

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2016

Cumulative for May, June and July 2016



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Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2016

New listings (pages 23-25)

- Sodium phenylbutyrate (Pheburane) grans 483 mg per g, 174 g OP – Special Authority – Retail pharmacy
- Sodium benzoate (Amzoate) soln 100 mg per ml, 100 ml – Special Authority – Retail pharmacy
- Clomiphene citrate (Mylan Clomiphen) tab 50 mg – S29, wastage claimable
- Ledipasvir with sofosbuvir (Harvoni) tab 90 mg with sofosbuvir 400 mg – Special Authority – Retail pharmacy, Xpharm, no patient co-payment payable
- Paritaprevir, ritonavir and ombitasvir with dasabuvir (Viekira Pak) tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56), 1 OP – Xpharm, no patient co-payment payable
- Paritaprevir, ritonavir and ombitasvir with dasabuvir and ribavirin (Viekira Pak-RBV) tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168), 1 OP – Xpharm, no patient co-payment payable
- Tenoxicam (Tilcotil) tab 20 mg
- Auranofin (Ridaura S29) tab 3 mg – S29, wastage claimable
- Benzotropine mesylate (Omega) inj 1 mg per ml, 2 ml – S29, up to 10 inj available on a PSO, Only on a PSO, wastage claimable
- Oxycodone hydrochloride (BNM) tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg and 80 mg – only on a controlled drug form, no patient co-payment payable, safety medicine
- Lamotrigine (Motrig) tab dispersible 25 mg, 50 mg and 100 mg
- Levomepromazine hydrochloride (Wockhardt) inj 25 mg per ml, 1 ml ampoule – safety medicine
- Haloperidol deconoate (Haldol Decanoas) inj 100 mg per ml, 1 ml – safety medicine, S29, wastage claimable
- Exemestane (Pfizer Exemestane) tab 25 mg
- Nivolumab inj 10 mg per ml, 4 ml and 10 ml vials (Opdivo), and inj 1 mg for ECP (Baxter) – PCT only – Specialist, Special Authority

Changes to restrictions (pages 29-36)

- Insulin pump (Animas Vibe, Paradigm 522 and Paradigm 722) pumps – amended Special Authority criteria
 - Insulin pump consumable, various brands and presentations – amended Special Authority criteria
 - Carmellose sodium with gelatin and pectin paste (Stomahesive and Orabase), and powder (Stomahesive) – amended chemical name and presentation descriptions
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Summary of PHARMAC decisions – effective 1 July 2016 (continued)

- Sodium chloride (Baxter) inj 0.9%, bag, 500 ml and 1,000 ml – amended presentation descriptions
- Dextrose with electrolytes (Pedialyte – Bubblegum) soln with electrolytes, 1,000 ml OP – addition of S29
- Lisinopril (Ethics Lisinopril) tab 5 mg, 10 mg and 20 mg – Brand Switch Fee removed
- Tetracosactrin (Synacthen Depot) inj 1 mg per ml, 1 ml ampoule – amended presentation description
- Clindamycin (Dalacin C) inj phosphate 150 mg per ml, 4 ml ampoule – amended presentation description
- Benztropine mesylate (Cogentin and Omega) inj 1 mg per ml, 2 ml – PSO quantity increased to 10 inj
- Citalopram hydrobromide (PSM Citalopram) tab 20 mg – Brand Switch Fee removed
- Sumatriptan (Sun Pharma) inj 12 mg per ml, 0.5 ml prefilled pen – Brand Switch Fee removed
- Ziprasidone (Zusdone) cap 20 mg, 40 mg, 60 mg and 80 mg – Brand Switch Fee removed
- Bortezomib (Velcade) inj 3.5 mg vial – amended presentation description
- Exemestane (Aromasin) tab 25 mg – Sole Supply transferred to Pfizer Exemestane
- Dornase alfa (Pulmozyme) nebuliser soln, 2.5 mg per 2.5 ml ampoule – amended Special Authority criteria

Increased subsidy (pages 38-40)

- Omeprazole (Dr Reddy's Omeprazole) inj 40 mg ampoule with diluent
- Eptacog alfa [recombinant factor VIIA] (NovoSeven RT) inj 1 mg, 2 mg, 5 mg and 8 mg syringes
- Terazosin (Actavis) tab 1 mg
- Metoprolol tartrate (Slow-Lopresor) tab long-acting 200 mg
- Verapamil hydrochloride (Isoptin) inj 2.5 mg per ml, 2 ml ampoule
- Oxybutynin (Apo-Oxybutynin) oral liq 5 mg per 5 ml
- Tetracosactrin (Synacthen) inj 250 mcg per ml, 1 ml ampoule
- Tetracosactrin (Synacthen Depot) inj 1 mg per ml, 1 ml ampoule
- Voriconazole (Vfend) powder for oral suspension 40 mg per ml
- Ropinirole hydrochloride (Apo-Ropinirole) tab 0.25 mg and 5 mg

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

Decreased subsidy (pages 38-41)

- Loperamide hydrochloride (Diamide Relief) cap 2 mg
- Lactulose (Laevolac) oral liq 10 g per 15 ml
- Tranexamic acid (Cyklokapron) tab 500 mg
- Sodium chloride (Baxter) inj 0.9%, bag, 500 ml and 1,000 ml
- Cilazapril with hydrochlorothiazide (Apo-Cilazapril/Hydrochlorothiazide) tab 5 mg with hydrochlorothiazide 12.5 mg
- Amiloride hydrochloride (Apo-Amiloride) tab 5 mg
- Dimethicone (healthE Dimethicone 5%) crm 5% pump bottle, 500 ml OP
- Urea (healthE Urea Cream) crm 10%, 100 g OP
- Oxybutynin (Apo-Oxybutynin) tab 5 mg
- Cefaclor monohydrate (Ranbaxy-Cefaclor) cap 250 mg
- Amoxicillin (Apo-Amoxi) cap 250 mg and 500 mg
- Phenoxymethylpenicillin (Penicillin V) (AFT) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml
- Clindamycin (Clindamycin ABM) cap hydrochloride 150 mg
- Clindamycin (Dalacin C) inj phosphate 150 mg per ml, 4 ml ampoule
- Itraconazole (Itrazole) cap 100 mg
- Aciclovir (Lovir) tab dispersible 200 mg, 400 mg and 800 mg
- Ropinirole hydrochloride (Apo-Ropinirole) tab 1 mg
- Tetrazenzine (Motetis) tab 25 mg
- Dihydrocodeine tartrate (DHC Continus) tab long-acting 60 mg
- Morphine sulphate (Arrow-Morphine LA) tab long-acting 10 mg, 30 mg, 60 mg and 100 mg
- Nortriptyline hydrochloride (Norpress) tab 10 mg and 25 mg
- Sertraline (Arrow-Sertraline) tab 50 mg and 100 mg
- Buspirone hydrochloride (Pacific Buspirone) tab 5 mg and 10 mg
- Methotrexate (Methotrexate Sandoz) inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg and 30 mg
- Sirolimus (Rapamune) tab 1 mg and 2 mg, and oral liq 1 mg per ml
- Loratadine (Lorafix) tab 10 mg
- Tiotropium bromide powder for inhalation 18 mcg per dose (Spiriva) and soln for inhalation 2.5 mg per dose (Spiriva Respimat)
- Bimatoprost (Lumigan) eye drops 0.03%, 3 ml OP

Hepatitis C treatments – new listings

Harvoni, Viekira Pak and Viekira Pak- RBV are being listed in the Pharmaceutical Schedule from 1 July 2016. Both Harvoni and Viekira Pak/Viekara Pak-RBV will be listed in Section B of the Pharmaceutical Schedule as Xpharm – this means pharmacies will not be able to claim subsidy as alternative distribution arrangements will be in place for these treatments. Once the distribution mechanism for all treatments is finalised PHARMAC will provide further information on its website.



Harvoni

Ledipasvir with sofosbuvir (Harvoni) will be funded in the community and DHB hospitals for the treatment of hepatitis C for patients with severe liver diseases. Applications for Harvoni will be considered by the Hepatitis C Treatment Panel. Applications will be approved subject to confirmation of eligibility to the access criteria listed in the Schedule. Applications to the Hepatitis C Treatment Panel can come from any prescriber.

Viekira Pak and Viekira Pak-RBV

Paritaprevir with ritonavir and ombitasvir copackaged with dasabuvir (Viekira Pak) and paritaprevir with ritonavir and ombitasvir copackaged with dasabuvir and ribavirin (Viekira Pak-RBV) will be funded in the community and DHB hospitals for the treatment of hepatitis C.

From 1 July 2016, funding for Viekira Pak and Viekira Pak-RBV will be restricted to infectious disease specialists, gastroenterologists and hepatologists. From 1 October 2016, these prescriber restrictions will be removed meaning that general practitioners and other prescribers will be able to write funded prescriptions for Viekira Pak and Viekira Pak-RBV.

Nivolumab (Opdivo) injection – new listing

From 1 July 2016, nivolumab (Opdivo) injections 10 mg per ml, 4 ml and 10 ml vials will be fully funded in DHB hospitals for the treatment of patients with unresectable or metastatic (advanced) melanoma, subject to certain clinical criteria being met. Nivolumab will be subsidised via Special Authority, and is a PCT only – Specialist treatment.

The Special Authority criteria do not exclude patients who have received prior treatment with PD1 inhibitors or other melanoma treatments.

Exemestane (Pfizer Exemestane) tab 25 mg – new listing

Pfizer New Zealand will be changing the brand of exemestane 25 mg tablets that are supplied in New Zealand from Aromasin to Pfizer Exemestane. From 1 July 2016, the previously supplied brand Aromasin will no longer be supplied by Pfizer but will remain listed on the Pharmaceutical Schedule until 1 January 2017 to allow claiming for any remaining stock in the supply chain.

Dornase alfa solution 2.5 mg per 2.5 ml ampoule – amendment to Special Authority

Dornase alfa, nebuliser solution 2.5 mg per 2.5 ml ampoule will have an amendment to the Special Authority criteria from 1 July 2016.

The six month renewal criteria for patients will be removed. The requirement for applicants to provide updated test results every twelve months once approved for long term supply will also be removed.

Applicants will continue to submit applications to the Cystic Fibrosis Panel. The initial criteria for patients will remain the same. Applicants will now submit a request for long term supply after the one month trial.

Insulin pumps and consumables – amendment to Special Authority and mechanism of application

There will be amendments to the insulin pump and consumables Special Authority from 1 July 2016.

The Insulin Pump Panel will be disestablished from 1 July 2016 and applications for insulin pumps and consumables will be processed through the standard Special Authority system as an electronic or hard copy form.

Those eligible to apply for funding of insulin pump and consumables will remain the same; from a relevant Specialist or Nurse Practitioner working within their vocational scope and as part of a multidisciplinary team.

Following consultation, amendments have been made to the Special Authority criteria for access to funded insulin pumps and consumables. The Special Authority criteria is detailed on pages 29 to 34.

Benzotropine mesylate (Omega) inj 1 mg per ml, 2 ml – new listing

From 1 July 2016, another brand of benztropine mesylate injection 1 mg per ml, 2 ml will be listed in the Pharmaceutical Schedule to assist in managing a potential out of stock issue. Additionally, it will be a S29 medicine and wastage will be claimable on dispensings. The quantity subsidised on a Practitioners Supply Order will also be increasing from 5 injections to 10 from 1 July 2016.

New brand and formulation of oxycodone controlled-release tablets funded from 1 July 2016

Interpharma Pty Ltd's new brand (BNM), formulation and packaging of oxycodone controlled-release 5 mg, 10 mg, 20 mg, 40 mg, and 80 mg tablets (20 tablets per pack) will be fully funded from 1 July 2016. The tablets will be supplied in blisters instead of bottles. The new brand will become Sole Supply from 1 December 2016. More information about this change is available on the PHARMAC website.

News in brief

- **Bortezomib** (Velcade) – inj 1 mg vial to be delisted from the Pharmaceutical Schedule from 1 December 2016.
- **Sodium phenylbutyrate** (Pheburane) – Granules 483 mg per g, 174 g OP will be listed in the Pharmaceutical Schedule subject to Special Authority criteria in Section B of the Pharmaceutical Schedule from 1 July 2016.
- **Sodium benzoate** (Amzoate) – Solution 100 mg per ml to be listed from 1 July 2016 in Section B. Amzoate will be listed as Cost Brand Source
- **Haloperidol decanoate** (Haldol Decanoas) – Inj 100 mg per ml, 1 ml will be newly listed from 1 July in the Pharmaceutical Schedule. Additionally, this listing will be amended to be listed as a safety medicine and supplied under S29 with wastage claimable.
- **Dextrose with electrolytes** (Paedialyte) solution – this listing will be amended to include s 29 from 1 July.
- **Auranofin** (Ridaura S29) tab 3 mg – the 100 tablet pack size will be listed fully subsidised from 1 July 2016. This pack size will also be supplied under Section 29 of the Medicines Act, and the Wastage rule will apply to dispensings.
- **Clomiphene citrate** (Mylan Clomiphen) tab 50 mg – this is a new listing supplied under S29 with wastage claimable.
- **Lamotrigine** (Motrig) tab 25 mg, 50 mg and 100 mg – this is an additional brand to the current listing in the Pharmaceutical Schedule.
- **Tiotropium bromide** (Spiriva), powder for inhalation, (Spiriva Respimat) solution for inhalation – price and subsidy decrease from 1 July 2016.

Tender News

Sole Subsidised Supply changes – effective 1 August 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg; 20 tab	Augmentin (GSK)
Chloramphenicol	Eye ointment 1%, 4 g OP	Chlorsig (Aspen)

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 August 2016

- Metoprolol tartrate (Lopresor) tab 50 mg and 100 mg – subsidy decrease

Sole Subsidised Supply Products – cumulative to July 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
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
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
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	Ibiamox	2017
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
Aqueous cream	Crm, 500 g	AFT SLS-free	2018
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2017
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	Lioresal Intrathecal	2018
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g Oint 500 mcg with calcipotriol 50 mcg per g	Daivobet	2018
Betamethasone valerate	Crm 0.1% Oint 0.1%	Beta Cream Beta Ointment	2018

*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 July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Lax-Tab	2018
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2017
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
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin Sandoz	2018
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
Cetomacrogol	Crn 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
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2017
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2018
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2017
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
Clotrimazole	Crn 1%, 20 g OP	Clomazol	2017

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Crotamiton	Crm 10%	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2017
Dapsone	Tab 25 mg & 100 mg	Dapsone	2017
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
Desmopressin acetate	Tab 100 mcg & 200 mcg Nasal spray 10 mcg per dose	Minirin Desmopressin-PH&T	2019 2017
Dexamethasone	Tab 0.5 mg & 4 mg Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	Dexmethsone Maxidex	2018 2017
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
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Diclofenac Sandoz Apo-Diclo SR Voltaren Voltaren Ophtha	2018 2017
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dimethicone	Crm 10% pump bottle	healthE Dimethicone 10%	2018
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

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Etoposide	Inj 20 mg per ml, 5 ml vial	Rex Medical	2018
Exemestane	Tab 25 mg	Pfizer Exemestane	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	Zimbybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Boucher and Muir	2018
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg Inj 250 mg vial, 500 mg vial & 1 g 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%, 5 ml OP	FML	2018
Fluorouracil sodium	Crm 5%	Efudix	2018
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]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg Tab 500 mg	Frusemide-Claris Diurin 40 Urex Forte	2019 2018
Galsulfase	Inj 1 mg per ml, 5 ml vial	Naglazyme	2018
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2018 2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
Granisetron	Tab 1 mg	Granirex	2017
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mcg per 1 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2017
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg Powder	Douglas ABM	2018 2017

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	Micreme H	2018
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
Ibuprofen	Tab long-acting 800 mg Tab 200 mg	Brufen SR Ibugesic	2018 2017
Imatinib mesilate	Cap 100 mg	Imatinib-AFT	2017
Imiquimod	Crm 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Ipratropium bromide	Aqueous nasal spray, 0.03%	Univent	2017
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 monohydrate	Tab long-acting 40 mg	Ismo 40 Retard	2019
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017
Ketoconazole	Shampoo 2%	Sebizole	2017
Lamivudine	Tab 100 mg Oral liq 5 mg per ml	Zeffix Zeffix	2017
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Letrozole	Tab 2.5 mg	Letrole	2018
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	31/12/17
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2%	Xylocaine Viscous	2017
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
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
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

*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 July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
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
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
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
Metformin hydrochloride	Tab immediate-release 500 mg Tab immediate-release 850 mg	Metcheck Metformin Mylan	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	Trexate Methotrexate Ebewe	2018 2017
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2018
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	Crn 2% Vaginal crm 2% with applicator	Multichem Micreme	2017
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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	Sevredol DBL Morphine Sulphate	2017
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
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 Tab 5 mg	Noriday 28 Primolut N	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	m-Nystatin	2017
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
Oil in water emulsion	Crn; 500 g	O/W Fatty Emulsion Cream	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

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Ondansetron	Tab disp 4 mg	Dr Reddy's Ondansetron Ondansetron ODT- DRLA	2017
	Tab disp 8 mg		
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoules	OxyNorm	2018
	Inj 50 mg per ml, 1 ml ampoule		
	Cap immediate-release 5 mg, 10 mg & 20 mg		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
	Inj 10 iu per ml, 1 ml ampoule		
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	Pamisol	2017
	Inj 6 mg per ml, 10 ml vial		
	Inj 9 mg per ml, 10 ml vial		
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	
Paracetamol	Suppos 125 mg & 250 mg	Gacet	2018
	Suppos 500 mg	Paracare	2017
	Tab 500 mg	Pharmacare	
	Oral liq 120 mg per 5 ml	Paracare	
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
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
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 Pegasys RBV Combination Pack	2017
	Inj 180 mcg prefilled syringe		
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112		
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168		
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112		
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168		
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168		
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Permethrin	Crm 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml & 2 ml	PSM DBL Pethidine Hydrochloride	2018 2017
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2018
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
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
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Potassium chloride	Tab long-acting 600 mg (8mmol)	Span-K	2018
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
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

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2018
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
Rifampicin	Cap 150 mg & 300 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
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	Asthalin	2018
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Siltuximab	Inj 100 mg & 400 mg vials	Sylvant	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 citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphionate	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
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2017
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017

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Sole Subsidised Supply Products – cumulative to July 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Timolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Arrow-Timolol	2017
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrchloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Triamcinolone acetonide	Paste 0.1% Oint 0.02% Crm 0.02% Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydriacyl	2017
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
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
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

July 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 July 2016

- 36 SODIUM PHENYLBUTYRATE – Special Authority see SA1598 – Retail pharmacy
Grans 483 mg per g 1,920.00 174 g OP ✓ **Pheburane**
- ➡ **SA1598** Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 12 months where the patient has a diagnosis of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.
Renewal only from a metabolic physician. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.
- 36 SODIUM BENZOATE – Special Authority see SA1599 – Retail pharmacy
Soln 100 mg per ml CBS 100 ml ✓ **Amzoate** **S29**
- ➡ **SA1599** Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 12 months where the patient has a diagnosis of a urea cycle disorder.
Renewal only from a metabolic physician. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.
- 89 CLOMIPHENE CITRATE
Tab 50 mg 29.84 10 ✓ **Mylan Clomiphen** **S29**
- Wastage claimable – see rule 3.3.2
- 105 LEDIPASVIR WITH SOFOSBUVIR – Special Authority see SA1605 – [Xpharm]
No patient co-payment payable
Tab 90 mg with sofosbuvir 400 mg 24,363.46 28 ✓ **Harvoni**
- ➡ **SA1605** Special Authority for Subsidy
By application to the Hepatitis C Treatment Panel (HepCTP). Applications will be considered by HepCTP and approved subject to confirmation of eligibility according to the access criteria:
Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:
The Coordinator, Hepatitis C Treatment Panel Tel: (04) 460 4990
PHARMAC, PO Box 10-254, Email: hepcpanel@pharmac.govt.nz
WELLINGTON
- 105 PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR – [Xpharm]
No patient co-payment payable
Note – From 1 July 2016 until 1 October 2016, PHARMAC will only process prescriptions received from an infectious disease specialist, a gastroenterologist or a hepatologist. PHARMAC may receive prescriptions from other prescribers prior to 1 October 2016; however they will not be processed until this date.
Note – Supply of treatment is via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>
Tab 75 mg with ritonavir 50 mg, and ombitasvir
12.5 mg (56), with dasabuvir tab 250 mg (56) 16,500.00 1 OP ✓ **Viekira Pak**

▲ 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 July 2016 (continued)

105	PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN – [Xpharm] No patient co-payment payable Note – From 1 July 2016 until 1 October 2016, PHARMAC will only process prescriptions received from an infectious disease specialist, a gastroenterologist or a hepatologist. PHARMAC may receive prescriptions from other prescribers prior to 1 October 2016; however they will not be processed until this date. Note – Supply of treatment is via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168).....	16,500.00	1 OP	✓Viekira Pak-RBV
113	TENOXCAM * Tab 20 mg	10.95	100	✓Tilcotil
114	AURANOFIN Tab 3 mg Wastage claimable – see rule 3.3.2	114.98	100	✓Ridaura S29
122	BENZTROPINE MESYLATE Inj 1 mg per ml, 2 ml a) Up to 10 inj available on a PSO b) Only on a PSO c) Wastage claimable – see rule 3.3.2	190.00	10	✓Omega S29
127	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 5 mg Tab controlled-release 10 mg Tab controlled-release 20 mg Tab controlled-release 40 mg Tab controlled-release 80 mg	2.63 2.76 4.72 7.69 14.11	20 20 20 20 20	✓BNM ✓BNM ✓BNM ✓BNM ✓BNM
132	LAMOTRIGINE ▲Tab dispersible 25 mg ▲Tab dispersible 50 mg ▲Tab dispersible 100 mg	14.74 24.73 42.34	56 56 56	✓Motrig ✓Motrig ✓Motrig
137	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule	47.89	10	✓Wockhardt
139	HALOPERIDOL DECANOATE – Safety medicine; prescriber may determine dispensing frequency Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO Wastage claimable – see rule 3.3.2	55.90	5	✓Haldol Decanoas S29
172	EXEMESTANE * Tab 25 mg	14.50	30	✓Pfizer Exemestane

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 July 2016 (continued)

179	NIVOLUMAB – PCT only – Specialist – Special Authority see SA1602		
	Inj 10 mg per ml, 4 ml vial	1,051.98	1 ✓ Opdivo
	Inj 10 mg per ml, 10 ml vial	2,629.96	1 ✓ Opdivo
	Inj 1 mg for ECP	27.62	1 mg ✓ Baxter

▶ SA1602 Special Authority for Subsidy

Initial application – (unresectable or metastatic melanoma) only from a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
- 3 Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and
- 4 Baseline measurement of overall tumour burden is documented (see Note); and
- 5 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks if their disease progresses during this time.

Renewal – (unresectable or metastatic melanoma) only from a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
 - 1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
 - 1.3 Patient has stable disease according to RECIST criteria (see Note); and
- 2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
- 3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
- 5 Nivolumab will be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles).

Notes:

Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

▲ 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 June 2016

23	COLLOIDAL BISMUTH SUBCITRATE Tab 120 mg 14.51 Wastage claimable – see rule 3.3.2	50	✓ Gastrodenol S29
52	METOPROLOL TARTRATE * Tab 50 mg – For metoprolol tartrate oral liquid formulation refer 4.64 * Tab 100 mg 6.09	100 60	✓ Apo-Metoprolol ✓ Apo-Metoprolol
179	SILTUXIMAB – Special Authority see SA1596 – Retail pharmacy Note: Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks. Inj 100 mg vial 770.57 Inj 400 mg vial 3,082.33	1 1	✓ Sylvant ✓ Sylvant

► SA1596 Special Authority for Subsidy
 Initial application only from a haematologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
 All of the following:
 1. Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
 2. Treatment with an adequate trial of corticosteroids has proven ineffective; and
 3. Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.
 Renewal only from a haematologist or rheumatologist. Approvals valid for 12 months where the treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.

Effective 1 May 2016

35	GALSULFASE – Special Authority see SA1593 – Retail pharmacy Inj 1 mg per ml, 5 ml vial 2,234.00	1	✓ Naglazyme
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► SA1593 Special Authority for Subsidy
 Initial application only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria:
 Both:
 1. The patient has been diagnosed with mucopolysaccharidosis VI; and
 2. Either:
 2.1. Diagnosis confirmed by demonstration of N-acetyl-galactosamine-4-sulfatase (arylsulfatase B) deficiency by either enzyme activity assay in leukocytes or skin fibroblasts; or
 2.2. Detection of two disease causing mutations and patient has a sibling who is known to have mucopolysaccharidosis VI.
 Renewal only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria:
 All of the following:
 1. The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
 2. Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
 3. Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and
 4. Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.

Check your Schedule for full details Schedule page ref		Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
New Listings – effective 1 May 2016 (continued)				
52	METOPROLOL SUCCINATE Tab long-acting 190 mg	3.85	30	✓ Myloc CR
72	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 35.5 mm length × 19.6 mm width	31.60	1	✓ Choice Load 375
78	CINACALCET – Special Authority see SA1594 – Retail pharmacy Tab 30 mg Wastage claimable – see rule 3.3.2 ▶ SA1594 Special Authority for Subsidy Initial application only from a nephrologist or endocrinologist. Approvals valid for 6 months for applications meeting the following criteria: Either: 1 All of the following: 1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and 1.2 The patient has persistent hypercalcaemia (serum calcium ≥ 3 mmol/L) despite previous first-line treatments including bisphosphonates and sodium thiosulfate; and 1.3 The patient is symptomatic; or 2 All of the following: 2.1 The patient has been diagnosed with calciphylaxis (calcific uraemic arteriopathy); and 2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium ≥ 3 mmol/L); and 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate. Renewal only from a nephrologist or endocrinologist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 The patient's serum calcium level has fallen to < 3mmol/L; and 2 The patient has experienced clinically significant symptom improvement. Note: this does not include parathyroid adenomas unless these have become malignant.	403.70	28	✓ Sensipar
94	GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement	30.00	50	✓ Pfizer Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.
122	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml ampoule	119.00	5	✓ Movapo
141	BUSPIRONE HYDROCHLORIDE * Tab 5 mg * Tab 10 mg	23.80 14.96	100 100	✓ Orion ✓ Orion
202	BIMATOPROST * Eye drops 0.03%	3.65	3 ml OP	✓ Bimatoprost Actavis

▲ 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 May 2016 (continued)

- 226 ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3]
Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.

Powder (chocolate) – Higher subsidy of up to \$14.90 per
900 g with Endorsement..... 10.22 900 g OP
(14.90) Sustagen Hospital
Formula

Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.

Powder (vanilla) – Higher subsidy of up to \$14.90 per
900 g with Endorsement..... 10.22 900 g OP
(14.90) Sustagen Hospital
Formula

Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.

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

Effective 1 July 2016

28	INSULIN PUMP – Special Authority see SA1603 1237 – Retail pharmacy		
	a) Maximum of 1 dev per prescription		
	b) Only on a prescription		
	c) Maximum of 1 insulin pump per patient each four year period.		
	Min basal rate 0.025 U/h; black colour	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; blue colour	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; green colour	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; pink colour.....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; silver colour.....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.05 U/h; blue colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; clear colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; pink colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; purple colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; smoke colour.....	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722

► **SA1603 1237** Special Authority for Subsidy

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

The IPP Co-ordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

Initial criteria for Subsidy for insulin pump for permanent neonatal diabetes

Initial application – (permanent neonatal diabetes) Initial application only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has permanent neonatal diabetes; and
2. A MDI regimen trial is inappropriate; and
3. ~~3.1~~ **Either**
 - 3.1 Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; ~~or and;~~
 - 3.2 ~~Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; and~~
4. Patient/Parent/Guardian has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
5. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; **and**
6. **Either:**
 - 6.1 Applicant is a relevant specialist; or
 - 6.2 Applicant is a nurse practitioner working within their vocational scope.

Renewal for insulin pump for permanent neonatal diabetes

Renewal – (permanent neonatal diabetes) only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction; and

continued...

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

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

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

continued...

2. Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician; and
3. It has been at least 4 years since the last insulin pump received by the patient or, in the case of patients qualifying under previous pump therapy for the initial application; the pump is due for replacement; **and**
4. **Either:**
 - 4.1. **Applicant is a relevant specialist; or**
 - 4.2. **Applicant is a nurse practitioner working within their vocational scope.**

Initial criteria for Subsidy for insulin pump for hypoglycaemia

Initial application – (severe unexplained hypoglycaemia) only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related **diabetes insulin**; and
2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
4. **Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; but still has and**
5. **Has had four severe unexplained recurrent hypoglycaemic episodes over a six month period (severe as defined as requiring the assistance of another person) either due to hypoglycaemic unawareness or to nocturnal hypoglycaemia; and**
6. **Has an average HbA1c between the following range: equal to or greater than 53 mmol/mol and equal to or less than 90 mmol/mol; and**
7. **Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; or**
6.1. **Was already on pump treatment prior to 1 September 2012 and initiated pump treatment for recurrent hypoglycaemic episodes due to hypoglycaemic unawareness or to nocturnal hypoglycaemia and showed a reduction in hypoglycaemic events from pump treatment; and**
8. **Either:**
 - 8.1. **Applicant is a relevant specialist; or**
 - 8.2. **Applicant is a nurse practitioner working within their vocational scope.**

Renewal for insulin pump for hypoglycaemia

Renewal – (severe unexplained hypoglycaemia) only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of at least a 50% reduction from baseline in hypoglycaemic events; and
2. HbA1c has not increased **by more than 5 mmol/mol** from baseline; and
3. **Either:**
 - 3.1. It has been at least 4 years since the last insulin pump **was** received by the patient; or
 - 3.2. **In the case of patients qualifying under previous pump therapy for the initial application; The pump is due for replacement; and**
4. **Either:**
 - 4.1. **Applicant is a relevant specialist; or**
 - 4.2. **Applicant is a nurse practitioner working within their vocational scope.**

Initial criteria for Subsidy for insulin pump for HbA1c

Initial application – (HbA1c) Initial application only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related insulin; and
2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and

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 July 2016 (continued)

continued...

3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
4. Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; ~~but still has and~~
5. ~~4.1. Has unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c; and~~
6. ~~4.2. In the opinion of the treating clinician, HbA1c could be reduced by at least 10 mmol/mol using insulin pump treatment; and~~
7. ~~4.3. Has typical HbA1c results between the following range: equal to or greater than 65 mmol/mol and equal to or less than 90 mmol/mol; and~~
8. ~~4.4. Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; or and~~
5. ~~Was already on pump treatment prior to 1 September 2012 and had unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c and has reduced HbA1c by at least 10 mmol/mol using insulin pump treatment; and~~
9. **Either:**
 - 9.1. **Applicant is a relevant specialist; or**
 - 9.2. **Applicant is a nurse practitioner working within their vocational scope.**

Renewal for insulin pump for HbA1C

Renewal – (HbA1c) only from relevant specialist or nurse practitioner ~~working within their vocational scope.~~

Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of achieving and maintaining a reduction in HbA1c from baseline of 10 mmol/mol; and
2. The number of severe unexplained recurrent hypoglycaemic episodes has not increased from baseline; and
3. **Either:**
 - 3.1. It has been at least 4 years since the last insulin pump was received by the patient; or, ~~in the case~~
 - 3.2. ~~of patients qualifying under previous pump therapy for the initial application;~~ The pump is due for replacement; **and**
4. **Either:**
 - 4.1. **Applicant is a relevant specialist; or**
 - 4.2. **Applicant is a nurse practitioner working within their vocational scope.**

Initial application – (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes; **and**
2. Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; **and**
3. The patient has adhered to an intensive MDI regimen using analogue insulin's for at least six months prior to initiating pump therapy; **and**
4. The patient is continuing to derive benefit from pump therapy; **and**
5. The patient had achieved and is maintaining a HbA1c of equal to or less than 80 mmol/mol on pump therapy; **and**
6. The patient has had no increase in severe unexplained hypoglycaemic episodes from baseline; **and**
7. The patient's HbA1c has not deteriorated more than 5 mmol/mol from baseline; **and**
8. **Either:**
 - 8.1. It has been at least 4 years since the last insulin pump received by the patient or;
 - 8.2. The pump is due for replacement; **and**
9. **Either:**
 - 9.1. **Applicant is a relevant specialist; or**
 - 9.2. **Applicant is a nurse practitioner working within their vocational scope.**

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 July 2016 (continued)

continued...

Renewal – (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner.

Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. The patient is continuing to derive benefit according to the treatment plan and has maintained a HbA1c of equal to or less than 80 mmol/ml; and
2. the patient's HbA1c has not deteriorated more than 5 mmol/ml from the time of commencing pump treatment; and
3. The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline; and
4. Either:
 - 4.1. It has been at least 4 years since the last insulin pump received by the patient; or
 - 4.2. The pump is due for replacement; and
5. Either:
 - 5.1. Applicant is a relevant specialist; or
 - 5.2. Applicant is a nurse practitioner working within their vocational scope.

28 INSULIN PUMP CONSUMABLES

➡ **SA1604 1240** Special Authority for Subsidy

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

The IPP Co-ordinator
PHARMAC
PO Box 10-254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

Initial criteria for Subsidy for insulin pump for permanent neonatal diabetes

Initial application – (permanent neonatal diabetes) Initial application only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1. Patient has permanent neonatal diabetes; and
2. A MDI regimen trial is inappropriate; and
3. Either:
 - 3.1. Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; and
 - 3.2. Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; and
4. Patient/Parent/Guardian has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
5. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
6. Either:
 - 6.1. Applicant is a relevant specialist; or
 - 6.2. Applicant is a nurse practitioner working within their vocational scope.

Renewal for insulin pump for permanent neonatal diabetes

Renewal – (permanent neonatal diabetes) only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction; and
2. Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician; and
3. Either:
 - 3.1. Applicant is a relevant specialist; or
 - 3.2. Applicant is a nurse practitioner working within their vocational scope.

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

continued...

Initial criteria for Subsidy for insulin pump for hypoglycaemia

Initial application – (severe unexplained hypoglycaemia) only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related **diabetes insulin**; and
2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
4. Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; ~~but still has and~~
5. **Has had** four severe unexplained recurrent hypoglycaemic episodes over a six month period (**severe as defined as requiring the assistance of another person**) ~~either due to hypoglycaemic unawareness or to nocturnal hypoglycaemia; and~~
6. **Has an average HbA1c between the following range: equal to or greater than 53 mmol/mol and equal to or less than 90 mmol/mol; and**
- 7.6. Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; ~~or~~
6.1. ~~Was already on pump treatment prior to 1 September 2012 and initiated pump treatment for recurrent hypoglycaemic episodes due to hypoglycaemic unawareness or to nocturnal hypoglycaemia and showed a reduction in hypoglycaemic events from pump treatment; and~~
8. **Either:**
 - 8.1. **Applicant is a relevant specialist; or**
 - 8.2. **Applicant is a nurse practitioner working within their vocational scope.**

Renewal for insulin pump for hypoglycaemia

Renewal – (severe unexplained hypoglycaemia) only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of at least a 50% reduction from baseline in hypoglycaemic events; and
2. HbA1c has not increased **by more than 5 mmol/mol** from baseline; and
3. **Either:**
 - 3.1. **Applicant is a relevant specialist; or**
 - 3.2. **Applicant is a nurse practitioner working within their vocational scope.**

Initial criteria for Subsidy for insulin pump for HbA1c

Initial application – (HbA1c) Initial application only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related insulin; and
2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
4. Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; ~~but still has and~~
5. **Has** unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c; and
6. In the opinion of the treating clinician, HbA1c could be reduced by at least 10 mmol/mol using insulin pump treatment; and
7. **Has typical HbA1c results between the following range: equal to or greater than 65 mmol/mol and equal to or less than 90 mmol/mol; and**
- 8.7. Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; ~~or~~ and

continued...

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

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

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

continued...

8. Was already on pump treatment prior to 1 September 2012 and had unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c and has reduced HbA1c by at least 10 mmol/mol using insulin pump treatment; and

9. Either:

9.1. Applicant is a relevant specialist; or

9.2. Applicant is a nurse practitioner working within their vocational scope.

Renewal for insulin pump for HbA1c

Renewal – (HbA1c) only from relevant specialist or nurse practitioner working within their vocational scope.

Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of achieving and maintaining a reduction in HbA1c from baseline of 10 mmol/mol; and
2. The number of severe unexplained recurrent hypoglycaemic episodes has not increased from baseline; and
3. **Either:**
 - 3.1. **Applicant is a relevant specialist; or**
 - 3.2. **Applicant is a nurse practitioner working within their vocational scope.**

Initial application – (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes; and
2. Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; and
3. The patient has adhered to an intensive MDI regimen using analogue insulin's for at least six months prior to initiating pump therapy; and
4. The patient is continuing to derive benefit from pump therapy; and
5. The patient had achieved and is maintaining a HbA1c of equal to or less than 80 mmol/mol on pump therapy; and
6. The patient has had no increase in severe unexplained hypoglycaemic episodes from baseline;
7. The patient's HbA1c has not deteriorated more than 5 mmol/mol from baseline; and
8. **Either:**
 - 8.1. **Applicant is a relevant specialist; or**
 - 8.2. **Applicant is a nurse practitioner working within their vocational scope.**

Renewal — (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. The patient is continuing to derive benefit according to the treatment plan and has maintained a HbA1c of equal to or less than 80 mmol/mol; and
2. the patient's HbA1c has not deteriorated more than 5 mmol/mol from initial application;
3. The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline; and
4. **Either:**
 - 4.1. **Applicant is a relevant specialist; or**
 - 4.2. **Applicant is a nurse practitioner working within their vocational scope.**

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 July 2016 (continued)

36	CARMELLOSE SODIUM WITH GELATIN AND PECTIN SODIUM CARBOXYMETHYLCELLULOSE With pectin and gelatin paste 17.20 56 g OP ✓ Stomahesive 4.55 15 g OP (7.90) Orabase 1.52 5 g OP (3.60) Orabase With pectin and gelatin powder 8.48 28 g OP (10.95) Stomahesive
47	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj inf 0.9%, bag – Up to 2000 ml available on a PSO 1.23 500 ml ✓ Baxter 1.26 1,000 ml ✓ Baxter Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)
48	DEXTROSE WITH ELECTROLYTES (addition of S29) Soln with electrolytes..... 6.55 1,000 ml OP ✓ Pedialyte - Bubblegum S29
49	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
79	TETRACOSACTRIN * Inj 1 mg per ml, 1 ml ampoule 690.00 1 ✓ Synacthen Depot
94	CLINDAMYCIN Inj phosphate 150 mg per ml, 4 ml ampoule – Retail pharmacy-Specialist..... 65.00 10 ✓ Dalacin C
122	BENZTROPINE MESYLATE Inj 1 mg per ml, 2 ml 95.00 5 ✓ Cogentin 190.00 10 ✓ Omega S29 a) Up to 10 5 inj available on a PSO b) Only on a PSO
128	CITALOPRAM HYDROBROMIDE – Brand switch fee payable (Pharmacode 2496437) * Tab 20 mg 1.79 84 ✓ PSM Citalopram
134	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml prefilled pen..... 13.80 2 OP ✓ Sun Pharma a) Brand switch fee payable (Pharmacode 2497050)- b) Maximum of 10 inj per prescription

▲ 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 July 2016 (continued)

138	ZIPRASIDONE		
	a) Brand switch fee payable (Pharmacode 2496429)-		
	b) Safety medicine; prescriber may determine dispensing frequency		
	Cap 20 mg	14.56	60 ✓ <u>Zusdone</u>
	Cap 40 mg	24.75	60 ✓ <u>Zusdone</u>
	Cap 60 mg	33.87	60 ✓ <u>Zusdone</u>
	Cap 80 mg	39.74	60 ✓ <u>Zusdone</u>
160	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1576		
	Inj 3.5 mg vial	1,892.50	1 ✓ <u>Velcade</u>
172	EXEMESTANE (Sole Supply transferred to Pfizer Exemestane)		
	* Tab 25 mg	14.50	30 ✓ <u>Aromasin</u>
198	DORNASE ALFA – Special Authority see SA0611 – Retail pharmacy (application criteria change)		
	Nebuliser soln, 2.5 mg per 2.5 ml ampoule	250.00	6 ✓ <u>Pulmozyme</u>
	➡ SA0611 Special Authority for Subsidy		
	Special Authority approved by the Cystic Fibrosis Advisory Panel		
	Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:		
	The Co-ordinator, Cystic Fibrosis Advisory Panel	Phone: (04) 460 4990	
	PHARMAC, PO Box 10 254	Facsimile: (04) 916 7571	
	Wellington	Email: CFPANEL@pharmac.govt.nz	
	Prescriptions for patients approved for treatment must be written by respiratory physicians or paediatricians who have experience and expertise in treating cystic fibrosis.		
	For the new criteria please refer to the PHARMAC website http://www.pharmac.govt.nz/latest/SA0611.pdf		

Effective 1 June 2016

113	IBUPROFEN (STAT removed)		
	Tab long-acting 800 mg	7.99	30 ✓ <u>Brufen SR</u>
137	LEVOMEPRIZINE HYDROCHLORIDE MALEATE – Safety medicine; prescriber may determine dispensing frequency		
	Inj 25 mg per ml, 1 ml	73.68	10 ✓ <u>Nozinan</u>
149	ZOPICLONE		
	a) Brand switch fee payable (Pharmacode 2495538) – see page 205 for details		
	b) Safety medicine; prescriber may determine dispensing frequency		
	Tab 7.5 mg	8.99	500 ✓ <u>Zopiclone Actavis</u>
196	GLYCOPYRRONIUM – Subsidy by endorsement		
	a) Inhaled glycopyrronium treatment will not be subsidised if patient is also receiving treatment with subsidised tiotropium or umeclidinium.		
	b) 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.		
	Powder for inhalation 50 mcg per dose	61.00	30 dose OP ✓ <u>Seebri Breezhaler</u>

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

- 196 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.
- | | | | |
|---|-------|------------|---------------------------|
| 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 |
- ➡ SA1568 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:
- To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and
 - 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
 - Either:

The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is:

 - Grade **3 4** (stops for breath after walking about 100 meters or after a few minutes on the level); or
 - Grade **4 5** (too breathless to leave the house, or breathless when dressing or undressing); and
 - All of the following:

Applicant must state recent measurement of:

 - Actual FEV₁ (litres); and
 - Predicted FEV₁ (litres); and
 - Actual FEV₁ as a % of predicted (must be below 60%); and
 - Either:
 - Patient is not a smoker (for reporting purposes only); or
 - Patient is a smoker and has been offered smoking cessation counselling; and
 - 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:
- Patient is compliant with the medication; and
 - Patient has experienced improved COPD symptom control (prescriber determined).

- 202 DORZOLAMIDE WITH TIMOLOL – Brand switch fee payable (Pharmacode 2495511)
* Eye drops 2% with timolol 0.5%..... 3.45 5 ml OP ✓ **Arrow-Dortim**

Effective 1 May 2016

- 129 MIRTAZAPINE – Brand switch fee payable (Pharmacode 2493489)
- | | | | |
|-----------------|------|----|--------------------------|
| Tab 30 mg | 2.55 | 30 | ✓ Apo-Mirtazapine |
| Tab 45 mg | 3.25 | 30 | ✓ Apo-Mirtazapine |
- 133 SODIUM VALPROATE (STAT removed)
- | | | | |
|---------------------|-------|-----|---------------------------|
| Tab 100 mg | 13.65 | 100 | ✓ Epilim Crushable |
| Tab 200 mg EC | 27.44 | 100 | ✓ Epilim |
| Tab 500 mg EC | 52.24 | 100 | ✓ Epilim |

▲ 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 July 2016

20	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO (↓ subsidy) * Cap 2 mg	7.05	400	✓ Diamide Relief
23	OMEPRAZOLE (↑ subsidy) * Inj 40 mg ampoule with diluent	33.98	5	✓ Dr Reddy's Omeprazole
34	LACTULOSE – Only on a prescription (↓ subsidy) * Oral liq 10 g per 15 ml	3.18	500 ml	✓ Laevolac
41	EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – [Xpharm] (↑ subsidy) For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 1 mg syringe	1,178.30	1	✓ NovoSeven RT
	Inj 2 mg syringe	2,356.60	1	✓ NovoSeven RT
	Inj 5 mg syringe	5,891.50	1	✓ NovoSeven RT
	Inj 8 mg syringe	9,426.40	1	✓ NovoSeven RT
43	TRANEXAMIC ACID (↓ subsidy) Tab 500 mg	20.67	100	✓ Cyklokapron
47	SODIUM CHLORIDE (↓ subsidy) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.			
	Inj 0.9%, bag – Up to 2000 ml available on a PSO	1.23	500 ml	✓ Baxter
		1.26	1,000 ml	✓ Baxter
	Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)			
49	TERAZOSIN (↑ subsidy) * Tab 1 mg	0.59	28	✓ Actavis
50	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE (↓ subsidy) * Tab 5 mg with hydrochlorothiazide 12.5 mg	10.18	100	✓ Apo-Cilazapril/ Hydrochlorothiazide
52	METOPROLOL TARTRATE (↑ subsidy) * Tab long-acting 200 mg	23.40	28	✓ Slow-Lopresor
54	VERAPAMIL HYDROCHLORIDE (↑ subsidy) * Inj 2.5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	25.00	5	✓ Isoptin
55	AMILORIDE HYDROCHLORIDE (↓ subsidy) * Tab 5 mg	15.00	100	✓ Apo-Amiloride

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 July 2016 (continued)

66	DIMETHICONE (↓ subsidy) * Crm 5% pump bottle.....	4.59	500 ml OP	✓ healthE Dimethicone 5%
66	UREA (↓ subsidy) * Crm 10%.....	1.37	100 g OP	✓ healthE Urea Cream
76	OXYBUTYNIN * Tab 5 mg (↓ subsidy) * Oral liq 5 mg per 5 ml (↑ subsidy).....	8.85 60.40	500 473 ml	✓ Apo-Oxybutynin ✓ Apo-Oxybutynin
79	TETRACOSACTRIN (↑ subsidy) * Inj 250 mcg per ml, 1 ml ampoule * Inj 1 mg per ml, 1 ml ampoule	75.00 690.00	1 1	✓ Synacthen ✓ Synacthen Depot
90	CEFACLO MONOHYDRATE (↓ subsidy) Cap 250 mg.....	24.70	100	✓ Ranbaxy-Cefaclor
92	AMOXICILLIN (↓ subsidy) Cap 250 mg a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 Cap 500 mg a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6	14.97 16.75	500 500	✓ Apo-Amoxi ✓ Apo-Amoxi
93	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↓ subsidy) Grans for oral liq 125 mg per 5 ml a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 Grans for oral liq 250 mg per 5 ml a) Up to 300 ml available on a PSO b) Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2	1.48 1.58	100 ml 100 ml	✓ AFT ✓ AFT
94	CLINDAMYCIN (↓ subsidy) Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement – Retail pharmacy – Specialist..... Inj phosphate 150 mg per ml, 4 ml ampoule – Retail pharmacy-Specialist.....	4.10 65.00	16 10	✓ Clindamycin ABM ✓ Dalacin C
97	ITRACONAZOLE (↓ subsidy) Cap 100 mg – Subsidy by endorsement	2.79	15	✓ Itrazole
Funded for tinea vesicular where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement - Retail pharmacy - Specialist Specialist must be an infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist.				

▲ 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 July 2016 (continued)

98	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy († subsidy) Powder for oral suspension 40 mg per ml – Wastage claimable – see rule 3.3.2	876.00	70 ml	✓ Vfend
103	ACICLOVIR (↓ subsidy) * Tab dispersible 200 mg	1.60	25	✓ Lovir
	* Tab dispersible 400 mg	5.38	56	✓ Lovir
	* Tab dispersible 800 mg	5.98	35	✓ Lovir
122	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg († subsidy)	2.78	100	✓ Apo-Ropinirole
	▲ Tab 1 mg (↓ subsidy)	5.00	100	✓ Apo-Ropinirole
	▲ Tab 5 mg († subsidy)	16.51	100	✓ Apo-Ropinirole
123	TETRABENAZINE (↓ subsidy) Tab 25 mg	91.10	112	✓ Motetis
125	DIHYDROCODEINE TARTRATE (↓ subsidy) Tab long-acting 60 mg	9.55	60	✓ DHC Continus
126	MORPHINE SULPHATE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab long-acting 10 mg	1.93	10	✓ Arrow-Morphine LA
	Tab long-acting 30 mg	2.85	10	✓ Arrow-Morphine LA
	Tab long-acting 60 mg	5.60	10	✓ Arrow-Morphine LA
	Tab long-acting 100 mg	6.10	10	✓ Arrow-Morphine LA
128	NORTRIPTYLINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 10 mg	3.22	100	✓ Norpress
	Tab 25 mg	7.08	180	✓ Norpress
129	SERTRALINE (↓ subsidy) Tab 50 mg	3.05	90	✓ Arrow-Sertraline
	Tab 100 mg	5.25	90	✓ Arrow-Sertraline
141	BUSPIRONE HYDROCHLORIDE (↓ subsidy) * Tab 5 mg	23.80	100	✓ Pacific Buspirone
	* Tab 10 mg	14.96	100	✓ Pacific Buspirone
159	METHOTREXATE (↓ subsidy) * Inj 7.5 mg prefilled syringe.....	14.61	1	✓ Methotrexate Sandoz
	* Inj 10 mg prefilled syringe.....	14.66	1	✓ Methotrexate Sandoz
	* Inj 15 mg prefilled syringe.....	14.77	1	✓ Methotrexate Sandoz
	* Inj 20 mg prefilled syringe.....	14.88	1	✓ Methotrexate Sandoz
	* Inj 25 mg prefilled syringe.....	14.99	1	✓ Methotrexate Sandoz
	* Inj 30 mg prefilled syringe.....	15.09	1	✓ Methotrexate Sandoz

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 July 2016 (continued)

190	SIROLIMUS – Special Authority see SA0866 – Retail pharmacy (↓ subsidy)		
	Tab 1 mg	749.99	100 ✓Rapamune
	Tab 2 mg	1,499.99	100 ✓Rapamune
	Oral liq 1 mg per ml	449.99	60 ml OP ✓Rapamune
193	LORATADINE (↓ subsidy)		
	* Tab 10 mg	1.28	100 ✓Lorafix
196	Tiotropium BROMIDE – Special Authority see SA1568 – Retail pharmacy (↓ subsidy)		
	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	50.37	30 dose ✓Spiriva
	Soln for inhalation 2.5 mcg per dose	50.37	60 dose OP ✓Spiriva Respimat
202	BIMATOPROST (↓ subsidy)		
	* Eye drops 0.03%	3.65 (18.50)	3 ml OP Lumigan

Effective 1 June 2016

37	CALCITRIOL (↓ subsidy)		
	* Cap 0.25 mcg	9.95	100 ✓Calcitriol-AFT
	* Cap 0.5 mcg	18.39	100 ✓Calcitriol-AFT
66	CETOMACROGOL WITH GLYCEROL (↓ subsidy)		
	Crn 90% with glycerol 10%	2.82	500 ml OP ✓Pharmacy Health Sorbolene with Glycerin
		3.87	1,000 ml OP ✓Pharmacy Health Sorbolene with Glycerin
157	OXALIPLATIN – PCT only – Specialist (↑ subsidy)		
	Inj 1 mg for ECP	0.18	1 mg ✓Baxter

Effective 1 May 2016

52	METOPROLOL SUCCINATE (↓ subsidy)		
	Tab long-acting 23.75 mg	0.80	30 ✓Metoprolol - AFT CR
	Tab long-acting 47.5 mg	1.16	30 ✓Metoprolol - AFT CR
	Tab long-acting 95 mg	1.91	30 ✓Metoprolol - AFT CR
	Tab long-acting 190 mg	3.85	30 ✓Metoprolol - AFT CR
200	CHLORAMPHENICOL (↓ subsidy)		
	Eye oint 1%	2.48	4 g OP ✓Chlorsig

▲ 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 July 2016

49	TERAZOSIN			
	* Tab 1 mg	0.59	28	✓ Actavis Arrow

Changes to PSO

Effective 1 July 2016

234	BENZTROPINE MESYLATE			
	✓ Inj 1 mg per ml, 2 ml		10 5	

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 June 2016

32	INSULIN PUMP RESERVOIR – Special Authority see SA1240 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 packs of reservoir sets will be funded per year. 10 x luer lock conversion cartridges 3.0 ml for Paradigm pumps.....	50.00	1 OP	✓ ADR Cartridge 3.0
59	AQUEOUS CREAM * Crm.....	1.96	500 g	✓ AFT
59	OIL IN WATER EMULSION * Crm.....	2.25 (2.63)	500 g	healthE Fatty Cream
103	VALACICLOVIR Tab 500 mg	6.42 (102.72)	30	Valtrex
205	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... a) The Pharmacode for BSF Arrow-Dortim is 2495511 b) The Pharmacode for BSF Zopiclone Actavis is 2495538	4.33	1 fee	✓ BSF Arrow-Dortim ✓ BSF Zopiclone Actavis
232	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1557 – Hospital pharmacy [HP3] Powder	15.21	450 g OP	✓ Pepti Junior Gold Karicare Aptamil

Effective 1 May 2016

26	BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump. Only one meter per patient will be subsidised every 5 years. Meter	40.00	1	✓ Freestyle Optium
37	NYSTATIN Oral liq 100,000 u per ml.....	3.35	24 ml OP	✓ Nilstat
73	CONDOMS * 52 mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Sensolite ✓ Marquis Supalite ✓ Marquis Titillata
	* 53 mm – Up to 144 dev available on a PSO	13.36	144	

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 July 2016

52	METOPROLOL SUCCINATE			
	Tab long-acting 190 mg	3.85	30	✓ Myloc CR
	Note – the delisting of Myloc CR tab long-acting 190 mg has been delayed until 1 November 2016.			

Effective 1 August 2016

52	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	0.80	30	✓ Metoprolol – AFT CR
	Tab long-acting 47.5 mg	1.16	30	✓ Metoprolol – AFT CR
	Tab long-acting 95 mg	1.91	30	✓ Metoprolol – AFT CR
	Tab long-acting 190 mg	3.85	30	✓ Metoprolol – AFT CR
	Note – the delisting of Metoprolol – AFT CR tab long acting all strengths, 30 tab pack size, has been delayed from 1 August 2016 until 1 November 2016.			

92	AMOXICILLIN WITH CLAVULANIC ACID			
	Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO	9.75	100	✓ Curam Duo

Effective 1 September 2016

122	LISURIDE HYDROGEN MALEATE			
	▲ Tab 200 mcg	25.00	30	✓ Dopergin

Effective 1 October 2016

141	BUSPIRONE HYDROCHLORIDE			
	* Tab 5 mg	23.80	100	✓ Pacific Buspirone
	* Tab 10 mg	14.96	100	✓ Pacific Buspirone
		(17.00)		
202	BIMATOPROST			
	* Eye drops 0.03%	3.65	3 ml OP	
		(18.50)		Lumigan

Effective 1 November 2016

52	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	0.80	30	✓ Metoprolol – AFT CR
	Tab long-acting 47.5 mg	1.16	30	✓ Metoprolol – AFT CR
	Tab long-acting 95 mg	1.91	30	✓ Metoprolol – AFT CR
	Tab long-acting 190 mg	3.85	30	✓ Metoprolol – AFT CR
	Note – the delisting of Metoprolol – AFT CR tab long acting all strengths, 30 tab pack size, has been delayed from 1 August 2016 until 1 November 2016.			
52	METOPROLOL SUCCINATE			
	Tab long-acting 190 mg	3.85	30	✓ Myloc CR
	Note – the delisting of Myloc CR tab long-acting 190 mg has been delayed from 1 July 2016 until 1 November 2016.			

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 November 2016 (continued)

72	CONDOMS * 54 mm, shaped – Up to 144 dev available on a PSO	1.12 (1.24) 13.36 (14.84)	12 144	 Lifestyles Flared Lifestyles Flared
92	AMOXICILLIN Grans for oral liq 125 mg per 5 ml	0.88	100 ml	✓ Alphamox ✓ Ranmoxy
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 250 mg per 5 ml	0.97	100 ml	✓ Alphamox ✓ Ranmoxy
	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			
111	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy See prescribing guideline on the previous page			
	Inj 135 mcg prefilled syringe	1,448.00	4	✓ Pegasys
	Inj 135 mcg prefilled syringe x 4 with ribavirin tab 200 mg x 112	1,799.68	1 OP	✓ Pegasys RBV Combination Pack
213	PROPYLENE GLYCOL Only in extemporaneously compounded methyl hydroxybenzoate 10% solution Liq	10.50	500 ml	✓ PSM

Effective 1 December 2016

20	SIMETHICONE * Oral liq aluminium hydroxide 200 mg with magnesium hydroxide 200 mg and activated simethicone 20 mg per 5 ml	1.50 (4.26)	500 ml	 Mylanta P
65	TRICLOSAN – Subsidy by endorsement a) Maximum of 500 ml per prescription b) a) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or b) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly Soln 1%	4.50	500 ml OP	✓ Pharmacy Health
122	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml ampoule	119.00	5	✓ Apomine
160	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1576 Inj 1 mg	540.70	1	✓ Velcade

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

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

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

226	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.		
	Powder (chocolate) – Higher subsidy of up to \$14.90 per		
	900 g with Endorsement.....	10.22 (14.90)	900 g OP Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.		
	Powder (vanilla) – Higher subsidy of up to \$14.90 per		
	900 g with Endorsement.....	10.22 (14.90)	900 g OP Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.		

Effective 1 January 2017

23	BISMUTH TRIOXIDE			
	Tab 120 mg	32.50	112	✓ De Nol \$29
172	EXEMESTANE			
	* Tab 25 mg	14.50	30	✓ Aromasin

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