

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 June 2015

Cumulative for May and June 2015



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Summary of PHARMAC decisions

EFFECTIVE 1 JUNE 2015

New listings (page 21)

- Ezetimibe (Ezemibe) tab 10 mg – Special Authority – Retail pharmacy
- Ezetimibe with simvastatin (Zimybe) tab 10 mg with simvastatin 10 mg, 10 mg with simvastatin 20 mg, 10 mg with simvastatin 40 mg and 10 mg with simvastatin 80 mg – Special Authority – Retail pharmacy
- Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – Xpharm

Changes to restrictions, chemical names and presentation (page 23)

No changes effective 1 June 2015.

Decreased subsidy (page 29)

- Carvedilol (Dilatrend) tab 6.25 mg, 12.5 mg and 25 mg
- Clobetasol propionate (Dermol) crm 0.05% and oint 0.05%

Ezetimibe and ezetimibe with simvastatin – brand change

From 1 June 2015 the Ezemibe brand of ezetimibe 10 mg tablets and the Zimybe brand of ezetimibe 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg tablets will be listed.

The subsidy on Ezetrol and Vytorin tablets will reduce from 1 August 2015.

Ezetrol and Vytorin will be delisted from

1 November 2015. Ezemibe and Zimybe will be the only funded brand of ezetimibe and ezetimibe with simvastatin tablets from 1 November 2015. Brand Switch Fees will apply to dispensings of Ezemibe and Zimybe from 1 November 2015 to 31 January 2016.

Healthcare professionals can print brand change patient information for these medicines from www.pharmac.health.nz/medicines/my-medicine-has-changed/cardiovascular-medicines/. A limited number of printed copies can be ordered at www.pharmaonline.co.nz.



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 June 2015. Apo-Cimetidine is not fully funded. PHARMAC is investigating an alternative and expects to make an announcement shortly.

Benzoin tincture

A new Pharmacode for API's Home Essentials benzoin tincture was listed from 1 April 2015. Pharmacode 221392, that was scheduled to be delisted from 1 October, will now remain listed with a changed brand name of Pharmacy Health. Home Essentials benzoin tincture (Pharmacode 2349914) will be delisted from 1 December 2015. Note that benzoin tincture is partially subsidised.

Pinetarsol (tar with triethanolamine lauryl sulphate and fluorescein) solution – delay of Sole Supply

Sole Supply for Pinetarsol 500 ml packs will be delayed until 1 October 2015 to allow supply of the remaining 1,000 ml packs to be used and claimed.

News in brief

- The proposal to remove stat dispensing from a range of subsidised pharmaceuticals, including **sodium valproate**, will not go ahead. The default dispensing period will continue to be three months all-at-once. For full details please refer to the notification letter on PHARMAC's website <http://www.pharmac.health.nz/assets/notification-2015-05-06-dispensing.pdf>.

Tender News

Sole Subsidised Supply changes – effective 1 July 2015

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Betamethasone valerate	Crn 0.1%; 50 g OP	Beta Cream (Mylan)
Betamethasone valerate	Oint 0.1%; 50 g OP	Beta Ointment (Mylan)
Erlotinib	Tab 100 mg; 30 tab	Tarceva (Roche)
Erlotinib	Tab 150 mg; 30 tab	Tarceva (Roche)
Ferrous fumarate	Tab 200 mg (65 mg elemental); 100 tab	Ferro-tab (AFT)
Lorazepam	Tab 1 mg; 250 tab	Ativan (Aspen)
Lorazepam	Tab 2.5 mg; 100 tab	Ativan (Aspen)
Mesalazine	Suppos 1 g; 30 suppos	Pentasa (Pharmaco)
Naproxen	Tab long-acting 750 mg; 90 tab	Naprosyn SR 750 (Roche)
Naproxen	Tab long-acting 1 g; 90 tab	Naprosyn SR 1000 (Roche)
Norethisterone	Tab 5 mg; 100 tab	Primolut N (Bayer)
Oestradiol valerate	Tab 1 mg; 84 tab	Progynova (Bayer)
Oestradiol valerate	Tab 2 mg; 84 tab	Progynova (Bayer)
Phenoxymethylpenicillin (Penicillin V)	Cap 250 mg; 50 cap	Cilicaine VK (Aspen)
Phenoxymethylpenicillin (Penicillin V)	Cap 500 mg; 50 cap	Cilicaine VK (Aspen)
Triamcinolone acetonide	Paste 0.1%; 5 g OP	Kenalog in Orabase (Aspen)
Valganciclovir	Tab 450 mg; 60 tab	Valcyte (Roche)

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 July 2015

- Nicotine (Habitrol) lozenge 1 mg and 2 mg, patch 7 mg, 14 mg and 21 mg, and gum (classic, fruit and mint) gum 2 mg and 4 mg – price and subsidy decrease

Sole Subsidised Supply Products – cumulative to June 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 June 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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Generic Name	Presentation	Brand Name	Expiry Date*
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
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 crn 1% with applicators Vaginal crn 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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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	Crn 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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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
Epoetin alfa [erythropoietin alfa]	Inj 8,000 iu in 0.8 ml, syringe Inj 40,000 iu in 1 ml, syringe 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	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	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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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	Biomed	2017
	Inj 50%, 90 ml bottle		
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 liquid 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 June 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Ibuprofen	Tab 200 mg Oral liq 20 mg per ml	Ibugesic Fenpaed	2017 2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Imiquimod	Crn 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
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-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	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

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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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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	Crm 2% Vaginal crm 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	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	Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Sevredol 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
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	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 June 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg	Noriday 28	2015
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	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	Crn	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	Omezol 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 June 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
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm 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
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 (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 prefilled syringe (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

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Sole Subsidised Supply Products – cumulative to June 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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 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
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Actavis Risperon	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
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 June 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	Hyl-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
Spirolactone	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 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	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Oint 0.02% Crn 0.02% Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017

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Sole Subsidised Supply Products – cumulative to June 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

June changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 June 2015

57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy				
	Tab 10 mg	3.35	30		✓ Ezemibe
57	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy				
	Tab 10 mg with simvastatin 10 mg	5.15	30		✓ Zimybe
	Tab 10 mg with simvastatin 20 mg	6.15	30		✓ Zimybe
	Tab 10 mg with simvastatin 40 mg	7.15	30		✓ Zimybe
	Tab 10 mg with simvastatin 80 mg	8.15	30		✓ Zimybe
249	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm]				
	Either of the following:				
	1) Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or				
	2) Up to two doses are funded for high risk children to the age of 18.				
	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	0.00	1		✓ <u>Pneumovax 23</u>
	Note – This is a new listing for a prefilled syringe. The vial is to be delisted from 1 December 2015.				

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		✓ <u>Eprex</u>
	Inj 40,000 iu in 1 ml, syringe	263.45	1		✓ <u>Eprex</u>
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

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 May 2015 (continued)

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

▶▶ SA1515 Special Authority for Subsidy

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
- 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.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions, Chemical Names and Presentations Effective 1 May 2015

25	GLICLAZIDE – Brand switch fee payable (Pharmacode 2472201) * Tab 80 mg	11.50	500	✓ Glizide
37	VITAMINS Alpha tocopheryl acetate is available fully subsidised for specific patients at the Medical Director of PHARMAC's discretion. Refer to PHARMAC website www.pharmac.govt.nz for the "Alpha tocopheryl acetate information sheet and application form".			
63	MENTHOL – Only in combination 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid-Plain, refer dermatological base, page 209 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) With or without other dermatological galenicals. 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 – Brand switch fee payable (Pharmacode 2478145)..... Tab 1 mg – Brand switch fee payable (Pharmacode 2478145)..... Tab 2 mg – Brand switch fee payable (Pharmacode 2478145)..... Tab 3 mg – Brand switch fee payable (Pharmacode 2478145)..... Tab 4 mg – Brand switch fee payable (Pharmacode 2478145).....	1.90 2.10 2.34 2.55 3.50	60 60 60 60 60	✓ Actavis ✓ Actavis ✓ Actavis ✓ Actavis ✓ Actavis
167	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1519 1411 Tab 100 mg	1,000.00	30	✓ Tarceva
	Tab 150 mg	1,500.00	30	✓ Tarceva
	➔ SA1519 1411 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...

▲ 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...

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** †226 1,700.00 30 ✓ Iressa

➔ **SA1520** †226 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:

† All of the following:

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** †492 (amended criterion only displayed)

Inj 150 mg vial 1,350.00 1 ✓ Herceptin

Inj 440 mg vial 3,875.00 1 ✓ Herceptin

Inj 1 mg for ECP 9.36 1 mg ✓ Baxter

➔ **SA1521** †492 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...

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** ~~†374~~ 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** ~~†375~~ 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...

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 ~~1381~~ 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	✓ Vivonex Pediatric
	53.00	400 g OP	✓ Neocate LCP
Powder (unflavoured)	53.00	400 g OP	✓ Elecare
			✓ Elecare LCP
			✓ Neocate Advance
			✓ Neocate Gold
Powder (vanilla)	53.00	400 g OP	✓ Elecare
			✓ Neocate Advance

▶ 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...

▲ 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...

- 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.

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 June 2015

52	CARVEDILOL (↓ subsidy)			
	* Tab 6.25 mg	1.95	30	✓ Dilatrend
	* Tab 12.5 mg	2.55	30	✓ Dilatrend
	* Tab 25 mg – For carvedilol oral liquid formulation refer	3.15	30	✓ Dilatrend
64	CLOBETASOL PROPIONATE (↓ subsidy)			
	* Crm 0.05%	3.20	30 g OP	✓ Dermal
	* Oint 0.05%	3.20	30 g OP	✓ Dermal

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

▲ 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 PSO

Effective 1 May 2015

236 **GLYCOPYRRONIUM BROMIDE**
✓ Inj 200 mcg per ml, 1 ml ampoule 10

Changes to Brand Name

Effective 1 June 2015

211 **BENZOIN**
Tincture compound BP2.44 50 ml
(5.10) **Pharmacy Health
PSM**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 June 2015

62	ISOPRENALINE * Inj 200 mcg per ml, 1 ml ampoule	36.80 (135.00)	25		Isuprel
	Note – This is to delist Pharmacode 221775.				
97	AMOXICILLIN Grans for oral liq 125 mg per 5 ml	1.55	100 ml	✓	Ospamox
	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	1.10	100 ml	✓	Ospamox
	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				
135	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy Tab 30 mg	8.78	30	✓	AP0-Mirtazapine
152	DEXAMFETAMINE 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
	Note – Delisting applies to Pharmacode 206547 only.				
217	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid	3.80	237 ml OP	✓	Suplena
207	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	✓	BSF Eprex
	a) The Pharmacode for BSF Eprex is 2474727.				

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.				

▲ 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 June 2015 (continued)

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	
	Tab 1 mg	(2.86)		✓Ridal ✓Dr Reddy's Risperidone Apo-Risperidone Risperdal	
		2.10	60		
		(6.00)			
	Tab 2 mg	(16.92)		✓Ridal ✓Dr Reddy's Risperidone Apo-Risperidone Risperdal	
		2.34	60		
		(11.00)			
	Tab 3 mg	(33.84)		✓Ridal ✓Dr Reddy's Risperidone Apo-Risperidone Risperdal	
		2.55	60		
		(15.00)			
	Tab 4 mg	(50.78)		✓Ridal ✓Dr Reddy's Risperidone Apo-Risperidone Risperdal	
		3.50	60		
		(20.00)			
		(67.68)			
193	CETIRIZINE HYDROCHLORIDE				
	*‡ Oral liq 1 mg per ml.....	2.99	200 ml		
		(3.52)			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

Items to be Delisted

Effective 1 August 2015

53	AMLODIPINE				
	* 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
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 September 2015

52	CARVEDILOL				
	* Tab 6.25 mg	1.95	30		✓Dilatrend
	* Tab 12.5 mg	2.55	30		✓Dilatrend
	* Tab 25 mg – For carvedilol oral liquid formulation refer	3.15	30		✓Dilatrend

Effective 1 October 2015

70	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCEIN – Only on a prescription				
	* Soln 2.3% with triethanolamine lauryl sulphate and Fluorescein sodium	5.82	1,000 ml		✓Pinetarsol
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 Pharmacodes that are being delisted are 2458179 for 125 mg per 5 ml and 2458187 for 250 mg per 5 ml.				
211	BENZOIN				
	Tincture compound BP	2.44	50 ml		
		(5.10)			PSM
	Note – The delisting of PSM's benzoin tincture compound BP 50 ml has been revoked.				

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

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

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

Effective 1 December 2015

211	BENZOIN			
	Tincture compound BP	2.44 (5.93)	50 ml	Home Essentials
249	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm] Either of the following:			
	1) Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or			
	2) Up to two doses are funded for high risk children to the age of 18.			
	Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype)	0.00	1	✓ Pneumovax 23
	Note – This is the delisting of the vial. The prefilled syringe is listed from 1 June 2015.			

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New Zealand
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Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, 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

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