Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 October 2016

Cumulative for September and October 2016

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 OCTOBER 2016

New listings (page 25)

- Pantoprazole (Panzop Relief) tab EC 20 mg and EC 40 mg
- Cilazapril (Apo-Cilazapril) tab 2.5 mg and 5 mg
- Cetirizine hydrochloride (Zista) tab 10 mg
- Oral feed (powder) (Ensure) powder (chocolate), 850 g OP – Special Authority – Hospital pharmacy [HP3], new formulation

Changes to restrictions (pages 28-30)

- Pancreatic enzyme cap – amended presentation description
- Potassium chloride (Span-K) tab long-acting 600 mg (8 mmol) – Stat dispensing reinstated
- Coal tar (Midwest) soln BP – amended presentation description
- Cinacalcet (Sensipar) tab 30 mg – amended Special Authority criteria
- Hormone replacement therapy – systemic – Special Authority removed
- Oestradiol TDDS 3.9 mg (releases 50 mcg of oestradiol per day) (Climara 50) and TDDS 7.8 mg (releases 100 mcg of oestradiol per day) (Climara 100) – Higher subsidy with Special Authority removed
- Goserelin (Zoladex) implant 3.6 mg, syringe and implant 10.8 mg, syringe – amended chemical name and presentation description
- Leuprorelin (Lucrin and Eligard) various presentations – amended presentation descriptions and brand names
- 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) – amended restriction
- 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) – amended restriction
- Fludarabine phosphate (Fludarabine Ebewe and Fludara) inj 50 mg vial – amended presentation description
- Ipratropium bromide (Univent) nebuliser soln, 250 mcg per ml, 1 ml and 2 ml ampoules – amended presentation description
- Section C: extemporaneously compounded products and galenicals, Introduction – amended restriction

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

Increased subsidy (pages 34-35)

- Aspirin (Ethics Aspirin EC) tab 100 mg
- Compound electrolytes (Enerlyte) powder for oral soln
- Hydrocortisone (Pharmacy Health) crm 1%, 500 g
- Coal tar (Midwest) soln BP, 200 ml
- Selegiline hydrochloride (Apo-Selegiline S29) tab 5 mg
- Aspirin (Ethics Aspirin) tab dispersible 300 mg
- Ipratropium bromide (Univent) nebuliser soln, 250 mcg per ml, 1 ml and 2 ml ampoules

Decreased subsidy (pages 34-35)

- Amiodarone hydrochloride (Aratac) tab 100 mg and 200 mg
- Goserelin (Zoladex) implant syringe 3.6 mg and 10.8 mg
- Aciclovir (Zovirax) eye oint 3%, 4.5 g OP

Decreased alternate subsidy (page 34)

- Oestradiol TDDS 3.9 mg (releases 50 mcg of oestradiol per day) (Climara 50) and TDDS 7.8 mg (releases 100 mcg of oestradiol per day) (Climara 100)

What's changing?

The following Tender products will be listed from 1 October 2016:

- Cetirizine hydrochloride (Zista) tab 10 mg
- Cilazapril (Apo-Cilazapril) tab 2.5 mg and 5 mg
- Pantoprazole (Panzop Relief) tab EC 20 mg and 40 mg

Do you prefer email communications?

We have received feedback from pharmacists that they would prefer communications from us via email. If you would like to receive future updates by email, please provide **your email address** to us at enquiry@pharmac.govt.nz. Please put "email or fax preference" in the subject line.

If email is not an option for you, and you would like to continue to receive faxed communications from us, please let us know that too.

Registered Nurse Prescribers and Nurse Practitioner changes to General rules

- Registered Nurse Prescribers meeting requirements for qualifications, training and competence will be able to prescribe from a list of medicines within their scope of practice and access subsidies for those medicines in accordance with the Pharmaceutical Schedule rules and restrictions.
- Nurse Practitioners employed by DHBs working in secondary and tertiary care settings as part of specialist teams will have access to subsidies for medicines with a Retail Pharmacy-Specialist restriction, within their scope of practice.

The Nursing Council of New Zealand intends to publish the gazetted list of medicines able to be prescribed by Registered Nurse Prescribers. This will be available at www.nursingcouncil.org.nz. The "Search the Register" function on the same site can be used to check the practising status, scope and any authorisations of all Registered Nurses, including Nurse Practitioners.

Goserelin and leuprorelin funding update

PHARMAC currently funds two gonadotropin-releasing hormone analogues (GnRH analogues) that are used for a variety of conditions.

From 1 December 2016, only one of these, goserelin (Zoladex) will be fully funded.

This means that leuprorelin (Eligard and Lucrin) will have a part charge.

PHARMAC has received expert clinical advice that both goserelin and leuprorelin work in the same, or very similar way, and it would be clinically reasonable to fully fund only one.

Children and adolescents can continue to receive fully funded leuprorelin if they cannot tolerate goserelin administration.

People using leuprorelin will need to visit their prescriber to change to goserelin and obtain a new prescription

PHARMAC acknowledges that this may cause inconvenience for some people, however people will still be able to receive a fully funded treatment that will provide the same benefits.

For further information refer to our website www.pharmac.govt.nz/medicines/my-medicine-has-changed/goserelin-and-leuprorelin/.

Oestradiol TDDS – Special Authority for Alternate Subsidy removal

As part of the oestradiol patch Tender implementation, the Higher Subsidy with Special Authority for oestradiol TDDS 3.9 mg (Climara 50) and 7.8 mg (Climara 100) will be removed from 1 October 2016. This will result in all patients receiving the Climara 50 and Climara 100 brands incurring a manufacturer's surcharge from 1 October 2016.

Oral feed powder (Ensure) – new listing and discontinuation

Abbott has advised a formulation change for Ensure powder (chocolate) 850 g can. The new formulation will be fully subsidised from 1 October 2016 for eligible patients with valid Special Authority approvals. The new formulation also has a new Pharmacode – 2504324.

Salamol aerosol inhaler – discontinuation

AirFlow Products has notified PHARMAC that the Salamol aerosol inhaler 100 mcg per dose CFC free will be discontinued when current stocks are exhausted, expected to be early September 2016. Salamol will be delisted from the Pharmaceutical Schedule on 1 April 2017.

There are a number of alternative fully subsidised salbutamol aerosol inhalers available in the Pharmaceutical Schedule that patients can be switched to.

Viekira Pak and Viekira Pak-RBV – restriction change

From 1 October 2016, all prescribers including general practitioners will be able to prescribe Viekira Pak and Viekira Pak-RBV.

PHARMAC has been working closely with clinicians, the Ministry of Health, suppliers and others in the health sector to ensure that the right materials and education is available to support the treatment of hepatitis C in the community.

Please refer to our website to access these important resources: http://www.pharmac.govt.nz

Bakels Gluten Free Health Bread Mix – delisting

NZ Bakels has notified PHARMAC that it has changed the pack size of Bakels Gluten Free Health Bread Mix from a 1,000 g pack to a 700 g pack. The 1,000 g pack will be delisted from the Pharmaceutical Schedule from 1 April 2017. The 700 g pack will not be listed.

PHARMAC has previously notified the market that from 1 April 2011 that it is no longer actively managing the funding of gluten free foods, including the listing of new products, making subsidy changes, or other changes to the existing listing. It is anticipated that the range of funded items would reduce over time.

There are two alternative gluten free bread mixes (1,000 g OP) available to patients that are listed with a partial subsidy, including NZB Low Gluten Bread Mix, and Horleys Bread Mix.

Modecate – back in stock

Bristol-Myers Squibb has advised that Modecate (fluphenazine decanoate) is back in stock. The inj 25 mg per ml, 2 ml amp presentation, which was listed temporarily to cover the shortage, will be delisted from 1 January 2017.

News in brief

- **Disopyramide phosphate** (Rythmodan) cap 150 mg – to be delisted from the Pharmaceutical Schedule from 1 April 2017.
- **Sunscreen** (Aquasun 30+) lotn – to be delisted from 1 April 2017
- **Potassium chloride** (Span-K) long-acting 600 mg tab – Stat dispensing to be reinstated from 1 October 2016.
- **Oral feed** (Ensure Plus) chocolate liq 237 ml – to be delisted 1 April 2017. The 200 ml OP chocolate pack remains subsidised.
- **Enteral feed with fibre** liq 237 ml (Jevity) and 500 ml (Jevity RTH) – to be delisted from 1 June 2017.
- **Ganciclovir** (Virgan) eye gel 0.15% - from 1 November 2016 Virgan will be delisted from the Pharmaceutical Schedule.
- **Diaphragm** (Ortho-All-flex) 65mm, 70mm, 75mm, 80mm – to be delisted from 1 April 2017. PHARMAC has tried to source an alternate supply without success.
- **Boceprevir** (Victrelis) cap 200 mg – to be delisted from 1 April 2017.
- **Metoprolol succinate** – Sole Supply and Hospital Sole Supply to be suspended until further notice to allow for alternative brands including Myloc CR and Betaloc CR to continue to be listed and claimed for until stock is exhausted.

Tender News

Sole Subsidised Supply changes – effective 1 November 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amisulpride	Oral liq 100 mg per ml; 60 ml	Solian (Sanofi-Aventis)
Calcitriol	Cap 0.25 mcg; 100 cap	Calcitriol-AFT (AFT)
Calcitriol	Cap 0.5 mcg; 100 cap	Calcitriol-AFT (AFT)
Cefalexin	Cap 500 mg; 20 cap	Cephalexin ABM (ABM)
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml; 500 ml	Ferodan (Mylan)
Fluoxetine hydrochloride	Cap 20 mg; 90 cap	Arrow-Fluoxetine (Actavis)
Fluoxetine hydrochloride	Tab dispersible 20 mg, scored; 30 tab	Arrow-Fluoxetine (Actavis)
Haloperidol	Inj 5 mg per ml, 1 ml ampoule; 10 inj	Serenace (Aspen)
Haloperidol	Oral liq 2 mg per ml; 100 ml	Serenace (Aspen)
Haloperidol	Tab 500 mcg; 100 tab	Serenace (Aspen)
Haloperidol	Tab 1.5 mg; 100 tab	Serenace (Aspen)
Haloperidol	Tab 5 mg; 100 tab	Serenace (Aspen)
Hydrocortisone	Inj 100 mg vial; 1 inj	Solu-Cortef (Pfizer)
Indapamide	Tab 2.5 mg; 90 tab	Dapa-Tabs (Mylan)
Loperamide hydrochloride	Tab 2 mg; 400 tab	Nodia (Multichem)
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe; 1 inj	Depo-Provera (Pfizer)
Medroxyprogesterone acetate	Tab 2.5 mg; 30 tab	Provera (Pfizer)
Medroxyprogesterone acetate	Tab 5 mg; 100 tab	Provera (Pfizer)
Medroxyprogesterone acetate	Tab 10 mg; 30 tab	Provera (Pfizer)
Medroxyprogesterone acetate	Tab 100 mg; 100 tab	Provera HD (Pfizer)
Methotrexate	Inj 25 mg per ml, 2 ml vial; 5 inj	DBL Methotrexate Onco-Vial (Hospira)
Methotrexate	Inj 25 mg per ml, 20 ml vial; 1 inj	DBL Methotrexate Onco-Vial (Hospira)
Metoprolol tartrate	Tab 50 mg; 100 tab	Apo-Metoprolol (Apotex)
Metoprolol tartrate	Tab 100 mg; 60 tab	Apo-Metoprolol (Apotex)
Mitomycin C	Inj 5 mg vial; 1 inj	Arrow (Actavis)
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule; 5 inj	DBL Morphine Tartrate (Hospira)
Oestradiol	Patch 25 mcg per day; 8 patch	Estradot (Novartis)

Sole Subsidised Supply changes – effective 1 November 2016 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ornidazole	Tab 500 mg; 10 tab	Arrow-Ornidazole (Actavis)
Promethazine hydrochloride	Inj 25 mg per ml; 2 ml ampoule; 5 inj	Hospira (Hospira)
Rifabutin	Cap 150 mg; 30 cap	Mycobutin (Pfizer)
Sodium chloride	Inj 23.4% (4 mmol/ml), 20 ml ampoule; 5 inj	Biomed (Biomed)
Sotalol	Tab 80 mg; 500 tab	Mylan (Mylan)
Sotalol	Tab 160 mg; 100 tab	Mylan (Mylan)
Spironolactone	Tab 25 mg; 100 tab	Spiractin (Mylan)
Spironolactone	Tab 100 mg; 100 tab	Spiractin (Mylan)
Sulphasalazine	Tab 500 mg; 100 tab	Salazopyrin (Pfizer)
Sulphasalazine	Tab EC 500 mg; 100 tab	Salazopyrin EN (Pfizer)

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 November 2016

- Atorvastatin (Zarator) tab 10 mg, 20 mg, 40 mg and 80 mg – subsidy decrease
- Metoprolol tartrate (Apo-Metoprolol) tab 50 mg and 100 mg – Brand Switch Fee payable

Possible decisions for future implementation 1 November 2016

- Abacavir sulphate with lamivudine (Kivexa) tab 600 mg with lamivudine 300 mg – price and subsidy decrease
- Dolutegravir (Tivicay) tab 50 mg – new listing, Special Authority – Retail pharmacy
- Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid, 1,000 ml OP – new listing subject to existing Special Authority for Standard Supplements (SA1554)
- Midazolam (Hypnovel) inj 1 mg per ml, 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule – price and subsidy decrease

Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetycysteine	2018
Aciclovir	**Tab dispersible 200 mg, 400 mg & 800 mg**	**Lovir**	**2019**
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%, 5 ml OP	MycoNail	2017
Amoxicillin	**Cap 250 mg & 500 mg** Inj 250 mg, 500 mg & 1 g vials	**Apo-Amoxi** Ibiamox	**2019** 2017
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	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

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 30 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2018
Betamethasone valerate	Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP	Beta Cream Beta Ointment	2018
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bimatoprost	**Eye drops 0.03%; 3 ml OP**	**Bimatoprost Actavis**	**2018**
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
Buspirone hydrochloride	**Tab 5 mg & 10 mg**	**Orion**	**2018**
Cabergoline	Tab 0.5 mg	Dostinex	2018
Calamine	Crm, aqueous, BP Lotn, BP	Pharmacy Health PSM	2018
Calcitonin	Inj 100 iu per ml, 1 ml ampoule	Miacalcic	2017
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2017
Calcium folinate	Inj 50 mg	Calcium Folinate Ebewe	2017
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefaclor monohydrate	**Grans for oral liq 125 mg per 5 ml** **Cap 250 mg**	**Ranbaxy-Cefaclor**	**2019**
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	Crm BP	healthE	2018
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorafast	2019 2018

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Generic Name	Presentation	Brand Name	Expiry Date*
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
Ciclopirox olamine	Nail soln 8%, 7 ml OP	Apo-Ciclopirox	2018
Cilazapril with hydrochlorothiazide	**Tab 5 mg with hydrochlorothiazide 12.5 mg**	**Apo-Cilazapril/ Hydrochlorothiazide**	**2019**
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
Clindamycin	**Cap hydrochloride 150 mg** **Inj phosphate 150 mg per ml, 4 ml ampoule**	**Clindamycin ABM** **Dalacin C**	**2019**
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	Crm 1%, 20 g OP	Clomazol	2017
Crotamiton	Crm 10%, 20 g OP	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

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Generic Name	Presentation	Brand Name	Expiry Date*
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2018
	Tab long-acting 75 mg & 100 mg	Apo-Diclo SR	
	Inj 25 mg per ml, 3 ml ampoule	Voltaren	2017
	Suppos 12.5 mg, 25 mg, 50 mg & 100 mg		
	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	
Digoxin	Tab 62.5 mcg	Lanoxin PG	2019
	Tab 250 mcg	Lanoxin	
Dihydrocodeine tartrate	**Tab long-acting 60 mg**	**DHC Continus**	**2019**
Dimethicone	**Crm 5%, pump bottle, 500 ml OP**	**healthE Dimethicone 5%**	**2019**
	Crm 10% pump bottle, 500 ml OP	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 haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Dipyridamole	**Tab long-acting 150 mg**	**Pytazen SR**	**2019**
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Erlotinib	Tab 100 mg & 150 mg	Tarceva	2018
Ethinyloestradiol	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	Zimybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	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%, 20 g OP	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

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Generic Name	Presentation	Brand Name	Expiry Date*
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 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Tab 5 mg & 20 mg Powder	Douglas ABM	2018 2017
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%, 15 g OP	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

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Isosorbide mononitrate	Tab long-acting 40 mg Tab 20 mg	Ismo 40 Retard Ismo-20	2019 2017
Itraconazole	**Cap 100 mg**	**Itrazole**	**2019**
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2017
Lactulose	**Oral liq 10 g per 15 ml**	**Laevolac**	**2019**
Lamivudine	Tab 100 mg Oral liq 5 mg per ml	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	Intra-uterine system 20 mcg per day Subdermal implant (2 x 75 mg rods)	Mirena Jadelle	2019 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
Loperamide hydrochloride	**Cap 2 mg**	**Diamide Relief**	**2019**
Loratadine	**Tab 10 mg**	**Lorafix**	**2019**
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2017
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017
Macrogol 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

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Meningococcal (groups a,c,y and w-135) congugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
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	Metchek 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	Crm 2%, 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2017
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Crm 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%	Elocon Alcohol Free Elocon	2018
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	**Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg**	**Arrow-Morphine LA**	**2019**
	Tab immediate-release 10 mg & 20 mg	Sevredol	2017
	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	DBL Morphine Sulphate	
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
Nortriptyline hydrochloride	**Tab 10 mg & 25 mg**	**Norpress**	**2019**
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	Crm; 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	**Inj 40 mg ampoule with diluent**	**Dr Reddy's Omeprazole**	**2019**
	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg	Dr Reddy's Ondansetron	2017
	Tab disp 8 mg	Ondansetron ODT-DRLA	

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxybutynin	**Oral liq 5 mg per 5 ml** **Tab 5 mg**	**Apo-Oxybutynin**	**2019**
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoules Inj 50 mg per ml, 1 ml ampoule Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	2018
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml	Syntometrine	2018
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2017
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2018
Paracetamol	Suppos 125 mg & 250 mg Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Gacet Paracare Pharmacare Paracare Paracare Double Strength	2018 2017
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%, 3.5 g OP	Poly-Visc	2017
Peak flow meter	Low range Normal range	Mini-Wright AFS Low Range Mini-Wright Standard	2018
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe Inj 180 mcg prefilled syringe Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112 Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys Pegasys RBV Combination Pack	2017
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 October 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
Phenobartitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	**Grans for oral liq 125 mg per 5 ml** **Grans for oral liq 250 mg per 5 ml** Cap 250 mg & 500 mg	**AFT** Cilicaine VK	**2019** 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
Pramipexole hydrochloride	**Tab 0.25 mg & 1 mg**	**Ramipex**	**2019**
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
Progesterone	Cap 100 mg	Urogestan	2019
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

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	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
Ropinirole hydrochloride	**Tab 0.25 mg, 1 mg, 2 mg & 5 mg**	**Apo-Ropinirole**	**2019**
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 chloride	**Inj 0.9%, bag; 500 ml & 1,000 ml**	**Baxter**	**2019**
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphonate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2017

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Terazosin	**Tab 1 mg**	**Actavis**	**2019**
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Tetrabenazine	**Tab 25 mg**	**Motelis**	**2019**
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	**Eye drops 0.25%, gel forming, 2.5 ml OP** **Eye drops 0.5%, gel forming, 2.5 ml OP** Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	**Timoptol XE** Arrow-Timolol	**2019** 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
Tranexamic acid	**Tab 500 mg**	**Cyklolapron**	**2019**
Triamcinolone acetonide	Paste 0.1% Oint 0.02%, 100 g OP Crm 0.02%, 100 g OP Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydriacyl	2017
Urea	**Crm 10%, 100 g OP**	**healthE Urea Cream**	**2019**
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]	**Cap 100 mg** **Oral liq 10 mg per ml, 200 ml OP**	**Retrovir**	**2019**
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017

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Sole Subsidised Supply Products – cumulative to October 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

October 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 October 2016

23 PANTOPRAZOLE

✳ Tab EC 20 mg	2.41	100	✔**Panzop Relief**
✳ Tab EC 40 mg	3.35	100	✔**Panzop Relief**

54 CILAZAPRIL

✳ Tab 2.5 mg	7.20	200	✔**Apo-Cilazapril**
✳ Tab 5 mg	12.00	200	✔**Apo-Cilazapril**

202 CETIRIZINE HYDROCHLORIDE

✳ Tab 10 mg	1.01	100	✔**Zista**

236 ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3]

Powder (chocolate)	13.00	850 g OP	✔**Ensure**

Note – This is the listing of a new formulation with a new Pharmacode (2504324).

Effective 1 September 2016

53 DEXTROSE WITH ELECTROLYTES

Soln with electrolytes (2 x 500 ml)	6.55	1,000 ml OP	✔**Pedialyte - Bubblegum**

62 ATORVASTATIN – See prescribing guideline

✳ Tab 10 mg	9.29	500	✔**Lorstat**
✳ Tab 20 mg	13.32	500	✔**Lorstat**
✳ Tab 40 mg	21.23	500	✔**Lorstat**
✳ Tab 80 mg	36.26	500	✔**Lorstat**

70 CLOBETASOL PROPIONATE

✳ Crm 0.05%	2.20	30 g OP	✔**Dermol**
✳ Oint 0.05%	2.20	30 g OP	✔**Dermol**

84 ZOLEDRONIC ACID

Inj 4 mg per 5 ml, vial – Special Authority see SA1512 – Retail pharmacy	84.50	1	✔**Zoledronic acid Mylan**

96 CEFALEXIN

Cap 250 mg	3.50	20	✔**Cephalexin ABM**

96 CEFTRIAXONE – Subsidy by endorsement

a) Up to 5 inj available on a PSO

b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly.

Inj 500 mg vial	1.20	1	✔**DEVA**
Inj 1 g vial	0.84	1	✔**DEVA**

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

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

New Listings – effective 1 September 2016 (continued)

103 POSACONAZOLE – Special Authority see SA1285 – Retail pharmacy

Tab modified-release 100 mg	869.86	24	✔**Noxafil**

144 AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency

Tab 100 mg	4.56	30	✔**Sulprix**
Tab 200 mg	14.75	60	✔**Sulprix**
Tab 400 mg	27.70	60	✔**Sulprix**

200 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1615

Inj 50 mg vial	2,340.00	1	✔**Keytruda**
Inj 1 mg for ECP	49.14	1 mg	✔**Baxter**

➽ SA1615 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 Either:
  3.1 Patient has not received funded nivolumab; or
  3.2 Both:
    3.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    3.2.2 The cancer did not progress while the patient was on nivolumab; and
4 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and
5 Baseline measurement of overall tumour burden is documented (see Note); and
6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) 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 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 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:

continued...

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

New Listings – effective 1 September 2016 (continued)

continued...

- 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.

Effective 1 August 2016

75	PHENOTHRIN				
	Shampoo 0.5%	5.68	100 ml	OP	✔**Parasidose**
		11.36	200 ml	OP	✔**Parasidose**

▲ 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, Chemical Names and Presentations

Effective 1 October 2016

38 PANCREATIC ENZYME

Cap **pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)** ~~EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease~~ ..... 34.93 | 100 | ✔ **Creon 10000**

Cap **pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)** ~~EC 25,000 BP u lipase, 18,000 BP u amylase, 1,000 BP u protease~~ ..... 94.38 | 100 | ✔ **Creon 25000**

Cap **pancreatin (314.650 – 350 175 mg (25,000 U lipase, 22,500 U amylase, 1.250 U proteas))** ~~EC 25,000 BP u lipase, 22,500 BP u amylase, 1,250 BP u protease~~ ..... 94.40 | 100 | ✔ **Panzytrat**

53 POTASSIUM CHLORIDE (Stat dispensing reinstated)

✻ Tab long-acting 600 mg (8 mmol) ..... 7.42 | 200 | ✔ **Span-K**

75 COAL TAR

Soln **BP** – Only in combination ..... 32.95 | 200 ml | ✔ **Midwest**

1) Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteriod – Plain, refer dermatological base,
2) With or without other dermatological galenicals.

84 CINACALCET – Special Authority see **SA1618**~~1594~~ – Retail pharmacy

Tab 30 mg – Wastage claimable – see rule 3.3.2 ..... 403.70 | 28 | ✔ **Sensipar**

➽ **SA1618**~~1594~~ 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 **sodium thiosulfate (where appropriate) and** 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 arteriolopathy); 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.

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

Changes to Restrictions – effective 1 October 2016 (continued)

86 HORMONE REPLACEMENT THERAPY – SYSTEMIC

~~➽ SA1018 Special Authority for Alternate Subsidy~~

~~Initial application from any relevant practitioner. Approvals valid for 5 years for applications meeting the following criteria:~~

~~Any of the following:~~

~~1 acute or significant liver disease - where oral oestrogens are contraindicated as determined by a gastroenterologist or general physician. The applicant must keep written confirmation from such a specialist with the patient's record; or~~

~~2 oestrogen induced hypertension requiring antihypertensive therapy - documented evidence must be kept on file that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens; or~~

~~3 hypertriglyceridaemia - documented evidence must be kept on file that triglyceride levels increased to at least 2 × normal triglyceride levels post oral oestrogens; or~~

~~4 Somatropin co-therapy - patient is being prescribed somatropin with subsidy provided under a valid approval issued under Special Authority.~~

~~Note: Prescriptions with a valid Special Authority (CHEM) number will be reimbursed at the level of the lowest priced TDDS product within the specified dose group.~~

~~Renewal from any relevant practitioner. Approvals valid for 5 years where the treatment remains appropriate and the patient is benefiting from treatment, or the patient remains on subsidised somatropin co-therapy.~~

87 OESTRADIOL – See prescribing guideline

✻ TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12 (13.18)	4	Climara 50
~~a~~) ~~Higher subsidy of $13.18 per 4 patch with Special Authority see SA1018~~			
a~~b~~) No more than 1 patch per week			
b~~c~~) Only on a prescription			
✻ TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05 (16.14)	4	Climara 100
~~a~~) ~~Higher subsidy of $16.14 per 4 patch with Special Authority see SA1018~~			
a~~b~~) No more than 1 patch per week			
b~~c~~) Only on a prescription			

93 GOSERELIN ~~ACETATE~~

Implant ~~Inj~~ 3.6 mg, **syringe**	66.48	1	✔**Zoladex**
Implant ~~Inj~~ 10.8 mg, **syringe**	177.50	1	✔**Zoladex**

94 LEUPRORELIN

Inj 3.75 mg prefilled **dual chamber** syringe	221.60	1	✔**Lucrin Depot 1-month**
Inj 7.5 mg **syringe with diluent**	166.20	1	✔**Eligard 1 Month**
Inj 11.25 mg prefilled **dual chamber** syringe	591.68	1	✔**Lucrin Depot 3-month**
Inj 22.5 mg **syringe with diluent**	443.76	1	✔**Eligard 3 Month**
Inj 30 mg prefilled **dual chamber** syringe	1,109.40	1	✔**Lucrin Depot 6-month**
Inj 45 mg **syringe with diluent**	832.05	1	✔**Eligard 6 Month**

▲ 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 October 2016 (continued)

113 PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR – [Xpharm]

a) No patient co-payment payable

~~b) 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.~~

be) 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**

113 PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN – [Xpharm]

a) No patient co-payment payable

~~b) 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.~~

be) 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**

167 FLUDARABINE PHOSPHATE

Inj 50 mg **vial** – PCT only – Specialist ..... 525.00 — 5 — ✔**Fludarabine Ebewe**

1,430.00 — ✔**Fludara**

205 IPRATROPIUM BROMIDE

Nebuliser soln, 250 mcg per ml, 1 ml **ampoule**

– Up to 40 neb available on a PSO ..... 3.35 — 20 — ✔**Univent**

Nebuliser soln, 250 mcg per ml, 2 ml **ampoule**

– Up to 40 neb available on a PSO ..... 3.52 — 20 — ✔**Univent**

217 SECTION C: EXTEMPORANEOUSLY COMPOUNDED PRODUCTS AND GALENICALS

INTRODUCTION

The following extemporaneously compounded products are eligible for subsidy:

- The "Standard Formulae".
- Oral liquid mixtures for patients unable to swallow subsidised solid dose oral formulations.
- The preparation of syringe drivers when prescribed by a general practitioner.
- Dermatological preparations
  a) One or more subsidised dermatological galenical(s) in a subsidised dermatological base.
  b) Dilution of proprietary Topical Corticosteroid-Plain preparations with a dermatological base (Retail pharmacy-**Specialist** ~~specialist~~).
  ~~c) Menthol crystals only in the following bases:~~
  ~~Aqueous cream~~
  ~~Urea cream 10%~~
  ~~Wool fat with mineral oil lotion~~
  ~~Hydrocortisone 1% with wool fat and mineral oil lotion~~
  ~~Glycerol, paraffin and cetyl alcohol lotion.~~

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

Changes to Restrictions – effective 1 September 2016

50 ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy

Inj 20 mg **in 0.2 ml syringe**	30.91	10	✔**Clexane**
Inj 40 mg **in 0.4 ml syringe**	41.24	10	✔**Clexane**
Inj 60 mg **in 0.6 ml syringe**	62.18	10	✔**Clexane**
Inj 80 mg **in 0.8 ml syringe**	82.88	10	✔**Clexane**
Inj 100 mg **in 1 ml syringe**	103.80	10	✔**Clexane**
Inj 120 mg **in 0.8 ml syringe**	128.98	10	✔**Clexane**
Inj 150 mg **in 1 ml syringe**	147.41	10	✔**Clexane**

58 METOPROLOL SUCCINATE

Tab long-acting 23.75 mg	2.39	90	✔**Metoprolol - AFT CR**
	0.80	30	✔**Metoprolol - AFT CR**
	20.11	100	✔**Actavis-Metoprolol**

~~a)Metoprolol - AFT CR brand: Brand switch fee payable (Pharmacode 2506327)~~
~~b)Actavis-Metoprolol brand: Brand switch fee payable (Pharmacode 2506300)~~

Tab long-acting 47.5 mg	3.48	90	✔**Metoprolol - AFT CR**
	1.16	30	✔**Metoprolol - AFT CR**
	7.50	30	✔**Betaloc CR**

~~a)Betaloc CR brand: Brand switch fee payable (Pharmacode 2506319)~~
~~b)Metoprolol - AFT CR brand: Brand switch fee payable (Pharmacode 2506327)~~

Tab long-acting 95 mg	5.73	90	✔**Metoprolol - AFT CR**
	1.91	30	✔**Metoprolol - AFT CR**
	7.50	30	✔**Betaloc CR**
	31.18	100	✔**Actavis-Metoprolol**

~~a)Betaloc CR brand: Brand switch fee payable (Pharmacode 2506319)~~
~~b)Metoprolol - AFT CR brand: Brand switch fee payable (Pharmacode 2506327)~~
~~c)Actavis-Metoprolol brand: Brand switch fee payable (Pharmacode 2506300)~~

Tab long-acting 190 mg	3.85	30	✔**Myloc CR**
	11.54	90	✔**Metoprolol - AFT CR**
	3.85	30	✔**Metoprolol - AFT CR**

~~a)Metoprolol - AFT CR brand: Brand switch fee payable (Pharmacode 2506327)~~
~~b)Myloc CR brand: Brand switch fee payable (Pharmacode 2506335)~~

172 TEMOZOLOMIDE – Special Authority see **SA1616**~~1610~~ – Retail pharmacy

Cap 5 mg	8.00	5	✔**Temaccord**
Cap 20 mg	36.00	5	✔**Temaccord**
Cap 100 mg	175.00	5	✔**Temaccord**
Cap 250 mg	410.00	5	✔**Temaccord**

➽ **SA1616**~~1610~~ Special Authority for Subsidy

Initial application – (high grade gliomas) only from a relevant specialist. Approvals valid for **12** ~~10~~ months for applications meeting the following criteria:

All of the following:

1 Either:
  1.1 Patient has newly diagnosed glioblastoma multiforme; or
  1.2 Patient has newly diagnosed anaplastic astrocytoma*; and
2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
3 Following concomitant treatment temozolomide is to be used for a maximum of **5 days treatment per cycle** ~~six cycles of 5 days treatment,~~ at a maximum dose of 200 mg/m^2 **per day**.

Initial application – (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

continued...

Changes to Restrictions – effective 1 September 2016 (continued)

continued...

1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
2 Temozolomide is to be given in combination with capecitabine; and
3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m^2 per day; and
4 Temozolomide to be discontinued at disease progression.

Renewal application – (high grade gliomas) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1. Both:
1.1. Patient has glioblastoma multiforme; and
1.2. The treatment remains appropriate and the patient is benefitting from treatment; or
2. All of the following
2.1. Patient has anaplastic astrocytoma*; and
2.2. The treatment remains appropriate and the patient is benefitting from treatment; and
2.3. Adjuvant temozolomide is to be used for a maximum of 24 months.

Renewal – (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 No evidence of disease progression; and
2 The treatment remains appropriate and the patient is benefitting from treatment.

Note: Indication marked with a * is an Unapproved Indication. Temozolomide is not subsidised for the treatment of relapsed glioblastoma multiforme.

200 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA1617~~1602~~**

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**

➽ **SA1617~~1602~~** 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 Either:
3.1 Patient has not received funded pembrolizumab; or
3.2 Both:
3.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
3.2.2 The cancer did not progress while the patient was on pembrolizumab; and
4~~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
5~~4~~ Baseline measurement of overall tumour burden is documented (see Note); and
6~~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 **(6 cycles)** 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

continued...

Changes to Restrictions – effective 1 September 2016 (continued)

continued...

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.

205 IPRATROPIUM BROMIDE
Aerosol inhaler, 20 mcg per dose CFC-free
– **Up to 400 dose available on a PSO** ..... 16.20 200 dose OP ✔**Atrovent**

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 October 2016

48 ASPIRIN (↑ subsidy)

❋Tab 100 mg	12.50	990	✔**Ethics Aspirin EC**

53 COMPOUND ELECTROLYTES (↑ subsidy)

Powder for oral soln – Up to 10 sach available on a PSO	2.30	10	✔**Enerlyte**

56 AMIODARONE HYDROCHLORIDE (↓ subsidy)

▲Tab 100 mg – Retail pharmacy-Specialist	4.66	30	✔**Aratac**
▲Tab 200 mg – Retail pharmacy-Specialist	7.63	30	
	(30.52)		Aratac

70 HYDROCORTISONE (↑ subsidy)

❋Crm 1% – Only on a prescription	16.25	500 g	✔**Pharmacy Health**

75 COAL TAR (↑ subsidy)

Soln BP – Only in combination	32.95	200 ml	✔**Midwest**

1) Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteriod – Plain, refer dermatological base,
2) With or without other dermatological galenicals.

87 OESTRADIOL – See prescribing guideline (↓ alternate subsidy)

❋TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12	4	
	(13.18)		Climara 50

a) No more than 1 patch per week
b) Only on a prescription

❋TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05	4	
	(16.14)		Climara 100

a) No more than 1 patch per week
b) Only on a prescription

Note – Higher subsidy with Special Authority will be removed from 1 October 2016 resulting in all patients dispensed Climara 50 or Climara 100 TDDS being charged a manufacturer's surcharge.

93 GOSERELIN (↓ subsidy)

Implant 3.6 mg, syringe	66.48	1	✔**Zoladex**
Implant 10.8 mg, syringe	177.50	1	✔**Zoladex**

130 SELEGILINE HYDROCHLORIDE (↑ subsidy)

❋Tab 5 mg	22.00	100	✔**Apo-Selegiline** S29

132 ASPIRIN (↑ subsidy)

❋Tab dispersible 300 mg – Up to 30 tab available on a PSO	3.90	100	✔**Ethics Aspirin**

145 LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ price)

Inj 25 mg per ml, 1 ml ampoule	47.89	10	✔**Nozinan**

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 October 2016 (continued)

205	IPRATROPIUM BROMIDE (↑ subsidy)			
	Nebuliser soln, 250 mcg per ml, 1 ml ampoule			
	– Up to 40 neb available on a PSO	3.35	20	✔ **Univent**
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule			
	– Up to 40 neb available on a PSO	3.52	20	✔ **Univent**
210	ACICLOVIR (↓ subsidy)			
	✻ Eye oint 3%	14.92 (37.53)	4.5 g OP	Zovirax

Effective 1 September 2016

20	ALGINIC ACID (↑ subsidy)			
	Sodium alginate 225 mg and magnesium alginate			
	87.5 mg per sachet	5.31	30	✔ **Gaviscon Infant**
50	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy (↓ subsidy)			
	Inj 20 mg in 0.2 ml syringe	30.91	10	✔ **Clexane**
	Inj 40 mg in 0.4 ml syringe	41.24	10	✔ **Clexane**
	Inj 60 mg in 0.6 ml syringe	62.18	10	✔ **Clexane**
	Inj 80 mg in 0.8 ml syringe	82.88	10	✔ **Clexane**
	Inj 100 mg in 1 ml syringe	103.80	10	✔ **Clexane**
	Inj 120 mg in 0.8 ml syringe	128.98	10	✔ **Clexane**
	Inj 150 mg in 1 ml syringe	147.41	10	✔ **Clexane**
51	DABIGATRAN (↓ subsidy)			
	Cap 75 mg – No more than 2 cap per day	76.36	60	✔ **Pradaxa**
	Cap 110 mg	76.36	60	✔ **Pradaxa**
	Cap 150 mg	76.36	60	✔ **Pradaxa**
81	CLOTRIMAZOLE			
	✻ Vaginal crm 1% with applicators (↑ subsidy)	1.60	35 g OP	✔ **Clomazol**
	✻ Vaginal crm 2% with applicators (↓ subsidy)	2.10	20 g OP	✔ **Clomazol**
121	PYRIDOSTIGMINE BROMIDE (↑ subsidy)			
	▲ Tab 60 mg	42.79	100	✔ **Mestinon**
121	TENOXICAM (↓ subsidy)			
	✻ Tab 20 mg	2.19	20	✔ **Reutenox**

▲ 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 September 2016 (continued)

135	OXYCODONE HYDROCHLORIDE (↓ subsidy) 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	2.63 (7.51)	20	OxyContin
	Tab controlled-release 10 mg	2.76 (6.75)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 20 mg	4.72 (11.50)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 40 mg	7.69 (18.50)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 80 mg	14.11 (34.00)	20	Oxycodone ControlledRelease Tablets(BNM)
137	SERTRALINE (↓ subsidy)			
	Tab 50 mg	1.02 (1.21)	30	Sertraline Actavis S29
145	LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Inj 25 mg per ml, 1 ml ampoule	47.89 (73.68)	10	Nozinan
171	MESNA (↓ subsidy)			
	Inj 100 mg per ml, 4 ml ampoule – PCT only – Specialist	161.25	15	✔**Uromitexan**
	Inj 100 mg per ml, 10 ml ampoule – PCT only – Specialist	370.35	15	✔**Uromitexan**

Effective 1 August 2016

215	PHARMACY SERVICES – May only be claimed once per patient (↑ subsidy)			
	✻Brand switch fee	4.50	1 fee	✔**BSF Actavis-Metoprolol** ✔**BSF Betaloc CR** ✔**BSF Metoprolol - AFT CR** ✔**BSF Myloc CR**

a) The Pharmacode for BSF Actavis-Metoprolol is 2506300
b) The Pharmacode for BSF Betaloc CR is 2506319
c) The Pharmacode for BSF Metoprolol - AFT CR is 2506327
d) The Pharmacode for BSF Myloc CR is 2506335

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

Changes to Brand Names

Effective 1 October 2016

94	LEUPRORELIN			
	Inj 3.75 mg prefilled dual chamber syringe	221.60	1	✔**Lucrin Depot 1-month** ~~Lucrin Depot PDS~~
	Inj 7.5 mg syringe with diluent	166.20	1	✔**Eligard 1 Month** ~~Eligard~~
	Inj 11.25 mg prefilled dual chamber syringe	591.68	1	✔**Lucrin Depot 3-month** ~~Lucrin Depot PDS~~
	Inj 22.5 mg syringe with diluent	443.76	1	✔**Eligard 3 Month** ~~Eligard~~
	Inj 30 mg prefilled dual chamber syringe	1,109.40	1	✔**Lucrin Depot 6-month** ~~Lucrin Depot PDS~~
	Inj 45 mg syringe with diluent	832.05	1	✔**Eligard 6 Month** ~~Eligard~~

Changes to PSO

Effective 1 October 2016

248 RURAL AREAS FOR PRACTITIONER'S SUPPLY ORDERS
Hawkes Bay DHB
~~Chatham Islands~~
Canterbury DHB
Chathams Islands

Effective 1 September 2016

236	IPRATROPIUM BROMIDE			
	✔**Aerosol inhaler, 20 mcg per dose CFC-free**		**400**	

▲ 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 General Rules

Effective 1 October 2016

9 **"Nurse Practitioner" means a nurse registered with Nursing Council of New Zealand, who holds a current annual practising certificate under the HPCA Act 2003 and for whom the Nursing Council has authorised a scope of practice that includes prescribing medicines.**

9 ~~"Nurse Prescriber", means a person who is a nurse practitioner in terms of the Medicines Act 1981, or a Diabetes Nurse Prescriber~~

9 "Practitioner", means a Doctor, a Dentist, a Dietitian, a Midwife, ~~a Nurse Prescriber,~~ **a Nurse Practitioner, a Registered Nurse Prescriber, a Diabetes Nurse Prescriber,** an Optometrist, a Quitcard Provider, or a Pharmacist Prescriber as those terms are defined in the Pharmaceutical Schedule.

10 **"Registered Nurse Prescriber", means a registered nurse who meets specified requirements for qualifications, training and competence to be a designated prescriber for the purpose of prescribing specified prescription medicines under the Medicines (Designated Prescriber-Registered Nurses) Regulations 2016.**

10 "Specialist",~~,~~ in relation to a Prescription, means a doctor **or nurse practitioner** who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below:

a) the doctor is vocationally registered in accordance with the criteria set out by the Medical Council of New Zealand and the HPCA Act 2003 and who has written the Prescription in the course of practising in that area of medicine; or

b) the doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that prescription in the course of practising in that area of competency; or

c) the doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of competency; or

d) the doctor **or nurse practitioner** writes the prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.

11 3.1 Doctors', Dentists', Dietitians', Midwives', ~~Nurse Prescribers',~~ **Nurse Practitioners', Registered Nurse Prescribers', Diabetes Nurse Prescribers',** Optometrists and Pharmacist Prescribers' Prescriptions (other than oral contraceptives)

The following provisions apply to all Prescriptions, other than those for an oral contraceptive, written by a Doctor, Dentist, Dietitian, Midwife, ~~Nurse Prescriber,~~ **Nurse Practitioner, Registered Nurse Prescriber, Diabetes Nurse Prescriber,** ~~an~~ Optometrist, or ~~a~~ Pharmacist Prescriber unless specifically excluded:

3.1.1 For a Community Pharmaceutical other than a Class B Controlled Drug, only a quantity ~~suffcient~~ **sufficient** to provide treatment for a period not exceeding three Months will be subsidised.

3.1.2 For methylphenidate hydrochloride and dexamphetamine sulphate (except for Dentist prescriptions), only a quantity sufficient to provide treatment for a period not exceeding one Month will be subsidised.

3.1.3 For a Class B Controlled Drug:

a) other than Dentist prescriptions and methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity:
   i) sufficient to provide treatment for a period not exceeding 10 days; and
   ii) which has been dispensed pursuant to a Prescription sufficient to provide treatment for a period not exceeding one Month, will be subsidised.

b) for a Dentist prescription only such quantity as is necessary to provide treatment for a period not exceeding five days will be subsidised.

continued...

Changes to General Rules – effective 1 October 2016 (continued)

3.1.4 Subject to clauses 3.1.3 and 3.1.7, for a Doctor, Dentist, Dietitian, Midwife ~~or Nurse Prescriber~~, **Nurse Practitioner, Registered Nurse Prescriber, or Diabetes Nurse Prescriber** and 3.1.7 for an Optometrist, where a practitioner has prescribed a quantity of a Community Pharmaceutical sufficient to provide treatment for:

A) one Month or less than one Month, but dispensed by the Contractor in quantities smaller than the quantity prescribed, the Community Pharmaceutical will only be subsidised as if that Community Pharmaceutical had been dispensed in a Monthly Lot;

B) more than one Month, the Community Pharmaceutical will be subsidised only if it is dispensed:

i) in a 90 Day Lot, where the Community Pharmaceutical is a Pharmaceutical covered by Section F Part I of the Pharmaceutical Schedule; or

ii) if the Community Pharmaceutical is not a Pharmaceutical referred to in Section F Part I of the Pharmaceutical Schedule, in Monthly Lots, unless:

a) the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criterion (Criteria) applies and signs that statement to this effect; or

b) both:

1) the Practitioner endorses the Community Pharmaceutical on the Prescription with the words "certified exemption" written in the Practitioner's own handwriting, or signed or initialled by the Practitioner; and

2) every Community Pharmaceutical endorsed as "certified exemption" is covered by Section F Part II of the Pharmaceutical Schedule.

13 3.2 Oral Contraceptives

The following provisions apply to all Prescriptions written by a Doctor, Midwife, ~~Nurse Prescriber,~~ **Nurse Practitioner, Registered Nurse Prescriber,** or a Pharmacist Prescriber for an oral contraceptive:

3.2.1 The prescribing Doctor, Midwife, ~~Nurse Prescriber,~~ **Nurse Practitioner, Registered Nurse Prescriber,** or a Pharmacist Prescriber must specify on the Prescription the period of treatment for which the Community Pharmaceutical is to be supplied. This period must not exceed six Months.

3.2.2 Where the period of treatment specified in the Prescription does not exceed six Months, the Community Pharmaceutical is to be dispensed:

a) in Lots as specified in the Prescription if the Community Pharmaceutical is under the Dispensing Frequency Rule; or

b) where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.

3.2.3 An oral contraceptive is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor within three Months of the date on which it was written.

3.2.4 Where a Community Pharmaceutical on a Prescription is under the Dispensing Frequency Rule and a repeat on the Prescription remains unfulfilled after six Months from the date the Community Pharmaceutical was first dispensed only the actual quantity supplied by the Contractor within this time limit will be eligible for Subsidy.

14 **3.6 Registered Nurse Prescribers' Prescriptions**

The following apply to every prescription written by a Registered Nurse Prescriber:

3.6.1 Prescriptions written by a Registered Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:

a) a Community Pharmaceutical classified as a Prescription Medicine and which a Registered Nurse Prescriber is permitted under regulations to prescribe; or

b) any other Community Pharmaceutical that is a Restricted Medicine (Pharmacist Only Medicine), a Pharmacy Only Medicine or a General Sale Medicine.

3.6.2 Any Registered Nurse Prescribers' prescriptions for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (ie after the initial prescription with Special Authority approval was dispensed). Registered Nurse Prescribers are not eligible to apply for Special Authority approvals (initial or renewal).

▲ 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

Delisted Items

Effective 1 October 2016

58 METOPROLOL SUCCINATE
- Tab long-acting 23.75 mg ..... 20.11 | 100 | ✔Actavis-Metoprolol
- Tab long-acting 95 mg ..... 31.18 | 100 | ✔Actavis-Metoprolol

94 LEUPRORELIN
- Inj 30 mg ..... 591.68 | 1 | ✔Eligard

97 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131
- Grans for oral liq 125 mg per 5 ml
  - – Wastage claimable – see rule 3.3.2 ..... 23.12 | 70 ml | ✔Klacid

130 SELEGILINE HYDROCHLORIDE
- ✱Tab 5 mg ..... 16.06 | 100 | ✔Apo-Selegiline

149 BUSPIRONE HYDROCHLORIDE
- ✱Tab 5 mg ..... 23.80 | 100 | ✔Pacific Buspirone
- ✱Tab 10 mg ..... 14.96 | 100 | ✔Pacific Buspirone

211 PREDNISOLONE ACETATE
- ✱Eye drops 0.12% ..... 4.50 | 5 ml OP | ✔Pred Mild

212 BIMATOPROST
- ✱Eye drops 0.03% ..... 3.65 | 3 ml OP
  (18.50) Lumigan

232 ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]
- Powder (unflavoured) ..... 4.50 | 80.4 g OP | ✔Vivonex TEN

Note – this is the delist of Pharmacode 344303. 2494450 remains subsidised.

235 ENTERAL FEED 1KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3]
- Liquid ..... 1.24 | 250 ml OP | ✔Osmolite
  2.65 | 500 ml OP | ✔Osmolite RTH

Effective 1 September 2016

48 DIPYRIDAMOLE
- ✱Tab 25 mg – For dipyridamole oral liquid formulation refer ..... 8.36 | 84 | ✔Persantin

55 TRANDOLAPRIL

Higher subsidy by endorsement is available for patients who were taking trandolapril for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". For the purposes of this endorsement, congestive heart failure includes patients post myocardial infarction with an ejection fraction of less than 40%. Patients who started on trandolapril after 1 June 1998 are not eligible for full subsidy by endorsement.

- ✱Cap 1 mg – Higher subsidy of $18.67 per 28 cap
  with Endorsement ..... 3.06 | 28
  (18.67) Gopten
- ✱Cap 2 mg – Higher subsidy of $27.00 per 28 cap
  with Endorsement ..... 4.43 | 28
  (27.00) Gopten

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
Delisted Items – effective 1 September 2016 (continued)			
130 LISURIDE HYDROGEN MALEATE ▲Tab 200 mcg	25.00	30	✔Dopergin
215 PHARMACY SERVICES – May only be claimed once per patient ✻Brand switch fee	4.50	1 fee	✔BSF Actavis-Metoprolol ✔BSF Betaloc CR ✔BSF Metoprolol - AFT CR ✔BSF Myloc CR

a) The Pharmacode for BSF Actavis-Metoprolol is 2506300
b) The Pharmacode for BSF Betaloc CR is 2506319
c) The Pharmacode for BSF Metoprolol - AFT CR is 2506327
d) The Pharmacode for BSF Myloc CR is 2506335

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

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

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

Items to be Delisted

Effective 1 November 2016

210	GANCICLOVIR			
	Eye gel 0.15%	37.53	5 g OP	✔**Virgan** S29

Effective 1 December 2016

53	DEXTROSE WITH ELECTROLYTES			
	Soln with electrolytes	6.55	1,000 ml OP	✔**Pedialyte - Bubblegum** S29
121	TENOXICAM			
	❋Tab 20 mg	2.19	20	✔**Reutenox**
135	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	2.63	20	
		(7.51)		OxyContin
	Tab controlled-release 10 mg	2.76	20	
		(6.75)		Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 20 mg	4.72	20	
		(11.50)		Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 40 mg	7.69	20	
		(18.50)		Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 80 mg	14.11	20	
		(34.00)		Oxycodone ControlledRelease Tablets(BNM)
137	SERTRALINE			
	Tab 50 mg	1.02	30	
		(1.21)		Sertraline Actavis S29
145	LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Inj 25 mg per ml, 1 ml ampoule	47.89	10	✔**Nozinan**

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

Items to be Delisted – effective 1 January 2017 (continued)

56 AMIODARONE HYDROCHLORIDE

▲Tab 100 mg – Retail pharmacy-Specialist	4.66	30	✔**Aratac**
▲Tab 200 mg – Retail pharmacy-Specialist	7.63	30	
	(30.52)		Aratac

75 MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE

Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%	11.15	90 g OP	✔**Para Plus**

87 OESTRADIOL – See prescribing guideline

✻TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12	4	
	(13.18)		Climara 50

a) No more than 1 patch per week
b) Only on a prescription

✻TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05	4	
	(16.14)		Climara 100

a) No more than 1 patch per week
b) Only on a prescription

147 FLUPHENAZINE DECANOATE – Safety medicine; prescriber may determine dispensing frequency

Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	77.25	5	✔**Modecate** S29

210 ACICLOVIR

✻Eye oint 3%	14.92	4.5 g OP	
	(37.53)		Zovirax

Effective 1 February 2017

188 BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist
Subsidised only for bladder cancer.

Inj 40 mg per ml, vial	149.37	3	✔**SII-Onco-BCG** S29

Effective 1 March 2017

163 NICOTINE
Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.

Gum 2 mg (Classic) – Up to 384 piece available on a PSO	22.26	384	✔**Habitrol**
Gum 4 mg (Classic) – Up to 384 piece available on a PSO	25.67	384	✔**Habitrol**

Effective 1 April 2017

56 DISOPYRAMIDE PHOSPHATE

▲Cap 150 mg	26.21	100	✔**Rythmodan**

76 SUNSCREENS, PROPRIETARY – Subsidy by endorsement
Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.

Lotn	4.13	125 ml OP	
	(6.94)		Aquasun 30+

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

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

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

Items to be Delisted – effective 1 April 2017 (continued)

78 DIAPHRAGM – Up to 1 dev available on a PSO
One of each size is permitted on a PSO.

✻65 mm	42.90	1	✔**Ortho All-flex**
✻70 mm	42.90	1	✔**Ortho All-flex**
✻75 mm	42.90	1	✔**Ortho All-flex**
✻80 mm	42.90	1	✔**Ortho All-flex**

112 BOCEPREVIR – Special Authority see SA1402 – Retail pharmacy

Cap 200 mg – Wastage claimable – see rule 3.3.2	5,015.00	336	✔**Victrelis**

205 SALBUTAMOL
Aerosol inhaler, 100 mcg per dose CFC free

– Up to 1000 dose available on a PSO	3.80	200 dose OP	✔**Salamol**

236 ORAL FEED 1.5KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3]
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease. The prescription must be endorsed accordingly.
Liquid (chocolate) – Higher subsidy of up to $1.33 per 237 ml

with Endorsement	0.85	237 ml OP	
	(1.33)		Ensure Plus

Note – Ensure Plus liquid (chocolate) 200 ml OP remains subsidised.

239 GLUTEN FREE BREAD MIX – Special Authority see SA1107 – Hospital pharmacy [HP3]

Powder	4.77	1,000 g OP	
	(8.71)		Bakels Gluten Free Health Bread Mix

241 AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]

Powder	6.00	48.5 g OP	✔**Vivonex Pediatric**

Effective 1 June 2017

146 RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency

Tab orodispersible 0.5 mg – Special Authority see SA0927			
– Retail pharmacy	21.42	28	✔**Risperdal Quicklet**
Tab orodispersible 1 mg – Special Authority see SA0927			
– Retail pharmacy	42.84	28	✔**Risperdal Quicklet**
Tab orodispersible 2 mg – Special Authority see SA0927			
– Retail pharmacy	85.71	28	✔**Risperdal Quicklet**

235 ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3]

Liquid	1.32	237 ml OP	✔**Jevity**
	2.65	500 ml OP	✔**Jevity RTH**

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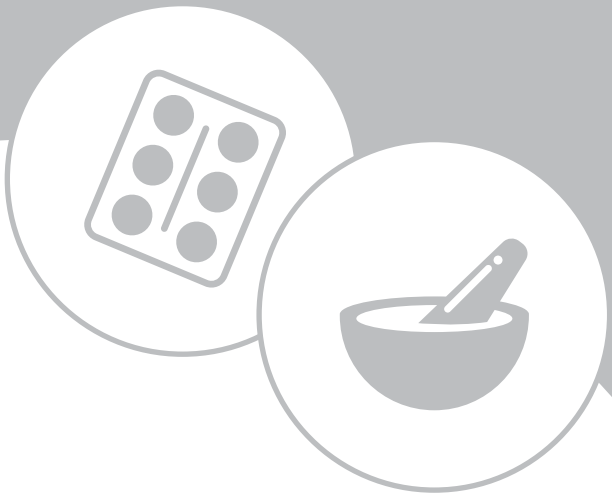
Pharmaceuticals and brands



Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

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