

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2015

Cumulative for September, October and November 2015



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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2015

New listings (pages 23-24)

- Lansoprazole (Lanzol Relief) cap 15 mg and 30 mg
- Blood ketone diagnostic test meter (Freestyle Optium Neo) meter – up to 1 meter available on a PSO. Funded for blood ketone diagnostics only
- Bisacodyl (Lax-Suppositories) suppos 10 mg – only on a prescription
- Nonacog alfa [recombinant factor IX] (BeneFIX) inj 3,000 iu vial – Xpharm
- Lisinopril (Ethics Lisinopril) tab 5 mg, 10 mg and 20 mg
- Oil in water emulsion (O/W Fatty Emulsion Cream) crm, 500 g
- Dexamethasone (Dexmethsone) tab 0.5 mg and 4 mg – Retail pharmacy-Specialist, available on a PSO
- Voriconazole (Vttack) tab 50 mg and 200 mg – Special Authority – Retail pharmacy
- Citalopram hydrobromide (PSM Citalopram) tab 20 mg
- Sertraline (Sertraline Actavis) tab 50 mg – S29, wastage claimable
- Cyclizine hydrochloride (Nauzene) tab 50 mg
- Ziprasidone (Zusdone) cap 20 mg, 40 mg, 60 mg and 80 mg – subsidy by endorsement, safety medicine
- Letrozole (Letrole) tab 2.5 mg
- Mask for spacer device (e-chamber Mask) small – only available on a PSO, only for children aged six years and under
- Peak flow meter low range (Mini-Wright AFS Low Range) and normal range (Mini-Wright Standard) – only available on a PSO
- Spacer device 220 ml (single patient) (e-chamber Turbo) and 510 ml (single patient) (e-chamber La Grande) – only available on a PSO
- Pharmacy services (BSF Ezetimibe and BSF Zimybe) brand switch fee – may only be claimed once per patient
- Aminoacid formula without phenylalanine (PKU Anamix Junior) powder (unflavoured) 36 g sachets – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions, chemical names and presentation (pages 28-32)

- Factor eight inhibitor bypassing fraction (FEIBA NF) inj 500 U, 1,000 U and 2,500 U – amended chemical name
- Ezetimibe (Ezemibe) tab 10 mg – addition of Brand Switch Fee
- Ezetimibe with simvastatin (Zimybe) tab 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg – addition of Brand Switch Fee
- Mirtazapine (Apo-Mirtazapine and Avanza) tab 30 mg and 45 mg – Special Authority removed

Summary of PHARMAC decisions – effective 1 November 2015 (continued)

- Sertraline (Arrow-Sertraline) tab 50 mg – Sole Supply suspended
- Gabapentin (Neurontin) cap 100 mg, 300 mg and 400 mg – amended Special Authority criteria
- Other multiple sclerosis treatments (glatiramer acetate, interferon beta-a-alpha and interferon beta-1-beta) – amended Special Authority criteria
- Busulfan (Myleran) tab 2 mg – amended chemical name

Increased subsidy (page 37)

- Sulfadiazine sodium (Wockhardt) tab 500 mg
- Clofazimine (Lamprene) cap 50 mg
- Busulfan (Myleran) tab 2 mg
- Cisplatin (Baxter) inj 1 mg for ECP

Decreased subsidy (page 37)

- Metformin hydrochloride (Apotex) tab immediate-release 500 mg
- Mometasone furoate (m-Mometasone) crm and oint 0.1%, 15 g OP and 45 g OP
- Cetomacrogol (PSM) crm BP, 500 g
- Mirtazapine (Avanza) tab 30 mg and 45 mg
- Gabapentin (Neurontin) cap 100 mg, 300 mg and 400 mg
- Epirubicin hydrochloride (Baxter) inj 1 mg for ECP

What's changing?

The following Tender products will be listed from 1 November 2015:

- Ethics Lisinopril (lisinopril) tab 5 mg, 10 mg and 20 mg
- Vttack (voriconazole) tab 50 mg and 200 mg
- Nauzene (cyclizine hydrochloride) tab 50 mg
- Dexmethsone (dexamethasone) tab 0.5 mg and 4 mg
- Lanzol Relief (lansoprazole) cap 15 mg and 30 mg
- Letrole (letrozole) tab 2.5 mg
- Lax-Suppositories (bisacodyl) suppos 10 mg
- Zusdone (ziprasidone) cap 20 mg, 40 mg, 60 mg and 80 mg

Sole Supply for these products will commence 1 April 2016.

Note that the Dexmethsone 0.5 mg tab will replace the 1 mg tab.



AFT SLS-free (aqueous cream) crm 500 g – delayed tender transition

Due to a delay in the supply of AFT SLS-free aqueous cream (500 g), this product will now be listed from 1 December 2015. The currently listed AFT brand remains available and will now be delisted from 1 May 2016.

Also note that the new brand of aqueous cream is sodium lauryl sulphate (SLS) free and this cream is less viscous.



O/W Fatty Emulsion Cream (oil in water emulsion) crm 500 g – delayed tender transition

Due to an issue with packaging, the O/W Fatty Emulsion Cream brand of oil in water emulsion cream is not immediately available for supply. It will still be listed from 1 November 2015 as previously advised, however, the subsidy reduction for healthE Fatty Cream will be delayed until 1 February 2016 and healthE Fatty Cream will now be delisted 1 May 2015. This will allow wholesalers and pharmacies to continue purchasing the current brand knowing that it will continue to be fully funded for an additional month.

Citalopram – delayed new listing

We notified last month of a delay to the listing of PSM Citalopram 20 mg tablets. PSM Citalopram will now be listed from 1 November 2015. The subsidy for Arrow-Citalopram will reduce from 1 January 2016 and Arrow-Citalopram will be delisted 1 April 2016.

Respiratory devices – new listings

The following products will be listed from 1 November 2015:

- e-chamber Turbo 220 ml (single patient) spacer (Apex Medical)
- e-chamber La Grande 510 ml (single patient) spacer (Apex Medical)
- e-chamber Mask (paediatric) for use with spacer devices (Apex Medical)
- Mini-Wright AFS Low Range (30-400 L/min – low range) peak flow meter, (EBOS)
- Mini-Wright Standard (60-800 L/min – normal range) peak flow meter (EBOS).

Currently funded brands will be delisted 1 February 2016. Note that there will be no changes to the listing of the Volumatic 800 ml spacer device.

It is important to know that the new spacers have antistatic properties meaning they won't need to be primed before use.

More information about the listings can be found on the notifications page on our website at <http://www.pharmac.health.nz/news/#notification>

Freestyle Optium Neo blood ketone diagnostic test meter – new listing

From 1 November 2015, the Freestyle Optium Neo blood ketone diagnostic test meter will be listed fully funded. This meter is supplied by Medi'Ray, and replaces the Freestyle Optium blood ketone diagnostic test meter supplied by Medi'Ray.

Patients currently using a Freestyle Optium meter for blood ketones and/or blood glucose testing do not need to change to a Freestyle Optium Neo. The funded Freestyle Optium Ketone blood ketone test strips and the Freestyle Optium blood glucose test strips (which are funded for some patients via Special Authority) can be used in both the Freestyle Optium Neo and the Freestyle Optium meters. Only those patients new to blood ketone testing should be provided with a Freestyle Optium Neo. One meter per patient will be subsidised every 5 years.

Sertraline 50 mg tablets – new listing

The Sertraline Actavis brand of sertraline 50 mg tablets will be listed temporarily from 1 November 2015 to cover a shortage of Arrow-Sertraline 50 mg tablets. The Sertraline Actavis brand is not Medsafe-approved and will be supplied in accordance with section 29 of the Medicines Act 1981. Arrow-Sertraline 50 mg tablets are expected to be available again from mid November 2015. Arrow-Sertraline 100 mg tablets are back in stock. For more information, contact Actavis on 0800 800 097.

A-Scabies – out of stock

We have been advised that A-Scabies (permethrin) 5% lotion is out of stock. Lyderm (permethrin) 5% cream remains available. We are working with the supplier, AFT, to consider listing an alternative lotion.

Further supply of A-Scabies is expected to be available mid-December.

Mirtazapine – removal of Special Authority

The Special Authority criteria will be removed from mirtazapine from 1 November 2015 allowing it to be used as a first-line treatment option.

Multiple sclerosis treatments (glatiramer acetate, interferon beta-1-alpha and interferon beta-1-beta) – amendment of Special Authority

The Special Authority criteria for glatiramer acetate, interferon beta-1-alpha and interferon beta-1-beta will be amended from 1 November 2015. The entry criteria applying to patients with an EDSS of 4.5-5.5 who have not had an application for funding considered prior to 1 November 2014 will be removed.

News in brief

- Marquis **condoms** Supalite 52 mm, Sensolite 5 mm and Titillata 53 mm have been discontinued. These will be delisted 1 May 2016.
- A 3,000 iu vial of BeneFIX (**nonacog alfa [recombinant factor IX]**) will be listed from 1 November 2015. Note that this product is Xpharm meaning that it cannot be dispensed and claimed by a community pharmacy.
- A Brand Switch Fee can be claimed on dispensings of Ezemibe (**ezetimibe**) and Zimybe (**ezetimibe with simvastatin**) tablets from 1 November 2015 to 31 January 2016. May be claimed once per patient.
- **PKU Anamix Junior** with minor formulation changes and increased sachet size (36 g sachet) will be listed from 1 November 2015. This will replace the currently listed product which will be delisted from 1 May 2016.
- Bausch and Lomb (NZ) Ltd has decreased the price of **Pilocarpine Minims** meaning that from 1 November 2015, these will be fully subsidised
- From 1 November 2015 the Neurontin brand of **gabapentin** 100 mg, 300 mg and 400 mg capsules will be funded under the same Special Authority that applies to other brands of gabapentin (Arrow-Gabapentin and Nupentin); and the 600 mg Neurontin tablets will be delisted.

Tender News

Sole Subsidised Supply changes – effective 1 December 2015

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule; 10 inj	DBL Acetylcysteine (Hospira)
Dimethicone	Crn 10% pump bottle; 500 ml OP	healthE Dimethicone 10% (Jaychem)
Fluorometholone	Eye drops 0.1%; 5 ml OP	FML (Allergan)
Hydrogen peroxide	Soln 3% (10 vol); 100 ml	Pharmacy Health (API)
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule; 3 inj	Neo-B12 (Hospira)
Nevirapine	Tab 200 mg; 60 tab	Nevirapine Alphapharm (Mylan)
Oxytocin	Inj 5 iu per ml, 1 ml ampoule; 5 inj	Oxytocin BNM (Boucher and Muir)
Oxytocin	Inj 10 iu per ml, 1 ml ampoule; 5 inj	Oxytocin BNM (Boucher and Muir)
Paracetamol	Suppos 500 mg; 50 suppos	Paracare (API)
Pethidine hydrochloride	Tab 50 mg; 10 tab	PSM (API)
Pethidine hydrochloride	Tab 100 mg; 10 tab	PSM (API)
Pregnancy tests – HCG urine	Cassette; 40 test OP	EasyCheck (Phoenix Medcare)
Sildenafil	Tab 25 mg; 4 tab	Vedafil (Mylan)
Sildenafil	Tab 50 mg; 4 tab	Vedafil (Mylan)
Sildenafil	Tab 100 mg; 4 tab	Vedafil (Mylan)
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom (Rex Medical)

Looking Forward

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

Decisions for implementation 1 December 2015

- There are no decisions pending for a 1 December 2015 implementation.

Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acetazolamide	Tab 250 mg	Diamox	2017
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
Adult diphtheria and tetanus vaccine	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, 5 mg & 10 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%	MycosNail	2017
Amoxicillin	Inj 250 mg, 500 mg & 1 g vials Cap 250 mg & 500 mg	Ibiamox Apo-Amoxi	2017 2016
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	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2017
Azathioprine	Tab 50 mg	Azamun	2016
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2018
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule Tab 10 mg	Lioresal Intrathecal Pacifen	2018 2016
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018

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

Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g Oint 500 mcg with calcipotriol 50 mcg per g	Daivobet	2018
Betamethasone valerate	Crn 0.1% Oint 0.1%	Beta Cream Beta Ointment	2018
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	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bisacodyl	Tab 5 mg	Lax-Tab	2018
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
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	2018
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 cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Winthrop	2016
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefaclor	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 500 mg	Cefalexin Sandoz Cephalexin ABM	2018 2016
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
Chloramphenicol	Eye drops 0.5%, 10 ml OP	Chlorafast	2018
Chlorhexidine gluconate	Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Ciclopirox olamine	Nail soln 8%	Apo-Ciclopirox	2018
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
Clobetasol propionate	Crn & oint 0.05%	Clobetasol BNM	2016
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
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	Clonidine BNM	2018
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	2018
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
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
Desmopressin acetate	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2017
Dexamethasone	Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	Maxidex	2017
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
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Diclofenac sodium	Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Voltaren Voltaren Ophtha	2017
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
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
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP	AFT	2017
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018
Epoetin alfa [erythropoietin alfa]	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 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Erlotinib	Tab 100 mg & 150 mg	Tarceva	2018
Escitalopram	Tab 10 mg & 20 mg	Air Flow Products	2016

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Exemestane	Tab 25 mg	Aromasin	2017
Ezetimibe	Tab 10 mg	Ezemibe	2017
Ezetimibe with simvastatin	Tab 10 mg with simvastatin 10 mg Tab 10 mg with simvastatin 20 mg Tab 10 mg with simvastatin 40 mg Tab 10 mg with simvastatin 80 mg	Zimybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2018 2016
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
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	31/12/15
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg Inj 250 mg vial & 500 mg vial	AFT Staphlex Flucloxin	2018 2017
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorouracil sodium	Crn 5%	Efudix	2018
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	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Tab 40 mg Tab 500 mg	Diurin 40 Urex Forte	2018
Fusidic acid	Crn 2% Oint 2%	DP Fusidic Acid Cream Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2018 2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
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 Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg Powder Inj 100 mg vial	Douglas ABM Solu-Cortef	2018 2017 2016
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Tab long-acting 800 mg Tab 200 mg Oral liq 20 mg per ml	Brufen SR Ibugesic Fenpaed	2018 2017 2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Imiquimod	Crm 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016

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

Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2017 2016
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM Rifinah	2018
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017
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
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
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%	Xylocaine Viscous	2017
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2018 2017
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
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
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
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
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

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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	2018
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 Suppos 1 g	Pentasa Pentasa	2018
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2018
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml 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	Trexate Methotrexate Ebewe Hospira Methotrexate Sandoz	2018 2017 2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2018
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	Crn 2% Vaginal crn 2% with applicator	Multichem Micreme	2017
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Lotn 0.1%	Elocon	2018
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Tab immediate-release 10 mg & 20 mg	Sevredol	2017
	Inj 5 mg per ml, 1 ml ampoule	DBL Morphine Sulphate	2016
	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	m-Eslon Arrow-Morphine LA	
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg	Cellcept	2016
	Tab 500 mg		
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg	Noflam 250	2018
	Tab 500 mg	Noflam 500	
	Tab long-acting 750 mg	Naprosyn SR 750	
	Tab long-acting 1 g	Naprosyn SR 1000	
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nicotine	Patch 7 mg, 14 mg & 21 mg	Habitrol	2017
	Lozenge 1 mg & 2 mg		
	Gum 2 mg & 4 mg (Fruit, Classic & Mint)		
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg	Noriday 28	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Norethisterone	Tab 5 mg	Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Octreotide	Inj 50 mcg per ml, 1 ml vial	DBL	2017
	Inj 100 mcg per ml, 1 ml vial		
	Inj 500 mcg per ml, 1 ml vial		
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg	Zypine	2017
	Tab orodispersible 5 mg & 10 mg	Zypine ODT	
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg	Dr Reddy's Ondansetron	2017
	Tab disp 8 mg	Ondansetron ODT-DRLA	
	Tab 4 mg & 8 mg	Onrex	2016

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	2018
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml	Syntometrine	2018
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
Pancreatic enzyme	Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease	Creon 10000 Creon 25000	2018
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	Pharmacare Paracare Paracare Double Strength	2017 2017 2017
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
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe Inj 180 mcg prefilled syringe Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys Pegasys RBV Combination Pack	2017
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
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cilicaine VK AFT	2018 2016

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
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
Pizotifen	Tab 500 mcg	Sandomigran	2018
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 iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
Potassium chloride	Tab long-acting 600 mg (8mmol)	Span-K	2018
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	Cilicaïne	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 1 mg per ml Tab 10 mg & 25 mg	Allersoothe	2018
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
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

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg	Actavis	2017
	Oral liq 1 mg per ml	Risperon	
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
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule	Asthalin	2018
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule		
	Oral liq 400 mcg per ml	Ventolin	2016
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sertraline	Tab 100 mg	Arrow-Sertraline	2016
Simvastatin	Tab 10 mg	Arrow-Simva 10mg	2017
	Tab 20 mg	Arrow-Simva 20mg	
	Tab 40 mg	Arrow-Simva 40mg	
	Tab 80 mg	Arrow-Simva 80mg	
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2016
Sodium polystyrene sulphonate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg	Salazopyrin	2016
	Tab EC 500 mg	Salazopyrin EN	
Sumatriptan	Tab 50 mg & 100 mg	Arrow-Sumatriptan	2016
	Inj 12 mg per ml, 0.5 ml cartridge		
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
Tar with triethanolamine lauryl sulphate and fluorescein	Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium	Pinetarsol	2017
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

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Sole Subsidised Supply Products – cumulative to November 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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	2018
Tetrabenazine	Tab 25 mg	Motetis	2016
Timolol	Eye drops 0.25%, 5 ml OP	Arrow-Timolol	2017
	Eye drops 0.5%, 5 ml OP	Timoptol XE	2016
	Eye drops 0.25%, gel forming; 2.5 ml OP		
Tobramycin	Eye drops 0.3%, 5 ml OP	Tobrex	2017
	Eye oint 0.3%, 3.5 g OP		
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2017
	Tab sustained-release 100 mg	Tramal SR 100	
	Tab sustained-release 150 mg	Tramal SR 150	
	Tab sustained-release 200 mg	Tramal SR 200	
Tranexamic acid	Tab 500 mg	Cyklokapron	2016
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Paste 0.1%	Kenalog in Orabase	2017
	Oint 0.02%	Aristocort	
	Crn 0.02%	Aristocort	
	Inj 10 mg per ml, 1 ml ampoule	Kenacort-A 10	
	Inj 40 mg per ml, 1 ml ampoule	Kenacort-A 40	
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP	Mydriacyl	2017
	Eye drops 1%, 15 ml OP		
Urea	Crn 10%	healthE Urea Cream	2016
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Valganciclovir	Tab 450 mg	Valcyte	2018
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	Retrovir	2016
	Oral liq 10 mg per ml		
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017

November changes are in bold type

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Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 November 2015

23	LANSOPRAZOLE				
	* Cap 15 mg	5.08	100	✓ Lanzol Relief	
	* Cap 30 mg	5.93	100	✓ Lanzol Relief	
25	BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump. Only one meter per patient will be subsidised every 5 years.				
	Meter	40.00	1	✓ Freestyle Optium Neo	
35	BISACODYL – Only on a prescription				
	* Suppos 10 mg	3.78	10	✓ Lax-Suppositories	
42	NONACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm] For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.				
	Inj 3,000 iu vial	3,720.00	1	✓ BeneFIX	
49	LISINAPRIL				
	* Tab 5 mg	1.80	90	✓ Ethics Lisinopril	
	* Tab 10 mg	2.05	90	✓ Ethics Lisinopril	
	* Tab 20 mg	2.76	90	✓ Ethics Lisinopril	
67	OIL IN WATER EMULSION				
	* Crm	2.25	500 g	✓ O/W Fatty Emulsion Cream	
79	DEXAMETHASONE				
	* Tab 0.5 mg – Retail pharmacy-Specialist	0.88	30	✓ Dexmethsone	
	Up to 60 tab available on a PSO				
	* Tab 4 mg – Retail pharmacy-Specialist	1.84	30	✓ Dexmethsone	
	Up to 30 tab available on a PSO				
99	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy				
	Tab 50 mg	130.00	56	✓ Vttack	
	Tab 200 mg	500.00	56	✓ Vttack	
131	CITALOPRAM HYDROBROMIDE				
	* Tab 20 mg	1.79	84	✓ PSM Citalopram	
131	SERTRALINE				
	Tab 50 mg	1.21	30	✓ Sertraline Actavis	
	Wastage claimable – see rule 3.3.2				
138	CYCLIZINE HYDROCHLORIDE				
	Tab 50 mg	0.59	20	✓ Nauzene	

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

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

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New Listings – effective 1 November 2015 (continued)

141	ZIPRASIDONE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Ziprasidone is subsidised for patients suffering from schizophrenia or related psychoses after a trial of an effective dose of risperidone or quetiapine that has been discontinued, or is in the process of being discontinued, because of unacceptable side effects or inadequate response, and the prescription is endorsed accordingly.			
	Cap 20 mg	14.56	60	✓Zusdone
	Cap 40 mg	24.75	60	✓Zusdone
	Cap 60 mg	33.87	60	✓Zusdone
	Cap 80 mg	39.74	60	✓Zusdone
173	LETROZOLE * Tab 2.5 mg	2.95	30	✓Letrole
199	MASK FOR SPACER DEVICE a) Up to 20 dev available on a PSO b) Only on a PSO c) Only for children aged six years and under Small	2.20	1	✓e-chamber Mask
199	PEAK FLOW METER a) Up to 10 dev available on a PSO b) Only on a PSO Low range	9.54	1	✓Mini-Wright AFS Low Range
	Normal range	9.54	1	✓Mini-Wright Standard
199	SPACER DEVICE a) Up to 20 dev available on a PSO b) Only on a PSO 220 ml (single patient)	2.95	1	✓e-chamber Turbo
	510 ml (single patient)	5.12	1	✓e-chamber La Grande
204	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	✓BSF Ezetimibe ✓BSF Zimybe
	a) The Pharmacode for BSF Ezetimibe is 2490773. b) The Pharmacode for BSF Zimybe is 2490765.			
231	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 36 g sachets	393.00	30	✓PKU Anamix Junior

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

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg	7.82	500	✓ Metformin Mylan
25	PIOGLITAZONE * Tab 15 mg	3.47	90	✓ Vexazone
	* Tab 30 mg	5.06	90	✓ Vexazone
	* Tab 45 mg	7.10	90	✓ Vexazone
38	MULTIVITAMIN RENAL – Special Authority see SA1546 – Retail pharmacy * Cap	8.39	30	✓ Clinicians Renal Vit
	<p>▶ SA1546] Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: 1 The patient has chronic kidney disease and is receiving either peritoneal dialysis or haemodialysis; or 2 The patient has chronic kidney disease grade 5, defined as patient with an estimated glomerular filtration rate of <15 ml/min/1.73 m² body surface area (BSA).</p>			
42	FACTOR EIGHT INHIBITORS BYPASSING FRACTION – [Xpharm] For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 2,500 U	7,250.00	1	✓ FEIBA
55	FUROSEMIDE [FRUSEMIDE] *‡ Oral liq 10 mg per ml	10.66	30 ml OP	✓ Lasix
	Note – this is a Pharmacode change.			
115	DICLOFENAC SODIUM * Tab EC 25 mg	1.30	50	✓ Diclofenac Sandoz
	* Tab EC 50 mg	1.00	50	✓ Diclofenac Sandoz
	* Tab long-acting 75 mg	15.20	500	✓ Apo-Diclo SR
	* Tab long-acting 100 mg	26.20	500	✓ Apo-Diclo SR
127	PARACETAMOL * Suppos 125 mg	3.69	10	✓ Gacet
	* Suppos 250 mg	3.79	10	✓ Gacet
133	ETHOSUXIMIDE Cap 250 mg	16.45	100	✓ Zarontin
139	ARIPIRAZOLE – Special Authority see SA1539 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency Tab 5 mg – No more than 1 tab per day	123.54	30	✓ Abilify
150	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency Tab 7.5 mg	8.99	500	✓ Zopiclone Actavis
158	THIOTEPA – PCT only – Specialist Inj 15 mg vial	CBS	1	✓ Tepadina S29
	Note – this is a Pharmacode change.			

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

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New Listings – effective 1 October 2015 (continued)

194	FLUTICASONE				
	Aerosol inhaler, 50 mcg per dose	7.50	120 dose OP	✓ Floair	
	Aerosol inhaler, 125 mcg per dose	13.60	120 dose OP	✓ Floair	
	Aerosol inhaler, 250 mcg per dose	27.20	120 dose OP	✓ Floair	
194	SALMETEROL				
	Aerosol inhaler 25 mcg per dose	26.46	120 dose OP	✓ Meterol	
195	FLUTICASONE WITH SALMETEROL				
	Aerosol inhaler 50 mcg with salmeterol 25 mcg	37.48	120 dose OP	✓ RexAir	
	Aerosol inhaler 125 mcg with salmeterol 25 mcg	49.69	120 dose OP	✓ RexAir	
196	SALBUTAMOL				
	Aerosol inhaler, 100 mcg per dose CFC free – Up to 1000 dose available on a PSO.....	3.80	200 dose OP	✓ SalAir	
201	PREDNISOLONE SODIUM PHOSPHATE – Special Authority see SA1547 – Retail pharmacy				
	Eye drops 0.5%, single dose (preservative free)	38.50	20 dose	✓ Minims Prednisolone	
	<p>➡ SA1547 Special Authority for Subsidy Initial application from ophthalmologist. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Patient has severe inflammation; and 2 Patient has a confirmed allergic reaction to preservative in eye drops. Renewal from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.</p>				
202	DORZOLAMIDE WITH TIMOLOL				
	* Eye drops 2% with timolol 0.5%	3.45	5 ml OP	✓ Arrow-Dortim	
204	PHARMACY SERVICES – May only be claimed once per patient.				
	* Brand switch fee	4.33	1 fee	✓ BSF Air Flow Escitalopram	
	a) The Pharmacode for BSF Air Flow Escitalopram is 2489112.				
226	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3]				
	Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.				
	Powder (chocolate) – Higher subsidy of up to \$14.90 per				
	840 g with Endorsement.....	9.54 (14.90)	840 g OP		Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.				
	Powder (vanilla) – Higher subsidy of up to \$14.90 per 840 g				
	with Endorsement.....	9.54 (14.90)	840 g OP		Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.				

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

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg	9.59	1,000	✓ Metckek
55	FUROSEMIDE [FRUSEMIDE] * Inj 10 mg per ml, 25 ml ampoule	57.77	6	✓ Lasix
62	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy Cap 10 mg	12.47	100	✓ Isotane 10
	Cap 20 mg	19.27	100	✓ Isotane 20
66	MOMETASONE FUROATE Crm 0.1%	1.51	15 g OP	✓ Elocon Alcohol Free
		2.90	50 g OP	✓ Elocon Alcohol Free
	Oint 0.1%	1.51	15 g OP	✓ Elocon
		2.90	50 g OP	✓ Elocon
67	CETOMACROGOL * Crm BP	2.74	500 g	✓ healthE
67	DIMETHICONE * Crm 10% pump bottle	4.90	500 ml OP	✓ healthE Dimethicone 10%
77	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy * Tab 5 mg	2.08	30	✓ Finpro
	Note – This is a change in pack size from 28 tab pack.			
131	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy Tab 30 mg	2.55	30	✓ Apo-Mirtazapine
	Tab 45 mg	3.25	30	✓ Apo-Mirtazapine
158	THIOTEPA – PCT only – Specialist Inj 100 mg vial	CBS	1	✓ Tepadina \$29
204	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	✓ BSF Dicarz
	a) The Pharmacode for BSF Dicarz is 2486369			

Effective 1 August 2015

140	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg	2.10	90	✓ Quetapel
	Tab 300 mg	12.00	90	✓ Quetapel
	Note – These are listings for new Pharmacodes, 2476266 and 2476274. The old Pharmacodes will be delisted from 1 February 2016.			

▲ 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, Chemical Names and Presentations Effective 1 November 2015

42	FACTOR EIGHT INHIBITORS BYPASSING FRACTION – [Xpharm] (amended chemical name) For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 U	1,450.00	1	✓ FEIBA NF
	Inj 1,000 U	2,900.00	1	✓ FEIBA NF
	Inj 2,500 U	7,250.00	1	✓ FEIBA NF
57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy – Brand Switch Fee payable (Pharmacode 2490773)			
	Tab 10 mg	3.35	30	✓ <u>Ezemibe</u>
58	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy – Brand Switch Fee payable (Pharmacode 2490765)			
	Tab 10 mg with simvastatin 10 mg	5.15	30	✓ <u>Zimybe</u>
	Tab 10 mg with simvastatin 20 mg	6.15	30	✓ <u>Zimybe</u>
	Tab 10 mg with simvastatin 40 mg	7.15	30	✓ <u>Zimybe</u>
	Tab 10 mg with simvastatin 80 mg	8.15	30	✓ <u>Zimybe</u>
131	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy			
	Tab 30 mg	2.55 (8.78)	30	✓ Apo-Mirtazapine Avanza
	Tab 45 mg	3.25 (13.95)	30	✓ Apo-Mirtazapine Avanza

► SA0994 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 The patient has a severe major depressive episode; and

2 Either:

2.1 The patient must have had a trial of two different antidepressants and was unable to tolerate the treatments or failed to respond to an adequate dose over an adequate period of time (usually at least four weeks); or

2.2 Both:

2.2.1 The patient is currently a hospital in-patient as a result of an acute depressive episode; and

2.2.2 The patient must have had a trial of one other antidepressant and either could not tolerate it or failed to respond to an adequate dose over an adequate period of time.

Renewal from any relevant practitioner. Approvals valid for 2 years where the patient has a high risk of relapse (prescriber determined).

131	SERTRALINE (Sole Supply suspended)			
	Tab 50 mg	3.64	90	✓ Arrow-Sertraline
134	GABAPENTIN (NEURONTIN) – Special Authority see SA1477 0973 – Retail pharmacy			
	Cap 100 mg	7.16	100	✓ Neurontin
	Cap 300 mg – For gabapentin (neurontin) oral liquid formulation refer	11.00	100	✓ Neurontin
	Cap 400 mg	13.75	100	✓ Neurontin

► SA1477 0973 Special Authority for Subsidy

Notes: Subsidy for patients pre-approved by PHARMAC on 1 August 2009. Approvals valid without further

continued...

Changes to Restrictions – effective 1 November 2015 (continued)

continued...

renewal unless notified. No new approvals will be granted from 1 August 2009.

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

Either:

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

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

Initial application – (Neuropathic pain or Chronic Kidney Disease associated pruritus) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Either:

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

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

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

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

Either:

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

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

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

► SA1553 ~~1484~~ Special Authority for Subsidy

Special Authority approved by the Multiple Sclerosis Treatment Committee

Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC).

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

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

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

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the

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
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\$ Per

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✓ fully subsidised

Changes to Restrictions – effective 1 November 2015 (continued)

continued...

next practicable opportunity.

Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified). These agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.

Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.

Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, or 20 mg glatiramer acetate daily will be subsidised.

Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC coordinator should be notified of the change and a new prescription provided.

Entry Criteria

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

Stopping Criteria

Any of the following:

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

continued...

Changes to Restrictions – effective 1 November 2015 (continued)

continued...

- b) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
- c) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
- d) non-compliance with treatment, including refusal to undergo annual assessment.

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

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

If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur. In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

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

- a) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis should as a rule include MRI confirmation. For patients diagnosed before MRI was widely utilised in New Zealand, confirmation of diagnosis via clinical assessment and laboratory/ancillary data must be provided; and
- b) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
- c) patients must have:
 - a) EDSS score 4.5-5.5 with 2+ relapses:
 - Experienced at least 2 significant relapses of MS in the previous 12 months; and
 - An EDSS score of between 4.5-5.5; and
- d) Each relapse must:
 - a) be confirmed by a neurologist or general physician (the patient may not necessarily have been seen during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
 - b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
 - c) last at least one week;
 - d) follow a period of stability of at least one month;
 - e) be severe enough to change either the EDSS or at least one of the Kurtzke functional systems scores by at least 1 point;
 - f) be distinguishable from the effects of general fatigue; and
 - g) not be associated with a fever ($T > 37.5^{\circ}\text{C}$); and
- e) applications must be made at least four weeks after the date of the onset of the last known relapse; and
- f) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate (see criteria for stopping);
- g) applications must be submitted to the Multiple Sclerosis Treatment Assessment Committee (MSTAC) by the patient's neurologist or a general physician; and
- h) patients must agree (via informed consent) to co-operate if as a result of their meeting the stopping criteria, funding is withdrawn. Patients must agree to the collection of clinical data relating to their MS and use of those data by PHARMAC; and

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
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Changes to Restrictions – effective 1 November 2015 (continued)

continued...

i) ~~patients must agree to allow clinical data to be collected and reviewed by MSTAC annually for each year in which they receive funding for beta-interferon or glatiramer acetate.~~

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

~~Any of the following:~~

- ~~a) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following:

 - a) an increase of 1 EDSS point where starting EDSS 3.5 or greater; or
 - b) an increase in EDSS score to 6.0 or more; or~~
- ~~b) stable or increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment)(see note); or~~
- ~~c) pregnancy and/or lactation; or~~
- ~~d) within the 12 month approval year, intolerance to interferon beta-1 alpha, and/or interferon beta-1 beta and/or glatiramer acetate; or~~
- ~~e) non-compliance with treatment, including refusal to undergo annual assessment or refusal to allow the results of the assessment to be submitted to MSTAC; or~~
- ~~f) patients may, subject to conclusions drawn from published evidence available at the time, be excluded if they develop a high titre of neutralising anti-bodies to beta-interferon or glatiramer acetate.~~

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

157	BUSULFAN BUSULPHAN – PCT – Retail pharmacy-Specialist			
	Tab 2 mg	89.25	100	✓ Myleran
207	PHARMACEUTICALS WITH STANDARDISED FORMULA FOR COMPOUNDING IN ORA PRODUCTS			
	Gabapentin (Neurontin) 100 mg/ml			
241	SECTION F: PART III: FLEXIBLE AND VARIABLE DISPENSING PERIODS FOR PHARMACY NERVOUS SYSTEM			
	GABAPENTIN (NEURONTIN)			

Effective 1 October 2015

129	XYCODONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 10 mg per ml, 1 ml ampoule	10.08	5	✓ Oxycodone Orion
	Inj 10 mg per ml, 2 ml ampoule	19.87	5	✓ Oxycodone Orion
	Inj 50 mg per ml, 1 ml ampoule	51.00	5	✓ OxyNorm
131	ESCITALOPRAM – Brand Switch Fee payable (Pharmacode 2489112)			
	* Tab 10 mg	1.40	28	✓ Air Flow Products
	* Tab 20 mg	2.40	28	✓ Air Flow Products

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

133	ETHOSUXIMIDE (STAT dispensing removed)			
	Cap 250 mg	16.45	100	✓Zarontin
		32.90	200	✓Zarontin
	‡ Oral liq 250 mg per 5 ml	13.60	200 ml	✓Zarontin
202	DORZOLAMIDE HYDROCHLORIDE WITH TIMOLOL MALEATE			
	* Eye drops 2% with timolol maleate 0.5%	3.45	5 ml OP	✓Arrow-Dortim
		15.50		✓Cosopt
214	Dietitian Prescribing- Prescriptions from Dietitians will be only valid for subsidy where they are for special foods, as listed in this section, or where they are for the following products:			
	ASCORBIC ACID			
	✓Tab 100 mg			
	CALCIUM CARBONATE			
	✓Tab eff 1.75 g (1 g elemental)			
	✓Tab 1.25 g (500 mg elemental)			
	COMPOUND ELECTROLYTES			
	✓Powder for oral soln			
	DEXTROSE WITH ELECTROLYTES			
	✓Soln with electrolytes			
	FERROUS FUMARATE			
	✓Tab 200 mg (65 mg elemental)			
	FERROUS FUMARATE WITH FOLIC ACID			
	✓Tab 310 mg (100 mg elemental) with folic acid 350 mcg			
	FERROUS SULPHATE			
	✓Tab long acting 325 mg (105 mg elemental)			
	✓Oral liq 30 mg (6 mg elemental) per 1 ml			
	FERROUS SULPHATE WITH FOLIC ACID			
	Tab long acting 325 mg (105 mg elemental) with folic acid 350 mcg			
	FOLIC ACID			
	✓Tab 0.8 mg			
	MULTIVITAMINS			
	✓Powder			
	PANCREATIC ENZYME			
	✓Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease			
	PHOSPHORUS			
	✓Tab eff 500 mg (16 mmol)			

▲ 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

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Changes to Restrictions – effective 1 October 2015 (continued)

POTASSIUM CHLORIDE

Tab eff 548 mg (14 m eq) with chloride 285 mg (8 meq)

✓ Tab long-acting 600 mg (8 mmol)

POTASSIUM IODATE

✓ Tab 253 mcg (150 mcg elemental iodine)

PYRIDOXINE HYDROCHLORIDE

✓ Tab 25 mg

✓ Tab 50 mg

SODIUM CHLORIDE

✓ Inj 23.4%, 20 ml ampoule

SODIUM FLUORIDE

✓ Tab 1.1 mg (0.5 mg elemental)

THIAMINE HYDROCHLORIDE

✓ Tab 50 mg

VITAMIN A WITH VITAMINS D AND C

✓ Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops

VITAMIN B COMPLEX

✓ Tab, strong, BPG

VITAMINS

✓ Tab (BPG cap strength)

✓ Cap (fat soluble vitamins A, D, E, K)

220 PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]
Liquid 6.00 500 ml OP ✓ **Nutrini Energy RTH**

Effective 1 September 2015

36 HYDROGEN PEROXIDE
* Soln 3% (10 vol) – Maximum of 200 ml per prescription..... 1.40 100 ml ✓ **Pharmacy Health**

41 EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – [Xpharm]
For patients with haemophilia, whose **funded** treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 1 mg syringe	1,163.75	1	✓ NovoSeven RT
Inj 2 mg syringe	2,327.50	1	✓ NovoSeven RT
Inj 5 mg syringe	5,818.75	1	✓ NovoSeven RT
Inj 8 mg syringe	9,310.00	1	✓ NovoSeven RT

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

42	FACTOR EIGHT INHIBITORS BYPASSING FRACTION AGENT – [Xpharm] For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 U	1,450.00	1	✓ FEIBA
	Inj 1,000 U	2,900.00	1	✓ FEIBA
42	MOROCTOCOG 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 250 iu prefilled syringe vial	210.00	1	✓ Xyntha
	Inj 500 iu prefilled syringe vial	420.00	1	✓ Xyntha
	Inj 1,000 iu prefilled syringe vial	840.00	1	✓ Xyntha
	Inj 2,000 iu prefilled syringe vial	1,680.00	1	✓ Xyntha
	Inj 3,000 iu prefilled syringe vial	2,520.00	1	✓ Xyntha
42	NONACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm] For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu vial	310.00	1	✓ BeneFIX
	Inj 500 iu vial	620.00	1	✓ BeneFIX
	Inj 1,000 iu vial	1,240.00	1	✓ BeneFIX
	Inj 2,000 iu vial	2,480.00	1	✓ BeneFIX
43	TICAGRELOR – Special Authority see SA1382 – Retail pharmacy			
	* Tab 90 mg	90.00	56	✓ Brilinta
	<p>▶ SA1382 Special Authority for Subsidy Initial application — (acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and 2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned. <p>Renewal—(subsequent acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and 2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned. 			
45	HEPARIN SODIUM			
	Inj 1,000 iu per ml, 35 ml vial	17.76	1	✓ Hospira
52	CARVEDILOL – Brand switch fee payable (Pharmacode 2486369)			
	* Tab 6.25 mg	3.90	60	✓ Dicarz
	* Tab 12.5 mg	5.10	60	✓ Dicarz
	* Tab 25 mg – For carvedilol oral liquid formulation refer	6.30	60	✓ Dicarz
97	TOBRAMYCIN			
	Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement	38.00	5	✓ DBL Tobramycin
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			

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

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

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

110	NEVIRAPINE – Special Authority see SA1364 – Retail pharmacy Tab 200 mg –Brand switch fee-payable (Pharmacode 2433265).....	65.00	60	✓ Nevirapine Alphapharm
131	SERTRALINE (Stat dispensing removed) Tab 50 mg	3.64	90	✓ Arrow-Sertraline
	Tab 100 mg	6.28	90	✓ Arrow-Sertraline
131	MOCLOBEMIDE (Note removed) Note: There is a significant cost differential between moclobemide and fluoxetine (moclobemide being about three times more expensive). For depressive syndromes it is therefore more cost-effective to start treatment with fluoxetine first before considering prescribing moclobemide: * Tab 150 mg	85.10	500	✓ Apo-Moclobemide
	* Tab 300 mg	30.70	100	✓ Apo-Moclobemide
139	ANTIPSYCHOTICS (Guideline removed) Guidelines for the use of atypical antipsychotic agents Diagnosis: Schizophrenia and related psychoses when positive symptoms (delusions, hallucinations and thought disorder) are prominent and/or disabling or when both positive symptoms and negative symptoms (flattened affect, emotional and social withdrawal and poverty of speech) are present. Treatment: Before initiating atypical antipsychotic therapy, physicians should consider whether the patient is likely to respond to and/or tolerate conventional antipsychotic therapy and, where appropriate, trial one or more conventional agent prior to use of an atypical agent.			
157	CISPLATIN – PCT only – Specialist Inj 1 mg per ml, 50 ml vial	12.29	1	✓ DBL Cisplatin
		15.00		✓ Cisplatin Ebewe
	Inj 1 mg per ml, 100 ml vial	22.46	1	✓ DBL Cisplatin
		21.00		✓ Cisplatin Ebewe
158	THIOTEPA – PCT only – Specialist Inj 15 mg vial.....	CBS	1	✓ Bedford S29 ✓ THIO-TEPA S29 ✓ Tepadina S29
162	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 5 ml vial	25.00	1	✓ Epirubicin Ebewe
	Inj 2 mg per ml, 25 ml vial	39.38	1	✓ DBL Epirubicin Hydrochloride
		30.00		✓ Epirubicin Ebewe
	Inj 2 mg per ml, 50 ml vial	58.20	1	✓ DBL Epirubicin Hydrochloride
		32.50		✓ Epirubicin Ebewe
	Inj 2 mg per ml, 100 ml vial	94.50	1	✓ DBL Epirubicin Hydrochloride
		65.00		✓ Epirubicin Ebewe
	Inj 1 mg for ECP	0.82	1 mg	✓ Baxter
163	IDARUBICIN HYDROCHLORIDE Inj 5 mg vial – PCT only – Specialist.....	125.00	1	✓ Zavedos
	Inj 10 mg vial – PCT only – Specialist.....	250.00	1	✓ Zavedos

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
36

S29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed Sole Subsidised Supply

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 November 2015

25	METFORMIN HYDROCHLORIDE (↓ subsidy) * Tab immediate-release 500 mg	9.59 (12.30)	1,000	Apotex
66	MOMETASONE FUROATE (↓ subsidy) Crm 0.1%	1.51 (1.78)	15 g OP	m-Mometasone
		2.61 (3.42)	45 g OP	m-Mometasone
	Oint 0.1%	1.51 (1.78)	15 g OP	m-Mometasone
		2.61 (3.42)	45 g OP	m-Mometasone
67	CETOMACROGOL (↓ subsidy) * Crm BP	2.74 (3.15)	500 g	PSM
97	SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy (↑ subsidy) Tab 500 mg	288.00	56	✓ Wockhardt S29
101	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	442.00	100	✓ Lamprene S29
131	MIRTAZAPINE (↓ subsidy) Tab 30 mg	2.55 (8.78)	30	Avanza
	Tab 45 mg	3.25 (13.95)	30	Avanza
134	GABAPENTIN – Special Authority see SA1477 – Retail pharmacy (↓ subsidy) ▲ Cap 100 mg	7.16	100	✓ Neurontin
	▲ Cap 300 mg – For gabapentin oral liquid formulation refer	11.00	100	✓ Neurontin
	▲ Cap 400 mg	13.75	100	✓ Neurontin
157	BUSULFAN– PCT – Retail pharmacy-Specialist (↑ subsidy) Tab 2 mg	89.25	100	✓ Myleran
157	CISPLATIN – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	0.28	1 mg	✓ Baxter
162	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP	0.36	1 mg	✓ Baxter
202	PILOCARPINE HYDROCHLORIDE (↓ price) * Eye drops 2% single dose – Special Authority see SA0895 – Retail pharmacy	31.95	20 dose	✓ Minims Pilocarpine

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 October 2015

25	ACARBOSE (↓ subsidy)			
	* Tab 50 mg	4.28	90	✓ Accarb
	* Tab 100 mg	7.78	90	✓ Accarb
25	PIOGLITAZONE (↓ subsidy)			
	* Tab 15 mg	1.08	28	✓ Pizaccord
	* Tab 30 mg	1.57	28	✓ Pizaccord
	* Tab 45 mg	2.21	28	✓ Pizaccord
62	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy (↓ subsidy)			
	Cap 10 mg	14.96	120	✓ Oratane
	Cap 20 mg	23.12	120	✓ Oratane
64	CALAMINE (↓ subsidy)			
	a) Only on a prescription			
	b) Not in combination			
	Crn, aqueous, BP	1.49	100 g	✓ Pharmacy Health
	Lotn, BP	12.94	2,000 ml	✓ PSM
66	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement (↓ subsidy)			
	a) No more than 500 ml per month			
	b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly.			
	* Soln 4% wash	3.98	500 ml	Orion
		(5.90)		
81	CYPROTERONE ACETATE – Retail pharmacy-Specialist (↓ subsidy)			
	Tab 50 mg	15.87	50	
		(18.80)		Siterone
	Tab 100 mg	30.40	50	
		(34.25)		Siterone
129	OXYCODONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 50 mg per ml, 1 ml ampoule	51.00	5	✓ OxyNorm
135	PHENOBARBITONE (↑ subsidy)			
	For phenobarbitone oral liquid refer Standard Formulae			
	* Tab 15 mg	30.00	500	✓ PSM
	* Tab 30 mg	31.00	500	✓ PSM
138	DOMPERIDONE (↓ subsidy)			
	* Tab 10 mg – For domperidone oral liquid formulation refer	3.20	100	✓ Prokinex
151	DEXAMFETAMINE SULFATE – Special Authority see SA1149 – Retail pharmacy (↑ subsidy)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 5 mg	17.00	100	✓ PSM

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2015 (continued)

174	ETANERCEPT – Special Authority see SA1478 – Retail pharmacy (↓ subsidy)		
	Inj 25 mg	799.96	4 ✓Enbrel
	Inj 50 mg autoinjector	1,599.96	4 ✓Enbrel
	Inj 50 mg prefilled syringe	1,599.96	4 ✓Enbrel

Effective 1 September 2015

36	HYDROGEN PEROXIDE (↑ subsidy) * Soln 3% (10 vol) – Maximum of 200 ml per prescription	1.40	100 ml ✓Pharmacy Health
37	HYDROXOCOBALAMIN (↓ subsidy) * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO	2.31	3 ✓ABM Hydroxocobalamin
42	FACTOR EIGHT INHIBITORS BYPASSING FRACTION – [Xpharm] (↓ subsidy) For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.		
	Inj 500 U	1,450.00	1 ✓FEIBA
	Inj 1,000 U	2,900.00	1 ✓FEIBA
42	MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] (↓ subsidy) For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.		
	Inj 250 iu prefilled syringe	210.00	1 ✓Xyntha
	Inj 500 iu prefilled syringe	420.00	1 ✓Xyntha
	Inj 1,000 iu prefilled syringe	840.00	1 ✓Xyntha
	Inj 2,000 iu prefilled syringe	1,680.00	1 ✓Xyntha
	Inj 3,000 iu prefilled syringe	2,520.00	1 ✓Xyntha
42	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] (↑ subsidy) For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.		
	Inj 250 iu vial	287.50	1 ✓Advate
	Inj 500 iu vial	575.00	1 ✓Advate
	Inj 1,000 iu vial	1,150.00	1 ✓Advate
	Inj 1,500 iu vial	1,725.00	1 ✓Advate
	Inj 2,000 iu vial	2,300.00	1 ✓Advate
	Inj 3,000 iu vial	3,450.00	1 ✓Advate
42	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] (↓ subsidy) For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.		
	Inj 250 iu vial	237.50	1 ✓Kogenate FS
	Inj 500 iu vial	475.00	1 ✓Kogenate FS
	Inj 1,000 iu vial	950.00	1 ✓Kogenate FS
	Inj 2,000 iu vial	1,900.00	1 ✓Kogenate FS
	Inj 3,000 iu vial	2,850.00	1 ✓Kogenate FS
45	HEPARIN SODIUM (↑ subsidy) Inj 1,000 iu per ml, 35 ml vial	17.76	1 ✓Hospira

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 September 2015 (continued)

61	SILDENAFIL – Special Authority see SA1293 – Retail pharmacy (↓ subsidy)			
	Tab 25 mg	0.75 (1.85)	4	Silagra
	Tab 50 mg	0.75 (1.85)	4	Silagra
	Tab 100 mg – For sildenafil oral liquid formulation refer	2.75 (7.45)	4	Silagra
76	OXYTOCIN – Up to 5 inj available on a PSO (↓ subsidy)			
	Inj 5 iu per ml, 1 ml ampoule	4.03	5	✓Oxytocin BNM
	Inj 10 iu per ml, 1 ml ampoule	5.03	5	✓Oxytocin BNM
77	PREGNANCY TESTS - HCG URINE (↓ subsidy)			
	a) Up to 200 test available on a PSO			
	b) Only on a PSO			
	Cassette	17.60	40 test OP	✓Innovacon hCG One Step Pregnancy Test
97	TOBRAMYCIN (↑ subsidy)			
	Inj 40 mg per ml, 2 ml – Subsidy by endorsement	38.00	5	✓DBL Tobramycin
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
110	NEVIRAPINE – Special Authority – Retail pharmacy (↓ subsidy)			
	Tab 200 mg	65.00	60	✓Nevirapine Alphapharm
127	PARACETAMOL (↓ subsidy)			
	* Suppos 500 mg	12.60	50	✓Paracare
129	PETHIDINE HYDROCHLORIDE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab 50 mg	4.46	10	✓PSM
	Tab 100 mg	6.25	10	✓PSM
157	CARBOPLATIN – PCT only – Specialist (↓ subsidy)			
	Inj 1 mg for ECP	0.08	1 mg	✓Baxter
157	CISPLATIN – PCT only – Specialist			
	Inj 1 mg per ml, 50 ml vial (↓ subsidy).....	12.29	1	✓DBL Cisplatin
	Inj 1 mg per ml, 100 ml vial (↑ subsidy).....	22.46	1	✓DBL Cisplatin
159	CALCIUM FOLINATE (↑ subsidy)			
	Tab 15 mg – PCT – Retail pharmacy-Specialist.....	104.26	10	✓DBL Leucovorin Calcium
162	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy)			
	Inj 2 mg per ml, 25 ml vial	30.00	1	✓Epirubicin Ebewe
	Inj 2 mg per ml, 50 ml vial	32.50	1	✓Epirubicin Ebewe
	Inj 2 mg per ml, 100 ml vial	65.00	1	✓Epirubicin Ebewe

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
40

S29 Unapproved medicine supplied under Section 29
‡ safety cap reimbursed **Sole Subsidised Supply**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 September 2015 (continued)

163	IDARUBICIN HYDROCHLORIDE (↑ subsidy)		
	Inj 5 mg vial – PCT only – Specialist	125.00	1 ✓Zavedos
	Inj 10 mg vial – PCT only – Specialist	250.00	1 ✓Zavedos
	Inj 1 mg for ECP – PCT only – Specialist	27.75	1 mg ✓Baxter
201	FLUOROMETHOLONE (↓ subsidy)		
	* Eye drops 0.1%	3.09 (3.80)	5 ml OP Flucon
201	SODIUM CROMOGLYCATE (↓ subsidy)		
	Eye drops 2%	0.85	5 ml OP ✓Rexacrom
204	ACETYLCYSTEINE – Retail pharmacy-Specialist (↓ subsidy)		
	Inj 200 mg per ml, 10 ml ampoule	78.34	10 ✓Martindale Acetylcysteine
	Inj 200 mg per ml, 30 ml	90.05 (219.00)	4 Acetadote

▲ 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 General Rules

Effective 1 October 2015

14 3.5 Dietitians' Prescriptions

The following provisions apply to every Prescription written by a Dietitian:

3.5.1 Prescriptions written by a Dietitian for a Community Pharmaceutical will only be subsidised where they are for either:

a) special foods, as listed in Section D; or

b) any other Pharmaceutical that has been identified in Section D of the Pharmaceutical Schedule as being able to be prescribed by a Dietitian, providing that the products being prescribed are not classified as Prescription Medicines or Restricted Medicines.

3.5.2 For the purposes of Dietitians prescribing pursuant to this clause 3.5, the prescribing and dispensing of these products is required to be in accordance with regulations 41 and 42 of the Medicines Regulations 1984.

Changes to Brand Name

Effective 1 November 2015

42 FACTOR EIGHT INHIBITOR BYPASSING FRACTION – [Xpharm]

For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 500 U	1,450.00	1	✓ FEIBA NF FEIBA
Inj 1,000 U	2,900.00	1	✓ FEIBA NF FEIBA
Inj 2,500 U	7,250.00	1	✓ FEIBA NF FEIBA

202 PILOCARPINE HYDROCHLORIDE

Eye drops 2% single dose – Special Authority see SA0895

– Retail pharmacy	31.95	20 dose	✓ Minims Pilocarpine Minims
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Effective 1 September 2015

36 HYDROGEN PEROXIDE

Soln 3% (10 vol) – Maximum of 200 ml per prescription	1.40	100 ml	✓ Pharmacy Health PSM
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76 OXYTOCIN – Up to 5 inj available on a PSO

Inj 10 iu per ml, 1 ml ampoule	5.03	5	✓ Oxytocin BNM BNM
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157 CISPLATIN – PCT only – Specialist

Inj 1 mg per ml, 50 ml vial	12.29	1	✓ DBL Cisplatin Hospira
Inj 1 mg per ml, 100 ml vial	22.46	1	✓ DBL Cisplatin Hospira

172 FLUTAMIDE – Retail pharmacy-Specialist

Tab 250 mg	16.50	30	✓ Flutamide Mylan S29 Flutamin S29
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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 November 2015

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 were listed 1 May 2015.			
57	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
57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy			
	Tab 10 mg	3.35 (34.43)	30	Ezetrol
58	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy			
	Tab 10 mg with simvastatin 10 mg	5.15 (36.68)	30	Vytorin
	Tab 10 mg with simvastatin 20 mg	6.15 (38.70)	30	Vytorin
	Tab 10 mg with simvastatin 40 mg	7.15 (41.40)	30	Vytorin
	Tab 10 mg with simvastatin 80 mg	8.15 (45.45)	30	Vytorin
73	CONDOMS			
	* 53 mm – Up to 144 dev available on a PSO	13.36	144	✓Gold Knight
134	GABAPENTIN (NEURONTIN) – Special Authority see SA0973 – Retail pharmacy			
	▲ Tab 600 mg	67.50	100	✓Neurontin

Effective 1 October 2015

56	ACIPIMOX			
	* Cap 250 mg	18.75	30	✓Olbetam
	Note – Pharmacode 2451905 only is being delisted. 609641 remains listed.			
65	CLOBETASOL PROPIONATE			
	* Crm 0.05%	3.20	30 g OP	✓Dermol
	* Oint 0.05%	3.20	30 g OP	✓Dermol
71	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

▲ 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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Delisted Items – effective 1 October 2015 (continued)

93	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 – There was a Pharmacode change for these products. These Pharmacodes are 2458179 and 2458187.			
131	ESCITALOPRAM			
	* Tab 10 mg	1.40	28	✓ Loxalate
	* Tab 20 mg	2.40	28	✓ Loxalate
159	FLUOROURACIL			
	Inj 50 mg per ml, 10 ml vial – PCT only – Specialist	26.25	5	✓ Fluorouracil Ebewe
	Inj 25 mg per ml, 100 ml vial – PCT only – Specialist	13.55	1	✓ Hospira
173	TAMOXIFEN CITRATE			
	* Tab 10 mg	2.63	60	✓ Genox
	Note – The 100 tablet pack size remains listed.			

Effective 1 September 2015

27	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription			
	* 31 g x 8 mm	3.15	30	✓ ABM
27	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription			
	* 29 g x 12.7 mm	3.15	30	✓ B-D Micro-Fine
	* 31 g x 8 mm	3.15	30	✓ B-D Micro-Fine
	Note – The 100 needle pack remains subsidised.			
27	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription			
	* Syringe 1 ml with 29 g x 12.7 mm needle	13.00	100	✓ ABM
	* Syringe 1 ml with 31 g x 8 mm needle	13.00	100	✓ ABM
51	FLECAINIDE ACETATE – Retail pharmacy-Specialist			
	Inj 10 mg per ml, 15 ml ampoule	52.45	5	✓ Tambocor
	Note – Pharmacode 332062 only being delisted.			
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
157	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 100 ml vial	105.00	1	✓ Carboplatin Ebewe
219	HIGH PROTEIN ORAL FEED 1KCAL/ML – Special Authority see SA1378 – Hospital pharmacy [HP3]			
	Liquid	1.90	200 ml OP	✓ Fortimel Regular

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
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Delisted Items – effective 1 September 2015 (continued)

227	ORAL FEED 1.5KCAL/ML – Special Authority see SA1228– Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly.			
	Liquid (toffee) – Higher subsidy of \$1.26 per 200 ml with			
	Endorsement	0.72	200 ml OP	
		(1.26)		Fortisip
	Liquid (tropical fruit) – Higher subsidy of \$1.26 per 200 ml			
	with Endorsement.....	0.72	200 ml OP	
		(1.26)		Fortisip

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2015

35	BISACODYL – Only on a prescription * Suppos 5 mg	3.00	6	✓ Dulcolax
37	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO	2.31	3	✓ ABM Hydroxocobalamin
61	SILDENAFIL – Special Authority see SA1293 – Retail pharmacy Tab 25 mg	0.75 (1.85)	4	Silagra
	Tab 50 mg	0.75 (1.85)	4	Silagra
	Tab 100 mg – For sildenafil oral liquid formulation refer	2.75 (7.45)	4	Silagra
77	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette	17.60	40 test OP	✓ Innovacon HCG One Step Pregnancy Test
201	FLUOROMETHOLONE * Eye drops 0.1%	3.09 (3.80)	5 ml OP	Flucon
204	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	✓ BSF Dicarz
	a) The Pharmacode for BSF Dicarz is 2486369.			
204	ACETYLCYSTEINE – Retail pharmacy-Specialist Inj 200 mg per ml, 10 ml ampoule	78.34	10	✓ Martindale Acetylcysteine
	Inj 200 mg per ml, 30 ml	90.05 (219.00)	4	Acetadote

Effective 1 January 2016

25	ACARBOSE * Tab 50 mg	4.28	90	✓ Accarb
	* Tab 100 mg	7.78	90	✓ Accarb
66	CHLORHEXIDINE GLUCONATE – Subsidy by endorsement a) No more than 500 ml per month b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly. * Soln 4% wash	3.98 (5.90)	500 ml	Orion

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 January 2016 (continued)

73	CONDOMS * 56 mm – Up to 144 dev available on a PSO	13.36	144	✓ Durex Select Flavours
81	CYPROTERONE ACETATE – Retail pharmacy-Specialist Tab 50 mg	15.87 (18.80)	50	Siterone
	Tab 100 mg	30.40 (34.25)	50	Siterone
94	FLUCLOXACILLIN Inj 1 g vial – Up to 10 inj available on a PSO	5.80	5	✓ DBL Flucloxacillin
204	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.33	1 fee	✓ BSF Air Flow Escitalopram
	a) The Pharmacode for BSF Air Flow Escitalopram is 2489112.			

Effective 1 February 2016

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg	9.59 (12.30)	1,000	Apotex
62	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy Cap 10 mg	14.96	120	✓ Oratane
	Cap 20 mg	23.12	120	✓ Oratane
66	MOMETASONE FUROATE Crm 0.1%	1.51 (1.78)	15 g OP	m-Mometasone
		2.61 (3.42)	45 g OP	m-Mometasone
	Oint 0.1%	1.51 (1.78)	15 g OP	m-Mometasone
		2.61 (3.42)	45 g OP	m-Mometasone
67	CETOMACROGOL * Crm BP	2.74 (3.15)	500 g	PSM
131	MIRTAZAPINE Tab 30 mg	2.55 (8.78)	30	Avanza
	Tab 45 mg	3.25 (13.95)	30	Avanza

▲ 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 February 2016 (continued)

140	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	2.10	90	✓ <u>Quetapel</u>
	Tab 300 mg	12.00	90	✓ <u>Quetapel</u>
	Note – These are delistings for the old Pharmacodes. New Pharmacodes Were listed from 1 August 2015.			
199	MASK FOR SPACER DEVICE			
	a) Up to 20 dev available on a PSO			
	b) Only on a PSO			
	c) Only for children aged six years and under			
	Size 2	2.99	1	✓ EZ-fit Paediatric Mask
199	PEAK FLOW METER			
	a) Up to 10 dev available on a PSO			
	b) Only on a PSO			
	Low range	11.44	1	✓ Breath-Alert
	Normal range	11.44	1	✓ Breath-Alert
199	SPACER DEVICE			
	a) Up to 20 dev available on a PSO			
	b) Only on a PSO			
	230 ml (single patient)	4.72	1	✓ Space Chamber Plus
199	SPACER DEVICE AUTOCLAVABLE			
	a) Up to 5 dev available on a PSO			
	b) Only on a PSO			
	230 ml (autoclavable) – Subsidy by endorsement	11.60	1	✓ Space Chamber
	Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the PSO is endorsed accordingly.			
204	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee	4.33	1 fee	✓ BSF Ezetimibe ✓ BSF Zimybe
	a) The Pharmacode for BSF Ezetimibe is 2490773.			
	b) The Pharmacode for BSF Zimybe is 2490765.			

Effective 1 March 2016

55	FUROSEMIDE [FRUSEMIDE]			
	* Inj 10 mg per ml, 25 ml ampoule	48.14	5	✓ Lasix
	Note – Lasix inj 10 mg per ml, 25 ml ampoule, 6 injection pack, listed 1 September 2015.			
77	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy			
	* Tab 5 mg	1.95	28	✓ Finpro
	Note – The 30 tab pack was listed 1 September 2015.			

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 April 2016

50	ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE * Tab 20 mg with hydrochlorothiazide 12.5 mg	3.32 (8.70)	30	Co-Renitec
93	AMOXICILLIN WITH CLAVULANIC ACID Grans for oral liq amoxicillin 125 mg with clavulanic acid 31.25 mg per 5 ml	1.61	100 ml	✓ Curam
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq amoxicillin 250 mg with clavulanic acid 62.5 mg per 5 ml	2.19	100 ml	✓ Curam
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
51	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Tab 100 mg – For flecainide acetate oral liquid formulation refer	68.78	60	✓ Tambacor
115	MEFENAMIC ACID * Cap 250 mg	1.25 (9.16)	50	Ponstan
	Note – This delist is for the bottle pack, Pharmacode 2389444.			
130	MIANSERIN HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 30 mg – Subsidy by endorsement	24.86	30	✓ Tolvon
	Subsidised for patients who were taking mianserin hydrochloride prior to 1 July 2014 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of mianserin hydrochloride. Note that supply of mianserin hydrochloride is being discontinued in New Zealand and it is anticipated that there will be no stock of mianserin available beyond November 2015.			
135	LAMOTRIGINE ▲ Tab dispersible 25 mg	20.40	56	✓ Mogine
	▲ Tab dispersible 50 mg	34.70	56	✓ Mogine
	▲ Tab dispersible 100 mg	59.90	56	✓ Mogine
226	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription. Powder (chocolate) – Higher subsidy of up to \$14.90 per 900 g with Endorsement	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	Powder (vanilla) – Higher subsidy of up to \$14.90 per 900 g with Endorsement	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 May 2016

25	BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump. Only one meter per patient will be subsidised every 5 years. Meter	40.00	1	✓ Freestyle Optium
73	CONDOMS * 52 mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Sensolite ✓ Marquis Supalite ✓ Marquis Titillata
	* 53 mm – Up to 144 dev available on a PSO	13.36	144	
231	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 29 g sachets	330.12	30	✓ PKU Anamix Junior
	Note – PKU Anamix Junior 36 g sachets listed 1 November 2015.			

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