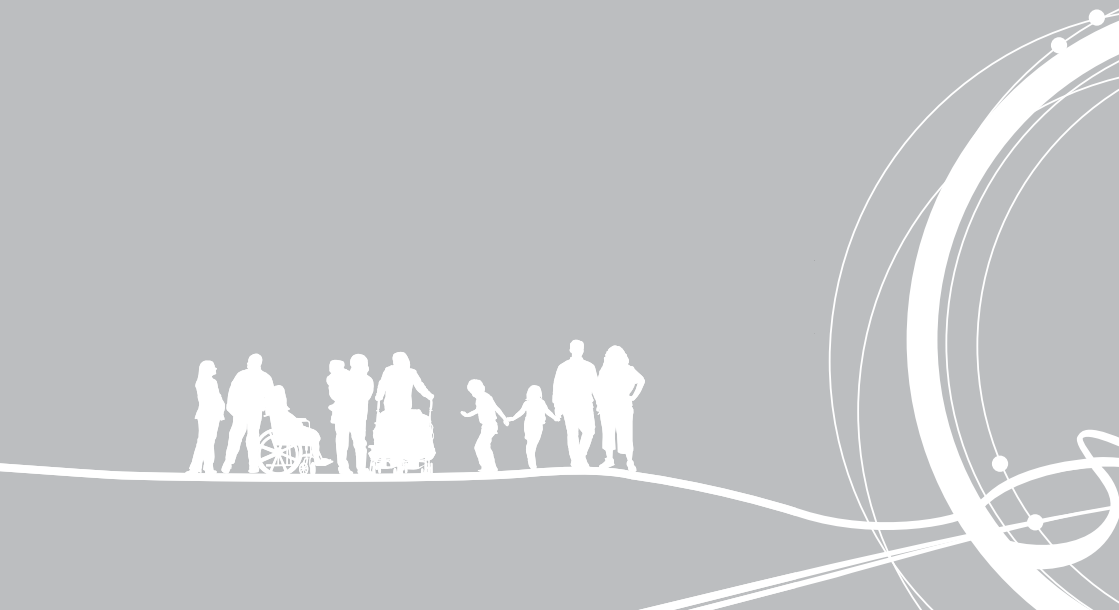
Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 February 2016

Cumulative for December 2015 and January 2016



Contents

Summary of PHARMAC decisions
EFFECTIVE 1 FEBRUARY 2016

New listings (pages 25-28)

- Levetiracetam (Everet) tab 250 mg, 500 mg, 750 mg and 1,000 mg
- Rizatriptan (Rizamelt) tab orodispersible 10 mg, 12 tab pack size
- Dimethyl fumarate (Tecifidera) cap 120 mg and 240 mg – Special Authority – Retail pharmacy, wastage claimable
- Teriflunomide (Aubagio) tab 14 mg – Special Authority – Retail pharmacy, wastage claimable
- Melphalan (Mylan Melphalan) inj 50 mg – PCT only – Specialist, Section 29, wastage claimable
- Etoposide (Rex Medical) inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist
- Pharmacy services (BSF Apo-Mirtazapine) brand switch fee – may only be claimed once per patient

Changes to restrictions, chemical names and presentation (pages 30-35)

- Ezetimibe (Ezemibe) tab 10 mg – removal of Brand Switch Fee
- Ezetimibe with simvastatin (Zimybe) tab 10 mg with simvastatin 10 mg, 20 mg, 40 mg and 80 mg – removal of Brand Switch Fee
- Mirtazapine (Apo-Mirtazapine) tab 30 mg and 45 mg – addition of Brand Switch Fee
- Fingolimod (Gilenya) cap 0.5 mg – amended Special Authority criteria
- Natalizumab (Tysabri) inj 20 mg per ml, 15 ml vial – amended Special Authority criteria
- Other Multiple Sclerosis Treatment (glatiramer acetate, interferon beta-1-alpha and interferon beta-1-beta) – amended Special Authority criteria
- Bee venom allergy treatment (Venomil) maintenance kit – 6 vials 120 mcg freeze dried venom, 3 diluent 1.8 ml – amended presentation description
- Wasp venom allergy treatment (Venomil) treatment kit (paper wasp venom) – 6 vials 120 mcg freeze dried venom, and treatment kit (yellow jacket venom) – 6 vials 120 mcg freeze dried venom – amended presentation description
- Standard supplements – amended Special Authority criteria

Increased subsidy (page 40)

- Sodium cromoglycate (Nalcrom) cap 100 mg
- Amoxicillin with clavulanic acid (Augmentin) grans for oral liq amoxicillin 125 mg with clavulanic acid 31.25 mg per 5 ml, and amoxicillin 250 mg with clavulanic acid 62.5 mg per 5 ml
- Sodium cromoglycate (Intal Spincaps) powder for inhalation, 20 mg per dose

Decreased subsidy (pages 40-41)

- Glycopyrronium bromide (Max Health) inj 200 mcg per ml, 1 ml ampoule
- Nystatin (Nilstat) oral liq 100,000 u per ml, 24 ml OP
- Dexamethasone phosphate (Max Health) inj 4 mg per ml, 1 ml and 2 ml ampoules
- Oxycodone hydrochloride (Oxycodone Orion) inj 10 mg per ml, 1 ml and 2 ml ampoules
- Doxorubicin hydrochloride (Baxter) inj 1 mg for ECP
- Desferrioxamine mesilate (Hospira) inj 500 mg vial

What's changing?

The following Tender product will be listed from 1 February 2016:

– Etoposide (Rex Medical) inj 20 mg per ml, 5 ml vial

Sole Supply for this product will commence 1 July 2016.

Dexamfetamine sulfate tab 5 mg – supply

The supplier of dexamphetamine sulfate (PSM) 5 mg tablets, trading as API, has advised that dexamfetamine 5 mg tab will be available from 13 January 2016.

Please contact the supplier on 0508 776 746 if you have any questions.

Multiple Sclerosis treatments – new listings and Special Authority amendments

From 1 February 2016 two new treatments for multiple sclerosis will be listed in the Pharmaceutical Schedule for dispensing by community pharmacy. These are:

– dimethyl fumarate (Tecfidera) cap 120 mg and cap 240 mg

– teriflunomide (Aubagio) tab 14 mg

Separate Special Authority approvals will apply for both new listings.

The Special Authority criteria for fingolimod, natalizumab and other multiple sclerosis treatments have been updated with amendments to diagnostic requirements.

Melphalan inj 50 mg – new listing

A temporary alternative brand of melphalan 50 mg injection (Mylan Melphalan) will be listed on the Pharmaceutical Schedule from 1 February 2016. Mylan's brand of melphalan will be available under S29 of the Medicines Act 1981.

Zopiclone 7.5 mg tablets – brand change stickers

PHARMAC has developed brand switch stickers to assist with this brand change. The stickers can be applied to the top of dispensed bottles and can also be used for other brand changes.

The stickers can be ordered on www.pharmaconline.co.nz.

A Brand Switch Fee will be available for dispensing of Apo-Zopiclone from 1 March 2016 to 31 May 2016.

Rizatriptan tab 10 mg – pack size change

PHARMAC has been advised by the supplier that rizatriptan (Rizamelt) orodispersible tab 10 mg will be available in a 12 tablet pack size from 1 February 2016. The 30 pack Rizamelt will also be available, but may be in short supply for a period of time.

Tetracosactrin inj 250 mcg per ml, 1 ml ampoule – discontinuation

PHARMAC has been notified by the supplier that tetracosactrin (Synacthen) injection 250 mcg per ml, 1 ml ampoule (10 pack) will be discontinued from 1 February 2016. Synacthen (10 pack) will be delisted from the Schedule on 1 August 2016. Synacthen 250 mcg per ml, 1 ml ampoule (1 pack) continues to be fully subsidised.

News in brief

- A Brand Switch Fee for **mirtazapine** (Apo-Mirtazapine) tab 30 mg and 45 mg can be claimed from 1 February 2016 to 31 April 2016.
- **Standard supplements** – the Special Authority criteria for "children – exclusive enteral nutrition for Crohn's disease – initial application" has been amended to include the requirement for dietitians to include the name of the gastroenterologist recommending treatment. This was included in the renewal criteria but omitted from the initial criteria in error.
- The price and subsidy for Augmentin (**amoxicillin with clavulanic acid**) grans for oral liquid, both strengths, will increase from 1 February 2016.
- The brand of **levetiracetam** tablets is changing. From 1 February 2016 the Everet brand of levetiracetam tablets 250 mg, 500 mg, 750 mg and 1,000 mg will be fully subsidised. The Levetiracetam-Rex brand will be delisted from 1 August 2016.

Tender News

Sole Subsidised Supply changes – effective 1 March 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Diclofenac sodium	Tab EC 25 mg; 50 tab	Diclofenac Sandoz (Sandoz)
Diclofenac sodium	Tab EC 50 mg; 50 tab	Diclofenac Sandoz (Sandoz)
Diclofenac sodium	Tab long-acting 75 mg; 500 tab	Apo-Diclo SR (Apotex)
Diclofenac sodium	Tab long-acting 100 mg; 500 tab	Apo-Diclo SR (Apotex)
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%; 5 ml OP	Arrow-Dortim (Actavis)
Metformin hydrochloride	Tab immediate-release 850 mg; 500 tab	Metformin Mylan (Mylan)
Paracetamol	Suppos 125 mg; 10 suppos	Gacet (AFT)
Paracetamol	Suppos 250 mg; 10 suppos	Gacet (AFT)
Pioglitazone	Tab 15 mg; 90 tab	Vexazone (Mylan)
Pioglitazone	Tab 30 mg; 90 tab	Vexazone (Mylan)
Pioglitazone	Tab 45 mg; 90 tab	Vexazone (Mylan)
Zopiclone	Tab 7.5 mg; 500 tab	Zopiclone Actavis (Actavis)

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 March 2016

- Dorzolamide with timolol (Arrow-Dortim) eye drops 2% with timolol 0.5%, 5 ml – Brand Switch Fee payable
- Moroctocog alfa [recombinant factor VII] (Xyntha) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu prefilled syringes – amended restriction and addition of Preferred Brand
- Octocog alfa [recombinant factor VIII] (Advate) inj 250 iu, 500 iu, 1,000 iu, 1,000 iu 2,000 iu and 3,000 iu vials – amended restriction and addition of Rare Clinical Circumstances Brand Status
- Octocog alfa [recombinant factor VIII] (Kogenate FS) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu vials – amended restriction and addition of Second Brand Status
- Valaciclovir (Vaclovir) tab 500 mg and 1,000 mg – Special Authority removed
- Zopiclone (Zopiclone Actavis) tab 7.5 mg – Brand Switch Fee payable

Decisions for future implementation 1 March 2016

- Budesonide with eformoterol (Vannair) aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg, and 200 mcg with eformoterol fumarate 6 mcg, 120 dose OP – price and subsidy decrease and Special Authority removed
- Budesonide with eformoterol powder for inhalation 100 mcg with eformoterol fumarate 6 mcg (Symbicort Turbuhaler 100/6), 200 mcg with eformoterol fumarate 6 mcg (Symbicort 200/6), and 400 mcg with eformoterol fumarate 6 mcg (Symbicort Turbuhaler 400/12), 120 dose OP – price and subsidy decrease and Special Authority removed
- Filgrastim (Zarzio) inj 300 mcg per 0.5 ml and 480 mcg per 0.5 ml prefilled syringes – price and subsidy decrease
- Fluticasone with salmeterol (Seretide) aerosol inhaler 50 mcg with salmeterol 25 mcg and 125 mcg with salmeterol 25 mcg, 120 dose OP – price and subsidy decrease
- Fluticasone with salmeterol (Seretide Accuhaler) powder for inhalation 100 mcg with salmeterol 50 mcg and 250 mcg with salmeterol 50 mcg, 60 dose OP – price and subsidy decrease
- Fluticasone furoate with vilanterol (Breo Ellipta) powder for inhalation 62.5 mcg with vilanterol 25 mcg – new listing without restriction
- Glycopyrronium (Seebri Breezhaler) powder for inhalation 50 mcg per dose – amended restriction and Special Authority criteria
- Glycopyrronium with indacaterol (Ultibro Breezhaler) powder for inhalation 50 mcg with indacaterol 110 mcg, 30 dose OP – new listing with Special Authority criteria
- Salmeterol (Serevent) aerosol inhaler CFC-free, 25 mcg per dose, 120 dose OP – price and subsidy decrease
- Salmeterol (Seretide Accuhaler) powder for inhalation, 50 mcg per dose, breath activated, 60 dose OP – price and subsidy decrease
- Spacer device (Volumatic) 800 ml – price and subsidy decrease
- Tiotropium bromide (Spiriva) powder for inhalation, 18 mcg per dose – amended restriction and Special Authority criteria
- Tiotropium bromide (Spiriva Respimat) soln for inhalation 2.5 mcg per dose, 60 dose OP – new listing with Special Authority criteria
- Tiotropium bromide with olodaterol (Spiolto Respimat) soln for inhalation 2.5 mcg with olodaterol 2.5 mcg, 60 dose OP – new listing with Special Authority criteria
- Umeclidinium (Incruse Ellipta) powder for inhalation 62.5 mcg, 30 dose OP – new listing with Subsidy by Endorsement
- Umeclifinium with vilanterol (Anoro Ellipta) powder for inhalation 62.5 mcg with vilanterol 25 mcg, 30 dose OP – new listing

Decisions for future implementation 1 March 2016 (continued)

- Varenicline tartrate (Champix) tab 0.5 mg x 11 and 1 mg x 14, and tab 1 mg – amended restriction so that 12 weeks rather than the current 3 months of varenicline subsidised per Special Authority approval including the starter pack

Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetycysteine	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%	MycoNail	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

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Generic Name	Presentation	Brand Name	Expiry Date*
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
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	Crm 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
Calamine	Crm, aqueous, BP Lotn, BP	Pharmacy Health PSM	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 Folinate 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 monohydrate	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

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Generic Name	Presentation	Brand Name	Expiry Date*
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
Cetomacrogol	**Crm BP**	**healthE**	**2018**
Chloramphenicol	Eye drops 0.5%, 10 ml OP	Chlorafast	2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
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	Crm & 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	Crm 1%, 20 g OP Vaginal crm 1% with applicators Vaginal crm 2% with applicators	Clomazol	2017 2016
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Crotamiton	Crm 10%	Itch-Soothe	2018
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
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	Max Health	2016

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Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
Diclofenac sodium	Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Voltaren Voltaren Ophtha	2017
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Dimethicone	Crm 10% pump bottle Crm 5% pump bottle	healthE Dimethicone 10% healthE Dimethicone 5%	2018 2016
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2017
Domperidone	Tab 10 mg	Prokinex	2018
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Erlotinib	Tab 100 mg & 150 mg	Tarceva	2018
Escitalopram	Tab 10 mg & 20 mg	Air Flow Products	2016
Ethinyloestradiol	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
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Inj 1 g vial 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	Flucloxin AFT Staphlex Flucloxin	2017 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	Crm 5%	Efudix	2018

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Generic Name	Presentation	Brand Name	Expiry Date*
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Tab 40 mg Tab 500 mg	Diurin 40 Urex Forte	2018
Fusidic acid	Crm 2% Oint 2%	DP Fusidic Acid Cream Foban	2016
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 Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2018 2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
Granisetron	Tab 1 mg	Granirex	2017
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg Powder Inj 100 mg vial	Douglas ABM Solu-Cortef	2018 2017 2016
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2018

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Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab 200 mg Oral liq 20 mg per ml	Brufen SR Ibugesic Fenpaed	2018 2017 2016
Imatinib mesilate	Cap 100 mg	Imatinib-AFT	2017
Imiquimod	Crm 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

**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 February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2017
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
Mask for spacer device	**Small**	**e-chamber Mask**	**2018**
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) congugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
Metformin hydrochloride	**Tab immediate-release 500 mg**	**Metchek**	**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

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Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crm 2% Vaginal crm 2% with applicator	Multichem Micreme	2017
Mirtazapine	**Tab 30 mg & 45 mg**	**Apo-Mirtazapine**	**2018**
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	**Crm 0.1%, 15 g OP & 50 g OP** **Oint 0.1%, 15 g OP & 50 g OP** Lotn 0.1%	**Elocon Alcohol Free** **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

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Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Inj 50 mg per ml, 1 ml ampoule 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

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Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
Peak flow meter	**Low range** **Normal range**	**Mini-Wright AFS Low Range** **Mini-Wright Standard**	**2018**
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe Inj 180 mcg prefilled syringe Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys Pegasys RBV Combination Pack	2017
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crm 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml & 2 ml	PSM DBL Pethidine Hydrochloride	2018 2017
Phenobartitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cilicaine VK AFT	2018 2016
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP Eye drops 2%, 15 ml OP Eye drops 4%, 15 ml OP	Isopto Carpine	2017
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pizotifen	Tab 500 mcg	Sandomigran	2018

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Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Pneumococcal (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Potassium chloride	Tab long-acting 600 mg (8mmol)	Span-K	2018
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2016
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2017
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 Tab 10 mg & 25 mg	Allersoothe	2018
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12 .5 mg	Accuretic 10 Accuretic 20	2018
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
Rifabutin	Cap 150 mg	Mycobutin	2016
Rifampicin	Cap 150 mg & 300 mg Tab 600 mg Oral liq 100 mg per 5 ml	Rifadin	2017
Rifaximin	Tab 550 mg	Xifaxan	2017
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

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Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Spacer device	**220 ml (single patient)**	**e-chamber Turbo**	**2018**
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg	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

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Sole Subsidised Supply Products – cumulative to February 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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 hydrchloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Tranexamic acid	Tab 500 mg	Cyklokapron	2016
Tretinoin	Crm 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Paste 0.1% Oint 0.02% Crm 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
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

February 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 February 2016

136 LEVETIRACETAM

Tab 250 mg	24.03	60	✔**Everet**
Tab 500 mg – For levetiracetam oral liquid formulation refer	28.71	60	✔**Everet**
Tab 750 mg	45.23	60	✔**Everet**
Tab 1,000 mg	59.12	60	✔**Everet**

139 RIZATRIPTAN

Tab orodispersible 10 mg	3.24	12	✔**Rizamelt**

Note – this is an additional pack size.

146 DIMETHYL FUMARATE – Special Authority see SA1559 – Retail pharmacy
Wastage claimable – see rule 3.3.2

Cap 120 mg	520.00	14	✔**Tecfidera**
Cap 240 mg	2,000.00	56	✔**Tecfidera**

➽ SA1559 Special Authority for Subsidy

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

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

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

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

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

Entry Criteria

1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
3) patients must have:
   a) EDSS score 0 – 4.0 and:
      - Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
      - Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
        i. a gadolinium enhancing lesion; or
        ii. a Diffusion Weighted Imaging positive lesion; or
        iii. a T2 lesion with associated local swelling; or
        iv. a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
        v. new T2 lesions compared with a previous MR scan; and
4) A significant relapse must:
   a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
   b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
   c) last at least one week;
   d) start at least one month after the onset of a previous relapse;

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New Listings – effective 1 February 2016 (continued)

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e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
f) be distinguishable from the effects of general fatigue; and
g) not be associated with a fever (T>37.5°C); and

5) applications must be made by the patient's neurologist or general physician; and
6) patients must have no previous history of lack of response to dimethyl fumarate; and
7) patients must have not previously had intolerance to dimethyl fumarate; and
8) patients must not be co-prescribed beta interferon or glatiramer acetate.

Stopping Criteria
Any of the following:

1) Confirmed progression of disability that is sustained for six months. Progression of disability is defined as progress by any of the following EDSS points:
   a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; 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.
2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
3) intolerance to dimethyl fumarate; or
4) non-compliance with treatment, including refusal to undergo annual assessment.

Note:
Switching between natalizumab, fingolimod, dimethyl fumarate and teriflunomide is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate.
Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

146 TERIFLUNOMIDE – Special Authority see SA1560 – Retail pharmacy
Wastage claimable – see rule 3.3.2
Tab 14 mg ..... 1,582.62 28 ✔**Aubagio**

SA1560 Special Authority for Subsidy
Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).

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

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

Phone: 04 460 4990
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Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.
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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 February 2016 (continued)

continued...

Entry Criteria

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

Stopping Criteria

Any of the following:

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

Note:

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

continued...

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

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

New Listings – effective 1 February 2016 (continued)

continued...

Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

157 MELPHALAN
Inj 50 mg – PCT only – Specialist ..... 3,068.83 | 1 | ✔ **Mylan Melphalan** S29

162 ETOPOSIDE
Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist .. 7.90 | 1 | ✔ **Rex Medical**

206 PHARMACY SERVICES – May only be claimed once per patient
✻ Brand switch fee..... 4.33 | 1 fee | ✔ **BSF Apo-Mirtazapine**
a) The Pharmacode for BSF Apo-Mirtazapine is 2493489

Effective 1 January 2016

21 MESALAZINE
Tab 800 mg ..... 85.55 | 90 | ✔ **Asacol**

57 EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (Pharmacode change)
Brand switch fee payable (Pharmacode 2490773)
Tab 10 mg ..... 3.35 | 30 | ✔ **Ezemibe**
Note – This is a Pharmacode change from a blister pack to a bottle, 2470721 to 2488744.

67 AQUEOUS CREAM
✻ Crm..... 1.99 | 500 g | ✔ **AFT SLS-free**

94 AMOXICILLIN
Grans for oral liq 125 mg per 5 ml ..... 2.00 | 100 ml | ✔ **Ospamox**
a) Up to 200 ml available on a PSO
b) Wastage claimable
Grans for oral liq 250 mg per 5 ml ..... 2.00 | 100 ml | ✔ **Ospamox**
a) Up to 300 ml available on a PSO
b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6
c) Wastage claimable – see rule 3.3.2

104 VALACICLOVIR – Special Authority see SA1363 – Retail pharmacy
Tab 500 mg ..... 6.42 | 30 | ✔ **Vaclovir**
Tab 1,000 mg ..... 12.75 | 30 | ✔ **Vaclovir**

139 SUMATRIPTAN
Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription ..... 13.80 | 2 OP | ✔ **Sun Pharma** S29

158 OXALIPLATIN – PCT only – Specialist
Inj 5 mg per ml, 10 ml vial ..... 13.32 | 1 | ✔ **Oxaliccord**
Inj 5 mg per ml, 20 ml vial ..... 16.00 | 1 | ✔ **Oxaliccord**

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

New Listings – effective 1 January 2016 (continued)

180 ADALIMUMAB – Special Authority see SA1479 – Retail pharmacy

Inj 10 mg per 0.2 ml prefilled syringe	1,599.96	2	✔ **Humira**

194 BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy

Maintenance kit - 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml	285.00	1 OP	✔ **Venomil** S29

194 WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy

Treatment kit (Paper wasp venom) – 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml	305.00	1 OP	✔ **Venomil** S29
Treatment kit (Yellow jacket venom) – 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml	305.00	1 OP	✔ **Venomil** S29

194 ICATIBANT – Special Authority see SA1558 – Retail pharmacy

Inj 10 mg per ml, 3 ml prefilled syringe	2,668.00	1	✔ **Firazyr**

Special Authority for Subsidy
Initial application only from a clinical immunologist or relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1. Supply for anticipated emergency treatment of laryngeal/oro-pharyngeal or severe abdominal attacks of acute hereditary angioedema (HAE) for patients with confirmed diagnosis of C1-esterase inhibitor deficiency; and
2. The patient has undergone product training and has agreed upon an action plan for self-administration.

Renewal only from any relevant practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Changes to Restrictions

Effective 1 February 2016

57 EZETIMIBE – Special Authority see SA1045 – Retail pharmacy
~~Brand switch fee payable (Pharmacode 2490773)~~

Tab 10 mg	3.35	30	✔**Ezemibe**

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	✔**Zimybe**
Tab 10 mg with simvastatin 20 mg	6.15	30	✔**Zimybe**
Tab 10 mg with simvastatin 40 mg	7.15	30	✔**Zimybe**
Tab 10 mg with simvastatin 80 mg	8.15	30	✔**Zimybe**

132 MIRTAZAPINE – **Brand switch fee payable (Pharmacode 2493489)**

Tab 30 mg	2.55	30	✔**Apo-Mirtazapine**
Tab 45 mg	3.25	30	✔**Apo-Mirtazapine**

145 FINGOLIMOD – Special Authority see **SA1562** ~~1487~~ – Retail pharmacy
Wastage claimable – see rule 3.3.2

Cap 0.5 mg	2,650.00	28	✔**Gilenya**

➽ **SA1562** ~~1487~~ Special Authority for Subsidy
Special Authority approved by the Multiple Sclerosis Treatment Committee
Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).
Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

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

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

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

Entry Criteria
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~~ **new inflammatory** activity on a**n MR** scan within the past 24 months**,** ~~(either a contrast enhancing lesion or with new T2 lesions(s) compared with a previous scan);~~ **any of the following:**
        i. **a gadolinium enhancing lesion; or**
        ii. **a Diffusion Weighted Imaging positive lesion; or**
        iii. **a T2 lesion with associated local swelling; or**
        iv. **a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or**
        v. **new T2 lesions compared with a previous MR scan**; and
d) A significant relapse must:

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
c) last at least one week;
d) start at least one month after the onset of a previous relapse;
e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
f) be distinguishable from the effects of general fatigue; and
g) not be associated with a fever (T>37.5˚C); and
e) applications must be made by the patient's neurologist or general physician; and
f) patients must have no previous history of lack of response to fingolimod; and
g) patients must have not previously had intolerance to fingolimod; and
h) patient must not be co-prescribed beta interferon or glatiramer acetate.

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

Note: Switching between natalizumab**,** ~~and~~ fingolimod**, dimethyl fumarate and teriflunomide** is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate.
Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

146 NATALIZUMAB – Special Authority see **SA1563** ~~1496~~ – Retail pharmacy
Inj 20 mg per ml, 15 ml vial ..... 1,750.00 1 ✔**Tysabri**

➽ **SA1563** ~~1496~~ 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
Phone: 04 460 4990
Facsimile: 04 916 7571

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

PHARMAC PO Box 10 254
Wellington

Email: mstaccoordinator@pharmac.govt.nz

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

Entry Criteria

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~~ **new inflammatory** activity on a**n MR** scan within the past 24 months**,** ~~(either a contrast enhancing lesion or with new T2 lesions(s) compared with a previous scan);~~ **any of the following:**
            i. **a gadolinium enhancing lesion; or**
            ii. **a Diffusion Weighted Imaging positive lesion; or**
            iii. **a T2 lesion with associated local swelling; or**
            iv. **a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or**
            v. **new T2 lesions compared with a previous MR scan**; and
d) A significant relapse must:
    a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
    b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
    c) last at least one week;
    d) start at least one month after the onset of a previous relapse;
    e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
    f) be distinguishable from the effects of general fatigue; and
    g) not be associated with a fever (T>37.5˚C); and
e) applications must be made by the patient's neurologist or general physician; and
f) treatment must be initiated and supervised by a neurologist who is registered in the Tysabri Australasian Prescribing Programme operated by the supplier; and
g) patients must have no previous history of lack of response to natalizumab; and
h) patients must have not previously had intolerance to natalizumab; and
i) either
    a) Patient is JC virus negative, or
    b) Patient is JC virus positive and has given written informed consent acknowledging an understanding of the risk of progressive multifocal leucoencephalopathy (PML) associated with natalizumab
j) patient will not be co-prescribed beta interferon or glatiramer acetate.

Stopping Criteria

Any of the following:

a) Confirmed progression of disability that is sustained for six months. Progression of disability is defined as progress by any of the following EDDSS points:
    a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; or
    b) 1.0 to 3.0; or
    c) 1.5 to 3.5; or

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

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 natalizumab; or
d) non-compliance with treatment, including refusal to undergo annual assessment.

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

Switching between natalizumab**,** ~~and~~ fingolimod**, dimethyl fumarate and teriflunomide** is permitted provided the EDSS stopping criteria are not met.Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate. Continued relapses on treatment would be expected to lead to a switch of treatment provided the EDSS stopping criteria are not met.

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

148 OTHER MULTIPLE SCLEROSIS TREATMENTS (glatiramer acetate, interferon beta-1-alpha and interferon beta-1-beta)

➽ **SA1564** ~~1553~~ Special Authority for Subsidy
Special Authority approved by the Multiple Sclerosis Treatment Committee
Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).
Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

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

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

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

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

- Evidence of ~~MRI~~ **new inflammatory** activity on a**n MR** scan within the past 24 months**,** ~~(either a contrast enhancing lesion or with new T2 lesions(s) compared with a previous scan);~~ **any of the following:**
  - i. **a gadolinium enhancing lesion; or**
  - ii. **a Diffusion Weighted Imaging positive lesion; or**
  - iii. **a T2 lesion with associated local swelling; or**
  - iv. **a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or**
  - v. **new T2 lesions compared with a previous MR scan**; and

d) A significant relapse must:
   a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
   b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
   c) last at least one week;
   d) start at least one month after the onset of a previous relapse;
   e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
   f) be distinguishable from the effects of general fatigue; and
   g) not be associated with a fever (T>37.5˚C); and
e) applications must be made by the patient's neurologist; and
f) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
g) patients must have either:
   a) intolerance to both natalizumab and fingolimod; or
   b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
h) patient will not be co-prescribed natalizumab or fingolimod.

Stopping Criteria

Any of the following:

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

continued...

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

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

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.

193 BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy (amended presentation description)

Maintenance kit – 6 vials 120 mcg freeze dried venom, **3** ~~6~~ diluent 1.8 ml	285.00	1 OP	✔**Venomil** S29

193 WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy (amended presentation description)

Treatment kit (Paper wasp venom) – 6 vials 120 mcg freeze dried venom~~, 6 diluent 1.8 ml~~	305.00	1 OP	✔**Venomil** S29
Treatment kit (Yellow jacket venom) – 6 vials 120 mcg freeze dried venom~~, 6 diluent 1.8 ml~~	305.00	1 OP	✔**Venomil** S29

223 STANDARD SUPPLEMENTS (amended criteria only displayed)

SA1554 Special Authority for Subsidy

Initial application – (Children — exclusive enteral nutrition for Crohn's disease) only from a gastroenterologist, or a dietitian on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following ~~Both~~:

1. The patient is under 18 years of age; and
2. It is to be used as exclusive enteral nutrition for the treatment of Crohn's disease**; and**
3. **Dietitians must include the name of the gastroenterologist recommending treatment and the date contacted**.

Effective 1 January 2016

46 HEPARINISED SALINE (Stat removed)

Inj 10 iu per ml, 5 ml	39.00	50	✔**Pfizer**

132 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**

139 SUMATRIPTAN (Sole Supply suspended)

Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription	13.80	2 OP	✔**Arrow-Sumatriptan**

▲ 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

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions – effective 1 January 2016 (continued)

142 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**
	(87.88)		Zeldox
Cap 40 mg	24.75	60	✔**Zusdone**
	(164.78)		Zeldox
Cap 60 mg	33.87	60	✔**Zusdone**
	(247.17)		Zeldox
Cap 80 mg	39.74	60	✔**Zusdone**
	(329.56)		Zeldox

158 OXALIPLATIN – PCT only – Specialist

Inj 50 mg **vial**	15.32	1	✔**Oxaliplatin Actavis 50**
	55.00		✔**Oxaliplatin Ebewe**
	200.00		✔**Eloxatin**
Inj 100 mg **vial**	25.01	1	✔**Oxaliplatin Actavis 100**
	110.00		✔**Oxaliplatin Ebewe**
	400.00		✔**Eloxatin**

162 BLEOMYCIN SULPHATE – PCT only – Specialist (amended presentation description)

Inj 15,000 iu ~~(10 mg)~~, vial	150.48	1	✔**DBL Bleomycin Sulfate**

163 ETOPOSIDE

Inj 20 mg per ml, 5 ml **vial** – PCT			
– Retail pharmacy-Specialist	25.00	1	✔**Hospira**
	612.20	10	✔**Vepesid**

223 STANDARD SUPPLEMENTS (amended criteria only displayed)

➽ **SA1554** ~~1228~~ Special Authority for Subsidy

Initial application – (Children – **indications other than exclusive enteral nutrition for Crohn's disease**) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 The patient is under 18 years of age; and

2 Any of the following:

2.1 The patient has a condition causing malabsorption; or

2.2 The patient has failure to thrive; or

2.3 The patient has increased nutritional requirements; and

3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal – (Children – **indications other than exclusive enteral nutrition for Crohn's disease**) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

continued...

Changes to Restrictions – effective 1 January 2016 (continued)

continued...

1 The patient is under 18 years of age; and
2 The treatment remains appropriate and the patient is benefiting from treatment; and
3 A nutrition goal has been set (eg reach a specific weight or BMI).

Initial application – (Children – exclusive enteral nutrition for Crohn's disease) only from a gastroenterologist, or a dietitian on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 The patient is under 18 years of age; and
2 It is to be used as exclusive enteral nutrition for the treatment of Crohn's disease.

Renewal – (Children – exclusive enteral nutrition for Crohn's disease) only from a gastroenterologist, or dietitian or vocationally registered general practitioner on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 The patient is under 18 years of age; and
2 It is to be used as exclusive enteral nutrition for the treatment of Crohn's disease; and
3 General Practitioners and dietitians must include the name of the gastroenterologist recommending treatment and the date contacted.

~~Initial application – (Adults transitioning from hospital Discretionary Community Supply) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient has had up to a 30 day supply of a 1.0 or a 1.5 kcal/ml Standard Oral Supplement; and~~
~~2 A nutrition goal has been set (eg reach a specific weight or BMI); and~~
~~3 Any of the following:~~
~~Patient is Malnourished~~
~~3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m2; or~~
~~3.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or~~
~~3.3 Patient has a BMI of less than 20 kg/m2 and unintentional weight loss greater than 5% within the last 3-6 months.~~

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, **or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease**. The prescription must be endorsed accordingly.

Liquid (banana) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip
Liquid (chocolate) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip
Liquid (fruit of the forest) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (strawberry) – Higher subsidy of $1.26 per 200 ml with Endorsement	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip

continued...

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions – effective 1 January 2016 (continued)

continued...

Liquid (vanilla) – Higher subsidy of up to $1.33 per 237 ml with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip

234 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see **SA1557** ~~1380~~ – Hospital pharmacy [HP3]

Powder	15.21	450 g OP	✔**Aptamil Gold+ Pepti Junior** ✔**Pepti Junior Gold** **Karicare Aptamil**

➽ **SA1557** ~~1380~~ Special Authority for Subsidy

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

Any of the following:

1 Both:
  1.1 Cows milk formula is inappropriate due to severe intolerance or allergy to its protein content; and
  1.2 Either:
    1.2.1 Soy milk formula has been reasonably trialled without resolution of symptoms; or
    1.2.2 Soy milk formula is considered clinically inappropriate or contraindicated; or
2 Severe malabsorption; or
3 Short bowel syndrome; or
4 Intractable diarrhoea; or
5 Biliary atresia; or
6 Cholestatic liver diseases causing malsorption; or
7 Cystic fibrosis; or
8 Proven fat malabsorption; or
9 Severe intestinal motility disorders causing significant malabsorption; or
10 Intestinal failure**; or**
11 All of the following:
  11.1 For step down from Amino Acid Formula; and
  11.2 The infant is currently receiving funded amino acid formula; and
  11.3 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and
  11.4 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

Note: A reasonable trial is defined as a 2-4 week trial**, or signs of an immediate IgE mediated allergic reaction**.

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

All of the following:

1 An assessment as to whether the infant can be transitioned to a cows milk protein or soy infant formula has been undertaken; and
2 The outcome of the assessment is that the infant continues to require an extensively hydrolysed infant formula; and 3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.

~~Renewal – (Step Down from Amino Acid Formula) only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner.~~

~~Approvals valid for 6 months for applications meeting the following criteria:~~

~~All of the following:~~

continued...

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

Changes to Restrictions – effective 1 January 2016 (continued)

continued...

~~1 The infant is currently receiving funded amino acid formula; and~~

~~2 The infant is to be trialled on, or transitioned to, an extensively hydrolysed formula; and~~

~~3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.~~

Effective 11 December 2015

53	METOPROLOL SUCCINATE (STAT removed)			
	Tab long-acting 23.75 mg	0.96	30	✔**Metoprolol - AFT CR**
	Tab long-acting 47.5 mg	1.41	30	✔**Metoprolol - AFT CR**
	Tab long-acting 95 mg	2.42	30	✔**Metoprolol - AFT CR**
	Tab long-acting 190 mg	4.66	30	✔**Metoprolol - AFT CR**

Effective 20 November 2015

49	POTASSIUM CHLORIDE (STAT removed)			
	Tab long-acting 600 mg (8 mmol)	7.42	200	✔**Span-K**

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

Changes to Subsidy and Manufacturer's Price

Effective 1 February 2016

21 SODIUM CROMOGLYCATE (↑ subsidy)

Cap 100 mg	92.91	100	✔ **Nalcrom**

22 GLYCOPYRRONIUM BROMIDE (↓ subsidy)

Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO	17.14	10	✔ **Max Health**

37 NYSTATIN (↓ subsidy)

Oral liq 100,000 u per ml	2.55	24 ml OP	✔ **Nilstat**

79 DEXAMETHASONE PHOSPHATE (↓ subsidy)

Dexamethasone phosphate injection will not be funded for oral use.

❋ Inj 4 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	14.19	10	✔ **Max Health**
❋ Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	12.59	5	✔ **Max Health**

93 AMOXICILLIN WITH CLAVULANIC ACID (↑ subsidy)

Grans for oral liq amoxicillin 125 mg with clavulanic acid			
31.25 mg per 5 ml	3.83	100 ml	✔ **Augmentin**
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	4.97	100 ml	✔ **Augmentin**
a) Up to 200 ml available on a PSO			
b) Wastage claimable – see rule 3.3.2			

130 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 10 mg per ml, 1 ml ampoule	8.57	5	
	(10.08)		Oxycodone Orion
Inj 10 mg per ml, 2 ml ampoule	16.89	5	
	(19.87)		Oxycodone Orion

142 ZIPRASIDONE (↓ price)

Safety medicine; prescriber may determine dispensing frequency

Cap 20 mg	14.56	60	✔ **Zeldox**
Cap 40 mg	24.75	60	✔ **Zeldox**
Cap 60 mg	33.87	60	✔ **Zeldox**
Cap 80 mg	39.74	60	✔ **Zeldox**

162 DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist (↓ subsidy)

Inj 1 mg for ECP	0.25	1 mg	✔ **Baxter**

198 SODIUM CROMOGLYCATE (↑ subsidy)

Powder for inhalation, 20 mg per dose	26.35	50 dose	✔ **Intal Spincaps**

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

Changes to Subsidy and Manufacturer's Price – effective 1 February 2016 (continued)

207	DESFERRIOXAMINE MESILATE (↓ subsidy)			
	✻ Inj 500 mg vial	51.52	10	
		(109.89)		Hospira

Effective 1 January 2016

23	LANSOPRAZOLE (↓ subsidy)			
	✻ Cap 15 mg	1.42	28	✔ **Solox**
	✻ Cap 30 mg	1.66	28	✔ **Solox**
36	BISACODYL – Only on a prescription (↓ subsidy)			
	✻ Suppos 10 mg	2.27	6	
		(3.00)		Dulcolax
50	LISINOPRIL (↓ subsidy)			
	✻ Tab 5 mg	1.80	90	
		(3.58)		Arrow-Lisinopril
	✻ Tab 10 mg	2.05	90	
		(4.08)		Arrow-Lisinopril
	✻ Tab 20 mg	2.76	90	
		(4.88)		Arrow-Lisinopril
60	BOSENTAN – Special Authority see SA0967 – Retail pharmacy (↓ subsidy)			
	Tab 62.5 mg	401.79	60	
		(1,500.00)		pms-Bosentan
		(4,585.00)		Tracleer
	Tab 125 mg	401.79	60	
		(1,500.00)		pms-Bosentan
		(4,585.00)		Tracleer
79	DEXAMETHASONE (↓ subsidy)			
	✻ Tab 4 mg – Retail pharmacy-Specialist Up to 30 tab available on a PSO	6.13	100	✔ **Douglas**
80	BETAMETHASONE SODIUM PHOSPHATE WITH BETAMETHASONE ACETATE (↑ price)			
	✻ Inj 3.9 mg with betamethasone acetate 3 mg per ml, 1 ml	19.20	5	
		(36.96)		Celestone Chronodose
99	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy (↓ subsidy)			
	Tab 50 mg	130.00	56	
		(730.00)		Vfend
	Tab 200 mg	500.00	56	
		(2,930.00)		Vfend
133	CITALOPRAM HYDROBROMIDE (↓ subsidy)			
	✻ Tab 20 mg	1.79	84	✔ **Arrow-Citalopram**
139	CYCLIZINE HYDROCHLORIDE (↓ subsidy)			
	Tab 50 mg	0.30	10	
		(0.59)		Nausicalm

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

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

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

Changes to Subsidy and Manufacturer's Price – effective 1 January 2016 (continued)

143	ZIPRASIDONE (↓ subsidy)			
	Safety medicine; prescriber may determine dispensing frequency			
	Cap 20 mg	14.56	60	
		(87.88)		Zeldox
	Cap 40 mg	24.75	60	
		(164.78)		Zeldox
	Cap 60 mg	33.87	60	
		(247.17)		Zeldox
	Cap 80 mg	39.74	60	
		(329.56)		Zeldox
173	LETROZOLE (↓ subsidy)			
	✻Tab 2.5 mg	2.95	30	
		(4.85)		Letraccord
181	ADALIMUMAB – Special Authority see SA1479 – Retail pharmacy (↓ subsidy)			
	Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2	✔**Humira**
	Inj 40 mg per 0.8 ml prefilled pen	1,599.96	2	✔**HumiraPen**
	Inj 40 mg per 0.8 ml prefilled syringe	1,599.96	2	✔**Humira**
202	CHLORAMPHENICOL (↑ subsidy)			
	Eye oint 1%	3.19	4 g OP	✔**Chlorsig**
214	GLYCERIN WITH SODIUM SACCHARIN – Only in combination (↓ subsidy)			
	Only in combination with Ora-Plus.			
	Suspension	32.50	473 ml	✔**Ora-Sweet SF**
214	GLYCERIN WITH SUCROSE – Only in combination (↓ subsidy)			
	Only in combination with Ora-Plus.			
	Suspension	32.50	473 ml	✔**Ora-Sweet**
214	METHYLCELLULOSE (↓ subsidy)			
	Suspension – Only in combination	32.50	473 ml	✔**Ora-Plus**
215	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination (↓ subsidy)			
	Suspension	32.50	473 ml	✔**Ora-Blend SF**
215	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination (↓ subsidy)			
	Suspension	32.50	473 ml	✔**Ora-Blend**

Effective 1 December 2015

36	~~NYSTATIN (↓ subsidy)~~ (decision rescinded)			
	~~Oral liq 100,000 u per ml~~	~~2.55~~	~~24 ml OP~~	✔~~Nilstat~~

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

Changes to Brand Name

Effective 1 February 2016

79	DEXAMETHASONE PHOSPHATE Dexamethasone phosphate injection will not be funded for oral use.			
	✻ Inj 4 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	14.19	10	✔ **Max Health** ~~Dexamethasone-hameln~~
	✻ Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	12.59	5	✔ **Max Health** ~~Dexamethasone-hameln~~

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

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

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

Delisted Items

Effective 1 February 2016

22	CIMETIDINE – Only on a prescription			
	❋ Tab 200 mg	5.00	100	
		(7.50)		Apo-Cimetidine
	❋ Tab 400 mg	10.00	100	
		(12.00)		Apo-Cimetidine
25	METFORMIN HYDROCHLORIDE			
	❋ Tab immediate-release 500 mg	9.59	1,000	
		(12.30)		Apotex
66	MOMETASONE FUROATE			
	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
67	CETOMACROGOL			
	❋ Crm BP	2.74	500 g	
		(3.15)		PSM
132	MIRTAZAPINE			
	Tab 30 mg	2.55	30	
		(8.78)		Avanza
	Tab 45 mg	3.25	30	
		(13.95)		Avanza
141	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 2252899 and 2252910 respectively.			
193	BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy			
	Maintenance kit – 6 vials 120 mcg freeze dried venom, 6 diluent1.8 ml	285.00	1 OP	✔ Albay
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

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

Delisted Items – effective 1 February 2016 (continued)

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

200 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.

206 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

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 | 500 ml
(5.90) Orion

68 GAMMA BENZENE HEXACHLORIDE
Crm 1% ..... 3.50 | 50 g OP | ✔Benhex

73 CONDOMS
✻ 56 mm – Up to 144 dev available on a PSO ..... 13.36 | 144 | ✔Durex Select Flavours

80 CYPROTERONE ACETATE – Retail pharmacy-Specialist
Tab 50 mg ..... 15.87 | 50
(18.80) Siterone
Tab 100 mg ..... 30.40 | 50
(34.25) Siterone

94 FLUCLOXACILLIN
Inj 1 g vial – Up to 10 inj available on a PSO ..... 5.80 | 5 | ✔DBL Flucloxacillin

157 CARBOPLATIN – PCT only – Specialist
Inj 10 mg per ml, 45 ml vial ..... 32.59 | 1 | ✔DBL Carboplatin
Note – This is an old Pharmacode, 702315. The new Pharmacode, 2482517, was listed 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

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

Delisted Items – effective 1 January 2016 (continued)

164	MITOZANTRONE – PCT only – Specialist			
	Inj 2 mg per ml, 5 ml vial	110.00	1	✔Mitozantrone Ebewe
	Inj 2 mg per ml, 12.5 ml vial	407.50	1	
		(413.21)		Onkotrone
206	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.

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 February 2016

62 ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy

~~Cap 10 mg~~	~~14.96~~	~~120~~	~~✔**Oratane**~~
~~Cap 20 mg~~	~~23.12~~	~~120~~	~~✔**Oratane**~~

Note – the delist of Oratane cap 10 mg and 20 mg has been rescinded.

Effective 1 April 2016

23 LANSOPRAZOLE

✻ Cap 15 mg	1.42	28	✔ **Solox**
✻ Cap 30 mg	1.66	28	✔ **Solox**

36 BISACODYL – Only on a prescription

✻ Suppos 10 mg	2.27	6	
	(3.00)		Dulcolax

50 LISINOPRIL

✻ Tab 5 mg	1.80	90	
	(3.58)		Arrow-Lisinopril
✻ Tab 10 mg	2.05	90	
	(4.08)		Arrow-Lisinopril
✻ Tab 20 mg	2.76	90	
	(4.88)		Arrow-Lisinopril

60 BOSENTAN – Special Authority see SA0967 – Retail pharmacy

Tab 62.5 mg	401.79	60	
	(1,500.00)		pms-Bosentan
	(4,585.00)		Tracleer
Tab 125 mg	401.79	60	
	(1,500.00)		pms-Bosentan
	(4,585.00)		Tracleer

79 DEXAMETHASONE

✻ Tab 1 mg – Retail pharmacy-Specialist Up to 30 tab available on a PSO	5.87	100	✔**Douglas**
✻ Tab 4 mg – Retail pharmacy-Specialist Up to 30 tab available on a PSO	6.13	100	✔**Douglas**

99 VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy

Tab 50 mg	130.00	56	
	(730.00)		Vfend
Tab 200 mg	500.00	56	
	(2,930.00)		Vfend

133 CITALOPRAM HYDROBROMIDE

✻ Tab 20 mg	1.79	84	✔Arrow-Citalopram

139 CYCLIZINE HYDROCHLORIDE

Tab 50 mg	0.30	10	
	(0.59)		Nausicalm

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

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

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

Items to be Delisted – effective 1 April 2016 (continued)

143 ZIPRASIDONE
Safety medicine; prescriber may determine dispensing frequency

Cap 20 mg	14.56	60	✔**Zeldox**
Cap 40 mg	24.75	60	✔**Zeldox**
Cap 60 mg	33.87	60	✔**Zeldox**
Cap 80 mg	39.74	60	✔**Zeldox**

173 LETROZOLE

✻Tab 2.5 mg	2.95	30	
	(4.85)		Letraccord

Effective 1 May 2016

37 NYSTATIN

Oral liq 100,000 u per ml	2.55	24 ml OP	✔**Nilstat**

130 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	8.57	5	
	(10.08)		Oxycodone Orion
Inj 10 mg per ml, 2 ml ampoule	16.89	5	
	(19.87)		Oxycodone Orion

206 PHARMACY SERVICES – May only be claimed once per patient

✻Brand switch fee	4.33	1 fee	✔**BSF Apo-Mirtazapine**

a) The Pharmacode for BSF Apo-Mirtazapine is 2493489

207 DESFERRIOXAMINE MESILATE

✻Inj 500 mg vial	51.52	10	
	(109.89)		Hospira

Effective 1 July 2016

57 EZETIMIBE – Special Authority see SA1045 – Retail pharmacy
Brand switch fee payable (Pharmacode 2490773)

Tab 10 mg	3.35	30	✔**Ezemibe**

Note – This is the delisting of the blister pack. The bottle presentation was listed 1 January 2016.

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

✻Tab 600 mg	108.70	30	✔**Rifadin**

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 July 2016 (continued)

140	PROCHLORPERAZINE			
	✻ Suppos 25 mg	23.87	5	✔ **Stemetil**
173	FLUTAMIDE – Retail pharmacy-Specialist			
	Tab 250 mg	16.50	30	✔ **Flutamide Mylan** S29

Effective 1 August 2016

80	TETRACOSACTRIN			
	✻ Inj 250 mcg per ml, 1 ml ampoule	177.18	10	✔ **Synacthen**
136	LEVETIRACETAM			
	Tab 250 mg	24.03	60	✔ **Levetiracetam-Rex**
	Tab 500 mg – For levetiracetam oral liquid formulation refer	28.71	60	✔ **Levetiracetam-Rex**
	Tab 750 mg	45.23	60	✔ **Levetiracetam-Rex**

▲ 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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Pharmaceuticals and brands

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Pharmaceuticals and brands

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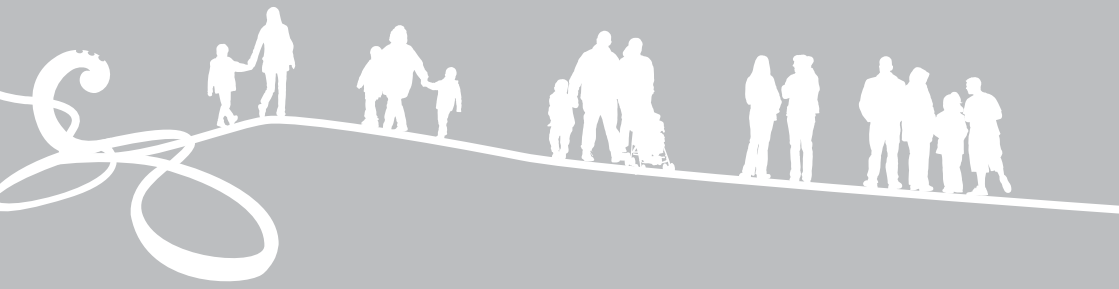

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