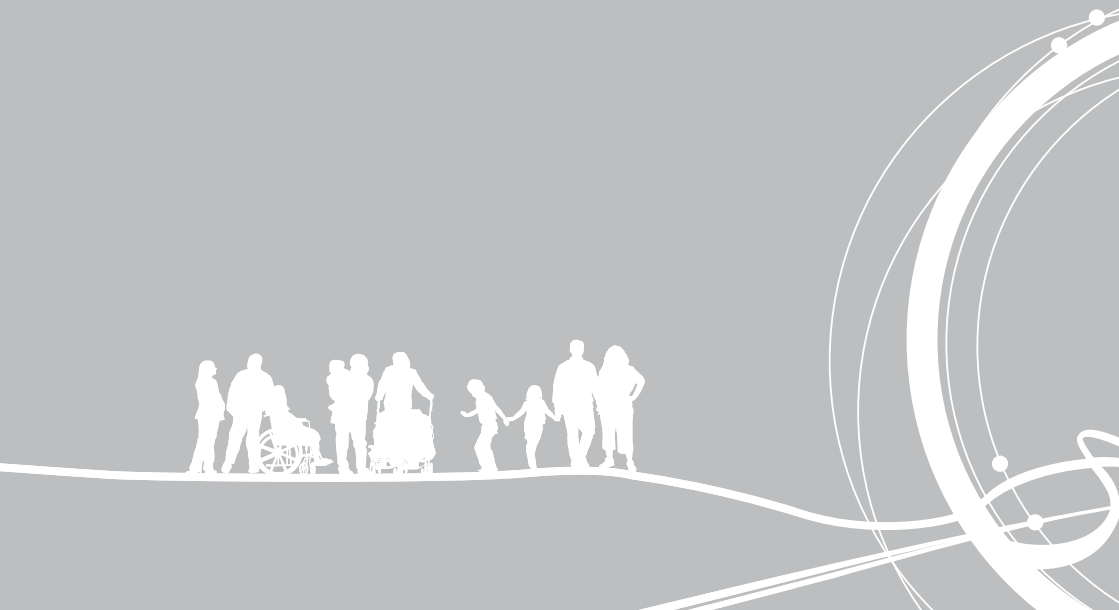
Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2016

Cumulative for January, February and March 2016



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EFFECTIVE 1 MARCH 2016

New listings (pages 27-28)

- Cholecalciferol (Vit.D3) cap 1.25 mg (50,000 iu) – maximum of 12 cap per prescription
- Nonacog gamma [Recombinant factor IX] (RIXUBIS) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu vials – Xpharm
- Heparinised saline (Becton Dickinson PosiFlush) inj 10 iu per ml, 5 ml – Section 29, wastage claimable
- Metoprolol succinate (Metoprolol – AFT CR) tab long-acting 23.75 mg, 47.5 mg and 95 mg, 90 tab pack size
- Fluticasone furoate with vilanterol (Breo Ellipta) powder for inhalation 100 mcg with vilanterol 25 mcg, 30 dose OP
- Tiotropium bromide (Spiriva Respimat) soln for inhalation 2.5 mcg per dose, 60 dose OP – Special Authority – Retail pharmacy
- Umeclidinium (Incruse Ellipta) powder for inhalation 62.5 mcg per dose, 30 dose OP – Subsidy by Endorsement
- Glycopyrronium with indacaterol (Ultibro Breezhaler) powder for inhalation 50 mcg with indacaterol 110 mcg, 30 dose OP – Special Authority – Retail pharmacy
- Tiotropium bromide with olodaterol (Spiolto Respimat) soln for inhalation 2.5 mcg with olodaterol 2.5 mcg, 60 dose OP – Special Authority – Retail pharmacy
- Umeclidinium with vilanterol (Anoro Ellipta) powder for inhalation 62.5 mcg with vilanterol 25 mcg, 30 dose OP – Special Authority – Retail pharmacy
- Pharmacy services (BSF Arrow-Dortim and BSF Zopiclone Actavis) brand switch fee – may only be claimed once per patient

Changes to restrictions, chemical names and presentation (pages 34-39)

- Moroctocog alfa [Recombinant factor VIII] (Xyntha) inj prefilled syringes 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu – amended restriction
- Octocog alfa [Recombinant factor VIII] (Advate) inj 250 iu, 500 iu, 1,000 iu, 1,500 iu, 2,000 iu, 3,000 iu vials – amended restriction and chemical name
- 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 chemical name
- Pine tar with trolamine laurilsulfate and fluorescein (Pinetarsol) soln 2.3% with trolamine laurilsulfate and fluorescein sodium – amended chemical name and presentation description
- Valaciclovir (Vaclovir and Valtrex) tab 500 mg and 1,000 mg – Special Authority removed
- Zopiclone (Zopiclone Actavis) tab 7.5 mg – addition of Brand Switch Fee

Summary of PHARMAC decisions – effective 1 March 2016 (continued)

- Varenicline tartrate (Champix) tab 0.5 mg x 11 and 1 mg x 14, and 1 mg – amended Special Authority criteria and note
- Bortezomib inj 1 mg and 3.5 mg (Velcade) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Erlotinib (Tarceva) tab 100 mg and 150 mg – amended Special Authority criteria
- Gefitinib (Iressa) tab 250 mg – amended Special Authority criteria
- Budesonide with eformoterol aerosol inhaler (Vannair) and powder for inhalation (Symbicort Turbuhaler) – Special Authority removed
- Long-Acting Muscarinic Antagonists – Special Authority moved from Long-Acting Muscarinic Antagonists to tiotropium bromide only, with amended Special Authority criteria
- Glycopyrronium (Seebri Breezhaler) powder for inhalation 50 mcg per dose, 30 dose OP – Special Authority removed, addition of Subsidy by Endorsement, amended note
- Tiotropium bromide powder for inhalation, 18 mcg per dose (Spiriva), and soln for inhalation 2.5 mcg per dose (Spiriva Respimat) – amended Special Authority criteria and note
- Dorzolamide with timolol (Arrow-Dortim) eye drops 2% with timolol 0.5%, 5 ml OP – addition of Brand Switch Fee
- Haemophilus influenzae type B vaccine (Act-HIB) inj 10 mcg vial with diluent syringe – amended restriction
- Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – amended restriction

Decreased subsidy (page 50)

- Filgrastim (Zarzio) inj 300 mcg per 0.5 ml prefilled syringe and 480 mcg per 0.5 ml prefilled syringe
- Oil in water emulsion (healthE Fatty Cream) crm, 500 g
- Valaciclovir (Valtrex) tab 500 mg
- Oxaliplatin (Baxter) inj 1 mg for ECP
- Salmeterol aerosol inhaler CRF-free 25 mcg per dose (Serevent) and powder for inhalation 50 mcg per dose, breath activated (Serevent Accuhaler)
- Budesonide with eformoterol (Vannair) aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg, and 200 mcg with eformoterol fumarate 6 mcg

Summary of PHARMAC decisions – effective 1 March 2016 (continued)

- 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 Turbuhaler 200/6), and 400 mcg with eformoterol fumarate 12 mcg (Symbicort Turbuhaler 400/12)
- Fluticasone with salmeterol (Seretide) aerosol inhaler 50 mcg with salmeterol 25 mcg and 125 mcg with salmeterol 25 mcg
- Fluticasone with salmeterol (Seretide Accuhaler) powder for inhalation 100 mcg with salmeterol 50 mcg, and 250 mcg with salmeterol 50 mcg
- Spacer device (Volumatic) 800 ml

Changes to respiratory products

PHARMAC has reached agreements with Astra Zeneca, Boehringer Ingleheim, GlaxoSmithKline and Novartis involving a number of respiratory products. The agreements include new product listings, change in access, and price and subsidy reductions for some currently listed products.

New listings from 1 March 2016:

LAMA

- Tiotropium bromide (Spiriva Respimat) soln for inhalation 2.5 mcg per dose. Funded under existing Special Authority criteria, which has had minor amendments.
- Umeclidinium (Incruse Ellipta) powder for inhalation 62.5 mcg per dose – Subsidy by Endorsement.

LAMA/LABA

- Glycopyrronium with indacaterol (Ultibro Breezhaler) powder for inhalation 50 mcg with indacaterol 110 mcg. Special Authority criteria applies.
- Tiotropium bromide with olodaterol (Spiolto Respimat) soln for inhalation 2.5 mcg with oladaterol 2.5 mcg. Special Authority criteria applies.
- Umeclidinium with vilanterol (Anoro Ellipta) powder for inhalation 62.5 mcg with vilanterol 25 mcg. Special Authority criteria applies.

ISC/LABA

- Fluticasone furoate with vilanterol (Breo Ellipta) powder for inhalation 100 mcg with vilanterol 25 mcg. Listed with no restrictions.

Summary of changes:

- Special Authority removed from glycopyrronium, now Subsidy by Endorsement – for patients with outstanding repeat dispensings and a valid Special Authority approval at 29 February 2016, the pharmacists may annotate the prescription as endorsed.
- Special Authority changes to LAMA – moved to tiotropium bromide only with amended criteria.
- Special Authority removed from budesonide with eformoterol
- Price/subsidy changes for Vannair, Symbicort Turbuhalers, Seretide, Seretide Accuhaler and Volumatic spacer

For more information about these changes, please refer to the notification on our website.

Cholecalciferol (Vit.D3) cap 1.25 mg – new listing

From 1 March 2016, cholecalciferol (Vit.D3) cap 1.25 mg (50,000 iu) will be listed fully subsidised in the Pharmaceutical Schedule and Cal-d-Forte will be delisted. This decision was due to the expiration of Medsafe provisional consent for Cal-d-Forte tab 1.25 mg (50,000 iu).

Cholecalciferol prescriptions continue to be limited to subsidy of a maximum of 12 caps per prescription.

Patients who currently use funded Cal-d-Forte tablets will need to switch to the Multichem's Vit.D3 capsules. Patient information to help support patients with the brand change will be available to download from the PHARMAC website soon.

We are aware there is a need for a suitable preparation for young children and people unable to swallow a soft gelatin capsule and are actively working to secure supply of an oral liquid formulation of cholecalciferol.

Metoprolol succinate (Metoprolol – AFT CR) long-acting tab, all strengths – 90 pack listing and Stat

Metoprolol succinate (Metoprolol – AFT CR) tab long-acting 23.75 mg, 47.5 mg, and 95 mg 90 pack size listings will be listed 1 March 2016. Stock of the 90 packs will be arriving late-March.

The 90 pack size of Metoprolol – AFT CR long-acting 190 mg tab will be listed from 1 April.

Monthly dispensing on all strengths of metoprolol succinate long-acting tabs will continue for the foreseeable future.

Heparinised saline (Becton Dickinson PosiFlush) inj 10 iu per ml, 5 ml – new listing

From 1 March 2016, heparinised saline (Becton Dickinson PosiFlush) inj 10 iu per ml, 5 ml will be listed fully subsidised in the Pharmaceutical Schedule.

The brand, Becton Dickinson PosiFlush, is supplied under section 29 of the Medicines Act 1981. The Wastage Rule will also apply to dispensings of Becton Dickinson PosiFlush.

Due to a supply issue, Stat dispensing for heparinised saline inj 10 iu per ml, 5 ml continues to be temporarily removed.

Varenicline tartate – amendment of dispensing rules and Special Authority

Varenicline tartate tab 1 mg, and tab 0.5 mg x 11 and 1 mg x 14 (2-week starter pack), will have amended dispensing rules and Special Authority criteria from 1 March 2016.

The amendments are to clarify the maximum of 12 weeks' varenicline that is subsidised on each Special Authority approval, including the 2-week starter pack. This means that on a 3 month prescription, a prescriber may request and a pharmacy may dispense a maximum of 12 weeks' treatment including the starter pack.

Nonacog gamma (RIXUBIS) inj – new listing

From 1 March 2016, nonacog gamma (RIXUBIS) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu vials will be listed fully subsidised in the Pharmaceutical Schedule.

The listing of RIXUBIS, a new brand of rFIX treatment, was part of a notification in July 2015 about the funding of haemophilia treatments. The listing date of RIXUBIS was subject to Medsafe registration, which has now been completed.

RIXUBIS will be listed with the Xpharm rule, and funded for patients with haemophilia whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Aspirin (Aspec 300) tab EC 300 mg discontinuation

PHARMAC has been notified by the supplier, that aspirin (Aspec 300) tab EC 300 mg will be discontinued on 1 March 2016.

Aspec 300 mg EC tab has had a manufacturer's surcharge since 2009 and there is low and declining volumes dispensed of this product.

Due to clinical advice we have received and the availability of fully funded alternatives, the presentation will also be delisted from the Pharmaceutical Schedule on 1 March 2016.

Sumatriptan inj 12 mg per ml, 0.5 ml cartridge

As previously advised, Actavis have advised us of manufacturing issues affecting the global supply of its brand Arrow-Sumatriptan inj 12 mg per ml, 0.5 ml cartridge.

Actavis have informed PHARMAC and pharmacies that the alternative stock it ordered (Sun Pharma sumatriptan) has been delayed. We are continuing to work with Actavis towards resuming supply of sumatriptan injections.

PHARMAC recommends that patients contact their doctor regarding suitable alternative treatment options during this global shortage.

Pneumococcal (PPV23) polysaccharide vaccine – restriction change

Pneumococcal (PPV23) polysaccharide vaccine criteria will be amended from 1 March 2016 to match international recommendations for patients considered to be at risk of pneumococcal disease.

The amendments include up to three doses (as appropriate) for patients with HIV, for patients post haematopietic stem cell transplant, or chemotherapy, pre or post-solid organ transplant, renal dialysis, complement deficiency, cochlear implants, or immunodeficiency.

Bortezomib – amendment to Special Authority

Bortezomib inj 1 mg, 3.5 mg and 1 mg for ECP will have an amendment to the Special Authority criteria from 1 March 2016.

The initial Special Authority application for treatment naïve patients will be amended to be valid for 24 months, rather than 15 months.

Erlotinib and Gefitinib – amendments to Special Authority

The Special Authority criteria for erlotinib tab 100 mg and 150 mg (Tarceva) will be amended from 1 March 2016. The requirement for patients to have been receiving erlotinib prior to 31 December 2013 will be removed.

The Special Authority criteria for erlotinib tab 100 mg and 150 mg (Tarceva), and gefitinib tab 250 mg (Iressa) will also be amended from 1 March 2016. The requirement for the patient to have discontinued either within 6 weeks of starting treatment due to intolerance will be amended to 12 weeks.

Haemophilus influenza type B vaccine – amendment to restrictions

The restrictions applying to haemophilus influenza type B vaccine will be amended from 1 March 2016.

An additional dose will be funded for (re-)immunisation for people with functional asplenia.

News in brief

- Brand Switch Fees can be claimed from 1 March to 1 June 2016 for the following:
  - **zopiclone** (Zopiclone Actavis) tab 7.5 mg
  - **dorzolamide with timolol** (Arrow-Dortim) eye drops 2% with timolol 0.5%, 5 ml OP.
- **Dipyridamole** (Persantin) tab 25 mg will be delisted 1 September 2016 following supplier notice of discontinuation.
- **Trandolapril** (Gopten) cap 1 mg and 2 mg will be delisted 1 September 2016 following supplier notice of discontinuation.
- The Special Authority for **valaciclovir** (Vaclovir) tab 500 mg and 1,000 mg will be removed from 1 March 2016.

Tender News

Sole Subsidised Supply changes – effective 1 April 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Bisacodyl	Suppos 10 mg; 10 suppos	Lax-Suppositories (AFT)
Bosentan	Tab 62.5 mg; 56 tab	Mylan-Bosentan (Mylan)
Bosentan	Tab 125 mg; 56 tab	Mylan-Bosentan (Mylan)
Citalopram hydrobromide	Tab 20 mg; 84 tab	PSM Citalopram (API)
Cyclizine hydrochloride	Tab 50 mg; 20 tab	Nauzene (Actavis)
Dexamethasone	Tab 0.5 mg; 30 tab	Dexmethsone (Aspen)
Dexamethasone	Tab 4 mg; 30 tab	Dexmethsone (Aspen)
Lansoprazole	Cap 15 mg; 100 cap	Lanzol Relief (Mylan)
Lansoprazole	Cap 30 mg; 100 cap	Lanzol Relief (Mylan)
Letrozole	Tab 2.5 mg; 30 tab	Letrole (Mylan)
Lisinopril	Tab 5 mg; 90 tab	Ethics Lisinopril (Multichem)
Lisinopril	Tab 10 mg; 90 tab	Ethics Lisinopril (Multichem)
Lisinopril	Tab 15 mg; 90 tab	Ethics Lisinopril (Multichem)
Voriconazole	Tab 50 mg; 56 tab	Vttack (Mylan)
Voriconazole	Tab 200 mg; 56 tab	Vttack (Mylan)
Ziprasidone	Cap 20 mg; 60 cap	Zusdone (Douglas)
Ziprasidone	Cap 40 mg; 60 cap	Zusdone (Douglas)
Ziprasidone	Cap 60 mg; 60 cap	Zusdone (Douglas)
Ziprasidone	Cap 80 mg; 60 cap	Zusdone (Douglas)

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 April 2016

- Citalopram (PSM Citalopram) tab 20 mg – Brand Switch Fee payable
- Lisinopril (Ethics Lisinopril) tab 5 mg, 10 mg and 20 mg – Brand Switch Fee payable
- Metoprolol succinate (Metoprolol – AFT CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg, 30 tab pack – price and subsidy decrease
- Oral elemental feed 1kcal/ml (Vivonex TEN) powder (unflavoured), 80 g OP – new listing of 80 g pack size
- Ziprasidone (Zusdone) cap 20 mg, 40 mg, 60 mg and 80 mg – Brand Switch Fee payable

Decisions for future implementation 1 April 2016

- Clarithromycin (Klacid) grans for oral liq 250 mg per 5 ml, 50 ml – new listing, maximum of 500 mg per prescription, can be waived by Special Authority, wastage rule applies
- Metoprolol succinate (Metoprolol – AFT CR) tab long-acting 190 mg, 90 tab pack – new listing

Sole Subsidised Supply Products – cumulative to March 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

**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 March 2016

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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Sole Subsidised Supply Products – cumulative to March 2016

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	**Tab EC 25 mg & 50 mg** **Tab long-acting 75 mg & 100 mg** 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	**Diclofenac Sandoz** **Apo-Diclo SR** Voltaren Voltaren Ophtha	**2018** 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
Dorzolamide with timolol	**Eye drops 2% with timolol 0.5%, 5 ml OP**	**Arrow-Dortim**	**2018**
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

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Sole Subsidised Supply Products – cumulative to March 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Emulsifying ointment	Oint BP	AFT	2017
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Erlotinib	Tab 100 mg & 150 mg	Tarceva	2018
Escitalopram	Tab 10 mg & 20 mg	Air Flow Products	2016
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

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Sole Subsidised Supply Products – cumulative to March 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Fluorometholone	Eye drops 0.1%	FML	2018
Fluorouracil sodium	Crm 5%	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Tab 40 mg Tab 500 mg	Diurin 40 Urex Forte	2018
Fusidic acid	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

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Sole Subsidised Supply Products – cumulative to March 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Tab long-acting 800 mg 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

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Sole Subsidised Supply Products – cumulative to March 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
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 850 mg** Tab immediate-release 500 mg	**Metformin Mylan** 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

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Sole Subsidised Supply Products – cumulative to March 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	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

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Sole Subsidised Supply Products – cumulative to March 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg	Noriday 28	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Norethisterone	Tab 5 mg	Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
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 March 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Tab EC 20 mg	Pantoprazole Actavis 20	2016
	Tab EC 40 mg	Pantoprazole Actavis 40	
Paracetamol	**Suppos 125 mg & 250 mg**	**Gacet**	**2018**
	Suppos 500 mg	Paracare	
	Tab 500 mg	Pharmacare	2017
	Oral liq 120 mg per 5 ml	Paracare	2017
	Oral liq 250 mg per 5 ml	Paracare Double Strength	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	Mini-Wright AFS Low Range	2018
	Normal range	Mini-Wright Standard	
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe	Pegasys	2017
	Inj 180 mcg prefilled syringe		
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168		
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112		
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168		
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crm 5%, 30 g OP	Lyderm	2017
	Lotn 5%, 30 ml OP	A-Scabies	
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2018
	Inj 50 mg per ml, 1 ml & 2 ml	DBL Pethidine Hydrochloride	2017
Phenobartitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2018
	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2016
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule	Hospira	2018
	Inj 50 mg per ml, 5 ml ampoule		
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP	Isopto Carpine	2017
	Eye drops 2%, 15 ml OP		
	Eye drops 4%, 15 ml OP		
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2017

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Generic Name	Presentation	Brand Name	Expiry Date*
Pioglitazone	**Tab 15 mg, 30 mg & 45 mg**	**Vexazone**	**2018**
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Potassium 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

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Generic Name	Presentation	Brand Name	Expiry Date*
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule Oral liq 400 mcg per ml	Asthalin Ventolin	2018 2016
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sertraline	Tab 100 mg	Arrow-Sertraline	2016
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2017
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%	Rexacrom	2018
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
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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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
Zopiclone	**Tab 7.5 mg**	**Zopiclone Actavis**	**2018**

March 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 March 2016

38 CHOLECALCIFEROL

✳ Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription ..... 3.85 — 12 — ✔**Vit.D3**

43 NONACOG GAMMA [RECOMBINANT FACTOR IX] – [Xpharm]

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

Inj 250 iu vial ..... 287.50 — 1 — ✔**RIXUBIS**
Inj 500 iu vial ..... 575.00 — 1 — ✔**RIXUBIS**
Inj 1,000 iu vial ..... 1,150.00 — 1 — ✔**RIXUBIS**
Inj 2,000 iu vial ..... 2,300.00 — 1 — ✔**RIXUBIS**
Inj 3,000 iu vial ..... 3,450.00 — 1 — ✔**RIXUBIS**

46 HEPARINISED SALINE

Inj 10 iu per ml, 5 ml ..... 23.40 — 30 — ✔**Becton Dickinson PosiFlush** S29

Wastage claimable – see rule 3.3.2

53 METOPROLOL SUCCINATE

Tab long-acting 23.75 mg ..... 2.39 — 90 — ✔**Metoprolol - AFT CR**
Tab long-acting 47.5 mg ..... 3.48 — 90 — ✔**Metoprolol - AFT CR**
Tab long-acting 95 mg ..... 5.73 — 90 — ✔**Metoprolol - AFT CR**

195 FLUTICASONE FUROATE WITH VILANTEROL

Powder for inhalation 100 mcg with vilanterol 25 mcg ..... 44.08 — 30 dose OP — ✔**Breo Ellipta**

197 TIOTROPIUM BROMIDE – Special Authority see SA1568 – Retail pharmacy

Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.

Soln for inhalation 2.5 mcg per dose ..... 70.00 — 60 dose OP — ✔**Spiriva Respimat**

197 UMECLIDINIUM – Subsidy by endorsement

a) Umeclidinium powder for inhalation 62.5 mcg per dose is subsidised only for patients who have been diagnosed as having COPD using spirometry, and the prescription is endorsed accordingly.
b) Umeclidinium will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.

Powder for inhalation 62.5 mcg per dose ..... 61.50 — 30 dose OP — ✔**Incruse Ellipta**

197 LONG-ACTING MUSCARINIC ANTAGONISTS WITH LONG-ACTING BETA-ADRENOCEPTOR AGONISTS

Note: Combination long acting muscarinic antagonist and long acting beta-2 agonist will not be subsidised if patient is also receiving treatment with a combination inhaled corticosteroid and long acting beta-2 agonist.

SA1584 Special Authority for Subsidy

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

Both:

1 Patient has been stabilised on a long acting muscarinic antagonist; and
2 The prescriber considers that the patient would receive additional benefit from switching to a combination product.

continued...

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

New Listings – effective 1 March 2016 (continued)

continued...

Renewal only from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 Patient is compliant with the medication; and
2 Patient has experienced improved COPD symptom control (prescriber determined).

197	GLYCOPYRRONIUM WITH INDACATEROL – Special Authority see SA1584 – Retail pharmacy			
	Powder for inhalation 50 mcg with indacaterol 110 mcg	81.00	30 dose OP	✔**Ultibro Breezhaler**
197	TIOTROPIUM BROMIDE WITH OLODATEROL – Special Authority see SA1584 – Retail pharmacy			
	Soln for inhalation 2.5 mcg with olodaterol 2.5 mcg	81.00	60 dose OP	✔**Spiolto Respimat**
197	UMECLIDINIUM WITH VILANTEROL– Special Authority see SA1584 – Retail pharmacy			
	Powder for inhalation 62.5 mcg with vilanterol 25 mcg	77.00	30 dose OP	✔**Anoro Ellipta**
206	PHARMACY SERVICES – May only be claimed once per patient			
	✻Brand switch fee	4.33	1 fee	✔**BSF Arrow-Dortim** ✔**BSF Zopiclone Actavis**

a) The Pharmacode for BSF Arrow-Dortim is 2495511
b) The Pharmacode for BSF Zopiclone Actavis is 2495538

Effective 21 January 2016

150	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 7.5 mg	0.98	30	✔**Zopiclone Actavis**

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.			

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)

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;
   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:

continued...

New Listings – effective 1 February 2016 (continued)

continued...

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
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

continued...

New Listings – effective 1 February 2016 (continued)

continued...

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 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**

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)

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**
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

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

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

New Listings – effective 1 January 2016 (continued)

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 March 2016

43 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm]
~~For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
Preferred Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016 until 28 February 2019. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu prefilled syringe	210.00	1	✔**Xyntha**
Inj 500 iu prefilled syringe	420.00	1	✔**Xyntha**
Inj 1,000 iu prefilled syringe	840.00	1	✔**Xyntha**
Inj 2,000 iu prefilled syringe	1,680.00	1	✔**Xyntha**
Inj 3,000 iu prefilled syringe	2,520.00	1	✔**Xyntha**

43 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] **(ADVATE)** – [Xpharm]
~~For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
Rare Clinical Circumstances Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016 until 28 February 2019. Access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel
PHARMAC, PO Box 10 254
Wellington
Phone: 0800 023 588 Option 2
Facsimile: (04) 974 4881
Email: haemophilia@pharmac.govt.nz

Inj 250 iu vial	287.50	1	✔**Advate**
Inj 500 iu vial	575.00	1	✔**Advate**
Inj 1,000 iu vial	1,150.00	1	✔**Advate**
Inj 1,500 iu vial	1,725.00	1	✔**Advate**
Inj 2,000 iu vial	2,300.00	1	✔**Advate**
Inj 3,000 iu vial	3,450.00	1	✔**Advate**

43 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] **(KOGENATE FS)** – [Xpharm]
~~For patients with haemophilia, whose treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
Second Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016 until 28 February 2019. Access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel
PHARMAC, PO Box 10 254
Wellington
Phone: 0800 023 588 Option 2
Facsimile: (04) 974 4881
Email: haemophilia@pharmac.govt.nz

Inj 250 iu vial	237.50	1	✔**Kogenate FS**
Inj 500 iu vial	475.00	1	✔**Kogenate FS**
Inj 1,000 iu vial	950.00	1	✔**Kogenate FS**
Inj 2,000 iu vial	1,900.00	1	✔**Kogenate FS**
Inj 3,000 iu vial	2,850.00	1	✔**Kogenate FS**

71 **PINE** TAR WITH **TROLAMINE LAURILSULFATE** ~~TRIETHANOLAMINE LAURYL SULPHATE~~ AND FLUORESCEIN – Only on a prescription

✻Soln 2.3% with **trolamine laurilsulfate** ~~triethanolamine lauryl sulphate~~ and fluorescein sodium	3.36	500 ml	✔**Pinetarsol**

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 March 2016 (continued)

104 VALACICLOVIR ~~– Special Authority see SA1363 – Retail pharmacy~~

Tab 500 mg	6.42	30	✔**Vaclovir**
	(102.72)		Valtrex
Tab 1,000 mg	12.75	30	✔**Vaclovir**

~~SA1363~~ ~~Special Authority for Subsidy~~

~~Initial application – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the patient has genital herpes with 2 or more breakthrough episodes in any 6 month period while treated with aciclovir 400 mg twice daily.~~

~~Renewal – (recurrent genital herpes) from any medical practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.~~

~~Initial application – (ophthalmic zoster) from any medical practitioner. Approvals valid without further renewal unless notified where the patient has previous history of ophthalmic zoster and the patient is at risk of vision impairment.~~

~~Initial application – (CMV prophylaxis) from any medical practitioner. Approvals valid for 3 months where the patient has undergone organ transplantation.~~

~~Initial application – (immunocompromised patients) from any medical practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patients is immunocompromised; and~~
~~2 Patient has herpes zoster; and~~
~~3 Valaciclovir is to be given for a maximum of 7 days per course.~~

150 ZOPICLONE

a) Safety medicine; prescriber may determine dispensing frequency
b) Brand switch fee payable (Pharmacode 2495538)

Tab 7.5 mg	0.98	30	✔**Zopiclone Actavis**
	8.99	500	✔**Zopiclone Actavis**

156 VARENICLINE TARTRATE – Special Authority see **SA1575** ~~1161~~ – Retail pharmacy

a) A maximum of **12 weeks'** ~~3 months'~~ varenicline will be subsidised on each Special Authority approval, **including the starter pack.**
b) Varenicline will not be funded under the Dispensing Frequency Rule in amounts less than 2 weeks of treatment.

Tab 1 mg	67.74	28	✔**Champix**
	135.48	56	✔**Champix**
Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP	✔**Champix**

SA1575 ~~1161~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 5 months for applications meeting the following criteria:
All of the following:
1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 Either:
3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
4 The patient has not used funded varenicline in the last 12 months; and

continued...

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

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

Changes to Restrictions – effective 1 March 2016 (continued)

continued...

5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
6 The patient is not pregnant; and
7 The patient will not be prescribed more than **12 weeks'** ~~3 months'~~ funded varenicline (see note).

Renewal from any relevant practitioner. Approvals valid for 5 months for applications meeting the following criteria:
All of the following:
1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 The patient has not used funded varenicline in the last 12 months; and
4 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
5 The patient is not pregnant; and
6 The patient will not be prescribed more than **12 weeks'** ~~3 months'~~ funded varenicline (see note).
The patient must not have had an approval in the past 12 months.
Note: a maximum of **12 weeks'** ~~3 months'~~ varenicline will be subsidised on each Special Authority approval.
This includes the 2-week 'starter' pack.

161 BORTEZOMIB – PCT only – Specialist – Special Authority see **SA1576** ~~1127~~ (amended criteria only displayed)

Inj 1 mg	540.70	1	✔**Velcade**
Inj 3.5 mg	1,892.50	1	✔**Velcade**
Inj 1 mg for ECP	594.77	1 mg	✔**Baxter**

➽ **SA1576** ~~1127~~ Special Authority for Subsidy
Initial application – (Treatment naive multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for **2 years** ~~15 months~~ for applications meeting the following criteria:
Both:
1 Either:
1.1 The patient has treatment-naive symptomatic multiple myeloma; or
1.2 The patient has treatment-naive symptomatic systemic AL amyloidosis *; and
2 Maximum of 9 treatment cycles.
Note: Indications marked with * are Unapproved Indications.

166 ERLOTINIB – Retail pharmacy-Specialist – Special Authority see **SA1577** ~~1519~~

Tab 100 mg	1,000.00	30	✔**Tarceva**
Tab 150 mg	1,500.00	30	✔**Tarceva**

➽ **SA1577** ~~1519~~ Special Authority for Subsidy
Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:
~~Either:~~
~~1~~ All of the following:
~~1.~~1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
~~1.~~2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
~~1.~~3 Any of the following:
~~1.~~3.1 Patient is treatment naive; or
~~1.~~3.2 Both:

continued...

Changes to Restrictions – effective 1 March 2016 (continued)

continued...

~~1.~~3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and

~~1.~~3.2.2 Patient has not received prior treatment with gefitinib; or

~~1.~~3.3 Both:

~~1.~~3.3.1 The patient has discontinued gefitinib within **12** ~~6~~ weeks of starting treatment due to intolerance; and

~~1.~~3.3.2 The cancer did not progress while on gefitinib; and

~~1.~~4 Erlotinib is to be given for a maximum of 3 months.~~; or~~

~~2 The patient received funded erlotinib prior to 31 December 2013 and radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.~~

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

167 GEFITINIB – Special Authority see **SA1578** ~~1520~~ – Retail pharmacy-Specialist

Tab 250 mg ~~– Special Authority see SA1520~~ ..... 1,700.00 30 ✔**Iressa**

➽ **SA1578** ~~1520~~ Special Authority for Subsidy

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

All of the following:

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

2 Either:

2.1 Patient is treatment naive; or

2.2 Both:

2.2.1 The patient has discontinued erlotinib within **12** ~~6~~ weeks of starting treatment due to intolerance; and

2.2.2 The cancer did not progress whilst on erlotinib; and

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

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

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

195 BUDESONIDE WITH EFORMOTEROL ~~– Special Authority see SA1179 – Retail pharmacy~~

Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg ..... 18.23 120 dose OP ✔**Vannair**

Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg ..... 33.74 120 dose OP ✔**Symbicort Turbuhaler 100/6**

Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg ..... 21.40 120 dose OP ✔**Vannair**

Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg ..... 44.08 120 dose OP ✔**Symbicort Turbuhaler 200/6**

Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg – No more than 2 dose per day ..... 44.08 60 dose OP ✔**Symbicort Turbuhaler 400/12**

~~➽ SA1179 Special Authority for Subsidy~~

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

~~Either:~~

~~1 All of the following:~~

continued...

Changes to Restrictions – effective 1 March 2016 (continued)

continued...

~~1.1 Patient is a child under the age of 12; and~~
~~1.2 Has been treated with inhaled corticosteroids of at least 400 mcg per day beclomethasone or budesonide, or 200 mcg per day fluticasone; and~~
~~1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or~~

~~2 All of the following:~~
~~2.1 Patient is over the age of 12; and~~
~~2.2 Has been treated with inhaled corticosteroids of at least 800 mcg per day beclomethasone or budesonide, or 500 mcg per day fluticasone; and~~
~~2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.~~

~~Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

196 **TIOTROPIUM BROMIDE** ~~LONG-ACTING MUSCARINIC ANTAGONISTS~~

SA1568 ~~1485~~ Special Authority for Subsidy

Initial application only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
2 In addition to standard treatment, the patient has trialled a short acting bronchodilator dose of at least 40 μg ipratropium q.i.d for one month; and
3 Either:
The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:
3.1 Grade 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or
3.2 Grade 5 (too breathless to leave the house, or breathless when dressing or undressing); and
4 All of the following:
Applicant must state recent measurement of:
4.1 Actual FEV_1 (litres); and
4.2 Predicted FEV_1 (litres); and
4.3 Actual FEV_1 as a % of predicted (must be below 60%); and
5 Either:
5.1 Patient is not a smoker (for reporting purposes only); or
5.2 Patient is a smoker and has been offered smoking cessation counselling; and
6 The patient has been offered annual influenza immunisation.

Renewal only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

Both ~~All of the following:~~
1 Patient is compliant with the medication; and
2 Patient has experienced improved COPD symptom control (prescriber determined).~~; and~~

~~3 All of the following:~~
~~Applicant must state recent measurement of:~~
~~3.1 Actual FEV_1 (litres); and~~
~~3.2 Predicted FEV_1 (litres); and~~
~~3.3 Actual FEV_1 as a % of predicted.~~

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 March 2016 (continued)

197 GLYCOPYRRONIUM ~~— Special Authority see SA1485 – Retail pharmacy –~~ **Subsidy by endorsement**

a) Glycopyrronium powder for inhalation 50 mcg per dose is subsidised only for patients who have been diagnosed as having COPD using spirometry, and the prescription is endorsed accordingly. From 1 March 2016 until 31 May 2016 pharmacists may annotate the prescription as endorsed where the patient has outstanding repeat dispensings at 1 March 2016 and the patient had a valid Special Authority approval at 29 February 2016.

b) Inhaled glycopyrronium treatment will not be subsidised if patient is also receiving treatment with subsidised tiotropium **or umeclidinium**.

Powder for inhalation 50 mcg per dose	61.00	30 dose OP	✔ **Seebri Breezhaler**

197 TIOTROPIUM BROMIDE – Special Authority see **SA1568** ~~1485~~ – Retail pharmacy

Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised **inhaled** glycopyrronium or **umeclidinium**.

Powder for inhalation, 18 mcg per dose	70.00	30 dose	✔ **Spiriva**
Soln for inhalation 2.5 mcg per dose	70.00	60 dose OP	✔ **Spiriva Respimat**

203 DORZOLAMIDE WITH TIMOLOL – **Brand switch fee payable (Pharmacode 2495511)**

▲Eye drops 2% with timolol 0.5%	3.45	5 ml OP	✔ **Arrow-Dortim**

246 HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm]

One dose for patients meeting any of the following:

1) For primary vaccination in children; or
2) An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; **functional asplenic;** pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Inj 10 mcg vial with diluent syringe	0.00	1	✔ **Act-HIB**

250 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm]

Either ~~of the following~~:

1) Up to three doses **(as appropriate)** for patients **with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy**; pre- or post-splenectomy or with functional asplenia, **pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency;** or
2) Up to two doses are funded for high risk children to the age of 18.

Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	0.00	1	✔ **Pneumovax 23**

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**

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

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

Changes to Restrictions – effective 1 February 2016 (continued)

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:
   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

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

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
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:

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

- 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
   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.

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

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
        - 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);

continued...

Changes to Restrictions – effective 1 February 2016 (continued)

continued...

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 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

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)

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**

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

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

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

Changes to Restrictions – effective 1 January 2016 (continued)

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:

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

continued...

Changes to Restrictions – effective 1 January 2016 (continued)

continued...

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
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

Changes to Restrictions – effective 1 January 2016 (continued)

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:~~

~~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.~~

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

Changes to Restrictions – 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**

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

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

Changes to Subsidy and Manufacturer's Price

Effective 1 March 2016

47	FILGRASTIM – Special Authority see SA1259 – Retail pharmacy (↓ subsidy)			
	Inj 300 mcg per 0.5 ml prefilled syringe	270.00	5	✔**Zarzio**
	Inj 480 mcg per 0.5 ml prefilled syringe	432.00	5	✔**Zarzio**
67	OIL IN WATER EMULSION (↓ subsidy)			
	❋Crm	2.25	500 g	
		(2.63)		healthE Fatty Cream
104	VALACICLOVIR (↓ subsidy)			
	Tab 500 mg	6.42	30	
		(102.72)		Valtrex
158	OXALIPLATIN – PCT only – Specialist (↓ subsidy)			
	Inj 1 mg for ECP	0.16	1 mg	✔**Baxter**
194	SALMETEROL (↓ subsidy)			
	Aerosol inhaler CFC-free, 25 mcg per dose	25.00	120 dose OP	✔**Serevent**
	Powder for inhalation, 50 mcg per dose, breath activated	25.00	60 dose OP	✔**Serevent Accuhaler**
195	BUDESONIDE WITH EFORMOTEROL (↓ subsidy)			
	Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg	18.23	120 dose OP	✔**Vannair**
	Powder for inhalation 100 mcg with eformoterol fumarate			
	6 mcg	33.74	120 dose OP	✔**Symbicort Turbuhaler 100/6**
	Aerosol inhaler 200 mcg with eformoterol fumarate			
	6 mcg	21.40	120 dose OP	✔**Vannair**
	Powder for inhalation 200 mcg with eformoterol fumarate			
	6 mcg	44.08	120 dose OP	✔**Symbicort Turbuhaler 200/6**
	Powder for inhalation 400 mcg with eformoterol fumarate			
	12 mcg – No more than 2 dose per day	44.08	60 dose OP	✔**Symbicort Turbuhaler 400/12**
195	FLUTICASONE WITH SALMETEROL (↓ subsidy)			
	Aerosol inhaler 50 mcg with salmeterol 25 mcg	33.74	120 dose OP	✔**Seretide**
	Aerosol inhaler 125 mcg with salmeterol 25 mcg	44.08	120 dose OP	✔**Seretide**
	Powder for inhalation 100 mcg with salmeterol			
	50 mcg – No more than 2 dose per day	33.74	60 dose OP	✔**Seretide Accuhaler**
	Powder for inhalation 250 mcg with salmeterol			
	50 mcg – No more than 2 dose per day	44.08	60 dose OP	✔**Seretide Accuhaler**
199	SPACER DEVICE (↓ subsidy)			
	a) Up to 20 dev available on a PSO			
	b) Only on a PSO			
	800 ml	6.50	1	✔**Volumatic**

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**

▲ 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 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

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~~

▲ 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 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~~

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

Delisted Items

Effective 1 March 2016

25 METFORMIN HYDROCHLORIDE

✻ Tab immediate-release 850 mg	7.82	500	
	(10.10)		Apotex

25 PIOGLITAZONE

✻ Tab 15 mg	1.08	28	✔Pizaccord
✻ Tab 30 mg	1.57	28	✔Pizaccord
✻ Tab 45 mg	2.21	28	✔Pizaccord

38 CHOLECALCIFEROL

✻ Tab 1.25 mg (50,000 iu) – Maximum of 12 tab per prescription	7.76	12	✔Cal-d-Forte

56 FUROSEMIDE [FRUSEMIDE]

✻ Inj 10 mg per ml, 25 ml ampoule	48.14	5	✔Lasix

Note – Lasix inj 10 mg per ml, 25 ml ampoule, 6 injection pack, listed 1 September 2015.

77 FINASTERIDE – Special Authority see SA0928 – Retail pharmacy

✻ Tab 5 mg	1.95	28	✔Finpro

Note – The 30 tab pack was listed 1 September 2015.

115 DICLOFENAC SODIUM

✻ Tab EC 25 mg	2.60	100	
	(4.00)		Apo-Diclo
✻ Tab EC 50 mg	10.00	500	
	(16.00)		Apo-Diclo
✻ Tab long-acting 75 mg	15.20	500	✔Diclax SR
✻ Tab long-acting 100 mg	26.20	500	✔Diclax SR

127 ASPIRIN

✻ Tab EC 300 mg	2.00	100	
	(8.50)		Aspec 300

128 PARACETAMOL

✻ Suppos 125 mg	7.38	20	
	(7.49)		Panadol
✻ Suppos 250 mg	7.58	20	
	(14.40)		Panadol

150 ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency

Tab 7.5 mg	8.99	500	
	(11.90)		Apo-Zopiclone

203 DORZOLAMIDE WITH TIMOLOL

✻ Eye drops 2% with timolol 0.5%	3.45	5 ml OP	
	(15.50)		Cosopt

▲ 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 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
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**

▲ 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)

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 June 2016

67	AQUEOUS CREAM			
	✻Crm	1.96	500 g	✔**AFT**
67	OIL IN WATER EMULSION			
	✻Crm	2.25	500 g	
		(2.63)		healthE Fatty Cream
104	VALACICLOVIR			
	Tab 500 mg	6.42	30	
		(102.72)		Valtrex
206	PHARMACY SERVICES – May only be claimed once per patient			
	✻Brand switch fee	4.33	1 fee	✔**BSF Arrow-Dortim** ✔**BSF Zopiclone Actavis**
	a) The Pharmacode for BSF Arrow-Dortim is 2495511			
	b) The Pharmacode for BSF Zopiclone Actavis is 2495538			

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

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**

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**

Effective 1 September 2016

44 DIPYRIDAMOLE
✻ Tab 25 mg ..... 8.36 84 ✔**Persantin**

51 TRANDOLAPRIL
Higher subsidy by endorsement is available for patients who were taking trandolapril for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". For the purposes of this endorsement, congestive heart failure includes patients post myocardial infarction with an ejection fraction of less than 40%. Patients who started on trandolapril after 1 June 1998 are not eligible for full subsidy by endorsement.
✻ Cap 1 mg – Higher subsidy of $18.67 per 28 cap with Endorsement ..... 3.06 (18.67) 28 Gopten
✻ Cap 2 mg – Higher subsidy of $27.00 per 28 cap with Endorsement ..... 4.43 (27.00) 28 Gopten

▲ 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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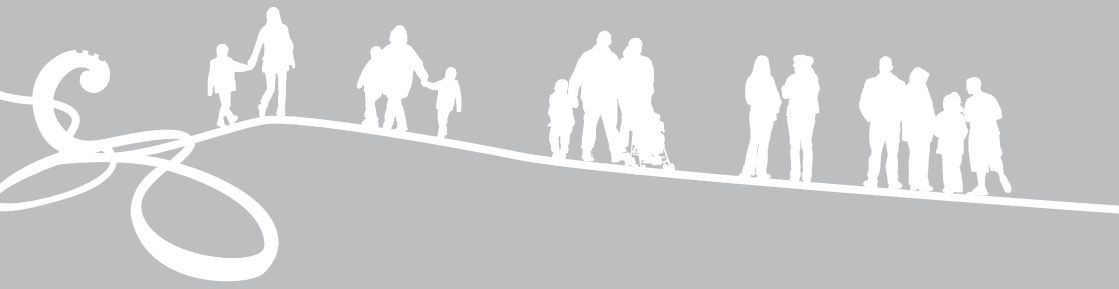

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