

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 May 2015



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## Summary of PHARMAC decisions

EFFECTIVE 1 MAY 2015

### **New listings (pages 24-25)**

- Glycopyrronium bromide (Max Health) inj 200 mcg per ml, 1 ml ampoule – up to 10 inj available on a PSO
- Epoetin alfa [erythropoietin alfa] (Eprex) inj 8,000 iu in 0.8 ml, syringe and 40,000 iu in 1 ml syringe – Special Authority – Retail pharmacy, Brand Switch Fee payable, wastage claimable, Sole Subsidised Supply
- Octocog alfa [recombinant factor VIII] (Kogenate FS) inj 500 iu and 1,000 iu vials – Xpharm, new Pharmacodes
- Glyceril trinitrate (Nitrolingual Pump Spray) oral pump spray, 400 mcg per dose, 250 dose OP – up to 250 dose available on a PSO
- Clobetasol propionate (Clobetasol BNM) crm 0.05% and oint 0.05%, 30 g OP
- Amoxicillin (Amoxicillin Actavis) grans for oral liq 125 mg per 5 ml – up to 200 ml available on a PSO, wastage claimable
- Amoxicillin (Amoxicillin Actavis) grans for oral liq 250 mg per 5 ml – up to 300 ml available on a PSO, up to 10 x the maximum PSO quantity for RFPF, wastage claimable
- Escitalopram (Air Flow Products) tab 10 mg and 20 mg
- Abiraterone acetate (Zytiga) tab 250 mg – Special Authority – Retail pharmacy-Specialist, wastage claimable
- Pharmacy services (BSF Actavis Risperdione) brand switch fee – may only be claimed once per patient

### **Changes to restrictions, chemical names and presentation (pages 26-31)**

- Gliclazide (Glizide) tab 80 mg – removal of Brand Switch Fee
  - Vitamins – removal of alpha tocopheryl acetate note
  - Menthol (PSM, MidWest) crystals – amended restriction
  - Coal tar (Midwest) soln – amended restriction
  - Risperidone (Actavis) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – Brand Switch Fee payable
  - Erlotinib (Tarceva) tab 100 mg and 150 mg – amended Special Authority criteria
  - Gefitinib (Iressa) tab 250 mg – amended Special Authority criteria
  - Trastuzumab inj 150 mg and 440 mg vial (Herceptin) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
  - Carbohydrate (Polycal) powder – amended Special Authority
  - Fat emulsion (Calogen), oil (MCT oil (Nutricia)) and oil (Liquigen) – amended Special Authority criteria
  - Protein (Protifar, Resource Beneprotein and Promod) powder – amended Special Authority criteria
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## Summary of PHARMAC decisions – effective 1 May 2015 (continued)

- Fat modified products (Monogen) powder – amended Special Authority criteria
- Amino acid formula (Elecare, Elecare LCP, Neocate Advance, Neocate Gold, Neocate LCP, and Vivonex Pediatric) powder – amended Special Authority criteria
- Extensively hydrolysed formula (Pepti Junior Gold Karicare Aptamil) powder – amended Special Authority criteria

### **Increased subsidy (page 32)**

- Sulfadiazine sodium (Wockhardt) tab 500 mg
- Clofazimine (Lamprene) cap 50 mg
- Cycloserine (King) cap 250 mg

### **Decreased subsidy (page 32)**

- Amlodipine (Apo-Amlodipine) tab 5 mg and 10 mg, 100 tab pack size
- Emulsifying ointment (AFT) oint BP, 500 g
- Albendazole (Eskazole) tab 400 mg
- Ibuprofen (Brufen SR) tab long-acting 800 mg

## Abiraterone acetate (Zytiga) – new listing

From 1 May 2015, Zytiga (abiraterone acetate) 250 mg tablets will be listed fully subsidised, subject to Special Authority criteria, for patients with metastatic castration resistant prostate cancer that is resistant to androgen deprivation therapy (ADT).

The Wastage rule will be applied to dispensings of Zytiga from 1 May 2015.

The standard dosing of abiraterone is 1000 mg (4 x 250 mg tablets) daily with each pack of abiraterone providing 30 days' supply (120 x 250 mg tablets) meaning we anticipate few wastage claims.

The expected number of patients that will receive funded abiraterone will be around 1000 per year which we consider is a sufficient population size to help pharmacists to use up any left-over part packs prior to expiry.

Wastage claims will be monitored and Audit and Compliance, Ministry of Health, will be notified of any unusual activity.




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## Actavis Amoxicillin – new listing

Actavis amoxicillin 250 mg per 5 ml and 125 mg per 5 ml granules for oral liquid will be listed from 1 May 2015.

The Actavis brand of amoxicillin 250 mg per 5ml and 125 mg per 5 ml granules for oral liquid was recalled in July 2014 following glass fragments being found inside bottles.

Following the recall process, Medsafe have now approved the medicine for distribution. It is now packaged in plastic bottles. These bottles will be larger to allow for easier reconstitution.

Once reconstituted, this product must be stored in the fridge. Expiry is 10 days following reconstitution.

See product label and datasheet for further information about the product including reconstitution instructions.

## **Nitrolingual Pump Spray – new listing**

The Nitrolingual Pump Spray brand of glyceryl trinitrate oral pump spray, 400 mcg per dose will be listed fully subsidised from 1 May 2015. The Glytrin brand will remain funded.

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## **Epoetin alfa [erythropoietin alfa] – new listings**

Two new presentations of Eprex (epoetin alfa), 8,000 iu in 0.8 ml and 40,000 iu in 1 ml syringes will be listed fully subsidised from 1 May 2015. These presentations will be subject to the same Special Authority criteria as the currently listed presentations.

Pharmacists may dispense Eprex injections in quantities of 6, using the flexible and variable dispensing periods rule (Section F Part III), if the prescription is for a three month period with weekly dispensing. This will reduce the need for pharmacists to claim wastage on this product.

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## **Glycopyrronium bromide injection – new listing**

Glycopyrronium bromide injection 200 mcg per ml, 1 ml ampoule will be listed fully subsidised from 1 May 2015. Up to ten injections will also be subsidised on a Practitioners Supply Order.

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## **Menthol crystal compounding – restriction amended**

The restrictions for menthol crystals will change from 1 May 2015 to allow compounding of menthol crystals with a dermatological base or a proprietary Topical Corticosteroid-Plain preparation.

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## **Atorvastatin – discontinuation of Lipitor and Pfizer Atorvastatin**

Pfizer has notified the discontinuation of the Lipitor and Pfizer Atorvastatin brands of atorvastatin 10 mg, 20 mg, 40 mg and 80 mg tablets. These brands will be delisted from 1 November 2015. Zarator will remain subsidised as the Sole Subsidised brand.

## **Erlotinib, gefitinib, and trastuzumab – minor changes to Special Authority criteria**

From 1 May 2015, the Special Authority criteria for the following medicines will change:

- Erlotinib and gefitinib: access will be widened to allow patients experiencing intolerance within the first six weeks of starting either treatment to switch between these treatments.
  - Trastuzumab (early breast cancer): access will be widened to include neoadjuvant treatment.
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## **Changes to restrictions on some Special Food products**

The Special Authority criteria for the following Special Foods will change from 1 May 2015:

- Fat Modified Products: the modular feed criterion will change.
  - Nutrient Modules: The criteria for carbohydrate, fat and protein modules listed under this subgroup will change to include the definition of a modular formula.
  - Amino acid formula and extensively hydrolysed formula: the criteria will change to include the definition of a reasonable trial.
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## **Cimetidine discontinuation**

Apotex has notified that it is discontinuing Apo-Cimetidine (cimetidine) 200 mg and 400 mg tablets. It is expected that Apo-Cimetidine will be available until April or May 2015. Apo-Cimetidine will be delisted once supplies are exhausted. Apo-Cimetidine is not fully funded. PHARMAC is investigating an alternative and expects to make an announcement shortly.

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## **Escitalopram – brand change**

From 1 May 2015, a new brand of escitalopram (Air Flow Products) will be funded. From 1 July 2015 patients may need to pay a manufacturer's surcharge should they wish to continue to take the Loxalate brand of escitalopram, supplied by Mylan NZ. From 1 October, the Air Flow Products brand of escitalopram will be the only fully funded brand of escitalopram until 30 June 2016.

## News in brief

- A Brand Switch Fee will apply to dispensings of Actavis **Risperidone** from 1 May 2015 to 31 July 2015.
- Zostrix 0.025% and Zostrix HP 0.075% **capsaicin creams** remain out of stock. AFT expects that Zostrix and Zostrix HP cream will be available again in May.
- Jackson Allison has notified the discontinuation of the Gold Knight brand of **condoms 53 mm**, 144 condom pack size, which will be delisted from 1 November 2015. Jackson Allison will continue to supply the 12 condom pack size. There continues to be a wide range of alternate brands fully subsidised.



## Tender News

Sole Subsidised Supply changes – effective 1 June 2015

No items for Sole Subsidised Supply effective for 1 June 2015.

## 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 June 2015**

- Dornase alfa (Pulmozyme) nebuliser soln 2.5 mg per 2.5 ml ampoule
  - amendment to Special Authority criteria
- Ezetimibe (Ezemibe) tab 10 mg – new listing
- Ezetimibe with simvastatin (Zimybe) four strength combinations – new listing
- “Three months dispensed all-at-once” (stat) removing dispensing rule from the following:
  - Betamethasone valerate cream (Beta Cream), ointment (Beta Ointment), lotion (Betnovate) and scalp application (Beta Scalp)
  - Clobetasol propionate cream, ointment and scalp application (Dermol)
  - Dexamethasone phosphate injection (Dexamethasone-hameln)  
Hydrocortisone cream (Pharmacy Health), tablets (Douglas) and injection (Solu-Cortef)
  - Prednisolone oral liquid (Redipred)
  - Sodium valproate tablets (Epilim Crushable, Epilim) and oral liquid (Epilim S/F Liquid and Epilim Syrup)

## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg & 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
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
Adult diphtheria and tetanus	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	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, 25 mg & 50 mg	Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%	MycONail	2017
Amoxicillin	Inj 250 mg, 500 mg & 1 g vials Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2017 2016
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 125 mg with clavulanic acid 31.25 mg per 5 ml Grans for oral liq amoxicillin 250 mg with clavulanic acid 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

\*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 May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	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 Folate Ebewe	2017
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Winthrop	2016
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

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
<b>Cetirizine hydrochloride</b>	<b>Oral liq 1 mg per ml</b>	<b>Histaclear</b>	<b>2017</b>
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
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, 500 mg & 750 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 ampoule	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
Clotrimazole	Crn 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	Crn 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
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2017
Dapsone	Tab 25 mg & 100 mg	Dapsone	2017

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2017
Dexamethasone	Eye drops 0.1%, 5 ml OP	Maxidex	2017
	Eye oint 0.1%, 3.5 g OP Tab 1 mg & 4 mg	Douglas	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
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	Voltaren	2017
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg		
	Eye drops 0.1%, 5 ml OP Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Voltaren Ophtha Apo-Diclo Diclax SR	2015
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 haemagglutinin 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 haemagglutinin, 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 haemagglutinin, 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
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2017
Domperidone	Tab 10 mg	Prokinex	2015
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
Enoxaparin sodium	Inj 20 mg, 40 mg, 60 mg, 80 mg, 100 mg, 120 mg & 150 mg	Clexane	2015
Entacapone	Tab 200 mg	Entapone	2015
<b>Epoetin alfa [erythropoietin alfa]</b>	<b>Inj 8,000 iu in 0.8 ml, syringe</b> <b>Inj 40,000 iu in 1 ml, syringe</b> Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 10,000 iu in 1 ml, syringe	<b>Eporex</b>	<b>28/2/18</b>
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylloestradiol	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
Filgrastim	Inj 300 mcg per 0.5 ml prefilled syringe Inj 480 mcg per 0.5 ml prefilled syringe	Zarzio Zarzio	31/12/15
Finasteride	Tab 5 mg	Finpro	2017
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 AFT Staphlex	2017 2015
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 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 [frusemide]	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Fusidic acid	Crn 2%	DP Fusidic Acid Cream Foban	2016
	Oint 2%		
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2015
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Liquid	healthE Glycerol BP PSM	2017
	Suppos 3.6 g		2015
Glyceryl trinitrate	Patch 25 mg, 5 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
	Patch 50 mg, 10 mg per day		
Granisetron	Tab 1 mg	Granirex	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	Serenace	2016
	Oral liq 2 mg per ml		
	Inj 5 mg per ml, 1 ml		
Hepatitis a vaccine	Inj 1440 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
	Inj 720 ELISA units in 1 ml syringe		
Hepatitis b recombinant vaccine	Inj 5 mcg per 0.5 ml vial	HBvaxPRO	2017
	Inj 10 mg per 1 ml vial		
	Inj 40 mg per 1 ml vial		
Human papilloma virus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Powder	ABM Solu-Cortef Douglas	2017
	Inj 100 mg vial		2016
	Tab 5 mg & 20 mg		2015
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone and paraffin liqid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone butyrate	Lipocream 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
	Milky emul 0.1%		
	Oint 0.1%		
	Scalp lotn 0.1%		
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

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
<b>Ibuprofen</b>	<b>Tab 200 mg</b> Oral liq 20 mg per ml	<b>Ibugesic</b> Fenpaed	<b>2017</b> 2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
<b>Imiquimod</b>	<b>Crsm 5%, 250 mg sachet</b>	<b>Apo-Imiquimod</b> <b>Cream 5%</b>	<b>2017</b>
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent Univent	2017 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
Ketoconazole	Shampoo 2%	Sebizole	2017
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 100 mg Oral liq 5 mg per ml Tab 150 mg  Oral liq 10 mg per ml; 240 ml OP	Zeffix Zeffix Lamivudine Alphapharm 3TC	2017 2017 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-Clarix	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	Oral liq 1 mg per ml Tab 10 mg	LoraPaed Lorafix	2016 2016
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan	2017
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 May 2015

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 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	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) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	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

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
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	Crn 2% Vaginal crn 2% with applicator	Multichem 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	Crn 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
<b>Morphine sulphate</b>	<b>Tab immediate-release 10 mg &amp; 20 mg</b> 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	<b>Sevredol</b>  DBL Morphine Sulphate  m-Eslon  Arrow-Morphine LA	<b>2017</b>     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
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Nitrazepam	Tab 5 mg	Nitrosos	2017
Norethisterone	Tab 350 mcg	Noriday 28	2015
Norfloracin	Tab 400 mg	Arrow-Norfloracin	2017
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
Oil in water emulsion	Crm	healthE Fatty Cream	2015
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Ormezol Relief	2017
Ondansetron	Tab disp 4 mg Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Ondansetron ODT- DRLA Onrex	2017  2016
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
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 Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	Oxycodone Controlled Release Tablets (BNM) OxyNorm Oxycodone Orion	2015
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
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2017
Pantoprazole	Tab EC 20 mg Tab EC 40 mg	Pantoprazole Actavis 20 Pantoprazole Actavis 40	2016
Paracetamol	Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml Suppos 500 mg	Pharmacare Paracare Paracare Double Strength Paracare	2017 2017 2017 2015
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%; 3.5 g OP	Poly-Visc	2017

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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	
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
<b>Permethrin</b>	<b>Crn 5%, 30 g OP</b> Lotn 5%, 30 ml OP	<b>Lyderm</b> A-Scabies	<b>2017</b>
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
Phenoxyethylpenicillin (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	Isopto Carpine	2017
	Eye drops 2%; 15 ml OP		
	Eye drops 4%; 15 ml OP		
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 (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
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
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2016
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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 25 mg Tab 50 mg	PyridoxADE Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	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	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
Rifabutin	Cap 150 mg	Mycobutin	2016
Rifampicin	Cap 150 mg & 300 mg Tab 600 mg Oral liq 100 mg per 5 ml	Rifadin	2017
Rifaximin	Tab 550 mg	Xifaxan	2017
<b>Risperidone</b>	<b>Tab 0.5 mg, 1 mg, 2 mg, 3 mg &amp; 4 mg</b> Oral liq 1 mg per ml	<b>Actavis</b> Risperon	<b>2017</b>
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
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

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
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
Tenoxicam	Tab 20 mg	Reutenox	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 Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP	Arrow-Timolol Timoptol XE	2017 2016
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Tranexamic acid	Tab 500 mg	Cyklokapron	2016
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
<b>Triamcinolone acetonide</b>	<b>Oint 0.02%</b> <b>Crn 0.02%</b> <b>Inj 10 mg per ml, 1 ml ampoule</b> <b>Inj 40 mg per ml, 1 ml ampoule</b>	<b>Aristocort</b> <b>Aristocort</b> <b>Kenacort-A 10</b> <b>Kenacort-A 40</b>	<b>2017</b>

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## Sole Subsidised Supply Products – cumulative to May 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydriacyl	2017
Urea	Crn 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
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017

May changes are in bold type

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 May 2015

26	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO .....	28.56	10	✓ Max Health
41	EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Special Authority see SA1469 – Retail pharmacy a) Brand switch fee payable (Pharmacode 2474727) b) Wastage claimable Inj 8,000 iu in 0.8 ml, syringe .....	352.69	6	✓ Eprex
	Inj 40,000 iu in 1 ml, syringe .....	263.45	1	✓ Eprex
42	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 500 iu vial .....	500.00	1	✓ Kogenate FS
	Inj 1,000 iu vial .....	1,000.00	1	✓ Kogenate FS
	Note – These are new packs with new Pharmacodes. The old Pharmacodes are to be delisted 1 November 2015.			
58	GLYCERYL TRINITRATE * Oral pump spray, 400 mcg per dose – Up to 250 dose available on a PSO .....	4.45	250 dose OP	✓ Nitrolingual Pump Spray
64	CLOBETASOL PROPIONATE * Crm 0.05% .....	3.20	30 g OP	✓ Clobetasol BNM
	* Oint 0.05% .....	3.20	30 g OP	✓ Clobetasol BNM
92	AMOXICILLIN Grans for oral liq 125 mg per 5 ml .....	0.88	100 ml	✓ Amoxicillin Actavis
	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	✓ Amoxicillin Actavis
	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			
	Note – the above two new listings are for new Pharmacodes.			
131	ESCITALOPRAM * Tab 10 mg .....	1.40	28	✓ Air Flow Products
	* Tab 20 mg .....	2.40	28	✓ Air Flow Products
172	ABIRATERONE ACETATE – Special Authority see SA1515 – Retail pharmacy-Specialist Wastage claimable Tab 250 mg .....	4,276.19	120	✓ Zytiga
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>SA1515</b> Special Authority for Subsidy         </div> Initial Application only from a medical oncologist, radiation oncologist or urologist or any other medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 months for applications meeting the following criteria: All of the following: 1 Patient has prostate cancer; and			

*continued...*



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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

**New Listings – effective 1 May 2015 (continued)**

*continued...*

- 2 Patient has metastases; and
- 3 Patient's disease is castration resistant; and
- 4 Either:
  - 4.1 All of the following:
    - 4.1.1 Patient is symptomatic; and
    - 4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
    - 4.1.3 Patient has ECOG performance score of 0-1; and
    - 4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
  - 4.2 All of the following:
    - 4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
    - 4.2.2 Patient has ECOG performance score of 0-2; and
    - 4.2.3 Patient has not had prior treatment with abiraterone.

Renewal only from a medical oncologist, radiation oncologist or urologist or any other medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 5 months for applications meeting the following criteria:

All of the following:

- 1. Significant decrease in serum PSA from baseline; and
- 2. No evidence of clinical disease progression; and
- 3. No initiation of taxane chemotherapy with abiraterone; and
- 4. The treatment remains appropriate and the patient is benefiting from treatment.

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

\* Brand switch fee ..... 4.33 1 fee

✓ **BSF Actavis  
Risperidone**

The Pharmacode for BSF Actavis Risperidone is 2478145.

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

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

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions, Chemical Names and Presentations Effective 1 May 2015

25	GLICLAZIDE – Brand switch fee payable (Pharmacode 2472201) * Tab 80 mg .....	11.50	500	✓ <u>Glizide</u>
37	VITAMINS Alpha tocopheryl acetate is available fully subsidised for specific patients at the Medical Director of PHARMAC's discretion. Refer to PHARMAC website <a href="http://www.pharmac.govt.nz">www.pharmac.govt.nz</a> for the "Alpha tocopheryl acetate information sheet and application form".			
63	MENTHOL – Only in combination 1) Only in combination with a <b>dermatological base or proprietary Topical Corticosteroid-Plain</b> , refer <b>dermatological base, page 209</b> aqueous cream, 10% urea cream, wool fat with mineral oil lotion, 1% hydrocortisone with wool fat and mineral oil lotion, and glycerol, paraffin and cetyl alcohol lotion; 2) <b>With or without other dermatological galenicals.</b> Crystals .....	6.50 6.92 29.60	25 g  100 g	✓ PSM ✓ MidWest ✓ MidWest
69	COAL TAR Soln – Only in combination .....	12.55	200 ml	✓ MidWest
	1) Up to 10 % Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer dermatological base, page 206 2) With or without other dermatological galenicals.			
141	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 0.5 mg – <b>Brand switch fee payable</b> (Pharmacode 2478145).....	1.90	60	✓ <u>Actavis</u>
	Tab 1 mg – <b>Brand switch fee payable</b> (Pharmacode 2478145).....	2.10	60	✓ <u>Actavis</u>
	Tab 2 mg – <b>Brand switch fee payable</b> (Pharmacode 2478145).....	2.34	60	✓ <u>Actavis</u>
	Tab 3 mg – <b>Brand switch fee payable</b> (Pharmacode 2478145).....	2.55	60	✓ <u>Actavis</u>
	Tab 4 mg – <b>Brand switch fee payable</b> (Pharmacode 2478145).....	3.50	60	✓ <u>Actavis</u>
167	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see <b>SA1519 ††††</b> Tab 100 mg .....	1,000.00	30	✓ <u>Tarceva</u>
	Tab 150 mg .....	1,500.00	30	✓ <u>Tarceva</u>

➔ **SA1519 ††††** Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 All of the following:

1.1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

1.2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and

1.3 **Any of the following** Either:

1.3.1 Patient is treatment naive; or

1.3.2 Both:

*continued...*

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ <b>fully subsidised</b>
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## Changes to Restrictions – effective 1 May 2015 (continued)

*continued...*

- 1.3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
- 1.3.2.2 Patient has not received prior treatment with gefitinib; **or and**

### 1.3.3 Both:

**1.3.3.1 The patient has discontinued gefitinib within 6 weeks of starting treatment due to intolerance; and**

**1.3.3.2 The cancer did not progress while on gefitinib; and**

- 1.4 Erlotinib is to be given for a maximum of 3 months; or
- 2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

168 GEFITINIB – Retail pharmacy-Specialist  
Tab 250 mg – Special Authority see **SA1520** ~~1226~~ ..... 1,700.00 30 ✓ **Iressa**

▶ **SA1520** ~~1226~~ Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 All of the following:

1-1 Patient has ~~treatment naïve~~ locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and

2 **Either**

**2.1 Patient is treatment naïve: or**

**2.2 Both:**

**2.2.1 The patient has discontinued erlotinib within 6 weeks of starting treatment due to intolerance; and**

**2.2.2 The cancer did not progress whilst on erlotinib; and**

~~3-2~~ There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and

~~4-3~~ Gefitinib is to be given for a maximum of 3 months. ~~or~~

~~2~~ The patient received gefitinib treatment prior to 1 August 2012 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

190 TRASTUZUMAB – PCT only – Specialist – Special Authority see **SA1521** ~~1492~~ (amended criterion only displayed)

Inj 150 mg vial .....	1,350.00	1	✓ <b>Herceptin</b>
Inj 440 mg vial .....	3,875.00	1	✓ <b>Herceptin</b>
Inj 1 mg for ECP .....	9.36	1 mg	✓ <b>Baxter</b>

▶ **SA1521** ~~1492~~ Special Authority for Subsidy

Initial application — (early breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 15 months for applications meeting the following criteria:

All of the following:

1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); 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 May 2015 (continued)

*continued...*

- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
- 3 Any of the following:
  - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
  - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
  - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
  - 3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or**
  - 3.5 3-4** Other treatment regimen, in association with adjuvant chemotherapy, is planned.

### 215 CARBOHYDRATE

▶▶ **SA1522** ~~1373~~ Special Authority for Subsidy

Initial application — (Cystic fibrosis or kidney disease) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:

Either:

- 1 cystic fibrosis; or
- 2 chronic kidney disease.

Initial application — (Indications other than cystic fibrosis or renal failure) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 cancer in children; or
- 2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
- 3 faltering growth in an infant/child; or
- 4 bronchopulmonary dysplasia; or
- 5 premature and post premature infant; or
- 6 inborn errors of metabolism; or
- 7 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

**Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

Renewal—(Cystic fibrosis or renal failure) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal — (Indications other than cystic fibrosis or renal failure) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

## Changes to Restrictions – effective 1 May 2015 (continued)

216 FAT

▶ SA1523 ~~1374~~ Special Authority for Subsidy

Initial application — (Inborn errors of metabolism) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years where the patient has inborn errors of metabolism.

Initial application — (Indications other than inborn errors of metabolism) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 faltering growth in an infant/child; or
- 2 bronchopulmonary dysplasia; or
- 3 fat malabsorption; or
- 4 lymphangiectasia; or
- 5 short bowel syndrome; or
- 6 infants with necrotising enterocolitis; or
- 7 biliary atresia; or
- 8 for use in a ketogenic diet; or
- 9 chyle leak; or
- 10 acites; or
- 11 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

**Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

Renewal — (Inborn errors of metabolism) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 3 years for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

Renewal—(Indications other than inborn errors of metabolism) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

217 PROTEIN

▶ SA1524 ~~1375~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 protein losing enteropathy; or
- 2 high protein needs; or
- 3 for use as a component in a modular formula **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.**

**Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 May 2015 (continued)

*continued...*

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

### 218 FAT MODIFIED PRODUCTS

▶▶ **SA1525** ~~1331~~ Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Patient has metabolic disorders of fat metabolism; or
- 2 Patient has a chyle leak; or
- 3 Modified as a modular feed, **made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule, for adults.**

**Note: patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.**

Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

### 232 AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]

Powder .....	6.00	48.5 g OP	✓ <b>Vivonex Pediatric</b>	
		53.00	400 g OP	✓ <b>Neocate LCP</b>
Powder (unflavoured) .....	53.00	400 g OP	✓ <b>Elecare</b>	
			✓ <b>Elecare LCP</b>	
			✓ <b>Neocate Advance</b>	
			✓ <b>Neocate Gold</b>	
Powder (vanilla) .....	53.00	400 g OP	✓ <b>Elecare</b>	
			✓ <b>Neocate Advance</b>	

▶▶ **SA1219** Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or
- 2 History of anaphylaxis to cows milk protein formula or dairy products; or
- 3 Eosinophilic oesophagitis.

**Note: A reasonable trial is defined as a 2-4 week trial.**

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

All of the following:

- 1 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and

*continued...*

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 May 2015 (continued)

*continued...*

- 2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
- 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

233 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3]  
(amended criterion only displayed)

Powder ..... 15.21 450 g OP ✓ **Pepti Junior Gold  
Karicare Aptamil**

▶ SA1380 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

- 1 Both:
  - 1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
  - 1.2 Either:
    - 1.2.1 Soy milk formula has been **reasonably** trialled without resolution of symptoms; or
    - 1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
- 2 Severe malabsorption; or
- 3 Short bowel syndrome; or
- 4 Intractable diarrhea; or
- 5 Biliary atresia; or
- 6 Cholestatic liver diseases causing malabsorption; or
- 7 Cystic fibrosis; or
- 8 Proven fat malabsorption; or
- 9 Severe intestinal motility disorders causing significant malabsorption; or
- 10 Intestinal failure.

**Note: A reasonable trial is defined as a 2-4 week trial.**

▲ 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 May 2015

53	AMLODIPINE (↓ subsidy) * Tab 5 mg – For amlodipine oral liquid formulation refer ..... 2.02	100	
		(2.65)	Apo-Amlodipine
	* Tab 10 mg ..... 2.88	100	
		(4.15)	Apo-Amlodipine
66	EMULSIFYING OINTMENT (↓ subsidy) * Oint BP ..... 2.73	500 g	✓ AFT
90	ALBENDAZOLE – Special Authority see SA1318 – Retail pharmacy (↓ subsidy) Tab 400 mg ..... 469.20	60	✓ Eskazole S29
96	SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy († subsidy) Tab 500 mg ..... 238.20	56	✓ Wockhardt S29
100	CLOFAZIMINE – Retail pharmacy-Specialist († subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or dermatologist.		
	* Cap 50 mg ..... 351.54	100	✓ Lamprene S29
100	CYCLOSERINE – Retail pharmacy-Specialist († subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician.		
	Cap 250 mg ..... 1,294.50	100	✓ King S29
115	IBUPROFEN (↓ subsidy) * Tab long-acting 800 mg ..... 7.99	30	✓ Brufen SR



Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## Changes to PSO

Effective 1 May 2015

236	<b>GLYCOPYRRONIUM BROMIDE</b> ✓ Inj 200 mcg per ml, 1 ml ampoule	10
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▲ Three months supply may be dispensed at one time if endorsed  
"certified exemption" by the prescriber or pharmacist

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 May 2015

70	IMIQUIMOD Crm 5%.....	17.98 (62.00)	12	Aldara
115	IBUPROFEN * Tab 200 mg .....	9.45 (12.75)	1,000	Arrowcare
130	TRANLYCYPROMINE SULPHATE * Tab 10 mg .....	22.94	50	✓ Parnate
	Note – Pharmacode 493295 only is being delisted. 2315076 remains listed.			
141	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 0.5 mg .....	1.90	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone
		(3.51)		
		0.63	20	Risperdal
		(2.86)		
	Tab 1 mg .....	2.10	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(6.00)		
		(16.92)		
	Tab 2 mg .....	2.34	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(11.00)		
		(33.84)		
	Tab 3 mg .....	2.55	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(15.00)		
		(50.78)		
	Tab 4 mg .....	3.50	60	✓ Ridal ✓ Dr Reddy's Risperidone Apo-Risperidone Risperdal
		(20.00)		
		(67.68)		
193	CETIRIZINE HYDROCHLORIDE *‡ Oral liq 1 mg per ml.....	2.99 (3.52)	200 ml	Cetirizine - AFT
204	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.33	1 fee	✓ BSF Glizide
	a) The Pharmacode for BSF Glizide is 2472201			

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

### Effective 1 August 2015

53	AMLODIPINE			
	* Tab 5 mg – For amlodipine oral liquid formulation refer .....	2.02 (2.65)	100	Apo-Amlodipine
	* Tab 10 mg .....	2.88 (4.15)	100	Apo-Amlodipine
204	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee .....	4.33	1 fee	✓BSF Actavis Risperidone
	a) The Pharmacode for BSF Arrow-Amitriptyline is 2478145.			

### Effective 1 October 2015

92	AMOXICILLIN			
	Grans for oral liq 125 mg per 5 ml .....	0.88	100 ml	✓Amoxicillin Actavis ✓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	✓Amoxicillin Actavis ✓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			
	Note – that there are two Pharmacodes listed for Amoxicillin Actavis grans for oral liq. The Pharmcodes that are being delisted are 2458179 for 125 mg per 5 ml and 2458187 for 250 mg per 5 ml.			

### Effective 1 November 2015

56	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
42	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm]			
	For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 iu vial .....	500.00	1	✓Kogenate FS
	Inj 1,000 iu vial .....	1,000.00	1	✓Kogenate FS
	Note – These are the old Pharmacodes. New Pharmacodes listed 1 May 2015.			
72	CONDOMS			
	* 53 mm – Up to 144 dev available on a PSO .....	13.36	144	✓Gold Knight

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

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

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New Zealand  
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**ISSN 1172-9376 (Print)**

**ISSN 1179-3686 (Online)**

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