

Pharmaceutical Management Agency

# Update

## New Zealand Pharmaceutical Schedule

### Effective 1 April 2016

Cumulative for January, February, March and April 2016



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## Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2016

### **New listings (page 24)**

- Metoprolol succinate (Metoprolol – AFT CR) tab long-acting 190 mg, 90 tab pack size
- Clarithromycin (Klacid) grans for oral liq 250 mg per 5 ml, 50 ml – Maximum of 500 mg per prescription, can be waived by Special Authority, wastage claimable
- Ergotamine tartrate with caffeine (Cafergot S29) tab 1 mg with caffeine 100 mg – S29 and wastage payable
- Fluphenazine decanoate (Modecate) inj 25 mg per ml, 2 ml – S29, wastage applied, available on a PSO
- Pharmacy services (BSF Ethics Lisinopril, BSF PSM Citalopram, BSF Zusdone and BSF Sumatriptan Sun Pharma) brand switch fee – may only be claimed once per patient
- Oral elemental feed 1kcal/ml (Vivonex TEN) powder (unflavoured), 80 g OP – Special Authority – Hospital pharmacy [HP3]

### **Changes to restrictions, chemical names and presentation (page 31)**

- Omeprazole (Dr Reddy's Omeprazole) inj 40 mg ampoule with diluent – amended presentation description
- Lisinopril (Ethics Lisinopril) tab 5 mg, 10 mg and 20 mg – addition of Brand Switch Fee
- Citalopram hydrobromide (PSM Citalopram) tab 20 mg – addition of Brand Switch Fee
- Sumatriptan (Sun Pharma) inj 12 mg per ml, 0.5 ml prefilled pen, 2 OP – amended presentation description and addition of Brand Switch Fee
- Ziprasidone (Zusdone) cap 20 mg, 40 mg, 60 mg and 80 mg – addition of Brand Switch Fee
- Bee venom allergy treatment (Venomil) maintenance kit – 6 vials 120 mcg freeze dried venom, with diluent – amended presentation description
- Wasp venom allergy treatment (Venomil) treatment kit (paper wasp venom) – 6 vials 120 mcg freeze dried venom, with diluent, and treatment kit (yellow jacket venom) – 6 vials 120 mcg freeze dried venom, with diluent – amended presentation description

### **Increased subsidy (page 47)**

- Omeprazole (Dr Reddy's Omeprazole) inj 40 mg ampoule with diluent

### **Decreased subsidy (page 47)**

- Misoprostol (Cytotec) tab 200 mg
  - Furosemide [frusemide] (Frusemide-Claris) inj 10 mg per ml, 2 ml ampoule
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**Summary of PHARMAC decisions – effective 1 April 2016 (continued)**

- Desmopressin acetate (Minirin) tab 100 mcg and 200 mcg
- Etoposide (Hospira and Vepesid) inj 20 mg per ml, 5 ml vial
- Etoposide (Baxter) inj 1 mg for ECP
- Polyvinyl alcohol eye drops 1.4%, 15 ml OP (Vistil) and eye drops 3%, 15 ml OP (Vistil Forte)

## Update on sumatriptan injection

Actavis has informed us that the alternative sumatriptan injection, Sun-Pharma sumatriptan prefilled pen, is anticipated to arrive in New Zealand in late March 2016.

In the meantime Actavis has been able to secure a short term supply of sumatriptan vials, (section 29), manufactured by Fresenius Kabi. The PHARMAC website will be updated with an expected delivery date as soon as it is received.

The vials will be available for patients directly from GP practices. This is only intended for short-term supply ahead of the Sun-Pharma sumatriptan arriving.

For patients who are familiar with using the Arrow-Sumatriptan injection, using a vial and syringe will be significantly different. As the vial presentation is only intended for short term supply and because of the additional support required to safely administer sumatriptan vials, we have made arrangements for Actavis to deliver the sumatriptan vials directly to GP practices. More information regarding this supply can be found on the PHARMAC website.

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



## Testosterone (Andriol) undecanoate capsules 40 mg

Merck Sharp & Dohme (MSD) has advised PHARMAC of manufacturing issues affecting the global supply of Andriol Testocaps, its brand of testosterone undecanoate 40 mg capsules. MSD anticipates that the New Zealand market will be re-supplied in September 2016.

PHARMAC has written to prescribers regarding this matter, noting the other testosterone formulations that are fully subsidised. We recommend patients speak to their doctor about alternative treatment options.

## **Clarithromycin (Klacid) granules for oral liquid – change of strength**

From 1 April 2016, clarithromycin (Klacid) granules for oral liquid 250 mg per 5 ml, 50 ml, will be listed fully funded in the Pharmaceutical Schedule.

Clarithromycin (Klacid) granules for oral liquid 125 mg per 5 ml, 70 ml, will be delisted 1 October 2016. PHARMAC expects supplies of this strength will be exhausted before 1 October 2016.

Please note this change of strength. Clinicians should continue to calculate the correct dose based on the recommended dose/kg. You can find more information on recommended dosages at [http://www.nzfchildren.org.nz/nzf\\_3152](http://www.nzfchildren.org.nz/nzf_3152).

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## **Fluphenazine decanoate (Modecate) inj 25 mg per ml, 2 ml – new listing**

Fluphenazine decanoate inj 25 mg per ml, 2 ml (Modecate) will be listed fully subsidised on the Pharmaceutical Schedule from 1 April 2016. This strength of Modecate will be supplied under section 29 of the Medicines Act 1981 and the Wastage Rule will apply to all dispensings. This strength will also be subsidised on a Practitioners Supply Order (PSO), with a maximum of 5 inj per PSO. PSOs will need to include the names of the patients receiving these injections in order to fulfil section 29 obligations.

The listing is to cover potential out of stocks of the other funded strengths of fluphenazine decanoate injections and is intended to be temporary.

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## **Prednisolone acetate (Pred Mild) eye drops 0.12%, 5 ml – discontinuation**

PHARMAC has been notified by the supplier that prednisolone acetate (Pred Mild) eye drops 0.12%, 5 ml OP will be discontinued from 1 April 2016.

PHARMAC is currently seeking alternative supply and requesting further clinical advice on alternative therapies.

## Metoprolol succinate (Metoprolol – AFT CR) – long-acting tab 90 pack

Metoprolol succinate (Metoprolol - AFT CR) tab long-acting 190 mg tab, 90 tablet pack, will be listed fully subsidised from 1 April 2016.

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

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## Enteral feed (Osmolite) 1Kcal/ml 250 ml and 500 ml – discontinuation

PHARMAC has been notified by the supplier that enteral feed 1Kcal/ml liquid 250 ml (Osmolite) and 500 ml (Osmolite RTH) will be discontinued from 1 April 2016. The products will be delisted from the Pharmaceutical Schedule 1 October 2016.

Funded alternatives are listed on the Pharmaceutical Schedule.

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## Actavis Bimatoprost eye drops 0.03% 3 ml – delay

PHARMAC has been notified of a delay in the arrival of Actavis Bimatoprost eye drops 0.03% 3 ml OP. The listing date will be delayed from 1 April to 1 May 2016. As a result, PHARMAC will also delay the reference pricing for Lumigan to 1 July 2016 and Sole Supply until October 2016.

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## News in brief

- **Zopiclone** (Zopiclone Actavis) 7.5 mg tablet, 30 pack size, will be delisted 1 May 2016. The 30 pack size was temporarily listed on the Pharmaceutical Schedule due to a brief supply issue of the 500 tab pack size, which has now been resolved.
- From 1 April 2016, **leflunomide** (Arava) 100 mg tab will be delisted from the Pharmaceutical Schedule. This strength has been discontinued and no claims have been made for this presentation since May 2011.

## Tender News

### Sole Subsidised Supply changes – effective 1 May 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Desferrioxamine mesilate	Inj 500 mg vial; 10 inj	Desferal (Novartis)
Nystatin	Oral liq 100,000 u per ml; 24 ml OP	m-Nystatin (Multichem)
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml ampoule; 5 inj	OxyNorm (MundiPharma)
Oxycodone hydrochloride	Inj 10 mg per ml, 2 ml ampoule; 5 inj	OxyNorm (MundiPharma)

## 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 May 2016

- 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

### Decisions for future implementation 1 May 2016

- Cinacalcet (Sensipar) tab 30 mg – new listing with Special Authority
- Intra-uterine device (Load 375) IUD 35.5 mm length x 19.6 mm width – new listing, only on a PSO
- Sodium phenylbutyrate (Pheburane) grans 483 mg per g, 174 g OP – new listing with Special Authority
- Sodium valproate tab 100 mg (Epilim Crushable), and tab 200 mg EC and 500 mg EC (Epilim) – removal of Stat dispensing



## Sole Subsidised Supply Products – cumulative to April 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 Acetylcysteine	2018
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2017
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%	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 April 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	Crn 0.1% Oint 0.1%	Beta Cream Beta Ointment	2018
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
<b>Bisacodyl</b>	<b>Suppos 10 mg</b> Tab 5 mg	<b>Lax-Suppositories</b> Lax-Tab	<b>2018</b>
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
Boceprevir	Cap 200 mg	Victrelis	2016
<b>Bosentan</b>	<b>Tab 62.5 mg &amp; 125 mg</b>	<b>Mylan-Bosentan</b>	<b>2018</b>
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	Crn, 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 Folate Ebewe	2017
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Capecitabine Winthrop	2016
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefaclor 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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
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
<b>Citalopram hydrobromide</b>	<b>Tab 20 mg</b>	<b>PSM Citalopram</b>	<b>2018</b>
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
<b>Cyclizine hydrochloride</b>	<b>Tab 50 mg</b>	<b>Nauzene</b>	<b>2018</b>
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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Desmopressin acetate	Nasal spray 10 mcg per dose	Desmopressin-PH&T	2017
<b>Dexamethasone</b>	<b>Tab 0.5 mg &amp; 4 mg</b> Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	<b>Dexamethasone</b> Maxidex	<b>2018</b> 2017
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Max Health	2016
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dexamfetamine sulfate	Tab 5 mg	PSM	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	2018 2017
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Dimethicone	Crn 10% pump bottle Crn 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 haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2017
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Ethinylestradiol	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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Flucloxacillin	Inj 1 g vial	Flucloxin	2017
	Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg Inj 250 mg vial & 500 mg vial	AFT  Staphlex Flucloxin	2018  2017
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%	FML	2018
Fluorouracil sodium	Crn 5%	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Tab 40 mg Tab 500 mg	Diurin 40 Urex Forte	2018
Fusidic acid	Crn 2%	DP Fusidic Acid	2016
	Oint 2%	Cream Foban	
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule	Biomed	2017
	Inj 50%, 90 ml bottle		
Glycerol	Suppos 3.6 g	PSM	2018
	Liquid	healthE Glycerol BP	2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day	Nitroderm TTS 5	2017
	Patch 50 mg, 10 mg per day	Nitroderm TTS 10	
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	Havrix	2017
	Inj 720 ELISA units in 1 ml syringe	Havrix Junior	
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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg Powder Inj 100 mg vial	Douglas ABM Solu-Cortef	2018 2017 2016
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Tab long-acting 800 mg 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	Crn 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016
Ipratropium bromide	Aqueous nasal spray, 0.03% Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2017 2016
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM Rifinah	2018
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Ketoconazole	Shampoo 2%	Sebizole	2017
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 100 mg Oral liq 5 mg per ml Tab 150 mg  Oral liq 10 mg per ml; 240 ml OP	Zeffix Zeffix Lamivudine Alphapharm 3TC	2017 2017 2016
<b>Lansoprazole</b>	<b>Cap 15 mg &amp; 30 mg</b>	<b>Lanzol Relief</b>	<b>2018</b>
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
<b>Letrozole</b>	<b>Tab 2.5 mg</b>	<b>Letrole</b>	<b>2018</b>
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
<b>Lisinopril</b>	<b>Tab 5 mg, 10 mg &amp; 20 mg</b>	<b>Ethics Lisinopril</b>	<b>2018</b>
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2018 2017
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	2017
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2016
Loratadine	Oral liq 1 mg per ml Tab 10 mg	LoraPaed Lorafix	2016 2016
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan 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) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018

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## Sole Subsidised Supply Products – cumulative to April 2016

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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2018
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg	Noriday 28	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Norethisterone	Tab 5 mg	Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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	Creon 10000	2018
	Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease	Creon 25000	
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
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cilicaine VK AFT	2018 2016
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP Eye drops 2%, 15 ml OP Eye drops 4%, 15 ml OP	Isopto Carpine	2017
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2017
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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
Rifabutin	Cap 150 mg	Mycobutin	2016
Rifampicin	Cap 150 mg & 300 mg Tab 600 mg Oral liq 100 mg per 5 ml	Rifadin	2017
Rifaximin	Tab 550 mg	Xifaxan	2017
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Actavis Risperon	2017
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2017
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule Oral liq 400 mcg per ml	Asthalin Ventolin	2018 2016
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sertraline	Tab 100 mg	Arrow-Sertraline	2016
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2017
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%	Rexacrom	2018
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

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Tetrabenazine	Tab 25 mg	Motetis	2016
Timolol	Eye drops 0.25%, 5 ml OP	Arrow-Timolol	2017
	Eye drops 0.5%, 5 ml OP		
	Eye drops 0.25%, gel forming; 2.5 ml OP	Timoptol XE	2016
	Eye drops 0.5%, gel forming; 2.5 ml OP		
Tobramycin	Eye drops 0.3%, 5 ml OP	Tobrex	2017
	Eye oint 0.3%, 3.5 g OP		
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2017
	Tab sustained-release 100 mg	Tramal SR 100	
	Tab sustained-release 150 mg	Tramal SR 150	
	Tab sustained-release 200 mg	Tramal SR 200	
Tranexamic acid	Tab 500 mg	Cyklokapron	2016
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Triamcinolone acetonide	Paste 0.1%	Kenalog in Orabase	2017
	Oint 0.02%	Aristocort	
	Crn 0.02%	Aristocort	
	Inj 10 mg per ml, 1 ml ampoule	Kenacort-A 10	
	Inj 40 mg per ml, 1 ml ampoule	Kenacort-A 40	
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP	Mydriacyl	2017
	Eye drops 1%, 15 ml OP		
Urea	Crn 10%	healthE Urea Cream	2016
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg	Mylan	2017
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
Verapamil hydrochloride	Tab 80 mg	Isoptin	2017

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## Sole Subsidised Supply Products – cumulative to April 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Vitamin B complex	Tab, strong, BPC	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
<b>Voriconazole</b>	<b>Tab 50 mg &amp; 200 mg</b>	<b>Vttack</b>	<b>2018</b>
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
<b>Ziprasidone</b>	<b>Cap 20 mg, 40 mg, 60 mg &amp; 80 mg</b>	<b>Zusdone</b>	<b>2018</b>
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

April 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 April 2016

53	METOPROLOL SUCCINATE Tab long-acting 190 mg .....	11.54	90	✓ Metoprolol - AFT CR
92	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 250 mg per 5 ml – Wastage claimable – see rule 3.3.2 .....	23.12	50 ml	✓ Klacid
138	ERGOTAMINE TARTRATE WITH CAFFEINE Tab 1 mg with caffeine 100 mg .....	31.00	100	✓ Cafergot S29
143	FLUPHENAZINE DECANOATE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO .....	77.25	5	✓ Modecate S29
206	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee .....	4.33	1 fee	✓ BSF Ethics Lisinopril ✓ BSF PSM Citalopram ✓ BSF Zudone ✓ BSF Sumatriptan Sun Pharma
	a) The Pharmacode for BSF Ethics Lisinopril is 2496410 b) The Pharmacode for BSF PSM Citalopram is 2496437 c) The Pharmacode for BSF Zudone is 2496429 d) The Pharmacode for BSF Sumatriptan Sun Pharma is 2497050			
223	ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Powder (unflavoured) .....	4.50	80 g OP	✓ Vivonex TEN

### 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			



Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### New Listings – effective 1 March 2016 (continued)

53	METOPROLOL SUCCINATE Tab long-acting 23.75 mg ..... 2.39 Tab long-acting 47.5 mg ..... 3.48 Tab long-acting 95 mg ..... 5.73	90 90 90	✓ Metoprolol - AFT CR ✓ Metoprolol - AFT CR ✓ 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. 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		

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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## New Listings – effective 1 February 2016

136	LEVETIRACETAM			
	Tab 250 mg .....	24.03	60	✓Everet
	Tab 500 mg – For levetiracetam oral liquid formulation refer.....	28.71	60	✓Everet
	Tab 750 mg .....	45.23	60	✓Everet
	Tab 1,000 mg .....	59.12	60	✓Everet
139	RIZATRIPTAN			
	Tab orodispersible 10 mg .....	3.24	12	✓Rizamelt
	Note – this is an additional pack size.			
146	DIMETHYL FUMARATE – Special Authority see SA1559 – Retail pharmacy			
	Wastage claimable – see rule 3.3.2			
	Cap 120 mg .....	520.00	14	✓Tecfidera
	Cap 240 mg .....	2,000.00	56	✓Tecfidera

### ▶ SA1559 Special Authority for Subsidy

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

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

The coordinator	Phone: 04 460 4990
Multiple Sclerosis Treatment Assessment Committee	Facsimile: 04 916 7571
PHARMAC PO Box 10 254	Email: <a href="mailto:mstacordinator@pharmac.govt.nz">mstacordinator@pharmac.govt.nz</a>
Wellington	

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;

*continued...*

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## New Listings – effective 1 February 2016 (continued)

*continued...*

- e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
  - f) be distinguishable from the effects of general fatigue; and
  - g) not be associated with a fever ( $T > 37.5^{\circ}\text{C}$ ); and
- 5) applications must be made by the patient's neurologist or general physician; and
- 6) patients must have no previous history of lack of response to dimethyl fumarate; and
- 7) patients must have not previously had intolerance to dimethyl fumarate; and
- 8) patients must not be co-prescribed beta interferon or glatiramer acetate.

### Stopping Criteria

Any of the following:

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

### Note:

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

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

## 146 TERIFLUNOMIDE – Special Authority see SA1560 – Retail pharmacy

Wastage claimable – see rule 3.3.2

Tab 14 mg ..... 1,582.62      28      ✓ **Aubagio**

▶ SA1560 Special Authority for Subsidy

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

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

The coordinator

Phone: 04 460 4990

Multiple Sclerosis Treatment Assessment Committee

Facsimile: 04 916 7571

PHARMAC PO Box 10 254

Email: [mstaccordinator@pharmac.govt.nz](mailto:mstaccordinator@pharmac.govt.nz)

Wellington

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).

*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

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## New Listings – effective 1 February 2016 (continued)

*continued...*

### Entry Criteria

- 1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
- 2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
- 3) patients must have:
  - a) EDSS score 0 – 4.0 and:
    - Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
    - Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
      - i. a gadolinium enhancing lesion; or
      - ii. a Diffusion Weighted Imaging positive lesion; or
      - iii. a T2 lesion with associated local swelling; or
      - iv. a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
      - v. new T2 lesions compared with a previous MR scan; and
  - 4) A significant relapse must:
    - a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
    - b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
    - c) last at least one week;
    - d) start at least one month after the onset of a previous relapse;
    - e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
    - f) be distinguishable from the effects of general fatigue; and
    - g) not be associated with a fever ( $T > 37.5^{\circ}\text{C}$ ); 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.

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### New Listings – effective 1 February 2016 (continued)

*continued...*

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

157	MELPHALAN Inj 50 mg – PCT only – Specialist .....	3,068.83	1	✓ Mylan Melphalan S29
162	ETOPOSIDE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist ..	7.90	1	✓ Rex Medical
206	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... a) The Pharmacode for BSF Apo-Mirtazapine is 2493489	4.33	1 fee	✓ BSF Apo-Mirtazapine

### Effective 21 January 2016

150	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency Tab 7.5 mg .....	0.98	30	✓ Zopiclone Actavis
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### 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 .....				
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	✓ Valtrex
Tab 1,000 mg .....				
12.75 30 ✓ Valtrex				
139	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription .....	13.80	2 OP	✓ Sun Pharma S29

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

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

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### New Listings – effective 1 January 2016 (continued)

158	OXALIPLATIN – PCT only – Specialist			
	Inj 5 mg per ml, 10 ml vial .....	13.32	1	✓ Oxallicord
	Inj 5 mg per ml, 20 ml vial .....	16.00	1	✓ Oxallicord
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 <b>S29</b>
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 <b>S29</b>
	Treatment kit (Yellow jacket venom) – 6 vials 120 mcg freeze dried venom, 6 diluent 1.8 ml.....	305.00	1 OP	✓ Venomil <b>S29</b>
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.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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## Changes to Restrictions, Chemical Names and Presentations Effective 1 April 2016

23	OMEPRAZOLE * Inj 40 mg ampoule with diluent .....	33.65	5	✓ Dr Reddy's Omeprazole
50	LISINOPRIL – Brand switch fee payable (Pharmacode 2496410) * Tab 5 mg .....	1.80	90	✓ Ethics Lisinopril
	* Tab 10 mg .....	2.05	90	✓ Ethics Lisinopril
	* Tab 20 mg .....	2.76	90	✓ Ethics Lisinopril
132	CITALOPRAM HYDROBROMIDE – Brand switch fee payable (Pharmacode 2496437) * Tab 20 mg .....	1.79	84	✓ PSM Citalopram
138	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml prefilled pen cartridge .....	13.80	2 OP	✓ Sun Pharma <b>S29</b>
	a) Maximum of 10 inj per prescription b) Brand switch fee payable (Pharmacode 2497050)			
142	ZIPRASIDONE a) Safety medicine; prescriber may determine dispensing frequency b) Brand switch fee payable (Pharmacode 2496429) Cap 20 mg .....	14.56	60	✓ Zudone
	Cap 40 mg .....	24.75	60	✓ Zudone
	Cap 60 mg .....	33.87	60	✓ Zudone
	Cap 80 mg .....	39.74	60	✓ Zudone
194	BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Maintenance kit - 6 vials 120 mcg freeze dried venom, with 3 diluent 1.8 ml .....	285.00	1 OP	✓ Venomil <b>S29</b>
194	WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Treatment kit (Paper wasp venom) – 6 vials 120 mcg freeze dried venom, with diluent .....	305.00	1 OP	✓ Venomil <b>S29</b>
	Treatment kit (Yellow jacket venom) – 6 vials 120 mcg freeze dried venom, with diluent .....	305.00	1 OP	✓ Venomil <b>S29</b>

## 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. <b>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.</b> 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

▲ 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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## Changes to Restrictions – effective 1 March 2016 (continued)

- 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** Phone: 0800 023 588 Option 2  
**PHARMAC, PO Box 10 254** Facsimile: (04) 974 4881  
**Wellington** Email: [haemophilia@pharmac.govt.nz](mailto: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** Phone: 0800 023 588 Option 2  
**PHARMAC, PO Box 10 254** Facsimile: (04) 974 4881  
**Wellington** Email: [haemophilia@pharmac.govt.nz](mailto: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**
- 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.

continued...



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## Changes to Restrictions – effective 1 March 2016 (continued)

*continued...*

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	✓ <b>Zopiclone Actavis</b>
	8.99	500	✓ <b>Zopiclone Actavis</b>

### 156 VARENICLINE TARTRATE – Special Authority see SA1575 446+ – 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	✓ <b>Champix</b>
	135.48	56	✓ <b>Champix</b>
Tab 0.5 mg × 11 and 1 mg × 14 .....	60.48	25 OP	✓ <b>Champix</b>

▶ **SA1575 446+** 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
- 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

*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

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Brand or  
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## Changes to Restrictions – effective 1 March 2016 (continued)

continued...

- 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 <b>SA1576</b> <del>††27</del> (amended criteria only displayed)			
	Inj 1 mg .....	540.70	1	✓ <b>Velcade</b>
	Inj 3.5 mg .....	1,892.50	1	✓ <b>Velcade</b>
	Inj 1 mg for ECP .....	594.77	1 mg	✓ <b>Baxter</b>

➔ **SA1576** ~~††27~~ 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 <b>SA1577</b> <del>†519</del>			
	Tab 100 mg .....	1,000.00	30	✓ <b>Tarceva</b>
	Tab 150 mg .....	1,500.00	30	✓ <b>Tarceva</b>

➔ **SA1577** ~~†519~~ Special Authority for Subsidy

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

Either:

†—All of the following:

- †-1 Patient has locally advanced or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and
- †-2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and

†-3 Any of the following:

- †-3.1 Patient is treatment naive; or
- †-3.2 Both:
  - †-3.2.1 Patient has documented disease progression following treatment with first line platinum based chemotherapy; and
  - †-3.2.2 Patient has not received prior treatment with gefitinib; or
- †-3.3 Both:
  - †-3.3.1 The patient has discontinued gefitinib within **12 6** weeks of starting treatment due to intolerance; and
  - †-3.3.2 The cancer did not progress while on gefitinib; and

†-4 Erlotinib is to be given for a maximum of 3 months. ~~†-†~~

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.

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

167	<p>GEFITINIB – Special Authority see <b>SA1578 1520</b> – Retail pharmacy-Specialist            Tab 250 mg – Special Authority see SA1520 ..... 1,700.00      30      ✓ Iressa</p> <p><b>▶ SA1578 1520</b> 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:</p> <ol style="list-style-type: none"> <li>1 Patient has locally advanced, or metastatic, unresectable, non-squamous Non Small Cell Lung Cancer (NSCLC); and</li> <li>2 Either:               <ol style="list-style-type: none"> <li>2.1 Patient is treatment naive; or</li> <li>2.2 Both:                   <ol style="list-style-type: none"> <li>2.2.1 The patient has discontinued erlotinib within <b>12 6</b> weeks of starting treatment due to intolerance; and</li> <li>2.2.2 The cancer did not progress whilst on erlotinib; and</li> </ol> </li> </ol> </li> <li>3 There is documentation confirming that disease expresses activating mutations of EGFR tyrosine kinase; and</li> <li>4 Gefitinib is to be given for a maximum of 3 months.</li> </ol> <p>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.</p>		
195	<p>BUDESONIDE WITH EFORMOTEROL – Special Authority see SA1179 – Retail pharmacy</p> <p>Aerosol inhaler 100 mcg with eformoterol fumarate 6 mcg ..... 18.23      120 dose OP ✓ Vannair</p> <p>Powder for inhalation 100 mcg with eformoterol fumarate 6 mcg ..... 33.74      120 dose OP ✓ Symbicort  <b>Turbuhaler 100/6</b></p> <p>Aerosol inhaler 200 mcg with eformoterol fumarate 6 mcg ..... 21.40      120 dose OP ✓ Vannair</p> <p>Powder for inhalation 200 mcg with eformoterol fumarate 6 mcg ..... 44.08      120 dose OP ✓ Symbicort  <b>Turbuhaler 200/6</b></p> <p>Powder for inhalation 400 mcg with eformoterol fumarate 12 mcg – No more than 2 dose per day ..... 44.08      60 dose OP ✓ Symbicort  <b>Turbuhaler 400/12</b></p> <p><b>▶ SA1179</b> Special Authority for Subsidy            Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:            Either:</p> <ol style="list-style-type: none"> <li>1 All of the following:               <ol style="list-style-type: none"> <li>1.1 Patient is a child under the age of 12; and</li> <li>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</li> <li>1.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product; or</li> </ol> </li> <li>2 All of the following:               <ol style="list-style-type: none"> <li>2.1 Patient is over the age of 12; and</li> <li>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</li> <li>2.3 The prescriber considers that the patient would receive additional clinical benefit from switching to a combination product.</li> </ol> </li> </ol> <p>Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>		

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 March 2016 (continued)

### 196 TIOTRIPIUM 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 trialed 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<sub>1</sub> (litres); and  
4.2 Predicted FEV<sub>1</sub> (litres); and  
4.3 Actual FEV<sub>1</sub> 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<sub>1</sub> (litres); and~~
- ~~3.2 Predicted FEV<sub>1</sub> (litres); and~~
- ~~3.3 Actual FEV<sub>1</sub> as a % of predicted.~~

### 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 TIOTRIPIUM 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**

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

203	DORZOLAMIDE WITH TIMOLOL – <b>Brand switch fee payable (Pharmacode 2495511)</b> ▲ Eye drops 2% with timolol 0.5% .....	3.45	5 ml OP	✓ <b>Arrow-Dortim</b>
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; <b>functional asplenic</b> ; 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	✓ <b>Act-HIB</b>
250	PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm] Either of the following: 1) Up to three doses ( <b>as appropriate</b> ) for patients <b>with HIV, for patients post haematopoietic stem cell transplant, 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</b> ; 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	✓ <b>Pneumovax 23</b>

### Effective 1 February 2016

57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy <del>Brand switch fee payable (Pharmacode 2490773)</del> Tab 10 mg .....	3.35	30	✓ <b>Ezemibe</b>
58	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy <del>Brand switch fee payable (Pharmacode 2490765)</del> Tab 10 mg with simvastatin 10 mg .....	5.15	30	✓ <b>Zimybe</b>
	Tab 10 mg with simvastatin 20 mg .....	6.15	30	✓ <b>Zimybe</b>
	Tab 10 mg with simvastatin 40 mg .....	7.15	30	✓ <b>Zimybe</b>
	Tab 10 mg with simvastatin 80 mg .....	8.15	30	✓ <b>Zimybe</b>
132	MIRTAZAPINE – <b>Brand switch fee payable (Pharmacode 2493489)</b> Tab 30 mg .....	2.55	30	✓ <b>Apo-Mirtazapine</b>
	Tab 45 mg .....	3.25	30	✓ <b>Apo-Mirtazapine</b>
145	FINGOLIMOD – Special Authority see <b>SA1562 1487</b> – Retail pharmacy Wastage claimable – see rule 3.3.2 Cap 0.5 mg .....	2,650.00	28	✓ <b>Gilenya</b>

➡ **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:

*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 February 2016 (continued)

*continued...*

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

Phone: 04 460 4990  
Facsimile: 04 916 7571  
Email: [mstacoordinator@pharmac.govt.nz](mailto:mstacoordinator@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 an 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 ( $T > 37.5^{\circ}\text{C}$ ); and
    - e) applications must be made by the patient's neurologist or general physician; and
    - f) patients must have no previous history of lack of response to fingolimod; and
    - g) patients must have not previously had intolerance to fingolimod; and
    - h) patient must not be co-prescribed beta interferon or glatiramer acetate.

### Stopping Criteria

Any of the following:

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

*continued...*

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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## Changes to Restrictions – effective 1 February 2016 (continued)

continued...

- 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	Phone: 04 460 4990
Multiple Sclerosis Treatment Assessment Committee	Facsimile: 04 916 7571
PHARMAC PO Box 10 254	Email: <a href="mailto:mstaccoordinator@pharmac.govt.nz">mstaccoordinator@pharmac.govt.nz</a>
Wellington	

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 an 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...

▲ 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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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

## 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 ( $T > 37.5^{\circ}\text{C}$ ); 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.

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** ~~†553~~ 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).

*continued...*



## Changes to Restrictions – effective 1 February 2016 (continued)

*continued...*

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

The coordinator	Phone: 04 460 4990
Multiple Sclerosis Treatment Assessment Committee	Facsimile: 04 916 7571
PHARMAC PO Box 10 254	Email: <a href="mailto:mstaccoordinator@pharmac.govt.nz">mstaccoordinator@pharmac.govt.nz</a>
Wellington	

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 an 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 ( $T > 37.5^{\circ}\text{C}$ ); and
- e) applications must be made by the patient's neurologist; and
- f) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
- g) patients must have either:
  - a) intolerance to both natalizumab and fingolimod; or
  - b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
- h) patient will not be co-prescribed natalizumab or fingolimod.

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 February 2016 (continued)

continued...

### 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
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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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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## Changes to Restrictions – effective 1 February 2016 (continued)

- 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	✓ Zudone Zeldox
	Cap 40 mg .....	24.75 (164.78)	60	✓ Zudone Zeldox
	Cap 60 mg .....	33.87 (247.17)	60	✓ Zudone Zeldox
	Cap 80 mg .....	39.74 (329.56)	60	✓ Zudone Zeldox
158	OXALIPLATIN – PCT only – Specialist Inj 50 mg vial .....	15.32	1	✓ Oxaliplatin Actavis 50
		55.00		✓ Oxaliplatin Ebewe
		200.00		✓ Eloxatin
	Inj 100 mg vial .....	25.01	1	✓ Oxaliplatin Actavis 100
		110.00		✓ Oxaliplatin Ebewe
		400.00		✓ Eloxatin

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

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

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

162	BLEOMYCIN SULPHATE – PCT only – Specialist (amended presentation description) Inj 15,000 iu (40 mg), vial .....	150.48	1	✓ DBL Bleomycin Sulfate
163	ETOPOSIDE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist.....	25.00 612.20	1 10	✓ Hospira ✓ 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
- 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:

*continued...*

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 January 2016 (continued)

continued...

Patient is Malnourished

3.1 Patient has a body mass index (BMI) of less than 18.5 kg/m<sup>2</sup>; 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/m<sup>2</sup> 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 <b>exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease</b> . 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) (1.26) Ensure Plus 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
234	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see <del>SA1557</del> <del>1380</del> – 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

continued...

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 January 2016 (continued)

*continued...*

- 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.~~

## Effective 11 December 2015

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

## Effective 20 November 2015

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

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

### Effective 1 April 2016

22	MISOPROSTOL (↓ subsidy) * Tab 200 mcg .....	41.50	120	✓ Cytotec
23	OMEPRAZOLE (↑ subsidy) * Inj 40 mg ampoule with diluent .....	33.65	5	✓ Dr Reddy's Omeprazole
56	FUROSEMIDE [FRUSEMIDE] (↓ subsidy) * Inj 10 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO .....	1.20	5	✓ Frusemide-Claris
89	DESMOPRESSIN ACETATE (↓ subsidy) Tab 100 mcg – Special Authority see SA1401 – Retail pharmacy .....	25.00	30	✓ Minirin
	Tab 200 mcg – Special Authority see SA1401 – Retail pharmacy .....	54.45	30	✓ Minirin
162	ETOPOSIDE (↓ subsidy) Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist .....	7.90 (25.00) 79.00 (612.20)	1 10	Hospira Vepesid
	Inj 1 mg for ECP – PCT only – Specialist .....	0.09	1 mg	✓ Baxter
204	POLYVINYL ALCOHOL (↓ subsidy) * Eye drops 1.4% .....	2.62	15 ml OP	✓ Vistil
	* Eye drops 3% .....	3.68	15 ml OP	✓ Vistil Forte

### 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 (2.63)	500 g	healthE Fatty Cream
104	VALACICLOVIR (↓ subsidy) Tab 500 mg .....	6.42 (102.72)	30	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

▲ 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 March 2016 (continued)

195	BUDESONIDE WITH EFOMETEROL (↓ 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	

### 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	



Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 February 2016 (continued)

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 (10.08)	5	Oxycodone Orion
	Inj 10 mg per ml, 2 ml ampoule .....	16.89 (19.87)	5	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
207	DESFERRIOXAMINE MESILATE (↓ subsidy) * Inj 500 mg vial.....	51.52 (109.89)	10	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 (3.00)	6	Dulcolax
50	LISINAPRIL (↓ subsidy) * Tab 5 mg .....	1.80 (3.58)	90	Arrow-Lisinopril
	* Tab 10 mg .....	2.05 (4.08)	90	Arrow-Lisinopril
	* Tab 20 mg .....	2.76 (4.88)	90	Arrow-Lisinopril

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

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

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 January 2016 (continued)

60	BOSENTAN – Special Authority see SA0967 – Retail pharmacy (↓ subsidy) Tab 62.5 mg ..... 401.79 (1,500.00) (4,585.00)	60		pms-Bosentan Tracleer
	Tab 125 mg ..... 401.79 (1,500.00) (4,585.00)	60		pms-Bosentan Tracleer
79	DEXAMETHASONE (↓ subsidy) * Tab 4 mg – Retail pharmacy-Specialist ..... 6.13 Up to 30 tab available on a PSO	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 (36.96)	5		Celestone Chronodose
99	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy (↓ subsidy) Tab 50 mg ..... 130.00 (730.00)	56		Vfend
	Tab 200 mg ..... 500.00 (2,930.00)	56		Vfend
133	CITALOPRAM HYDROBROMIDE (↓ subsidy) * Tab 20 mg ..... 1.79	84		✓ Arrow-Citalopram
139	CYCLIZINE HYDROCHLORIDE (↓ subsidy) Tab 50 mg ..... 0.30 (0.59)	10		Nausicalm
143	ZIPRASIDONE (↓ subsidy) Safety medicine; prescriber may determine dispensing frequency Cap 20 mg ..... 14.56 (87.88)	60		Zeldox
	Cap 40 mg ..... 24.75 (164.78)	60		Zeldox
	Cap 60 mg ..... 33.87 (247.17)	60		Zeldox
	Cap 80 mg ..... 39.74 (329.56)	60		Zeldox
173	LETROZOLE (↓ subsidy) * Tab 2.5 mg ..... 2.95 (4.85)	30		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

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 January 2016 (continued)

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	<del>NYSTATIN (↓ subsidy)</del> (decision rescinded) Oral liq 100,000 u per ml .....	<del>2.55</del>	<del>24 ml OP</del>	<del>✓ Nilstat</del>
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▲ 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	✓ <u>Max Health</u> <u>Dexamethasone-</u> <u>hameln</u>
	* Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO .....	12.59	5	✓ <u>Max Health</u> <u>Dexamethasone-</u> <u>hameln</u>

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 April 2016

23	LANSOPRAZOLE				
	* Cap 15 mg .....	2.00	28	✓ Solox	
	* Cap 30 mg .....	2.32	28	✓ Solox	
36	BISACODYL – Only on a prescription				
	* Suppos 10 mg .....	2.27 (3.00)	6		Dulcolax
50	LISINAPRIL				
	* Tab 5 mg .....	1.80 (3.58)	90		Arrow-Lisinopril
	* Tab 10 mg .....	2.05 (4.08)	90		Arrow-Lisinopril
	* Tab 20 mg .....	2.76 (4.88)	90		Arrow-Lisinopril
51	ENALAPRIL MALEATE WITH HYDROCHLOROTHIAZIDE				
	* Tab 20 mg with hydrochlorothiazide 12.5 mg .....	3.32 (8.70)	30		Co-Renitec
52	FLECAINIDE ACETATE – Retail pharmacy-Specialist				
	▲ Tab 100 mg – For flecainide acetate oral liquid formulation refer .....	68.78	60	✓ Tambocor	
60	BOSENTAN – Special Authority see SA0967 – Retail pharmacy				
	Tab 62.5 mg .....	401.79 (1,500.00) (4,585.00)	60		pms-Bosentan Tracleer
	Tab 125 mg .....	401.79 (1,500.00) (4,585.00)	60		pms-Bosentan Tracleer
79	DEXAMETHASONE				
	* Tab 1 mg – Retail pharmacy-Specialist .....	5.87	100	✓ Douglas	
	Up to 30 tab available on a PSO				
	* Tab 4 mg – Retail pharmacy-Specialist .....	6.13	100	✓ Douglas	
	Up to 30 tab available on a PSO				
93	AMOXICILLIN WITH CLAVULANIC ACID				
	Grans for oral liq amoxicillin 125 mg with clavulanic acid				
	31.25 mg per 5 ml .....	1.61	100 ml	✓ Curam	
	a) Up to 200 ml available on a PSO				
	b) Wastage claimable – see rule 3.3.2 on page 13				
	Grans for oral liq amoxicillin 250 mg with clavulanic acid				
	62.5 mg per 5 ml .....	2.19	100 ml	✓ Curam	
	a) Up to 200 ml available on a PSO				
	b) Wastage claimable – see rule 3.3.2 on page 13				

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

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

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

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
115	MEFENAMIC ACID		
	* Cap 250 mg ..... 1.25	50	
		(9.16)	Ponstan
	Note – This delist is for the bottle pack, Pharmacode 2389444.		
116	LEFLUNOMIDE		
	Tab 100 mg ..... 54.44	3	✓ Arava
131	MIANSERIN HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency		
	Tab 30 mg – Subsidy by endorsement ..... 24.86	30	✓ Tolvon
	Subsidised for patients who were taking mianserin hydrochloride prior to 1 July 2014 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of mianserin hydrochloride. Note that supply of mianserin hydrochloride is being discontinued in New Zealand and it is anticipated that there will be no stock of mianserin available beyond November 2015.		
132	CITALOPRAM HYDROBROMIDE		
	* Tab 20 mg ..... 1.79	84	✓ Arrow-Citalopram
136	LAMOTRIGINE		
	▲ Tab dispersible 25 mg ..... 20.40	56	✓ Mogine
	▲ Tab dispersible 50 mg ..... 34.70	56	✓ Mogine
	▲ Tab dispersible 100 mg ..... 59.90	56	✓ Mogine
139	CYCLIZINE HYDROCHLORIDE		
	Tab 50 mg ..... 0.30	10	
		(0.59)	Nausicalm
142	ZIPRASIDONE		
	Safety medicine; prescriber may determine dispensing frequency		
	Cap 20 mg ..... 14.56	60	✓ Zeldox
	Cap 40 mg ..... 24.75	60	✓ Zeldox
	Cap 60 mg ..... 33.87	60	✓ Zeldox
	Cap 80 mg ..... 39.74	60	✓ Zeldox
173	LETROZOLE		
	* Tab 2.5 mg ..... 2.95	30	
		(4.85)	Letraccord

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

227	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription. Powder (chocolate) – Higher subsidy of up to \$14.90 per 840g with Endorsement.....	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly. Powder (vanilla) – Higher subsidy of up to \$14.90 per 840 g with Endorsement.....	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			

### Effective 1 March 2016

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg .....	7.82 (10.10)	500	Apotex
25	PIOGLITAZONE * Tab 15 mg ..... * Tab 30 mg ..... * Tab 45 mg .....	1.08 1.57 2.21	28 28 28	✓Pizaccord ✓Pizaccord ✓Pizaccord
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 (4.00)	100	Apo-Diclo
	* Tab EC 50 mg .....	10.00 (16.00)	500	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 (8.50)	100	Aspec 300

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

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

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

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

### 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.



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

193	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	✓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..... Normal range .....	11.44 11.44	1 1	✓Breath-Alert ✓Breath-Alert
199	SPACER DEVICE a) Up to 20 dev available on a PSO b) Only on a PSO 230 ml (single patient).....	4.72	1	✓Space Chamber Plus
200	SPACER DEVICE AUTOCLAVABLE a) Up to 5 dev available on a PSO b) Only on a PSO 230 ml (autoclavable) – Subsidy by endorsement..... Available where the prescriber requires a spacer device that is capable of sterilisation in an autoclave and the PSO is endorsed accordingly.	11.60	1	✓Space Chamber
206	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....  a) The Pharmacode for BSF Ezetimibe is 2490773 b) The Pharmacode for BSF Zimybe is 2490765	4.33	1 fee	✓BSF Ezetimibe ✓BSF Zimybe
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 (5.90)	500 ml	Orion
68	GAMMA BENZENE HEXACHLORIDE Crm 1%.....	3.50	50 g OP	✓Benhex

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

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

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

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 (18.80)	50	Siterone
	Tab 100 mg .....	30.40 (34.25)	50	Siterone
94	FLUCLOXACILLIN Inj 1 g vial – Up to 10 inj available on a PSO .....	5.80	5	✓ DBL Flucloxacillin
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.			
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 (413.21)	1	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
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### 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	✓ <b>Ezemibe</b> 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	✓ <b>Rifadin</b>
140	PROCHLORPERAZINE * Suppos 25 mg ..... 23.87	5	✓ <b>Stemetil</b>
162	ETOPOSIDE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist ..... 7.90 (25.00) 79.00 (612.20)	1 10	Hospira Vepesid
173	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg ..... 16.50	30	✓ <b>Flutamide</b> <b>Mylan</b> <b>S29</b>
206	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee ..... 4.33	1 fee	✓ <b>BSF Ethics Lisinopril</b> ✓ <b>BSF PSM Citalopram</b> ✓ <b>BSF Zudone</b> ✓ <b>BSF Sumatriptan Sun Pharma</b>
	a) The Pharmacode for BSF Ethics Lisinopril is 2496410 b) The Pharmacode for BSF PSM Citalopram is 2496437 c) The Pharmacode for BSF Zudone is 2496429 d) The Pharmacode for BSF Sumatriptan Sun Pharma is 2497050		

### Effective 1 August 2016

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

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

### Effective 1 October 2016

92	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 125 mg per 5 ml – Wastage claimable – see rule 3.3.2 .....	23.12	70 ml	✓ Klacid
202	PREDNISOLONE ACETATE * Eye drops 0.12% .....	4.50	5 ml OP	✓ Pred Mild
223	ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Powder (unflavoured) .....	4.50	80.4 g OP	✓ Vivonex TEN
226	ENTERAL FEED 1KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Liquid .....	1.24 2.65	250 ml OP 500 ml OP	✓ Osmolite ✓ Osmolite RTH

▲ 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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