

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2015

Cumulative for September, October, November
and December 2015



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Summary of PHARMAC decisions

EFFECTIVE 1 DECEMBER 2015

New listings (page 22)

- Nystatin (m-Nystatin) oral liq 100,000 u per ml, 24 ml OP
- Oxycodone hydrochloride (OxyNorm) inj 10 mg per ml, 1 ml and 2 ml ampoules – only on a controlled drug form, no patient co-payment payable, safety medicine
- Pizotifen (Sandomigran) tab 500 mcg – listing of bottle presentation
- Desferrioxamine mesilate (Desferal) inj 500 mg vial
- Enteral/oral semi-elemental feed 1.5kcal/ml (Vital) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]
- Extensively hydrolysed formula (Aptamil Gold+ Pepti Junior) powder, 450 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions, chemical names and presentation (page 28)

- Carvedilol (Dicarz) tab 6.25 mg, 12.5 mg and 25 mg – removal of Brand Switch Fee
- Doxorubicin hydrochloride inj 2 mg per ml, 5 ml vial (Doxorubicin Ebewe), inj 50 mg vial (DBL Doxorubicin and DBL Doxorubicin S29), inj 2 mg per ml, 25 ml vial (Arrow-Doxorubicin and Doxorubicin Ebewe), inj 2 mg per ml, 50 ml vial (Doxorubicin Ebewe), inj 2 mg per ml, 100 ml vial (Arrow-Doxorubicin, Adriamycin and Doxorubicin Ebewe), and inj 1 mg for ECP (Baxter) – amended chemical name and presentation description
- Desferrioxamine mesilate (Desferal and Hospira) inj 500 mg vial – amended chemical name

Decreased subsidy (page 38)

- Metformin hydrochloride (Apotex) tab immediate-release 850 mg
- Nystatin (Nilstat) oral liq 100,000 u per ml
- Diclofenac sodium tab EC 25 mg and 50 mg (Apo-Diclo) and tab long-acting 75 mg and 100 mg (Diclax SR)
- Paracetamol (Panadol) suppos 125 mg and 250 mg
- Zopiclone (Apo-Zopiclone) tab 7.5 mg
- Doxorubicin hydrochloride (Doxorubicin Ebewe) inj 2 mg per ml, 25 ml, 50 ml and 100 ml vials
- Dorzolamide with timolol (Cosopt) eye drops 2% with timolol, 5 ml OP

What's changing?

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

- Desferal (desferrioxamine mesilate) inj 500 mg vial
- m-Nystatin (nystatin) oral liquid 100,000 u per ml, 24 ml OP
- OxyNorm (oxycodone hydrochloride) inj 10 mg per ml, 1 ml and 2 ml ampoules

Sole Supply for these products will commence 1 May 2016.



Nystatin oral liquid

Multichem has an amount of the Aspen brand (Nilstat) which will be supplied at the new price, while it is still available. The Multichem product (m-Nystatin) will be supplied when the Aspen stock has been exhausted.

Pizotifen (Sandomigran)

PHARMAC has been advised that there may be a delay in the availability of pizotifen (Sandomigran) 500 mg tab blister packs. AFT have both blister packs and bottles registered in New Zealand, and have sourced the Australian bottle as a substitute. The bottle presentation will be listed from 1 December 2015 at the same price and subsidy as the blister pack. The pack size, strength, and active ingredient are unchanged.

A-Scabies – out of stock

We have been advised that A-Scabies (permethrin) 5% lotion remains out of stock. Lyderm (permethrin) 5% cream remains available. The supplier, AFT is working to resume supply as soon as possible and will notify the market with an anticipated timeframe when this is known.

Sertraline 50 mg tablets

The Sertraline Actavis brand of sertraline 50 mg tablets will continue to be listed temporarily to cover the shortage of Arrow-Sertraline 50 mg tablets. The Sertraline Actavis brand is not Medsafe-approved so will continue to be supplied in accordance with section 29 of the Medicines Act 1981. For more information, contact Actavis on 0800 800 097.

Funded treatment for *Helicobacter pylori*

PHARMAC has received a number of enquiries from patients with *Helicobacter pylori* who have been charged for clarithromycin 500 mg tablets.

Clarithromycin 500 mg tablets, up to a maximum of 14 tablets per prescription, are funded for the eradication of *H. pylori* when prescribed in combination with a proton pump inhibitor and either amoxicillin or metronidazole, or for the eradication of *H. pylori* where the prescription is endorsed accordingly.

We suggest that pharmacists contact the prescriber if the 250 mg tab clarithromycin is prescribed to let them know the 500 mg tablets is funded under these conditions.

Cefaclor monohydrate caps 250 mg

Douglas Pharmaceuticals has notified of a shortage of its brand of cefaclor monohydrate caps 250 mg (Ranbaxy-Cefaclor). There is some stock remaining at wholesalers and Douglas expects stock to be available again in mid December. Alternative pharmaceuticals, including cefaclor granules of oral liquid, are listed fully funded on the Pharmaceutical Schedule. For more information, contact Douglas on 09-835 0660.

News in brief

- Listing of **Aqueous cream SLS-free** has been further delayed. PHARMAC anticipates it will be listed from 1 January 2016 with the sole subsidised supply beginning from 1 June 2016.
- **Insulin pump reservoir** 10 x luer lock conversion cartridge 3.0 ml for Paradigm pumps to be discontinued by supplier from 1 December 2015. They will be delisted from 1 June 2016.
- A new brand of **enteral/oral semi-elemental feed 1.5 kcal/ml** (Vital 1,000 ml OP) to be listed from 1 December 2015. Vital HN powder 79 g OP will be delisted from 1 February 2016 following supplier discontinuation.

Tender News

Sole Subsidised Supply changes – effective 1 January 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Acarbose	Tab 50 mg; 90 tab	Glucobay (Bayer)
Acarbose	Tab 100 mg; 90 tab	Glucobay (Bayer)
Calamine	Crm, aqueous, BP; 100 g	Pharmacy Health (API)
Calamine	Lotn, BP; 2,000 ml	PSM (API)
Chlorhexidine gluconate	Soln 4% wash; 500 ml	healthE (Jaychem)
Cyproterone acetate	Tab 50 mg; 50 tab	Procur (Douglas)
Cyproterone acetate	Tab 100 mg; 50 tab	Procur (Douglas)
Dexamfetamine sulfate	Tab 5 mg; 100 tab	PSM (API)
Domperidone	Tab 10 mg; 100 tab	Prokinex (Airfow)
Flucloxacillin	Inj 1 g vial; 10 inj	Flucloxin (Douglas)
Oxycodone hydrochloride	Inj 50 mg per ml, 1 ml ampoule; 5 inj	OxyNorm (MundiPharma)
Phenobarbitone	Tab 15 mg; 500 tab	PSM (API)
Phenobarbitone	Tab 30 mg; 500 tab	PSM (API)

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 January 2016

- Bosentan (pms-Bosentan and Tracleer) tab 62.5 mg and 125 mg – price and subsidy decrease
- Ziprasidone (Zusdone and Zeldox) cap 20 mg, 40 mg, 60 mg and 80 mg – Subsidy by endorsement removed

Decisions for future implementation 1 January 2016

- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and inj 40 mg per 0.8 ml prefilled syringe (Humira), and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – price and subsidy decrease
- Adalimumab (Humira) inj 10 mg per 0.2 ml prefilled syringe – new listing with existing Special Authority criteria
- Extensively hydrolysed formula (Pepti Junior Gold Karicare Aptamil) powder – amended Special Authority criteria
- Mesalazine (Asacol) tab 800 mg – new listing
- Oral feed 1.5kcal/ml (Ensure Plus and Fortisip) liquid, 200 ml OP and 237 ml OP – amended Higher Subsidy by Endorsement criteria
- Standard Supplements (special food with numerous brands) liquid and powder presentations – amended Special Authority criteria

Sole Subsidised Supply Products – cumulative to December 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
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2018
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 December 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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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 crn 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	Voltaren	2017
	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Dimethicone	Crn 10% pump bottle	healthE Dimethicone 10%	2018
	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	Eprex	28/2/18
	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			
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Erlotinib	Tab 100 mg & 150 mg	Tarceva	2018

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Escitalopram	Tab 10 mg & 20 mg	Air Flow Products	2016
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
Fluorometholone	Eye drops 0.1%	FML	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

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Fusidic acid	Crn 2%	DP Fusidic Acid Cream Foban	2016
	Oint 2%		
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule	Biomed	2017
	Inj 50%, 90 ml bottle		
Glycerol	Suppos 3.6 g	PSM healthE Glycerol BP	2018
	Liquid		2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
	Patch 50 mg, 10 mg per day		
Granisetron	Tab 1 mg	Granirex	2017
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg	Serenace	2016
	Oral liq 2 mg per ml		
	Inj 5 mg per ml, 1 ml		
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
	Inj 720 ELISA units in 1 ml syringe		
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial	HBvaxPRO	2017
	Inj 10 mg per 1 ml vial		
	Inj 40 mg per 1 ml vial		
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg	Douglas ABM Solu-Cortef	2018
	Powder		2017
	Inj 100 mg vial		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	Crn 1% with miconazole nitrate 2%	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Tab long-acting 800 mg	Brufen SR Ibugesic Fenpaed	2018
	Tab 200 mg		2017
	Oral liq 20 mg per ml		2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Imiquimod	Crn 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	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
Macroglol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 crm 2% with applicator	Multichem Micreme	2017
Mitomycin C	Inj 5 mg vial	Arrow	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 December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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
Morphine sulphate	Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Sevredol DBL Morphine Sulphate m-Eslon Arrow-Morphine LA	2017 2016
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
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 Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2018
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
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 Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg Tab disp 8 mg Tab 4 mg & 8 mg	Dr Reddy's Ondansetron Ondansetron ODT- DRLA Onrex	2017 2016
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	2018
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	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	Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Pharmacare Paracare Paracare Double Strength	2018 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

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe	Pegasys	2017
	Inj 180 mcg prefilled syringe	Pegasys RBV Combination Pack	
	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		
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crn 5%, 30 g OP	Lyderm	2017
	Lotn 5%, 30 ml OP	A-Scabies	
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml & 2 ml	PSM DBL Pethidine Hydrochloride	2018 2017
Phenoxyethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK AFT	2018
	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml		2016
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule	Hospira	2018
	Inj 50 mg per ml, 5 ml ampoule		
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP	Isopto Carpine	2017
	Eye drops 2%, 15 ml OP		
	Eye drops 4%, 15 ml OP		
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
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
Pregnancy tests – HCG urine	Cassette	EasyCheck	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 1 mg per ml	Allersoothe	2018
	Tab 10 mg & 25 mg		

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Actavis Risperon	2017
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 Nebuliser soln, 2 mg per ml, 2.5 ml ampoule Oral liq 400 mcg per ml	Asthalin Ventolin	2018 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
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2017
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%	Rexacrom	2018

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
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
Spiroinolactone	Tab 25 mg & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
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
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 Eye drops 0.5%, 5 ml OP Eye drops 0.25%, gel forming; 2.5 ml OP Eye drops 0.5%, gel forming; 2.5 ml OP	Arrow-Timolol Timoptol XE	2017 2016
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Tranexamic acid	Tab 500 mg	Cyklokapron	2016
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Paste 0.1% Oint 0.02% Crn 0.02% Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017

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Sole Subsidised Supply Products – cumulative to December 2015

Generic Name	Presentation	Brand Name	Expiry Date*
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydriacyl	2017
Urea	Crm 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 Oral liq 10 mg per ml	Retrovir	2016
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017

December changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 December 2015

36	<p>NYSTATIN</p> <p>Oral liq 100,000 u per ml2.55</p>	24 ml OP	✓m-Nystatin
129	<p>OXYCODONE HYDROCHLORIDE</p> <p>a) Only on a controlled drug form</p> <p>b) No patient co-payment payable</p> <p>c) Safety medicine; prescriber may determine dispensing frequency</p> <p>Inj 10 mg per ml, 1 ml ampoule 8.57</p> <p>Inj 10 mg per ml, 2 ml ampoule 16.89</p>	5 5	✓OxyNorm ✓OxyNorm
137	<p>PIZOTIFEN (additional Pharmacode)</p> <p>* Tab 500 mcg23.21</p> <p>Note – This is the listing of the bottle presentation. The blister pack will also remain subsidised.</p>	100	✓Sandomigran
205	<p>DEFERRIOXAMINE MESILATE</p> <p>* Inj 500 mg vial51.52</p>	10	✓Desferal
222	<p>ENTERAL/ORAL SEMI-ELEMENTAL FEED 1.5KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]</p> <p>Liquid..... 18.06</p>	1,000 ml OP	✓Vital
233	<p>EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3]</p> <p>Powder 15.21</p>	450 g OP	✓Aptamil Gold+ Pepti Junior

Effective 1 November 2015

23	<p>LANSOPRAZOLE</p> <p>* Cap 15 mg 5.08</p> <p>* Cap 30 mg 5.93</p>	100 100	✓Lanzol Relief ✓Lanzol Relief
25	<p>BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO</p> <p>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.</p> <p>Meter40.00</p>	1	✓Freestyle Optium Neo
35	<p>BISACODYL – Only on a prescription</p> <p>* Suppos 10 mg..... 3.78</p>	10	✓Lax-Suppositories
42	<p>NONACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm]</p> <p>For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.</p> <p>Inj 3,000 iu vial..... 3,720.00</p>	1	✓BeneFIX

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
New Listings – effective 1 November 2015 (continued)				
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	✓Dexamethsone
	Up to 60 tab available on a PSO			
	* Tab 4 mg – Retail pharmacy-Specialist	1.84	30	✓Dexamethsone
	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 S29
	Wastage claimable – see rule 3.3.2			
138	CYCLIZINE HYDROCHLORIDE			
	Tab 50 mg	0.59	20	✓Nauzene
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

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

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

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

199	PEAK FLOW METER a) Up to 10 dev available on a PSO b) Only on a PSO Low range.....9.54 Normal range9.54	1 1	✓ Mini-Wright AFS Low Range ✓ Mini-Wright Standard
199	SPACER DEVICE a) Up to 20 dev available on a PSO b) Only on a PSO 220 ml (single patient).....2.95 510 ml (single patient).....5.12	1 1	✓ e-chamber Turbo ✓ e-chamber La Grande
204	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....4.33 a) The Pharmacode for BSF Ezetimibe is 2490773. b) The Pharmacode for BSF Zimybe is 2490765.	1 fee	✓ BSF Ezetimibe ✓ BSF Zimybe
231	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 36 g sachets393.00	30	✓ PKU Anamix Junior

Effective 1 October 2015

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....7.82	500	✓ Metformin Mylan
25	PIOGLITAZONE * Tab 15 mg3.47 * Tab 30 mg5.06 * Tab 45 mg7.10	90 90 90	✓ Vexazone ✓ Vexazone ✓ Vexazone
38	MULTIVITAMIN RENAL – Special Authority see SA1546 – Retail pharmacy * Cap8.39 ▶ 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 m ² body surface area (BSA).	30	✓ Clinicians Renal Vit
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 U7,250.00	1	✓ FEIBA
55	FUROSEMIDE [FRUSEMIDE] *‡ Oral liq 10 mg per ml.....10.66 Note – this is a Pharmacode change.	30 ml OP	✓ Lasix

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 (continued)

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	ARIPRAZOLE – 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.			
194	FLUTICASONES			
	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	FLUTICASONES 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
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> SA1547 Special Authority for Subsidy </div> 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.			

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

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

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

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.			

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..... Cap 20 mg.....	12.47 19.27	100 100	✓ Isotane 10 ✓ Isotane 20
66	MOMETASONE FUROATE Crm 0.1%..... Oint 0.1%.....	1.51 2.90 1.51 2.90	15 g OP 50 g OP 15 g OP 50 g OP	✓ Elocon Alcohol Free ✓ Elocon Alcohol Free ✓ Elocon ✓ 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..... Note – This is a change in pack size from 28 tab pack.	2.08	30	✓ Finpro

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy
26

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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New Listings – effective 1 September 2015 (continued)

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	✓ <u>Quetapel</u>
	Tab 300 mg	12.00	90	✓ <u>Quetapel</u>
	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 December 2015

52	CARVEDILOL – Brand switch fee payable (Pharmacode 2486369)			
	* Tab 6.25 mg	3.90	60	✓ <u>Dicarz</u>
	* Tab 12.5 mg	5.10	60	✓ <u>Dicarz</u>
	* Tab 25 mg – For carvedilol oral liquid formulation refer	6.30	60	✓ <u>Dicarz</u>
162	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist			
	Inj 2 mg per ml, 5 ml vial 10 mg	10.00	1	✓ Doxorubicin Ebewe
	Inj 50 mg vial	40.00	1	✓ DBL Doxorubicin
				✓ DBL Doxorubicin
				\$29
	Inj 2 mg per ml, 25 ml vial	17.00	1	✓ Arrow-Doxorubicin
		11.50		✓ Doxorubicin Ebewe
	Inj 2 mg per ml, 50 ml vial 100 mg	23.00	1	✓ Doxorubicin Ebewe
	Inj 2 mg per ml, 100 ml vial 200 mg	65.00	1	✓ Arrow-Doxorubicin
		150.00		✓ Adriamycin
		46.00		✓ Doxorubicin Ebewe
	Inj 1 mg for ECP	0.37	1 mg	✓ Baxter
205	DESFERRIOXAMINE MESILATE MESYLATE			
	* Inj 500 mg vial	51.52	10	✓ Desferal
		109.89		✓ Hospira

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>Ezemybe</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>

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)

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 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.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 November 2015 (continued)

continued...

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 †484 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: mstacordinator@pharmac.govt.nz

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

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

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

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

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

Entry Criteria

- 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

continued...

Changes to Restrictions – effective 1 November 2015 (continued)

continued...

- 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 EDSS 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.
- 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.

continued...

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

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

Changes to Restrictions – effective 1 November 2015 (continued)

continued...

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
- 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

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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...

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	OXYCODONE 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
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)			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 October 2015 (continued)

COMPOUND ELECTROLYTES

- ✓ Powder for oral soln

DEXTRROSE 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)

POTASSIUM CHLORIDE

- Tab eff 548 mg (14 m eq) with chloride 295 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

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)

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
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

▲ 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)

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: 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. Renewal—(subsequent acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 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>		
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 * Tab 12.5 mg 5.10 * Tab 25 mg – For carvedilol oral liquid formulation refer 6.30	60 60 60	✓ Dicarz ✓ Dicarz ✓ Dicarz
97	TOBRAMYCIN Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement 38.00 Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.	5	✓ DBL Tobramycin
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 Tab 100 mg 6.28	90 90	✓ Arrow-Sertraline ✓ 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 * Tab 300 mg 30.70	500 100	✓ Apo-Moclobemide ✓ Apo-Moclobemide

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 September 2015 (continued)

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 ^{\$29}
				✓ THIO-TEPA ^{\$29}
				✓ Tepadina ^{\$29}
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

▲ 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 Subsidy and Manufacturer's Price

Effective 1 December 2015

25	METFORMIN HYDROCHLORIDE (↓ subsidy)				
	* Tab immediate-release 850 mg.....	7.82	500		
		(10.10)		Apotex	
36	NYSTATIN (↓ subsidy)				
	Oral liq 100,000 u per ml.....	2.55	24 ml OP	✓ Nilstat	
115	DICLOFENAC SODIUM (↓ subsidy)				
	* Tab EC 25 mg.....	2.60	100		
		(4.00)		Apo-Diclo	
	* Tab EC 50 mg.....	10.00	500		
		(16.00)		Apo-Diclo	
	* Tab long-acting 75 mg.....	15.20	500	✓ Diclax SR	
	* Tab long-acting 100 mg.....	26.20	500	✓ Diclax SR	
127	PARACETAMOL (↓ subsidy)				
	* Suppos 125 mg.....	7.38	20		
		(7.49)		Panadol	
	* Suppos 250 mg.....	7.58	20		
		(14.40)		Panadol	
150	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)				
	Tab 7.5 mg.....	8.99	500		
		(11.90)		Apo-Zopiclone	
162	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy)				
	Inj 2 mg per ml, 25 ml vial.....	11.50	1	✓ Doxorubicin Ebewe	
	Inj 2 mg per ml, 50 ml vial.....	23.00	1	✓ Doxorubicin Ebewe	
	Inj 2 mg per ml, 100 ml vial.....	46.00	1	✓ Doxorubicin Ebewe	
202	DORZOLAMIDE WITH TIMOLOL (↓ subsidy)				
	* Eye drops 2% with timolol 0.5%.....	3.45	5 ml OP		
		(15.50)		Cosopt	

Effective 1 November 2015

25	METFORMIN HYDROCHLORIDE (↓ subsidy)				
	* Tab immediate-release 500 mg.....	9.59	1,000		
		(12.30)		Apotex	
66	MOMETASONE FUROATE (↓ subsidy)				
	Crm 0.1%.....	1.51	15 g OP		
		(1.78)		m-Mometasone	
		2.61	45 g OP		
		(3.42)		m-Mometasone	
	Oint 0.1%.....	1.51	15 g OP		
		(1.78)		m-Mometasone	
		2.61	45 g OP		
		(3.42)		m-Mometasone	

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
38

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 November 2015 (continued)

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

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

▲ 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
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2015 (continued)

64	CALAMINE (↓ subsidy) a) Only on a prescription b) Not in combination Crm, aqueous, BP 1.49 100 g Lotn, BP 12.94 2,000 ml	✓ Pharmacy Health ✓ 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 (5.90)	Orion
81	CYPROTERONE ACETATE – Retail pharmacy-Specialist (↓ subsidy) Tab 50 mg 15.87 50 (18.80) Tab 100 mg 30.40 50 (34.25)	Siterone 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 * Tab 30 mg 31.00 500	✓ PSM ✓ 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
174	ETANERCEPT – Special Authority see SA1478 – Retail pharmacy (↓ subsidy) Inj 25 mg 799.96 Inj 50 mg autoinjector 1,599.96 Inj 50 mg prefilled syringe 1,599.96	4 ✓ Enbrel 4 ✓ Enbrel 4 ✓ Enbrel

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

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
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

▲ 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)

76	OXYTOCIN – Up to 5 inj available on a PSO (↓ subsidy) Inj 5 iu per ml, 1 ml ampoule4.03 Inj 10 iu per ml, 1 ml ampoule5.03	5 5	✓Oxytocin BNM ✓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 endorsement38.00 Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.	5	✓DBL Tobramycin
110	NEVIRAPINE – Special Authority – Retail pharmacy (↓ subsidy) Tab 200 mg65.00	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 mg4.46 Tab 100 mg6.25	10 10	✓PSM ✓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 Inj 1 mg per ml, 100 ml vial (↑ subsidy).....22.46	1 1	✓DBL Cisplatin ✓DBL Cisplatin
159	CALCIUM FOLINATE (↑ subsidy) Tab 15 mg – PCT – Retail pharmacy-Specialist.....104.26	10	✓DBL Leucovorin Calcium
162	EPIDUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy) Inj 2 mg per ml, 25 ml vial30.00 Inj 2 mg per ml, 50 ml vial32.50 Inj 2 mg per ml, 100 ml vial65.00	1 1 1	✓Epirubicin Ebewe ✓Epirubicin Ebewe ✓Epirubicin Ebewe
163	IDARUBICIN HYDROCHLORIDE (↑ subsidy) Inj 5 mg vial – PCT only – Specialist125.00 Inj 10 mg vial – PCT only – Specialist250.00 Inj 1 mg for ECP – PCT only – Specialist.....27.75	1 1 1 mg	✓Zavedos ✓Zavedos ✓Baxter

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)

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	ACETYL CYSTEINE – 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
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Brand or
Generic Mnfr
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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

76 OXYTOCIN – Up to 5 inj available on a PSO

Inj 10 iu per ml, 1 ml ampoule 5.03 5 ✓ Oxytocin BNM BNM

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

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 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..... a) The Pharmacode for BSF Dicarz is 2486369.	4.33	1 fee	✓BSF Dicarz
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
211	BENZOIN Tincture compound BP	2.44 (5.93)	50 ml	Home Essentials
250	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm] Either of the following: 1) Up to three doses for patients pre- or post-splenectomy or with functional asplenia; or 2) Up to two doses are funded for high risk children to the age of 18. Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype)	0.00	1	✓Pneumovax 23
	Note – This is the delisting of the vial. The prefilled syringe was listed from 1 June 2015.			

▲ 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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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 mg0.84 30 ✓Lipitor ✓Pfizer atorvastatin * Tab 20 mg 1.39 30 ✓Lipitor ✓Pfizer atorvastatin * Tab 40 mg2.44 30 ✓Lipitor ✓Pfizer atorvastatin * Tab 80 mg5.41 30 ✓Lipitor ✓Pfizer atorvastatin
57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy Tab 10 mg3.35 30 (34.43) Ezetrol
58	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy Tab 10 mg with simvastatin 10 mg5.15 30 (36.68) Vytorin Tab 10 mg with simvastatin 20 mg6.15 30 (38.70) Vytorin Tab 10 mg with simvastatin 40 mg7.15 30 (41.40) Vytorin Tab 10 mg with simvastatin 80 mg8.15 30 (45.45) Vytorin
73	CONDOMS * 53 mm – Up to 144 dev available on a PSO13.36 144 ✓Gold Knight
134	GABAPENTIN (NEURONTIN) – Special Authority see SA0973 – Retail pharmacy ▲Tab 600 mg67.50 100 ✓Neurontin

Effective 1 October 2015

56	ACIPIMOX * Cap 250 mg18.75 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

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 RFPF – 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	✓ Tambacor
	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

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

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Check your Schedule for full details
Schedule page ref

Subsidy
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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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 January 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
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				
	Crn 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

▲ 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)

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
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 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.			
222	ENTERAL/ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Powder	4.40	79 g OP	✓ Vital HN

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

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....	7.82 (10.10)	500	Apotex
25	PIOGLITAZONE * Tab 15 mg * Tab 30 mg * Tab 45 mg	1.08 1.57 2.21	28 28 28	✓ Pizaccord ✓ Pizaccord ✓ Pizaccord
55	FUROSEMIDE [FRUSEMIDE] * Inj 10 mg per ml, 25 ml ampoule Note – Lasix inj 10 mg per ml, 25 ml ampoule, 6 injection pack, listed 1 September 2015.	48.14	5	✓ Lasix
77	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy * Tab 5 mg Note – The 30 tab pack was listed 1 September 2015.	1.95	28	✓ Finpro
115	DICLOFENAC SODIUM * Tab EC 25 mg * Tab EC 50 mg * Tab long-acting 75 mg * Tab long-acting 100 mg	2.60 (4.00) 10.00 (16.00) 15.20 26.20	100 500 500 500	Apo-Diclo Apo-Diclo ✓ Diclax SR ✓ Diclax SR
127	PARACETAMOL * Suppos 125 mg..... * Suppos 250 mg.....	7.38 (7.49) 7.58 (14.40)	20 20	Panadol Panadol
150	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency Tab 7.5 mg	8.99 (11.90)	500	Apo-Zopiclone
202	DORZOLAMIDE WITH TIMOLOL * Eye drops 2% with timolol 0.5%.....	3.45 (15.50)	5 ml OP	Cosopt

Effective 1 April 2016

50	ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE * Tab 20 mg with hydrochlorothiazide 12.5 mg.....	3.32 (8.70)	30	Co-Renitec
51	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Tab 100 mg – For flecainide acetate oral liquid formulation refer	68.78	60	✓ Tambacor

▲ 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 April 2016 (continued)

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			
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..... ▲Tab dispersible 50 mg..... ▲Tab dispersible 100 mg.....	20.40 34.70 59.90	56 56 56	✓Mogine ✓Mogine ✓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.			

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 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.			

Effective 1 June 2016

32	INSULIN PUMP RESERVOIR – Special Authority see SA1240 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 packs of reservoir sets will be funded per year. 10 x luer lock conversion cartridges 3.0 ml for Paradigm pumps.....	50.00	1 OP	✓ ADR Cartridge 3.0
233	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1380 – Hospital pharmacy [HP3] Powder	15.21	450 g OP	✓ Pepti Junior Gold Karcare Aptamil

▲ 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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