Imatinib AFT) cap 400 mg – new listing – no patient co-payment payable
- Insulin aspart (NovoRapid FlexPen) inj 100 units per ml, 3 ml – new listing – Certified Exemption
- Prednisolone sodium phosphate (Redipred) oral liq 5 mg per ml – price and subsidy decrease

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	**Tab 300 mg** **Oral liq 20 mg per ml**	**Ziagen**	**2017**
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Adult diphtheria and tetanus	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
Amantadine hydrochloride	**Cap 100 mg**	**Symmetrel**	**2017**
Aminophylline	**Inj 25 mg per ml, 10 ml ampoule**	**DBL Aminophylline**	**2017**
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
Amitriptyline	Tab 10 mg	Arrow-Amitriptyline	2017
Amoxicillin	**Inj 250 mg, 500 mg & 1 g vials** Cap 500 mg Cap 250 mg	**Ibiamox** Apo-Amoxi	**2017** 2016
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin Augmentin	2015
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
Ascorbic acid	Tab 100 mg	Cvite	2016
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2016
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Eye drops 1%; 15 ml OP Inj 600 mcg per ml, 1 ml ampoule	Atropt AstraZeneca	2017 2015
Azathioprine	Tab 50 mg	Azamun	2016
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017
Baclofen	Tab 10 mg	Pacifen	2016

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Boceprevir	Cap 200 mg	Victrelis	2016
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2017
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
Calcitonin	**Inj 100 iu per ml, 1 ml ampoule**	**Miacalcic**	**2017**
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2017
Calcium folinate	**Inj 50 mg**	**Calcium Folinate Ebewe**	**2017**
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70%	healthE healthE	2015
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Ciclosporin	Oral liq 100 mg per ml	Neoral	2015

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2016
Ciprofloxacin	Tab 250 mg	Cipflox	2017
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2017
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Clindamycin ABM Dalacin C	2016
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Catapres TTS 1 Catapres TTS 2 Catapres TTS 3	2017
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Crm 1%, 20 g OP Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol	2017 2016
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Crotamiton	Crm 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
Dapsone	Tab 25 mg & 100 mg	Dapsone	2017
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2017
Dexamethasone	**Eye drops 0.1%, 5 ml OP** **Eye oint 0.1%, 3.5 g OP** Tab 1 mg & 4 mg	**Maxidex** Douglas	**2017** 2015
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone-hameln	2016
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Dexamfetamine sulfate	Tab 5 mg	PSM	2015
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	**Inj 25 mg per ml, 3 ml ampoule** **Suppos 12.5 mg, 25 mg, 50 mg & 100 mg**	**Voltaren**	**2017**
	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	
	Tab EC 25 mg & 50 mg	Apo-Diclo	2015
	Tab long-acting 75 mg & 100 mg	Diclax SR	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015
Dimethicone	Crm 5% pump bottle	healthE Dimethicone 5%	2016
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017
Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Domperidone	Tab 10 mg	Prokinex	2015
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
Entacapone	Tab 200 mg	Entapone	2015
Ergometrine maleate	**Inj 500 mcg per ml, 1 ml ampoule**	**DBL Ergometrine**	**2017**
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinyloestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
Exemestane	Tab 25 mg	Aromasin	2017
Felodopine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2015
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferodan	2016

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Filgrastim	Inj 300 mcg per 0.5 ml prefilled syringe Inj 480 mcg per 0.5 ml prefilled syringe	Zarzio Zarzio	31/12/15
Flucloxacillin	Inj 250 mg vial, 500 mg vial & 1 g vial Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Flucloxin AFT Staphlex	2017 2015
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crm 5%	Efudix	2015
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015
Fusidic acid	Oint 2%	Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Glipizide	Tab 5 mg	Minidiab	2015
Glucose [dextrose]	**Inj 50%, 10 ml ampoule** **Inj 50%, 90 ml bottle**	**Biomed**	**2017**
Glycerol	Suppos 3.6 g	PSM	2015
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
Haemophilus influenzae type b vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hepatitis a vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis b recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papilloma virus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg	Solu-Cortef Douglas	2016 2015
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine	Tab 200 mg	Plaquenil	2015
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Oral liq 20 mg per ml	Fenpaed	2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg	PSM	2015
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 150 mg Oral liq 10 mg per ml; 240 ml OP	Lamivudine Alphapharm 3TC	2016
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Tab 1.5 mg	Jadelle Postinor-1	31/12/17 2016
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2% Inj 2% ampoule, 5 ml & 20 ml	Xylocaine Viscous Lidocaine-Claris	2017 2015
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
Lithium carbonate	Cap 250 mg Tab 250 mg & 400 mg	Douglas Lithicarb FC	2017 2015
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	2017
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2016
Loratadine	Tab 10 mg	Lorafix	2016
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	**Powder for oral soln 13.125g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg**	**Lax-Sachets**	**2017**
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
Mebeverine hydrochloride	Tab 135 mg	Colofac	2017
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Meningococcal c conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
Meningococcal (groups a,c,y and w-135) congugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Mesalazine	Enema 1 g per 100 ml	Pentasa	2015
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015
Methotrexate	**Inj 100 mg per ml, 50 ml** Tab 2.5 mg & 10 mg Inj 25 mg per ml, 2 ml & 20 ml Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	**Methotrexate Ebewe** Trexate Hospira Methotrexate Sandoz	**2017** 2015 2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2015
Methylprednisolone acetate with lidocaine (lignocaine)	Inj 40 mg per ml with lidocaine (lignocaine) 1 ml	Depo-Medrol with Lidocaine	2015
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Miconazole nitrate	**Vaginal crm 2% with applicator**	**Micreme**	**2017**
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crm 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	**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** Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	**DBL Morphine Sulphate** m-Eslon Arrow-Morphine LA	**2017** 2016
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Nicotinic acid	**Tab 50 mg & 500 mg**	**Apo-Nicotinic Acid**	**2017**
Norethisterone	Tab 350 mcg	Noriday 28	2015
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Oil in water emulsion	Crm	healthE Fatty Cream	2015

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Ondansetron	**Tab disp 4 mg**	**Dr Reddy's Ondansetron**	**2017**
	Tab disp 8 mg	**Ondansetron ODT-DRLA**	
	Tab 4 mg & 8 mg	Onrex	2016
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Tab controlled-release 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Controlled Release Tablets (BNM)	2015
	Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	OxyNorm Oxycodone Orion	
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Oxytocin BNM BNM Syntometrine	2015
Pantoprazole	Tab EC 20 mg	Pantoprazole Actavis 20	2016
	Tab EC 40 mg	Pantoprazole Actavis 40	
Paracetamol	Oral liq 250 mg per 5 ml	Paracare Double Strength	2017
	Suppos 500 mg	Paracare	2015
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%; 3.5 g OP	Poly-Visc	2017
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
Peak flow meter	Low range & normal range	Breath-Alert	2015
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2017
Pethidine hydrochloride	Inj 50 mg per ml, 1 ml & 2 ml	DBL Pethidine Hydrochloride	2017
	Tab 50 mg & 100 mg	PSM	2015
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2016
Pilocarpine hydrochloride	Eye drops 1%; 15 ml OP Eye drops 2%; 15 ml OP Eye drops 4%; 15 ml OP	Isopto Carpine	2017
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
Pravastatin	**Tab 20 mg & 40 mg**	**Cholvastin**	**2017**
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 5 mg per 5 ml Tab 10 mg & 25 mg	Allersoothe	2015
Pyridoxine hydrochloride	**Tab 50 mg**	**Apo-Pyridoxine**	**2017**
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2015
Ranitidine	Oral liq 150 mg per 10 ml	Peptisoothe	2017
Rifabutin	Cap 150 mg	Mycobutin	2016
Rifaximin	**Tab 550 mg**	**Xifaxan**	**2017**
Ritonavir	Tab 100 mg	Norvir	2015
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2017
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Ventolin Asthalin	2016 2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2017
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tacrolimus	**Cap 0.5 mg, 1 mg & 5 mg**	**Tacrolimus Sandoz**	**31/10/18**
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
Temazepam	Tab 10 mg	Normison	2017
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016
Timolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Arrow-Timolol	2017
Timolol maleate	Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP	Timoptol XE	2016
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrchloride	**Cap 50 mg** **Tab sustained-release 100 mg** **Tab sustained-release 150 mg** **Tab sustained-release 200 mg**	**Arrow-Tramadol** **Tramal SR 100** **Tramal SR 150** **Tramal SR 200**	**2017**
Tranexamic acid	**Tab 500 mg**	**Cyklokapron**	**2016**
Tretinoin	Crm 0.5 mg per g	ReTrieve	2016
Tropicamide	**Eye drops 0.5%, 15 ml OP** **Eye drops 1%, 15 ml OP**	**Mydriacyl**	**2017**

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

Sole Subsidised Supply Products – cumulative to November 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Urea	Crm 10%	healthE Urea Cream	2016
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Vancomycin	**Inj 500 mg**	**Mylan**	**2017**
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
Verapamil hydrochloride	Tab 80 mg	Isoptin	2017
Vitamin B complex	Tab, strong, BPC	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir	2016
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017

November changes are in bold type

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings

Effective 1 November 2014

38 DOCUSATE SODIUM – Only on a prescription

✻ Tab 50 mg	2.31	100	✔**Coloxyl**
✻ Tab 120 mg	3.13	100	✔**Coloxyl**

54 LOSARTAN POTASSIUM

✻ Tab 12.5 mg	1.55	84	✔**Losartan Actavis**
✻ Tab 25 mg	1.90	84	✔**Losartan Actavis**
✻ Tab 50 mg	2.25	84	✔**Losartan Actavis**
✻ Tab 100 mg	2.60	84	✔**Losartan Actavis**

66 AMOROLFINE

a) Only on a prescription
b) Not in combination

Nail soln 5%	19.95	5 ml OP	✔**MycoNail**

66 FUSIDIC ACID

Crm 2%	2.52	15 g OP	✔**DP Fusidic Acid Cream**

a) Maximum of 15 g per prescription
b) Only on a prescription
c) Not in combination

101 FLUCONAZOLE

Powder for oral suspension 10 mg per ml – Special Authority

see SA1359 – Retail pharmacy	34.56	35 ml	✔**Diflucan S29** S29

Wastage claimable – see rule 3.3.2

101 TOBRAMYCIN

Solution for inhalation 60 mg per ml, 5 ml

– Subsidy by endorsement	2,200.00	56 dose	✔**TOBI**

a) Subsidised only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly.
b) Wastage claimable – see rule 3.3.2

119 IBUPROFEN

✻ Tab 200 mg	9.45	1,000	✔**Ibugesic**

120 TENOXICAM

✻ Tab 20 mg	3.05	20	✔**Reutenox**

134 AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency

Tab 25 mg	1.68	100	✔**Arrow-Amitriptyline**
Tab 50 mg	2.82	100	✔**Arrow-Amitriptyline**

139 TOPIRAMATE

▲ Tab 25 mg	11.07	60	✔**Topiramate Actavis**
▲ Tab 50 mg	18.81	60	✔**Topiramate Actavis**
▲ Tab 100 mg	31.99	60	✔**Topiramate Actavis**
▲ Tab 200 mg	55.19	60	✔**Topiramate Actavis**

▲ 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

New Listings – effective 1 November 2014 (continued)

141 GRANISETRON
✻Tab 1 mg ..... 5.98 | 50 | ✔**Granirex**

149 FINGOLIMOD – Special Authority see SA1487 – Retail pharmacy
Wastage claimable – see rule 3.3.2
Cap 0.5 mg ..... 2,650.00 | 28 | ✔**Gilenya**

➽ SA1487 Special Authority for Subsidy

Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).

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

The coordinator
Multiple Sclerosis Treatment Assessment Committee
PHARMAC PO Box 10 254
Wellington

Phone: 04 460 4990
Facsimile: 04 916 7571
Email: mstaccoordinator@pharmac.govt.nz

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.
Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

Entry Criteria

1 Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
2 patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
3 patients must have:
   a) EDSS score 0 – 4.0 and:
      • Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
      • Evidence of MRI activity on a scan within the past 24 months (either a contrast enhancing lesion or with new T2 lesion(s) compared with a previous scan);
4 A significant relapse must:
   a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
   b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
   c) last at least one week;
   d) start at least one month after the onset of a previous relapse;
   e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
   f) be distinguishable from the effects of general fatigue; and
   g) not be associated with a fever (T>37.5°C); and
5 applications must be made by the patient's neurologist or general physician; and
6 patients must have no previous history of lack of response to fingolimod; and
7 patients must have not previously had intolerance to fingolimod; and
8 patient must not be co-prescribed beta interferon or glatiramer acetate.

Stopping Criteria

Any of the following:

1 Confirmed progression of disability that is sustained for six months. Progression of disability is defined as progress by any of the following EDSS points:
   a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0,

continued...

New Listings – effective 1 November 2014 (continued)

continued...

b) 1.0 to 3.0,
c) 1.5 to 3.5,
d) 2.0 to 4.0,
e) 2.5 to 4.5,
f) 3.0 to 4.5,
g) 3.5 to 4.5,
h) 4.0 to 4.5

2 increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note);
3 intolerance to fingolimod; or
4 non-compliance with treatment, including refusal to undergo annual assessment.

Note:
Switching between natalizumab and fingolimod is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate.

Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met.

If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

149 NATALIZUMAB – Special Authority see SA1496 – Retail pharmacy
Inj 20 mg per ml, 15 ml vial ..... 1,750.00 1 ✔**Tysabri**

➽ SA1496 Special Authority for Subsidy
Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below)

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

The coordinator
Multiple Sclerosis Treatment Assessment Committee
PHARMAC PO Box 10 254
Wellington

Phone: 04 460 4990
Facsimile: 04 916 7571
Email: mstaccoordinator@pharmac.govt.nz

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.
Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

Entry Criteria

1 Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
2 patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
3 patients must have:
a) EDSS score 0 – 4.0 and:
- Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
- Evidence of MRI activity on a scan within the past 24 months (either a contrast enhancing lesion or with new T2 lesion(s) compared with a previous scan)

4 A significant relapse must:
a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);

continued...

New Listings – effective 1 November 2014 (continued)

continued...

b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
c) last at least one week;
d) start at least one month after the onset of a previous relapse;
e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
f) be distinguishable from the effects of general fatigue; and
g) not be associated with a fever (T>37.5°C); and

5 applications must be made by the patient's neurologist or general physician; and
6 treatment must be initiated and supervised by a neurologist who is registered in the Tysabri Australasian Prescribing Programme operated by the supplier; and
7 patients must have no previous history of lack of response to natalizumab; and
8 patients must have not previously had intolerance to natalizumab; and
9 either
a) Patient is JC virus negative, or
b) Patient is JC virus positive and has given written informed consent acknowledging an understanding of the risk of progressive multifocal leucoencephalopathy (PML) associated with natalizumab
10 patient will not be co-prescribed beta interferon or glatiramer acetate

Stopping Criteria

Any of the following:

1 Confirmed progression of disability that is sustained for six months. Progression of disability is defined as progress by any of the following EDSS points:
a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) 3.0,
b) 1.0 to 3.0,
c) 1.5 to 3.5,
d) 2.0 to 4.0,
e) 2.5 to 4.5,
f) 3.0 to 4.5,
g) 3.5 to 4.5,
h) 4.0 to 4.5
2 increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note);
3 intolerance to natalizumab; or
4 non-compliance with treatment, including refusal to undergo annual assessment

Note:
Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier.

Switching between natalizumab and fingolimod is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate.

Continued relapses on treatment would be expected to lead to a switch of treatment provided the EDSS stopping criteria are not met.

If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

New Listings – effective 1 November 2014 (continued)

155 RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy

Patch 4.6 mg per 24 hour	90.00	30	✔**Exelon**
Patch 9.5 mg per 24 hour	90.00	30	✔**Exelon**

SA1488 Special Authority for Subsidy

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

Both:

1 The patient has been diagnosed with dementia; and
2 The patient has experienced intolerable nausea and/or vomiting from donepezil tablets.

Renewal from any relevant practitioner. Applications valid for 12 months for applications meeting the following criteria:

Both:

1 The treatment remains appropriate; and
2 The patient has demonstrated a significant and sustained benefit from treatment.

166 NILOTINIB – Special Authority see SA1489 – Retail pharmacy

Wastage claimable – see rule 3.3.2

Cap 150 mg	4,680.00	120	✔**Tasigna**
Cap 200 mg	6,532.00	120	✔**Tasigna**

SA1489 Special Authority for Subsidy

Initial application only from a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase; and
2 Either:
  2.1 Patient has documented CML treatment failure* with imatinib; or
  2.2 Patient has experienced treatment limiting toxicity with imatinib precluding further treatment with imatinib; and
3 Maximum nilotinib dose of 800 mg/day; and
4 Subsidised for use as monotherapy only.

Notes: *treatment failure as defined by Leukaemia Net Guidelines.

Renewal only from a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Lack of treatment failure while on nilotinib as defined by Leukaemia Net Guidelines; and
2 Nilotinib treatment remains appropriate and the patient is benefiting from treatment; and
3 Maximum nilotinib dose of 800 mg/day; and
4 Subsidised for use as monotherapy only.

179 OMALIZUMAB – Special Authority see SA1490 – Retail pharmacy

Inj 150 mg vial	500.00	1	✔**Xolair**

SA1490 Special Authority for Subsidy

Initial application only from a respiratory physician. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient is over the age of 6; and
2 Patient has a diagnosis of severe, life threatening asthma; and
3 Past or current evidence of atopy, documented by skin prick testing or RAST; and
4 Total serum human immunoglobulin E (IgE) between 76 IU/mL and 1300 IU/ml at baseline; and

continued...

New Listings – effective 1 November 2014 (continued)

continued...

5 Proven compliance with optimal inhaled therapy including high dose inhaled corticosteroid (budesonide 1600 micrograms per day or fluticasone propionate 1000 micrograms per day or equivalent), plus long-acting beta-2 agonist therapy (at least salmeterol 50 micrograms bd or eformoterol 12 micrograms bd) for at least 12 months, unless contraindicated or not tolerated; and
6 Patient has received courses of systemic corticosteroids equivalent to at least 28 days treatment in the past 12 months, unless contraindicated or not tolerated; and
7 At least four admissions to hospital for a severe asthma exacerbation over the previous 24 months with at least one of those being in the previous 12 months; and
8 An Asthma Control Questionnaire (ACQ-5) score of at least 3.0 as assessed in the previous month

Renewal only from a respiratory physician. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 Hospital admissions have been reduced as a result of treatment; and
2 A reduction in the Asthma Control Questionnaire (ACQ-5) score of at least 1.0 from baseline; and
3 A reduction in the maintenance oral corticosteroid dose of at least 50% from baseline.

188 EVEROLIMUS – Special Authority see SA1491 – Retail pharmacy
Wastage claimable – see rule 3.3.2

Tab 5 mg	4,555.76	30	✔**Afinitor**
Tab 10 mg	6,512.29	30	✔**Afinitor**

➽ SA1491 Special Authority for Subsidy
Initial application only from a neurologist or oncologist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 Patient has tuberous sclerosis; and
2 Patient has progressively enlarging sub-ependymal giant cell astrocytomas (SEGAs) that require treatment.

Renewal only from a neurologist or oncologist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 Documented evidence of SEGA reduction or stabilisation by MRI within the last 3 months; and
2 The treatment remains appropriate and the patient is benefiting from treatment; and
3 Everolimus to be discontinued at progression of SEGAs.

Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.

191 INDACATEROL – See prescribing guideline

Powder for inhalation 150 mcg per dose	61.00	30 dose OP	✔**Onbrez Breezhaler**
Powder for inhalation 300 mcg per dose	61.00	30 dose OP	✔**Onbrez Breezhaler**

193 GLYCOPYRRONIUM – Special Authority see SA1485 – Retail pharmacy

Powder for inhalation 50 mcg per dose	61.00	30 dose OP	✔**Seebri Breezhaler**

Note: glycopyrronium treatment will not be subsidised if patient is also receiving treatment with subsidised tiotropium

201 PHARMACY SERVICES – May only be claimed once per patient.

✻Brand switch fee	4.33	1 fee	✔**BSF Tacrolimus Sandoz**

The Pharmacode for BSF Tacrolimus Sandoz is 2468468.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings – effective 1 November 2014 (continued)

201 DEFERASIROX – Special Authority see SA1492 – Retail pharmacy
Wastage claimable – see rule 3.3.2

Tab 125 mg dispersible	276.00	28	✔**Exjade**
Tab 250 mg dispersible	552.00	28	✔**Exjade**
Tab 500 mg dispersible	1,105.00	28	✔**Exjade**

SA1492 Special Authority for Subsidy
Initial application only from a haematologist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1. The patient has been diagnosed with chronic iron overload due to congenital inherited anaemia; and
2. Deferasirox is to be given at a daily dose not exceeding 40 mg/kg/day; and
3. Any of the following:
   - 3.1. Treatment with maximum tolerated doses of deferiprone monotherapy or deferiprone and desferrioxamine combination therapy have proven ineffective as measured by serum ferritin levels, liver or cardiac MRI T2*; or
   - 3.2. Treatment with deferiprone has resulted in severe persistent vomiting or diarrhoea; or
   - 3.3. Treatment with deferiprone has resulted in arthritis; or
   - 3.4. Treatment with deferiprone is contraindicated due to a history of agranulocytosis (defined as an absolute neutrophil count (ANC) of < 0.5 cells per μL) or recurrent episodes (greater than 2 episodes) of moderate neutropenia (ANC 0.5 - 1.0 cells per μL).

Renewal only from a haematologist. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1. For the first renewal following 2 years of therapy, the treatment has been tolerated and has resulted in clinical improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels; or
2. For subsequent renewals, the treatment has been tolerated and has resulted in clinical stability or continued improvement in all three parameters namely serum ferritin, cardiac MRI T2* and liver MRI T2* levels.

Effective 1 October 2014

42 POTASSIUM IODATE

✻ Tab 253 mcg (150 mcg elemental iodine)	3.65	90	✔**NeuroTabs**

77 INTRA-UTERINE DEVICE
a) Up to 40 dev available on a PSO
b) Only on a PSO

✻ IUD 29.1 mm length x 23.2 mm width	31.60	1	✔**Choice TT380 Short**
✻ IUD 33.6 mm length x 29.9 mm width	31.60	1	✔**Choice TT380 Standard**

80 CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL

✻ Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO	5.36	168	✔**Ginet**

81 FINASTERIDE – Special Authority see SA0928 – Retail pharmacy

✻ Tab 5 mg	1.95	28	✔**Finpro**

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings – effective 1 October 2014 (continued)

97	AMOXICILLIN			
	Grans for oral liq 125 mg per 5 ml	0.88	100 ml	✔**Alphamox**
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 250 mg per 5 ml	0.97	100 ml	✔**Alphamox**
	a) Up to 300 ml available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6			
	c) Wastage claimable – see rule 3.3.2			
133	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency			
	❋ Tab paracetamol 500 mg with codeine phosphate 8 mg	21.06	1,000	✔**Paracetamol + Codeine (Relieve)**
134	MAPROTILINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	12.53	50	✔**Ludiomil**
143	HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency			
	Inj 5 mg per ml, 1 ml – Up to 5 inj available on a PSO	21.55	10	✔**Haloperidol – MercuryPharma** S29
	Wastage claimable – see rule 3.3.2			
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 0.5 mg	1.90	60	✔**Actavis**
	Tab 1 mg	2.10	60	✔**Actavis**
	Tab 2 mg	2.34	60	✔**Actavis**
	Tab 3 mg	2.55	60	✔**Actavis**
	Tab 4 mg	3.50	60	✔**Actavis**
162	DOCETAXEL – PCT only – Specialist			
	Inj 20 mg	13.70	1	✔**DBL Docetaxel**
	Inj 80 mg	29.99	1	✔**DBL Docetaxel**
207	GLYCEROL			
	❋ Liquid – Only in combination	3.71	500 ml	✔**healthE Glycerol BP**
	Only in extemporaneously compounded oral liquid preparations.			

Effective 8 September 2014

224	FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3]			
	Powder	6.53	300 g OP	✔**Nutilis**

Effective 1 September 2014

26	RANITIDINE – Only on a prescription			
	❋ Tab 300 mg	14.73	500	✔**Ranitidine Relief**
29	GLICLAZIDE			
	❋ Tab 80 mg	11.50	500	✔**Glizide**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings – effective 1 September 2014 (continued)

60 ATORVASTATIN – See prescribing guideline

Tab 10 mg	0.84	30	✔**Lipitor** ✔**Pfizer atorvastatin**
Tab 20 mg	1.39	30	✔**Lipitor** ✔**Pfizer atorvastatin**
Tab 40 mg	2.44	30	✔**Lipitor** ✔**Pfizer atorvastatin**
Tab 80 mg	5.41	30	✔**Lipitor** ✔**Pfizer atorvastatin**

77 INTRA-UTERINE DEVICE

a) Up to 40 dev available on a PSO

b) Only on a PSO

✻ IUD 29.1 mm length x 23.2 mm width	31.60	1	✔**MiniTT380 Slimline**
✻ IUD 33.6 mm length x 29.9 mm width	31.60	1	✔**TT380 Slimline**

97 AMOXICILLIN WITH CLAVULANIC ACID

Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO	1.95	20	✔**Augmentin**

107 LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy

Tab 100 mg	6.00	28	✔**Zeffix**

131 PARACETAMOL

✻ Tab 500 mg – Up to 30 tab available on a PSO	8.47	1,000	✔**Pharmacare**

135 MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy

Tab 30 mg	8.78	30	✔**APO-Mirtazapine**

135 SERTRALINE

✻ Tab 50 mg	4.42	30	✔**Zoloft**
✻ Tab 100 mg	4.42	30	✔**Zoloft**

159 AZACITIDINE – PCT only – Specialist – Special Authority see SA1467

Inj 100 mg vial	605.00	1	✔**Vidaza**
Inj 1 mg for ECP	6.66	1 mg	✔**Baxter**

SA1467 Special Authority for Subsidy

Initial application only from a haematologist or medical practitioner on the recommendation of a haematologist.
Approvals valid for 12 months for applications meeting the following criteria:
All of the following

1. Any of the following;
   - 1.1. The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
   - 1.2. The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
   - 1.3. The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
2. The patient has performance status (WHO/ECOG) grade 0-2; and
3. The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and
4. The patient has an estimated life expectancy of at least 3 months.

continued...

New Listings – effective 1 September 2014 (continued)

continued...

Renewal — only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1. No evidence of disease progression; and
2. The treatment remains appropriate and patient is benefitting from treatment.

163 LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA1468 – Wastage claimable – see rule 3.3.2

Cap 10 mg	6,207.00	21	✔**Revlimid**
Cap 25 mg	7,627.00	21	✔**Revlimid**

➽ SA1468 Special Authority for Subsidy
Initial application — (Relapsed/refractory disease) only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1. Patient has relapsed or refractory multiple myeloma with progressive disease; and
2. Either:
   2.1. Lenalidomide to be used as third line* treatment for multiple myeloma; or
   2.2. Both:
      2.2.1. Lenalidomide to be used as second line treatment for multiple myeloma; and
      2.2.2. The patient has experienced severe (grade ≥3), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
3. Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Renewal — only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1. No evidence of disease progression; and
2. The treatment remains appropriate and patient is benefitting from treatment.

Notes: Indication marked with * is an Unapproved Indication (refer to Interpretations and Definitions). A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

190 LORATADINE

❋ Oral liq 1 mg per ml	4.25	200 ml	✔**LoraPaed**

191 BECLOMETHASONE DIPROPIONATE

Aerosol inhaler 50 mcg per dose	9.30	200 dose OP	✔**Qvar**
Aerosol inhaler 100 mcg per dose	15.50	200 dose OP	✔**Qvar**

201 PHARMACY SERVICES – May only be claimed once per patient.

❋ Brand switch fee	4.33	1 fee	✔**BSF Trexate**

The Pharmacode for BSF Trexate is 2465353.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

New Listings – effective 1 August 2014

26	RANITIDINE – Only on a prescription			
	✻ Tab 150 mg	10.30	500	✔ **Ranitidine Relief**
97	AMOXICILLIN			
	Grans for oral liq 125 mg per 5 ml	0.88	100 ml	✔ **Ranmoxy**
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 250 mg per 5 ml	0.97	100 ml	✔ **Ranmoxy**
	a) Up to 300 ml available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6			
	c) Wastage claimable – see rule 3.3.2			

▲ 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 November 2014

104 ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist (removal of s29)
a) No patient co-payment payable
b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician

Tab 100 mg	48.01	56	✔ **Myambutol**	~~S29~~
Tab 400 mg	49.34	56	✔ **Myambutol**	~~S29~~

149 MULTIPLE SCLEROSIS TREATMENTS (GLATIRAMER ACETATE, INTERFERON BETA-1-ALPHA AND INTERFERON BETA-1-BETA)

~~SA1062 Special Authority for Subsidy~~
~~Special Authority approved by the Multiple Sclerosis Treatment Committee~~
~~Notes: Budget managed by appointed clinicians on the Multiple Sclerosis Treatment Assessments Committee (MSTAC).~~
~~Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).~~
~~Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:~~

~~The coordinator~~
~~Multiple Sclerosis Treatment Assessment Committee~~
~~PHARMAC PO Box 10 254~~
~~Wellington~~
~~Phone: 04 460 4990~~
~~Facsimile: 04 916 7571~~
~~Email: mstaccoordinator@pharmac.govt.nz~~

~~Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.~~
~~Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).~~
~~These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.~~
~~Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.~~
~~Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, or 20 mg glatiramer acetate daily will be subsidised.~~
~~Appeals against MSTAC's decision and/or the processing of any application may be lodged with the MSTAC coordinator. Concerns that cannot be or have not been adequately addressed by MSTAC will be forwarded to a separate Appeal Committee if necessary.~~
~~Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC coordinator should be notified of the change and a new prescription provided.~~

~~Entry Criteria~~
~~a) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and~~
~~b) patients must have active relapsing MS (confirmed by MR scan where necessary) with or without underlying progression; and~~
~~c) patients must have either:~~
~~a) EDSS score 2.5 - 5.5 with 2+ relapses:~~
~~• experienced at least 2 significant relapses of MS in the previous 12 months, and~~
~~• an EDSS score of between 2.5 and 5.5 inclusive; or~~
~~b) EDSS score 2.0 with 3+ relapses:~~
~~• experienced at least 3 significant relapses of MS in the previous 12 months, and~~
~~• an EDSS score of 2.0; and~~
~~d) Each relapse must:~~

Changes to Restrictions – effective 1 November 2014 (continued)

continued...

a) be confirmed by a neurologist or general physician (the patient may not necessarily have been seen during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
c) last at least one week;
d) follow a period of stability of at least one month;
e) be severe enough to change either the EDSS or at least one of the Kurtzke functional systems scores by at least 1 point;
f) be distinguishable from the effects of general fatigue; and
g) not be associated with a fever (T>37.5°C); and
e) applications must be made at least four weeks after the date of the onset of the last known relapse; and
f) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate (see criteria for stopping).
g) applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
h) patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and
i) patients must agree to allow clinical data to be collected and reviewed by MSTAC annually for each year in which they receive funding for beta-interferon or glatiramer acetate.

Stopping Criteria

a) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as any of:
   a) an increase of 2 EDSS points where starting EDSS was 2.0; or
   b) an increase of 1.5 EDSS points where starting EDSS was 2.5 or 3.0; or
   c) an increase of 1 EDSS point where starting EDSS 3.5 or greater; or
   d) an increase in EDSS score to 6.0 or more; or
b) stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment)(see note); or
c) pregnancy and/or lactation; or
d) within the 12 month approval year, intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
e) non-compliance with treatment, including refusal to undergo annual assessment or refusal to allow the results of the assessment to be submitted to MSTAC; or
f) patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon or glatiramer acetate.

Note: Patients who have a stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet any of the other Stopping Criteria at annual review may switch to a different class of funded treatment (i.e. patients may switch from either of the beta-interferons [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa). Patients may switch classes of treatment for this reason only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to stable or increasing relapse rate over 12 months of treatment).

Changes to Restrictions – effective 1 November 2014 (continued)

150 OTHER MULTIPLE SCLEROSIS TREATMENTS (GLATIRAMER ACETATE, INTERFERON BETA-1-ALPHA AND INTERFERON BETA-1-BETA)

SA1484 Special Authority for Subsidy

Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC).
Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below)
Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The coordinator
Multiple Sclerosis Treatment Assessment Committee
PHARMAC PO Box 10 254
Wellington

Phone: 04 460 4990
Facsimile: 04 916 7571
Email: mstaccoordinator@pharmac.govt.nz

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.
Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).
These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.
Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.
Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, or 20 mg glatiramer acetate daily will be subsidised.
Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC coordinator should be notified of the change and a new prescription provided.

Entry Criteria

1) **Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and**
2) **patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and**
3) **patients must have:**
   a) **EDSS score 0 – 4.0 and:**
      - **Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and**
      - **Evidence of MRI activity on a scan within the past 24 months (either a contrast enhancing lesion or with new T2 lesions(s) compared with a previous scan)**
4) **A significant relapse must:**
   a) **be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);**
   b) **be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);**
   c) **last at least one week;**
   d) **start at least one month after the onset of a previous relapse;**
   e) **be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;**
   f) **be distinguishable from the effects of general fatigue; and**
   g) **not be associated with a fever (T>37.5°C); and**
5) **applications must be made by the patient's neurologist; and**
6) **patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and**
7) **patients must have either**
   a) **intolerance to both natalizumab and fingolimod; or**

continued...

Changes to Restrictions – effective 1 November 2014 (continued)

continued...

b) treatment with both natalizumab and fingolimod is considered clinically inappropriate

8) patient will not be co-prescribed natalizumab or fingolimod

Stopping Criteria

Any of the following:

1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following EDSS points:
- **a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0,**
- **b) 1.0 to 3.0,**
- **c) 1.5 to 3.5,**
- **d) 2.0 to 4.0,**
- **e) 2.5 to 4.5,**
- **f) 3.0 to 4.5,**
- **g) 3.5 to 4.5,**
- **h) 4.0 to 4.5**

2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment)(see note);

3) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or

4) non-compliance with treatment, including refusal to undergo annual assessment

Note:

Treatment with interferon beta -1-beta, interferon beta-1-alpha and glatiramer acetate, is permitted only if treatment with both natalizumab and fingolimod is not tolerated or treatment with both would be clinically inappropriate. Beta-interferon or glatiramer acetate will not be funded as second line treatments if EDSS progression has occurred on treatment with natalizumab or fingolimod.

Patients who have an increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet the EDSS Stopping Criteria at annual review may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa. Patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa for increased relapses only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to increasing relapse rate over 12 months of treatment).

If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

Entry Criteria for patients with an EDSS of 4.5-5.5 who have not had an application for funding considered prior to 1 November 2014

1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and

2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and

3) patients must have either:
- **a) EDSS score 4.5-5.5 with 2+ relapses:**
  - **Experienced at least 2 significant relapses of MS in the previous 12 months, and**
  - **An EDSS score of between 4.5-5.5; and**

4) Each relapse must:
- **a) be confirmed by a neurologist or general physician (the patient may not necessarily have been seen during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);**

continued...

Changes to Restrictions – effective 1 November 2014 (continued)

continued...

b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
c) last at least one week;
d) follow a period of stability of at least one month;
e) be severe enough to change either the EDSS or at least one of the Kurtzke functional systems scores by at least 1 point;
f) be distinguishable from the effects of general fatigue; and
g) not be associated with a fever (T>>37.5˚C); and

5) applications must be made at least four weeks after the date of the onset of the last known relapse; and
6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate (see criteria for stopping).
7) applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
8) patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and
9) patients must agree to allow clinical data to be collected and reviewed by MSTAC annually for each year in which they receive funding for beta-interferon or glatiramer acetate.

Stopping Criteria for patients with an EDSS of 4.5-5.5 who have not had an application for funding considered prior to 1 November 2014

1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as any of:
a) an increase of 1 EDSS point where starting EDSS 3.5 or greater; or
b) an increase in EDSS score to 6.0 or more; or
2) stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment)(see note); or
3) pregnancy and/or lactation; or
4) within the 12 month approval year, intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
5) non-compliance with treatment, including refusal to undergo annual assessment or refusal to allow the results of the assessment to be submitted to MSTAC; or
6) patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon or glatiramer acetate.

Note:
Patients who have a stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet any of the other Stopping Criteria at annual review may switch to a different class of funded treatment (i.e. patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa). Patients may switch classes of treatment for this reason only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to stable or increasing relapse rate over 12 months of treatment).

152 **DEXAMFETAMINE** ~~DEXAMPHETAMINE~~ SULFATE – Special Authority see SA1149 – Retail pharmacy
a) Only on a controlled drug form
b) Safety medicine; prescriber may determine dispensing frequency
Tab 5 mg ..... 16.50 100 ✔**PSM** ~~S29~~ ~~S29~~
~~Wastage claimable – see rule 3.3.2~~

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 November 2014 (continued)

189 TACROLIMUS – Special Authority see SA0669 – Retail pharmacy – **Brand Switch Fee payable (Pharmacode 2468468)**

Cap 0.5 mg	85.60	100	✔**Tacrolimus Sandoz**
Cap 1 mg	171.20	100	✔**Tacrolimus Sandoz**
Cap 5 mg – For tacrolimus oral liquid formulation refer	428.00	50	✔**Tacrolimus Sandoz**

193 LONG-ACTING MUSCARINIC ANTAGONISTS (GLYCOPYRRONIUM AND TIOTROPIUM BROMIDE)

➽ SA1485 Special Authority for Subsidy

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

All of the following:

1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and

2 In addition to standard treatment, the patient has trialled a short acting bronchodilator dose of at least 40 μg ipratropium q.i.d for one month; and

3 Either:

The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:

3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or

3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and

Applicant must state recent measurement of:

4 All of the following:

4.1 Actual FEV1 (litres); and

4.2 Predicted FEV1 (litres); and

4.3 Actual FEV1 as a % of predicted (must be below 60%); and

5 Either:

5.1 Patient is not a smoker (for reporting purposes only); or

5.2 Patient is a smoker and has been offered smoking cessation counselling; and

6 The patient has been offered annual influenza immunization;

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

All of the following:

1 Patient is compliant with the medication; and

2 Patient has experienced improved COPD symptom control (prescriber determined); and

Applicant must state recent measurement of:

3 All of the following:

3.1 Actual FEV1 (litres); and

3.2 Predicted FEV1 (litres); and

3.3 Actual FEV1 as a % of predicted.

193 TIOTROPIUM BROMIDE – Special Authority see **SA1485**~~1193~~ – Retail pharmacy

Powder for inhalation, 18 mcg per dose	70.00	30 dose	✔**Spiriva**

Note: tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised glycopyrronium

➽ **SA1485**~~1193~~ Special Authority for Subsidy

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

~~All of the following:~~

~~1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and~~

~~2 In addition to standard treatment, the patient has trialled a short acting bronchodilator of at least 40 mcg ipratropium q.i.d for one month; and~~

continued...

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

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

Changes to Restrictions – effective 1 November 2014 (continued)

continued...

~~3 Either:~~
~~The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:~~
~~3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or~~
~~3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and~~
~~Applicant must state recent measurement of:~~
~~4 All of the following:~~
~~4.1 Actual FEV1 (litres); and~~
~~4.2 Predicted FEV1 (litres); and~~
~~4.3 Actual FEV1 as a % of predicted (must be below 60%); and~~
~~5 Either:~~
~~5.1 Patient is not a smoker (for reporting purposes only); or~~
~~5.2 Patient is a smoker and has been offered smoking cessation counselling; and~~
~~6 The patient has been offered annual influenza immunisation.~~

~~Renewal only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient is compliant with the medication; and~~
~~2 Patient has experienced improved COPD symptom control (prescriber determined); and~~
~~Applicant must state recent measurement of:~~
~~3 All of the following:~~
~~3.1 Actual FEV1 (litres); and~~
~~3.2 Predicted FEV1 (litres); and~~
~~3.3 Actual FEV1 as a % of predicted.~~

Note – The Special Authority that applies to Long-Acting Muscarinic Antagonists now applies to tiotropium bromide.

201 DEFERIPRONE – Special Authority see SA1480 – Retail pharmacy

Tab 500 mg	533.17	100	✔**Ferriprox**
Oral liq 100 mg per 1 ml	266.59	250 ml OP	✔**Ferriprox**

SA1480 Special Authority for Subsidy
Initial application only from a haematologist. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Either:
1 The patient has been diagnosed with chronic ~~transfusional~~ iron overload due to congenital inherited anaemia; or
2 The patient has been diagnosed with chronic ~~transfusional~~ iron overload due to acquired red cell aplasia.

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 October 2014

32 INSULIN PUMP – Special Authority see SA1237 – Retail pharmacy
a) Maximum of 1 dev per prescription
b) Only on a prescription
c) Maximum of 1 insulin pump per patient each four year period.

Min basal rate 0.025 U/h; black colour	4,500.00	1	✔**Animas Vibe**
Min basal rate 0.025 U/h; blue colour	4,500.00	1	✔**Animas Vibe**
Min basal rate 0.025 U/h; green colour	4,500.00	1	✔**Animas Vibe**
Min basal rate 0.025 U/h; pink colour	4,500.00	1	✔**Animas Vibe**
Min basal rate 0.025 U/h; silver colour	4,500.00	1	✔**Animas Vibe**
Min basal rate 0.05 U/h; blue colour	4,400.00	1	✔**Paradigm 522** ✔**Paradigm 722**
Min basal rate 0.05 U/h; clear colour	4,400.00	1	✔**Paradigm 522** ✔**Paradigm 722**
Min basal rate 0.05 U/h; pink colour	4,400.00	1	✔**Paradigm 522** ✔**Paradigm 722**
Min basal rate 0.05 U/h; purple colour	4,400.00	1	✔**Paradigm 522** ✔**Paradigm 722**
Min basal rate 0.05 U/h; smoke colour	4,400.00	1	✔**Paradigm 522** ✔**Paradigm 722**

➽ SA1237 Special Authority for Subsidy
Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The IPP Co-ordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

HbA1c prerequisites met:
- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had significant variability in blood glucose levels including significant hypoglycaemic episodes and patient is expected to demonstrate a reduction in HbA1c by at least 10 mmol/mol from baseline.

Recurrent severe hypoglycaemia prerequisites met:
- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had four or more severe unexplained recurrent hypoglycaemic episodes during that six month period either due to hypoglycaemic unawareness or due to nocturnal hypoglycaemia.

Changes to Restrictions – effective 1 October 2014 (continued)

32 INSULIN PUMP CONSUMABLES

➽ SA1240 Special Authority for Subsidy

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

The IPP Co-ordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

HbA1c prerequisites met:

- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had significant variability in blood glucose levels including significant hypoglycaemic episodes and patient is expected to demonstrate a reduction in HbA1c by at least 10 mmol/mol from baseline.

Recurrent severe hypoglycaemia prerequisites met:

- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had four or more severe unexplained recurrent hypoglycaemic episodes during that six month period either due to hypoglycaemic unawareness or due to nocturnal hypoglycaemia.

38 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE
– Special Authority see **SA1473**~~0891~~ – Retail pharmacy

Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – Maximum of **90** ~~60~~ sach per prescription	7.65	30	✔**Lax-Sachets**

➽ **SA1473**~~0891~~ Special Authority for Subsidy

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

Both:

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

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

40 BENZYDAMINE HYDROCHLORIDE

Soln 0.15% – **Higher subsidy of up to $17.01 per 500 ml with Endorsement**	3.60	200 ml	
	(8.50)		Difflam
	9.00	500 ml	
	(17.01)		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.

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 October 2014 (continued)

44 HYPOPLASTIC AND HAEMOLYTIC (EPOETIN [ERYTHROPOIETIN] ALFA & BETA)

SA1469 Special Authority for Subsidy

Initial application – (chronic renal failure) from any specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1 Patient in chronic renal failure; and
2 Haemoglobin ≤ 100g/L; and
3 Any of the following:
  3.1 Both:
    3.1.1 Patient does not have diabetes mellitus; and
    3.1.2 Glomerular filtration rate ≤ 30ml/min; or
  3.2 Both:
    3.2.1 Patient has diabetes mellitus; and
    3.2.2 Glomerular filtration rate ≤ 45ml/min; or
  3.3 Patient is on haemodialysis or peritoneal dialysis.

Initial application – (myelodysplasia)* from any specialist. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

1. Patient has a confirmed diagnosis of myelodysplasia (MDS)*; and
2. Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and
3. Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5. Patient has a serum erythropoietin level of <500 **IU/L** ~~IU/mL~~; and
6. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

*Indication marked with * is an Unapproved Indication

Renewal – (chronic renal failure) only from any specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal application – (myelodysplasia)* from any specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1. The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2. Transformation to acute myeloid leukaemia has not occurred; and
3. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

*Indication marked with * is an Unapproved Indication

Notes: Erythropoietin alfa is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

Changes to Restrictions – effective 1 October 2014 (continued)

44 **EPOETIN ALFA [**ERYTHROPOIETIN ALFA**]** – Special Authority see SA1469 – Retail pharmacy
Wastage claimable – see rule 3.3.2

Inj 1,000 iu in 0.5 ml, prefilled syringe	48.68	6	✔**Eprex**
Inj 2,000 iu in 0.5 ml, prefilled syringe	120.18	6	✔**Eprex**
Inj 3,000 iu in 0.3 ml, prefilled syringe	166.87	6	✔**Eprex**
Inj 4,000 iu in 0.4 ml, prefilled syringe	193.13	6	✔**Eprex**
Inj 5,000 iu in 0.5 ml, prefilled syringe	243.26	6	✔**Eprex**
Inj 6,000 iu in 0.6 ml, prefilled syringe	291.92	6	✔**Eprex**
Inj 10,000 iu in 1 ml, prefilled syringe	395.18	6	✔**Eprex**

44 **EPOETIN BETA [**ERYTHROPOIETIN BETA**]** – Special Authority see SA1469 – Retail pharmacy
Wastage claimable – see rule 3.3.2

Inj 2,000 iu, prefilled syringe	120.18	6	✔**NeoRecormon**
Inj 3,000 iu, prefilled syringe	166.87	6	✔**NeoRecormon**
Inj 4,000 iu, prefilled syringe	193.13	6	✔**NeoRecormon**
Inj 5,000 iu, prefilled syringe	243.26	6	✔**NeoRecormon**
Inj 6,000 iu, prefilled syringe	291.29	6	✔**NeoRecormon**
Inj 10,000 iu, prefilled syringe	395.18	6	✔**NeoRecormon**

55 MIDODRINE – Special Authority see **SA1474**~~0934~~ – Retail pharmacy

Tab 2.5 mg	53.00	100	✔**Gutron**
Tab 5 mg	79.00	100	✔**Gutron**

➽ **SA1474**~~0934~~ Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid for 2 years **where the patient has** ~~for applications meeting the following criteria:~~
~~All of the following:~~
~~1~~ Disabling orthostatic hypotension not due to drugs~~; and~~
~~2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and~~
~~3 Patient has tried non pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night~~.

Notes: Treatment should be started with small doses and titrated upwards as necessary.
Hypertension should be avoided, and the usual target is a standing systolic blood pressure of 90 mm Hg.

Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

57 PERHEXILINE MALEATE ~~– Special Authority see SA1260 – Retail pharmacy~~

✻ Tab 100 mg	62.90	100	✔**Pexsig**

~~➽ SA1260 Special Authority for Subsidy~~
~~Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Both:~~
~~1 Patient has refractory angina; and~~
~~2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long acting nitrate.~~

~~Renewal only from a cardiologist or any relevant practitioner on the recommendation of a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

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 October 2014 (continued)

62 NICORANDIL ~~– Special Authority see SA1263 – Retail pharmacy~~

▲ Tab 10 mg	27.95	60	✔**Ikorel**
▲ Tab 20 mg	33.28	60	✔**Ikorel**

~~SA1263 Special Authority for Subsidy~~

~~Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria:~~

~~Both:~~

~~1 Patient has refractory angina; and~~

~~2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long acting nitrate.~~

~~Renewal only from a cardiologist or any relevant practitioner on the recommendation of a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

65 ISOTRETINOIN – Special Authority see **SA1475**~~0955~~ – Retail pharmacy

Cap 10 mg	18.71	120	✔**Oratane**
Cap 20 mg	28.91	120	✔**Oratane**

SA1475~~0955~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

~~1 Patient has had an adequate trial on other available treatments and has received an inadequate response from these treatments or these are contraindicated; and~~

1 ~~2~~ Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and

2 ~~3~~ Applicant has an up to date knowledge of ~~the treatment options for acne and is aware of~~ the safety issues around isotretinoin and is competent to prescribe isotretinoin; and

3 ~~4~~ Either:

3.1 ~~4.1~~ Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or

3.2 ~~4.2~~ Patient is male.

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

Renewal from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

~~All of the following:~~

~~1 Patient has had an adequate trial on other available treatments and has received an inadequate response from these treatments or these are contraindicated; and~~

~~2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and~~

~~3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and~~

4 Either:

1~~4.1~~ Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or

2~~4.2~~ Patient is male.

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

▲ 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 2014 (continued)

73 ACITRETIN – Special Authority see **SA1476**~~0954~~ – Retail pharmacy

Cap 10 mg	35.95	100	✔**Neotigason**
	17.86	60	✔**Novatretin**
Cap 25 mg	41.36	60	✔**Novatretin**
	85.40	100	✔**Neotigason**

➽ **SA1476**~~0954~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and

2 Applicant has an up to date knowledge of ~~the treatment options for psoriasis and of disorders of keratinisation and is aware of~~ the safety issues around acitretin and is competent to prescribe acitretin; and

3 Either:

3.1 Patient is female and has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment; or

3.2 Patient is male.

Renewal from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

~~All of the following:~~

~~1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and~~

~~2 Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin; and~~

~~3~~ Either:

1~~3.1~~ Patient is female and has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment; or

2~~3.2~~ Patient is male.

80 CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL

✻Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs			
– Up to **168** ~~84~~ tab available on a PSO	5.36	168	✔**Ginet**
	3.89	84	✔**Ginet 84**

88 LEVOTHYROXINE ~~(MERCURY PHARMA)~~ (amended chemical name and stat reinstated)

✻Tab 50 mcg	1.71	28	✔**Mercury Pharma**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
✻Tab 100 mcg	1.78	28	✔**Mercury Pharma**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Restrictions – effective 1 October 2014 (continued)

135 FLUOXETINE HYDROCHLORIDE ~~– Brand switch fee payable (Pharmacode 2461102)~~

✻ Tab dispersible 20 mg, scored – Subsidy by endorsement	2.50	30	✔ **Arrow-Fluoxetine**

Subsidised by endorsement

1 When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or
2 When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed.

Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.

✻ Cap 20 mg	1.74	90	✔ **Arrow-Fluoxetine**

137 GABAPENTIN – Special Authority see **SA1477**~~1071~~ – Retail pharmacy

▲ Cap 100 mg	7.16	100	✔ **Arrow-Gabapentin** ✔ **Nupentin**
▲ Cap 300 mg – For gabapentin oral liquid formulation refer	11.00	100	✔ **Arrow-Gabapentin** ✔ **Nupentin**
▲ Cap 400 mg	13.75	100	✔ **Arrow-Gabapentin** ✔ **Nupentin**

➽ **SA1477**~~1071~~ Special Authority for Subsidy

Initial application—(Epilepsy) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Either:

1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application — (Neuropathic pain **and Chronic Kidney Disease associated pruritus**) from any relevant practitioner. Approvals valid for 3 months **for applications meeting the following criteria:** ~~where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.~~

Either:

1 The patient has been diagnosed with neuropathic pain; or
2 Both:
2.1 The patient has Chronic Kidney Disease Stage 5-associated pruritus* where no other cause for pruritus can be identified (e.g. scabies, allergy); and
2.2 The patient has persistent pruritus not relieved with a trial of emollient/moisturising creams alone.

Renewal — (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Renewal — (Neuropathic pain **and Chronic Kidney Disease associated pruritus**) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

1 The patient has demonstrated a marked improvement in their control of pain **or itch** (prescriber determined); or
2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

Notes: Indications marked with * are Unapproved Indications (see Interpretations and Definitions). Dosage adjustment of gabapentin is recommended for patients with renal impairment.

▲ 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 2014 (continued)

167 IMATINIB MESILATE

✻ Cap 100 mg ..... 298.90 | 60 | ✔ **Imatinib-AFT**

~~a) Brand switch fee payable (Pharmacode 2461099) – see page 201~~

b) No patient co-payment payable

c) Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA0643 in Section B of the Pharmaceutical Schedule.

170 BICALUTAMIDE ~~– Special Authority see SA0941 – Retail pharmacy~~

Tab 50 mg ..... 4.90 | 28 | ✔ **Bicalaccord**

➽ ~~SA0941~~ ~~Special Authority for Subsidy~~

~~Initial application from any medical practitioner. Approvals valid without further renewal unless notified where the patient has advanced prostate cancer.~~

173 ETANERCEPT – Special Authority see **SA1478**~~1450~~ – Retail pharmacy (additional criteria added to Special Authority)

Inj 25 mg ..... 949.96 | 4 | ✔ **Enbrel**

Inj 50 mg autoinjector ..... 1,899.92 | 4 | ✔ **Enbrel**

Inj 50 mg prefilled syringe ..... 1,899.92 | 4 | ✔ **Enbrel**

➽ **SA1478**~~1450~~ Special Authority for Subsidy

Initial application – (adult-onset Still's disease) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 Either:

1.1.1 The patient has had an initial Special Authority approval for adalimumab for adult-onset Still's disease (AOSD); or

1.2.1 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Renewal – (adult-onset Still's disease) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Either:

1.1 Applicant is a rheumatologist; or

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

2 The patient has a sustained improvement in inflammatory markers and functional status.

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 October 2014 (continued)

173 MYCOPHENOLATE MOFETIL ~~– Special Authority see SA1041 – Retail pharmacy~~

Tab 500 mg	25.00	50	✔**Cellcept**
Cap 250 mg	25.00	100	✔**Cellcept**
Powder for oral liq 1 g per 5 ml			
– Subsidy by endorsement	187.25	165 ml OP	✔**Cellcept**

Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly.

~~SA1041 Special Authority for Subsidy~~

~~Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~
~~Either:~~
~~1 Transplant recipient; or~~
~~2 Both:~~
~~Patients with diseases where~~
~~2.1 Steroids and azathioprine have been trialled and discontinued because of unacceptable side effects or inadequate clinical response; and~~
~~2.2 Either:~~
~~Patients with diseases where~~
~~2.2.1 Cyclophosphamide has been trialled and discontinued because of unacceptable side effects or inadequate clinical response; or~~
~~2.2.2 Cyclophosphamide treatment is contraindicated.~~

179 ADALIMUMAB – Special Authority see **SA1479**~~1449~~ – Retail pharmacy (additional criteria added to Special Authority)

Inj 20 mg per 0.4 ml prefilled syringe	1,799.92	2	✔**Humira**
Inj 40 mg per 0.8 ml prefilled pen	1,799.92	2	✔**HumiraPen**
Inj 40 mg per 0.8 ml prefilled syringe	1,799.92	2	✔**Humira**

SA1479~~1449~~ Special Authority for Subsidy

Initial application – (adult-onset Still's disease) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
1.1 Either:
1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or
1.2.1 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and
2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Renewal – (adult-onset Still's disease) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:

continued...

Changes to Restrictions – effective 1 October 2014 (continued)

continued...

1 Either:

1.1 Applicant is a rheumatologist; or

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

2 The patient has a sustained improvement in inflammatory markers and functional status.

201 DEFERIPRONE – Special Authority see **SA1480**~~1042~~ – Retail pharmacy

Tab 500 mg	533.17	100	✔**Ferriprox**
Oral liq 100 mg per 1 ml	266.59	250 ml OP	✔**Ferriprox**

➽ **SA1480**~~1042~~ Special Authority for Subsidy

Initial application only from a ~~relevant specialist~~ **haematologist**. Approvals valid without further renewal unless notified ~~where~~ **for applications meeting the following criteria:**

Either:

1 The patient has been diagnosed with chronic transfusional iron overload due to congenital inherited anaemia**;**

or

2 **The patient has been diagnosed with chronic transfusional iron overload due to acquired red cell aplasia**.

~~Note: For the purposes of this Special Authority, a relevant specialist is defined as a haematologist.~~

Effective 1 September 2014

44 HYPOPLASTIC AND HAEMOLYTIC (ERYTHROPOIETIN ALFA & BETA)

➽ **SA1469**~~0922~~ Special Authority for Subsidy

Initial application – **(chronic renal failure)** from **any** ~~a relevant~~ specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1 Patient in chronic renal failure; and

2 Haemoglobin ≤ 100g/L; and

3 Any of the following:

3.1 Both:

3.1.1 Patient ~~is not diabetic~~ **does not have diabetes mellitus**; and

3.1.2 Glomerular filtration rate ≤ 30ml/min; or

3.2 Both:

3.2.1 Patient ~~is diabetic~~ **has diabetes mellitus**; and

3.2.2 Glomerular filtration rate ≤ 45ml/min; or

3.3 Patient is on haemodialysis or peritoneal dialysis.

Initial application – (myelodysplasia)* from any specialist. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

1. Patient has a confirmed diagnosis of myelodysplasia (MDS)*; and

2. Has had symptomatic anaemia with haemoglobin <100g/L and is red cell transfusion-dependent; and

3. Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS); and

4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and

5. Patient has a serum erythropoietin level of <500 IU/mL; and

6. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

***Indication marked with * is an Unapproved Indication**

Renewal – **(chronic renal failure)** only from ~~a relevant~~ **any** specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

continued...

Changes to Restrictions – effective 1 September 2014 (continued)

continued...

Renewal application – (myelodysplasia)* from any specialist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1. The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2. Transformation to acute myeloid leukaemia has not occurred; and
3. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.
***Indication marked with * is an Unapproved Indication**

Notes: Erythropoietin **alfa** ~~beta~~ is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.
~~The Cockroft-Gault Formula may be used to estimate glomerular filtration rate (GFR) in persons 18 years and over:~~
~~GFR (ml/min) (male) = (140 – age) x Ideal Body Weight (kg) / 814 x serum creatinine (mmol/l)~~
~~GFR (ml/min) (female) = Estimated GFR (male) x 0.85~~

44 ERYTHROPOIETIN **ALFA** ~~ALPHA~~ – Special Authority see **SA1469**~~0922~~ – Retail pharmacy (amendment to chemical name, presentation description and addition of wastage)
Wastage claimable – see rule 3.3.2

Inj ~~human recombinant~~ 1,000 iu **in 0.5 ml**, ~~prefilled~~ syringe	48.68	6	✔**Eprex**
Inj ~~human recombinant~~ 2,000 iu **in 0.5 ml**, ~~prefilled~~ syringe	120.18	6	✔**Eprex**
Inj ~~human recombinant~~ 3,000 iu **in 0.3 ml**, ~~prefilled~~ syringe	166.87	6	✔**Eprex**
Inj ~~human recombinant~~ 4,000 iu **in 0.4 ml**, ~~prefilled~~ syringe	193.13	6	✔**Eprex**
Inj ~~human recombinant~~ 5,000 iu **in 0.5 ml**, ~~prefilled~~ syringe	243.26	6	✔**Eprex**
Inj ~~human recombinant~~ 6,000 iu **in 0.6 ml**, ~~prefilled~~ syringe	291.92	6	✔**Eprex**
Inj ~~human recombinant~~ 10,000 iu **in 1 ml**, ~~prefilled~~ syringe	395.18	6	✔**Eprex**

44 ERYTHROPOIETIN BETA – Special Authority see **SA1469**~~0922~~ – Retail pharmacy (addition of wastage)
Wastage claimable – see rule 3.3.2

Inj 2,000 iu, prefilled syringe	120.18	6	✔**NeoRecormon**
Inj 3,000 iu, prefilled syringe	166.87	6	✔**NeoRecormon**
Inj 4,000 iu, prefilled syringe	193.13	6	✔**NeoRecormon**
Inj 5,000 iu, prefilled syringe	243.26	6	✔**NeoRecormon**
Inj 6,000 iu, prefilled syringe	291.29	6	✔**NeoRecormon**
Inj 10,000 iu, prefilled syringe	395.18	6	✔**NeoRecormon**

53 CILAZAPRIL WITH HYDROCHLOROTHIAZIDE

✻ Tab 5 mg with hydrochlorothiazide 12.5 mg ~~– Brand switch fee payable (Pharmacode 2459299)~~	10.72	100	✔**Apo-Cilazapril/ Hydrochlorothiazide**

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 2014 (continued)

60 ATORVASTATIN – See prescribing guideline (stat removed)

Tab 10 mg	2.52	90	✔**Zarator**
Tab 20 mg	4.17	90	✔**Zarator**
Tab 40 mg	7.32	90	✔**Zarator**
Tab 80 mg	16.23	90	✔**Zarator**

97 AMOXICILLIN **WITH CLAVULANIC ACID** ~~CLAVULANATE~~ (amendment to chemical name and presentation description)

Tab ~~amoxicillin~~ 500 mg with **clavulanic acid** ~~potassium clavulanate~~ 125 mg – Up to 30 tab available on a PSO	1.95	20	✔**Augmentin**
	12.55	100	✔**Curam Duo**
Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	1.61	100 ml	✔**Augmentin** ✔**Curam**

a) Up to 200 ml available on a PSO
b) Wastage claimable – see rule 3.3.2

Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	2.19	100 ml	✔**Augmentin** ✔**Curam**

a) Up to 200 ml available on a PSO
b) Wastage claimable – see rule 3.3.2

161 METHOTREXATE

✻Tab 2.5 mg – PCT – Retail pharmacy-Specialist – **Brand switch fee payable (Pharmacode 2465353)**	3.82	30	✔**Trexate**
✻Tab 10 mg – PCT – Retail pharmacy-Specialist – **Brand switch fee payable (Pharmacode 2465353)**	26.25	50	✔**Trexate**

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 November 2014

26	RANITIDINE – Only on a prescription (↓ subsidy)			
	✻ Tab 150 mg	5.15	250	✔ **Arrow-Ranitidine**
	✻ Tab 300 mg	7.37	250	✔ **Arrow-Ranitidine**
27	OMEPRAZOLE			
	For omeprazole suspension refer Standard Formulae (↓ subsidy)			
	✻ Cap 10 mg	2.23	90	✔ **Omezol Relief**
	✻ Cap 20 mg	2.91	90	✔ **Omezol Relief**
	✻ Cap 40 mg	4.42	90	✔ **Omezol Relief**
29	GLICLAZIDE (↓ subsidy)			
	✻ Tab 80 mg	11.50	500	
		(17.60)		Apo-Gliclazide
41	PYRIDOXINE HYDROCHLORIDE (↓ subsidy)			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	✻ Tab 25 mg – No patient co-payment payable	2.15	90	✔ **PyridoxADE**
73	ACITRETIN – Special Authority see SA1476 – Retail pharmacy (↓ subsidy)			
	Cap 10 mg	29.77	100	✔ **Neotigason**
	Cap 25 mg	68.93	100	✔ **Neotigason**
97	AMOXICILLIN WITH CLAVULANIC ACID (↓ subsidy)			
	Tab 500 mg with clavulanic acid 125 mg –			
	Up to 30 tab available on a PSO	9.75	100	✔ **Curam Duo**
107	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy (↓ subsidy)			
	Tab 100 mg	6.00	28	
		(32.50)		Zetlam
131	PARACETAMOL (↓ subsidy)			
	✻ Tab 500 mg – Up to 30 tab available on a PSO	8.47	1,000	✔ **Parafast**
131	PARACETAMOL (↓ price)			
	✻‡ Oral liq 120 mg per 5 ml	2.08	500 ml	✔ **Ethics Paracetamol**
	a) Up to 200 ml available on a PSO			
	b) Not in combination			
150	INTERFERON BETA-1-ALPHA – Special Authority see SA1484– [Xpharm] (↑ subsidy)			
	Inj 6 million iu prefilled syringe	1,170.00	4	✔ **Avonex**
	Injection 6 million iu per 0.5 ml pen injector	1,170.00	4	✔ **Avonex Pen**
	Inj 6 million iu per vial	1,170.00	4	✔ **Avonex**
190	LORATADINE (↓ subsidy)			
	✻ Oral liq 1 mg per ml	2.13	100 ml	
		(3.10)		LoraPaed

▲ 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 Subsidy and Manufacturer's Price – effective 1 November 2014 (continued)

196 IPRATROPIUM BROMIDE (↓ subsidy)
Aqueous nasal spray, 0.03% ..... 3.95 15 ml OP ✔**Univent**

Effective 1 October 2014

26 MISOPROSTOL (↑ subsidy)
✻Tab 200 mcg..... 56.92 120 ✔**Cytotec**

40 BENZYDAMINE HYDROCHLORIDE (↑ alternate subsidy)
Soln 0.15% – Higher subsidy of up to $17.01 per 500 ml
with Endorsement..... 3.60 200 ml
(8.50) Difflam
9.00 500 ml
(17.01) 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.

43 MAGNESIUM SULPHATE (↓ subsidy)
✻Inj 2 mmol per ml, 5 ml ampoule 12.65 10
(18.35) Martindale

49 HEPARIN SODIUM (↑ subsidy)
Inj 1,000 iu per ml, 5 ml ..... 61.04 50 ✔**Pfizer**
Inj 5,000 iu per ml, 5 ml ..... 236.60 50 ✔**Pfizer**

49 HEPARINISED SALINE (↑ subsidy)
✻Inj 10 iu per ml, 5 ml ..... 39.00 50 ✔**Pfizer**

55 FLECAINIDE ACETATE – Retail pharmacy-Specialist (↓ subsidy)
▲Tab 100 mg – For flecainide acetate oral liquid formulation
refer ..... 68.78 60 ✔**Tambocor**

60 COLESTIPOL HYDROCHLORIDE (↑ subsidy)
Grans for oral liq 5 g..... 22.00 30 ✔**Colestid**

68 HYDROCORTISONE (↑ subsidy)
✻Powder – Only in combination ..... 59.50 25 g ✔**ABM**
Up to 5% in a dermatological base (not proprietary Topical Corticosteriod – Plain) with or without other dermatological galenicals. Refer

68 HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL (↑ subsidy)
Lotn 1% with wool fat hydrous 3% and mineral oil
– Only on a prescription..... 10.57 250 ml ✔**DP Lotn HC**

74 KETOCONAZOLE (↓ subsidy)
Shampoo 2%..... 2.99 100 ml OP ✔**Sebizole**
a) Maximum of 100 ml per prescription
b) Only on a prescription

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Subsidy and Manufacturer's Price – effective 1 October 2014 (continued)

74 TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription (↑ subsidy)

✻ Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	3.36	500 ml	✔ **Pinetarsol**

128 PRAMIPEXOLE HYDROCHLORIDE (↓ subsidy)

▲ Tab 0.25 mg	2.16	30	
	(2.40)		Dr Reddy's Pramipexole

131 PARACETAMOL (↓ subsidy)

✻‡ Oral liq 120 mg per 5 ml	2.08	500 ml	
	(2.21)		Ethics Paracetamol

a) Up to 200 ml available on a PSO
b) Not in combination

136 PHENYTOIN SODIUM (↑ subsidy)

✻ Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	88.63	5	✔ **Hospira**
✻ Inj 50 mg per ml, 5 ml – Up to 5 inj available on a PSO	133.92	5	✔ **Hospira**

139 PHENYTOIN SODIUM (↑ subsidy)

✻ Tab 50 mg	50.51	200	✔ **Dilantin Infatab**
✻ Cap 30 mg	22.00	200	✔ **Dilantin**
✻ Cap 100 mg	19.79	200	✔ **Dilantin**
✻‡ Oral liq 30 mg per 5 ml	22.03	500 ml	✔ **Dilantin**

148 OXAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)

Tab 10 mg	6.17	100	✔ **Ox-Pam**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 15 mg	8.53	100	✔ **Ox-Pam**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

151 NITRAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)

Tab 5 mg	5.22	100	✔ **Nitrados**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

158 CARMUSTINE – PCT only – Specialist (↑ subsidy)

Inj 100 mg	532.00	1	✔ **BiCNU**
Inj 100 mg for ECP	532.00	100 mg OP	✔ **Baxter**

161 BLEOMYCIN SULPHATE – PCT only – Specialist (↑ subsidy)

Inj 15,000 iu	136.80	1	✔ **DBL Bleomycin Sulfate**
Inj 1,000 iu for ECP	10.58	1,000 iu	✔ **Baxter**

178 ANTITHYMOCYTE GLOBULIN (EQUINE) – PCT only – Specialist (↑ subsidy)

Inj 50 mg per ml, 5 ml	2,351.25	5	✔ **ATGAM**

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Subsidy and Manufacturer's Price – effective 1 September 2014

57 NIFEDIPINE (↓ subsidy)

❋ Tab long-acting 30 mg	3.75	30	✔ **Arrow-Nifedipine XR**
	(19.90)		Adalat Oros
❋ Tab long-acting 60 mg	5.75	30	✔ **Arrow-Nifedipine XR**
	(29.50)		Adalat Oros

73 ACITRETIN – Special Authority see SA0954 – Retail pharmacy (↓ subsidy)

Cap 10 mg	17.86	60	✔ **Novatretin**
Cap 25 mg	41.36	60	✔ **Novatretin**

99 CIPROFLOXACIN (↓ subsidy)

Recommended for patients with any of the following:

i) microbiologically confirmed and clinically significant pseudomonas infection; or
ii) prostatitis; or
iii) pyelonephritis; or
iv) gonorrhoea.

Tab 500 mg – Up to 5 tab available on a PSO	7.14	100	
	(10.71)		Cipflox
Tab 750 mg	4.02	30	
	(5.52)		Ciprofloxacin Rex

101 FLUCONAZOLE (↓ subsidy)

Cap 50 mg – Retail pharmacy-Specialist	3.49	28	✔ **Ozole**
Cap 150 mg – Subsidy by endorsement	0.71	1	✔ **Ozole**

a) Maximum of 1 cap per prescription; can be waived by endorsement – Retail pharmacy – Specialist
b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intravaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy – Specialist.

Cap 200 mg – Retail pharmacy-Specialist	9.69	28	✔ **Ozole**

105 RIFAMPICIN – Subsidy by endorsement (↓ subsidy)

a) No patient co-payment payable
b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy – Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician.

❋ Tab 600 mg	108.70	30	✔ **Rifadin**
❋ Cap 150 mg	55.75	100	✔ **Rifadin**
❋ Cap 300 mg	116.25	100	✔ **Rifadin**
❋ Oral liq 100 mg per 5 ml	12.00	60 ml	✔ **Rifadin**

107 LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy (↑ subsidy)

Oral liq 5 mg per ml	270.00	240 ml	✔ **Zeffix**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Subsidy and Manufacturer's Price – effective 1 September 2014 (continued)

123	PAMIDRONATE DISODIUM (↓ subsidy)			
	Inj 3 mg per ml, 10 ml vial	6.80	1	
		(16.00)		Pamidronate BNM
	Inj 6 mg per ml, 10 ml vial	13.20	1	
		(32.00)		Pamidronate BNM
	Inj 9 mg per ml, 10 ml vial	19.20	1	
		(48.00)		Pamidronate BNM
144	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 2.5 mg	0.75	28	✔**Dr Reddy's Olanzapine**
		(51.07)		Zyprexa
	Tab 5 mg	1.65	28	✔**Dr Reddy's Olanzapine**
		(3.85)		Olanzine
		(101.21)		Zyprexa
	Tab orodispersible 5 mg	1.75	28	✔**Dr Reddy's Olanzapine**
		(6.36)		Olanzine-D
		(102.19)		Zyprexa Zydis
	Tab 10 mg	2.55	28	✔**Dr Reddy's Olanzapine**
		(6.35)		Olanzine
		(204.49)		Zyprexa
	Tab orodispersible 10 mg	3.05	28	✔**Dr Reddy's Olanzapine**
		(8.76)		Olanzine-D
		(204.37)		Zyprexa Zydis
144	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 25 mg	1.40	60	✔**Dr Reddy's Quetiapine**
		(7.00)		Seroquel
	Tab 100 mg	2.80	60	
		(14.00)		Seroquel
		4.20	90	✔**Dr Reddy's Quetiapine**
	Tab 200 mg	4.80	60	✔**Dr Reddy's Quetiapine**
		(24.00)		Seroquel
	Tab 300 mg	8.00	60	✔**Dr Reddy's Quetiapine**
		(40.00)		Seroquel
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Oral liq 1 mg per ml	9.75	30 ml	
		(18.35)		Apo-Risperidone
		(25.26)		Risperdal

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 September 2014 (continued)

159	CAPECITABINE – Retail pharmacy-Specialist (↓ subsidy)			
	Tab 150 mg	30.00	60	✔**Xeloda**
	Tab 500 mg	120.00	120	✔**Xeloda**
165	THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 (↓ subsidy)			
	Cap 50 mg	378.00	28	✔**Thalomid**
	Cap 100 mg	756.00	28	✔**Thalomid**
171	OCTREOTIDE (↓ subsidy)			
	Inj 50 mcg per ml, 1 ml	13.50	5	✔**Octreotide MaxRx**
	Inj 100 mcg per ml, 1 ml	22.40	5	✔**Octreotide MaxRx**
	Inj 500 mcg per ml, 1 ml	89.40	5	✔**Octreotide MaxRx**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Brand Name

Effective 1 September 2014

190 LORATADINE (amendment to brand name)

✻ Oral liq 1 mg per ml	3.10	100 ml	✔**LoraPaed** ~~Lorapaed~~

Changes to PSO

Effective 1 October 2014

230 CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL

✔Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs		**168** ~~84~~	

Changes to Section I

Effective 1 October 2014

241 HEPATITIS A VACCINE – [Xpharm]

Funded for patients meeting any of the following criteria:

1) Two vaccinations for use in transplant patients; or
2) Two vaccinations for use in children with chronic liver disease; or
3) One dose of vaccine for close contacts of known hepatitis A cases~~; or~~

~~4) One dose for any of the following on the recommendation of a local medical officer of health:~~

~~a) Children, aged 1-4 years inclusive who reside in Ashburton district; or~~

~~b) Children, aged 1-9 years inclusive, residing in Ashburton; or~~

~~c) Children, aged 1-9 years inclusive, who attend a preschool or school in Ashburton; or~~

~~d) Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton funded for children in Ashburton~~.

Inj 1440 ELISA units in 1 ml syringe	0.00	1	✔**Havrix**
Inj 720 ELISA units in 0.5 ml syringe	0.00	1	✔**Havrix Junior**

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Delisted Items

Effective 1 November 2014

52 PHENOXYBENZAMINE HYDROCHLORIDE

✻Cap 10 mg	65.00	30	✔Dibenyline S29
	26.05	100	✔Dibenyline S29

119 IBUPROFEN

✻Tab 400 mg	0.77	30	
	(4.56)		Brufen
✻Tab 600 mg	1.15	30	
	(6.84)		Brufen

129 ORPHENADRINE HYDROCHLORIDE

Tab 50 mg	35.15	250	✔Disipal

140 METOCLOPRAMIDE HYDROCHLORIDE WITH PARACETAMOL

Tab 5 mg with paracetamol 500 mg	6.77	60	✔Paramax

160 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist

Inj 1 g	62.50	1	✔Gemcitabine Actavis 1000
Inj 200 mg	12.50	1	✔Gemcitabine Actavis 200

189 TACROLIMUS – Special Authority see SA0669 – Retail pharmacy

Cap 0.5 mg	214.00	100	✔Prograf
Note: Wastage of up to a maximum of 90% of each pack may be claimed on Prograf.			
Cap 1 mg	428.00	100	✔Prograf
Note: Wastage of up to a maximum of 90% of each pack may be claimed on Prograf.			
Cap 5 mg – For tacrolimus oral liquid formulation refer	1,070.00	100	✔Prograf
Note: Wastage of up to a maximum of 90% of each pack may be claimed on Prograf.			

Effective 1 October 2014

97 AMOXICILLIN

Cap 500 mg	20.94	500	
	(26.50)		Alphamox

a) Up to 30 cap available on a PSO
b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6

128 BROMOCRIPTINE MESYLATE

✻Cap 5 mg	60.43	100	✔Apo-Bromocriptine

201 PHARMACY SERVICES – May only be claimed once per patient.

✻Brand switch fee	4.33	1 fee	✔BSF Arrow-Fluoxetine ✔BSF Imatinib-AFT

The Pharmacode for BSF Imatinib-AFT is 2461099
The Pharmacode for BSF Arrow-Fluoxetine is 2461102

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Delisted items – effective 1 October 2014 (continued)

217 RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]

Liquid (apricot)	2.88	125 ml OP	✔Renilon 7.5
Liquid (caramel)	2.88	125 ml OP	✔Renilon 7.5

Note – Renilon 7.5 liquid (apricot) and (caramel), 125 ml in a 4 OP pack size remains listed.

222 ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3]

Powder (chocolate)	13.00	900 g OP	✔Ensure

222 ORAL FEED 1.5KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3]
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly.

Liquid (strawberry) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85 (1.33)	237 ml OP	Ensure Plus

243 MENINGOCOCCAL A, C, Y AND W-135 VACCINE – [Xpharm]
For patients pre- and post-splenectomy or children aged 0-16 years with functional asplenia. For organisation and community based outbreaks.

Inj 0.5 ml	0.00	1	✔Menomune

244 PNEUMOCOCCAL VACCINE – [Xpharm]
For children aged 6 weeks, 3 months, and 5 months, and 15 months old.

Inj 0.5 ml	0.00	1	✔Synflorix

Effective 1 September 2014

52 ENALAPRIL MALEATE

✻Tab 5 mg	0.36	30	✔Acetec
	5.94	500	✔Acetec
✻Tab 10 mg	0.44	30	✔Acetec
	7.33	500	✔Acetec
✻Tab 20 mg – For enalapril maleate oral liquid formulation, refer	0.57	30	✔Acetec

54 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE

Tab 50 mg with hydrochlorothiazide 12.5 mg	10.45	30	✔Hyzaar

75 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.

Lotn	2.55	100 ml OP	✔Marine Blue Lotion SPF 30+
	5.10	200 ml OP	✔Marine Blue Lotion SPF 30+

Note – Marine Blue Lotion SPF 50+ remains listed

119 KETOPROFEN

✻Cap long-acting 100 mg	21.56	100	✔Oruvail SR
✻Cap long-acting 200 mg	43.12	100	✔Oruvail SR

▲ 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 2014 (continued)

128	PERGOLIDE			
	▲ Tab 0.25 mg	48.00	100	✔Permax
	▲ Tab 1 mg	170.00	100	✔Permax
158	CYCLOPHOSPHAMIDE			
	Tab 50 mg – PCT – Retail pharmacy-Specialist	25.71	50	✔Cycloblastin
161	METHOTREXATE			
	❋ Tab 2.5 mg – PCT – Retail pharmacy-Specialist	3.82	30	✔Methoblastin
	❋ Tab 10 mg – PCT – Retail pharmacy-Specialist	26.25	50	✔Methoblastin
173	AZATHIOPRINE – Retail pharmacy-Specialist			
	❋ Tab 50 mg – For azathioprine oral liquid formulation refer	13.22	100	✔Imuprine
201	PHARMACY SERVICES – May only be claimed once per patient			
	❋ Brand switch fee	4.33	1 fee	✔BSF Apo-Cilazapril/ Hydrochlorothiazide

The Pharmacode for BSF Apo-Cilazapril/Hydrochlorothiazide is 2459299.

226 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]

	Liquid (forest berries)	30.00	250 ml OP	✔Easiphen Liquid

Note – Easiphen Liquid (forest berries), 250 ml carton in an 18 OP packsize remains subsidised.

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 2014

57	NIFEDIPINE			
	✻ Tab long-acting 30 mg	3.75	30	✔**Arrow-Nifedipine XR**
		(19.90)		Adalat Oros
	✻ Tab long-acting 60 mg	5.75	30	✔**Arrow-Nifedipine XR**
		(29.50)		Adalat Oros
99	CIPROFLOXACIN			
	Recommended for patients with any of the following:			
	i) microbiologically confirmed and clinically significant pseudomonas infection; or			
	ii) prostatitis; or			
	iii) pyelonephritis; or			
	iv) gonorrhoea.			
	Tab 500 mg – Up to 5 tab available on a PSO	7.14	100	
		(10.71)		Cipflox
	Tab 750 mg	4.02	30	
		(5.52)		Ciprofloxacin Rex
123	PAMIDRONATE DISODIUM			
	Inj 3 mg per ml, 5 ml vial	18.75	1	✔**Pamisol**
	Inj 3 mg per ml, 10 ml vial	6.80	1	
		(16.00)		Pamidronate BNM
	Inj 6 mg per ml, 10 ml vial	13.20	1	
		(32.00)		Pamidronate BNM
	Inj 9 mg per ml, 10 ml vial	19.20	1	
		(48.00)		Pamidronate BNM
144	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 2.5 mg	0.75	28	✔**Dr Reddy's Olanzapine**
		(51.07)		Zyprexa
	Tab 5 mg	1.65	28	✔**Dr Reddy's Olanzapine**
		(3.85)		Olanzine
		(101.21)		Zyprexa
	Tab orodispersible 5 mg	1.75	28	✔**Dr Reddy's Olanzapine**
		(102.19)		Zyprexa Zydis
	Tab 10 mg	2.55	28	✔**Dr Reddy's Olanzapine**
		(204.49)		Zyprexa
	Tab orodispersible 10 mg	3.05	28	✔**Dr Reddy's Olanzapine**
		(204.37)		Zyprexa Zydis

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Items to be Delisted – effective 1 December 2014 (continued)

144	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	1.40	60	✔**Dr Reddy's Quetiapine**
		(7.00)		Seroquel
	Tab 100 mg	2.80	60	
		(14.00)		Seroquel
		4.20	90	✔**Dr Reddy's Quetiapine**
	Tab 200 mg	4.80	60	✔**Dr Reddy's Quetiapine**
		(24.00)		Seroquel
	Tab 300 mg	8.00	60	✔**Dr Reddy's Quetiapine**
		(40.00)		Seroquel
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Oral liq 1 mg per ml	9.75	30 ml	
		(18.35)		Apo-Risperidone
		(25.26)		Risperdal
159	CAPECITABINE – Retail pharmacy-Specialist			
	Tab 150 mg	30.00	60	✔**Xeloda**
	Tab 500 mg	120.00	120	✔**Xeloda**
171	OCTREOTIDE			
	Inj 50 mcg per ml, 1 ml	13.50	5	✔**Octreotide MaxRx**
	Inj 100 mcg per ml, 1 ml	22.40	5	✔**Octreotide MaxRx**
	Inj 500 mcg per ml, 1 ml	89.40	5	✔**Octreotide MaxRx**
201	PHARMACY SERVICES – May only be claimed once per patient.			
	✻Brand switch fee	4.33	1 fee	✔**BSF Trexate**
	The Pharmacode for BSF Trexate is 2465353.			

Effective 1 January 2015

43	MAGNESIUM SULPHATE			
	✻Inj 2 mmol per ml, 5 ml ampoule	12.65	10	
		(18.35)		Martindale
53	PERINDOPRIL			
	✻Tab 2 mg	3.75	30	
		(18.50)		Coversyl
	✻Tab 4 mg	4.80	30	
		(25.00)		Coversyl
88	SOMATROPIN (GENOTROPIN) – Special Authority see SA1279 – [Xpharm]			
	✻Inj cartridge 16 iu (5.3 mg)	160.00	1	✔**Genotropin**
	✻Inj cartridge 36 iu (12 mg)	360.00	1	✔**Genotropin**

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 January 2015 (continued)

128	PRAMIPEXOLE HYDROCHLORIDE (↓ subsidy)			
	▲ Tab 0.125 mg	1.95	30	✔**Dr Reddy's Pramipexole**
	▲ Tab 0.25 mg	2.16	30	
		(2.40)		Dr Reddy's Pramipexole
	▲ Tab 0.5 mg	4.20	30	✔**Dr Reddy's Pramipexole**
	▲ Tab 1 mg	7.20	30	✔**Dr Reddy's Pramipexole**
131	PARACETAMOL			
	❋‡ Oral liq 120 mg per 5 ml	2.08	500 ml	✔**Ethics Paracetamol**
	a) Up to 200 ml available on a PSO			
	b) Not in combination			

Effective 1 February 2015

26	RANITIDINE – Only on a prescription			
	❋ Tab 150 mg	5.15	250	✔**Arrow-Ranitidine**
	❋ Tab 300 mg	7.37	250	✔**Arrow-Ranitidine**
29	GLICLAZIDE			
	❋ Tab 80 mg	11.50	500	
		(17.60)		Apo-Gliclazide
73	ACITRETIN – Special Authority see SA0954 – Retail pharmacy			
	Cap 10 mg	29.77	100	✔**Neotigason**
	Cap 25 mg	68.93	100	✔**Neotigason**
97	AMOXICILLIN WITH CLAVULANIC ACID			
	Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO	9.75	100	✔**Curam Duo**
107	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy			
	Tab 100 mg	6.00	28	
		(32.50)		Zetlam
131	PARACETAMOL			
	❋ Tab 500 mg – Up to 30 tab available on a PSO	8.47	1,000	✔**Parafast**
190	LORATADINE			
	❋ Oral liq 1 mg per ml	2.13	100 ml	
		(3.10)		Lorapaed
201	PHARMACY SERVICES – May only be claimed once per patient.			
	❋ Brand switch fee	4.33	1 fee	✔**BSF Tacrolimus Sandoz**
	The Pharmacode for BSF Tacrolimus Sandoz is 2468468			

▲ 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 2015

77	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO			
	✻IUD	39.50	1	✔**Multiload Cu 375** ✔**Multiload Cu 375 SL**

Effective 1 April 2015

49	HEPARIN SODIUM			
	Inj 1,000 iu per ml, 5 ml	11.44	10	✔**Pfizer**
	Note – Pfizer heparin sodium inj 1,000 iu per ml, 5 ml, 50 inj pack size remains subsidised.			
52	PRAZOSIN			
	✻Tab 1 mg	5.53	100	✔**Apo-Prazo**
	✻Tab 2 mg	7.00	100	✔**Apo-Prazo**
	✻Tab 5 mg	11.70	100	✔**Apo-Prazo**
77	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO			
	✻IUD 29.1 mm length x 23.2 mm width	31.60	1	✔**MiniTT380 Slimline**
	✻IUD 33.6 mm length x 29.9 mm width	31.60	1	✔**TT380 Slimline**

Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

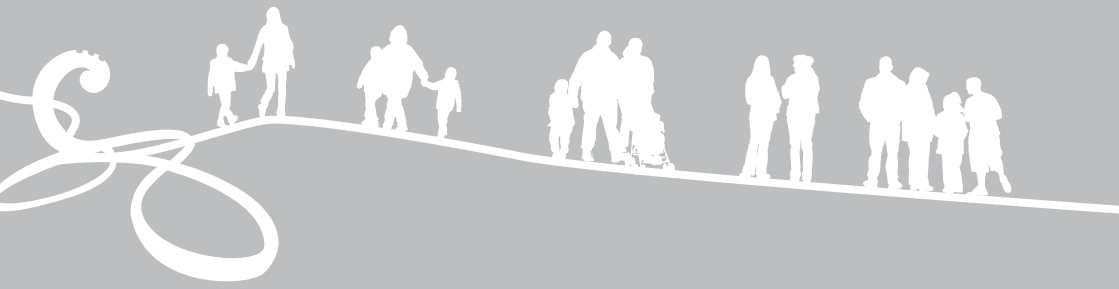
Index
Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10-254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Freephone Information line (9am-5pm weekdays) 0800 66 00 50

ISSN 1172-9376 (Print)
ISSN 1179-3686 (Online)



New Zealand Government

PHARMAC
Pharmaceutical Management Agency

If Undelivered, Return To: PO Box 10-254, Wellington 6143, New Zealand