Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 December 2016

Cumulative for September, October, November and December 2016

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 DECEMBER 2016

New listings (pages 28-29)

- Alglucosidase alfa (Myozyme) inj 50 mg vial – new listing, Special Authority – Retail pharmacy
- Idursulfase (Elaprase) inj 2 mg per ml, 3 ml vial – new listing, Special Authority – Retail pharmacy
- Terazosin (Apo-Terazosin) tab 5 mg
- Methyldopa (Methyldopa Mylan) tab 250 mg
- Hydrocortisone (DermAssist) crm 1%, 30 g OP – Only on a prescription
- Tobramycin (Tobramycin Mylan) inj 40 mg per ml, 2 ml vial – Subsidy by endorsement
- Allopurinol (Allopurinol-Apotex) tab 100 mg and 300 mg
- Midazolam (Midazolam-Claris) inj 1 mg per ml, 5 ml ampoule and 5 mg per ml, 3 ml ampoule – Safety medicine
- Temozolomide (Orion Temozolomide) cap 5 mg, 20 mg, 100 mg and 250 mg – Special Authority – Retail pharmacy
- Loratadine (Lorfast) oral liq 1 mg per ml, 120 ml

Changes to restrictions (pages 34-41)

- Propranolol (Cardinol LA) cap long-acting 160 mg – STAT dispensing removed
- Leuprorelin inj 3.75 mg prefilled dual chamber syringe (Lucrin Depot 1 month), 7.5 mg syringe with diluent (Eligard 1 Month), 11.25 mg prefilled dual chamber syringe (Lucrin Depot 3-month), 22.5 mg syringe with diluent (Eligard 3 Month), 30 mg prefilled dual chamber syringe (Lucrin Depot 6-month), and 45 mg syringe with diluent (Eligard 6 Month) – addition of Higher subsidy with Endorsement
- Tobramycin (Tobramycin Mylan and DBL Tobramycin) inj 40 mg per ml, 2 ml vial – amended presentation description
- Ledipasvir with sofosbuvir (Harvoni) tab 90 mg with sofosbuvir 400 mg – amended Special Authority criteria
- 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 note
- 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 note
- Ibuprofen (Brufen SR) tab long-acting 800 mg – STAT dispensing reinstated
- Fluphenazine decanoate (Modecate) inj 12.5 mg per 0.5 ml, 0.5 ml, 25 mg per ml, 1 ml, 25 mg per ml, 2 ml and 100 mg per ml, 1 ml – addition of Subsidy by endorsement

- Alprazolam (Xanax) tab 250 mcg, 500 mcg and 1 mg – addition of Subsidy by endorsement
- Midazolam (Hypnovel, Midazolam-Claris and Pfizer) inj 1 mg per ml, 5 ml ampoule and 5 mg per ml, 3 ml ampoule – amended presentation description
- Etanercept (Enbrel) inj 25 mg, 50 mg autoinjector and 50 mg prefilled syringe – amended Special Authority criteria
- Adalimumab inj 10 mg per 0.2 ml, 20 mg per 0.4 ml and 40 mg per 0.8 ml prefilled syringes (Humira), and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria

Decreased subsidy (pages 48-49)

- Pantoprazole tab EC 20 mg (Pantoprazole Actavis 20) and tab EC 40 mg (Pantoprazole Actavis 40)
- Cilazapril (Zapril) tab 2.5 mg and 5 mg
- Clobetasole propionate (Clobetasol BNM) crm 0.05%, 30 g OP and oint 0.05%, 30 g OP
- Leuprorelin inj 3.75 mg prefilled dual chamber syringe (Lucrin Depot 1 month), 7.5 mg syringe with diluent (Eligard 1 Month), 11.25 mg prefilled dual chamber syringe (Lucrin Depot 3-month), 22.5 mg syringe with diluent (Eligard 3 Month), 30 mg prefilled dual chamber syringe (Lucrin Depot 6-month), and 45 mg syringe with diluent (Eligard 6 Month)
- Ceftriaxone (Ceftriaxone-AFT) inj 1 g vial
- Cetirizine hydrochloride (Zetop) tab 10 mg

What's changing?

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

- Loratadine (Lorfast) oral liquid 1 mg per ml, 120 ml
- Temozolomide (Orion Temozolomide) 5 mg, 20 mg, 100 mg and 250 mg capsules
- Terazosin (Apo-Terazosin) 5 mg tablets
- Methyldopa (Methyldopa Mylan) 250 mg tablets
- Tobramycin (Tobramycin Mylan) 40 mg per ml, 2 ml vial
- Hydocortisone (DermAssist) cream 1%, 30 g OP

Medication Changes

Goserelin and leuprorelin

Goserelin (Zoladex) and leuprorelin (Eligard and Lucrin) are gonadotropin-releasing hormone analogues (GnRH analogues) that are used for a variety of conditions.

From 1 December 2016, only goserelin acetate (Zoladex) will be fully funded. **This means that from 1 December 2016, leuprorelin (Eligard and Lucrin) will have a manufacturer's surcharge.**

People will need to visit their prescriber for a new prescription to change from leuprorelin to the fully funded goserelin.

- People that have prescriptions for leuprorelin prior to 1 December 2016 and have outstanding repeats, will be eligible for full subsidy by endorsement until 28 February 2017.
- Pharmacists may annotate a prescription as endorsed for outstanding repeats between **1 December 2016 and 28 February 2017**.
- Children and adolescents can continue to receive fully funded leuprorelin if they are unable to tolerate the administration of goserelin, via endorsement by the prescriber only.

The 6-month leuprorelin (Lucrin Depot 6-month) presentation will be delisted from 1 August 2017. The 1-month and 3-month presentations will remain listed.

Alprazolam – discontinuation

Alprazolam (Xanax) tablets 250 mcg, 500 mcg and 1 mg are being discontinued. As we have been unable to source a suitable alternative supply, we will be making the following changes to the listing of alprazolam:

- 1 December 2016 – funding will be restricted by endorsement to existing patients only.
- 1 March 2017 – the price, but not the subsidy, of alprazolam will increase. Existing patients will be able to access partly funded alprazolam via endorsement, but will have to pay a manufacturer's surcharge.
- 1 September 2017 – alprazolam tablets will be delisted.

We have contacted prescribers, pharmacies and hospitals to inform them of the changes to funding of alprazolam. We are asking prescribers to consider transitioning their patients to alternative treatments as soon as possible. We have received clinical advice that there are other funded anxiolytics (buspirone, clonazepam, diazepam, lorazepam and oxazepam) that could be considered as alternatives.

The Best Practice Journal has several published articles that may be useful, including an article on generalized anxiety disorder in adults and the overuse of benzodiazepines. They can be accessed from the bpacnz website, bpac.org.nz.

Fluphenazine decanoate (Modecate) – addition of Subsidy by Endorsement

From 1 December 2016, an Endorsement is required for subsidy of fluphenazine decanoate (Modecate) depot injections.

The supplier is discontinuing fluphenazine deconaoate depot injections (12.5 mg, 25 mg and 100 mg) and there is a risk of supply issues until then. The Endorsement will allow remaining stock to be dispensed to existing patients only and will ensure that new patients are started on alternative treatments.

We are writing to all psychiatrists and other prescribers to inform them of the changes asking them to start new patients on alternative treatments and to transfer existing patients to other treatments as soon as possible.

TNF inhibitor Special Authority criteria amendments

Several minor amendments will be made to the Special Authority criteria for adalimumab and etanercept from 1 December 2016. These include:

- Juvenile idiopathic arthritis – increase of the initial approval period from 4 months to 6 months. Note that renewals still require assessment after 3-4 months' initial treatment.
- Rheumatoid arthritis – clarification of initial indication criteria.
- Ankylosing spondylitis – clarification of initial exercise regimen requirement and clarification of renewal criteria.
- Adult-onset Still's disease – amended to specify dose for prior glucocorticosteroid use.

New Listings

Rare disorders – new listings of alglucosidase alfa and idursulfase

Two new products will be listed on the Pharmaceutical Schedule, subject to Special Authority criteria for the treatment of rare enzyme deficiency disorders from 1 December 2016:

- alglucosidase alfa (Myozyme) inj 50 mg vial for patients with infantile Pompe disease.
- idursulfase (Elaprase) inj 2 mg per ml, 3 ml vial for patients with Hunter syndrome.

A third treatment, laronidase (Aldurazyme) inj 100 U per ml, 5 ml vial for patients with Hurler syndrome, will be listed if and when Medsafe has granted registration for this product.

More information can be found on our website at
https://www.pharmac.govt.nz/news/notification-2016-11-11-enzyme-replacement/

Midazolam (Midazolam-Claris) – new listing

An additional brand of midazolam injection will be listed from 1 December 2016. Midazolam-Claris will be listed in two strengths (inj 1 mg per ml, 5 ml and inj 5 mg per ml, 3 ml) and is supplied in glass ampoules.

Tender Changes

Terazosin tab 2 mg – new listing and Tender transition delay

Due to a delay in availability of the new Apo-Terazosin brand, the Tender transition for terazosin 2 mg tablets will be delayed by two months. Apo-Terazosin 2 mg tablets will now be listed from 1 February 2017. The Arrow brand will have a reduced subsidy from 1 April 2017 and be delisted from 1 July 2017. There is no delay for the terazosin 5 mg tablets. The tender transition for the terazosin 5 mg tablet strength will commence 1 December 2016 as previously notified.

Allopurinol (Apotex) tab 100 mg & 300 mg

A new brand of allopurinol 100 mg and 300 mg tablets (Allopurinol-Apotex) will be listed fully funded from 1 December 2016. The supplier of allopurinol has sourced a new brand of tablets, Allopurinol-Apotex, which will replace the existing funded brand, Apo-Allopurinol. Apo-Allopurinol will be delisted on 1 June 2017.

Methyldopa tablets – new brand for 250 mg tablets, delisting of 500 mg strength

Mylan has discontinued the 500 mg strength of Prodopa tablets (methyldopa) and this will be delisted from the Pharmaceutical Schedule from 1 June 2017.

The Methyldopa Mylan brand of the 250 mg tablet strength will be listed from 1 December 2016. The Prodopa brand of this strength will be delisted once supplies are exhausted.

Stock Updates

Propranolol (Cardinol LA) cap long-acting 160 mg – stat removed

Stat dispensing (dispense 3 months all-at-once) will be removed until further notice from propranolol 160 mg long-acting capsules due to a potential supply issue from 1 December 2016.

Metoprolol succinate – update

Additional stock of Myloc CR has been sourced meaning that Myloc CR 95 mg long-acting tablets are expected to be available late December and will be listed fully funded from 1 January 2017. The additional stock also means that the 190 mg strength will remain listed until further notice and won't be delisted as previously notified.

The Betaloc CR brand of 47.5 mg and 95 mg will also remain listed until further notice.

Other

Diabetes nurse prescribers

Diabetes nurse prescribers are included in the provisions for Registered nurse prescribers and are authorised to prescribe under the Designated Prescriber – Registered Nurses Regulations 2016, within conditions specified by the Nursing Council of New Zealand.

The Designated Prescriber – Registered Nurses practising in Diabetes Health Regulations 2011 were revoked in November 2016, so we are removing the definition of Diabetes Nurse Prescriber and associated provisions from the Schedule's General Rules from 1 December 2016.

You can search the Nursing Council register and check practising status, scope and authorisations of registered nurses on the Nursing Council of NZ website, www.nursingcouncil.org.nz. Also on this site, you can find out more about qualifications, training and competence requirements, conditions of practice and the gazetted list of medicines that can be prescribed.

Methylphenidate Special Authorities – reminder

We have received feedback that some prescribers have not understood the Special Authority requirements that apply to the different methylphenidate hydrochloride presentations, and have prescribed a presentation for which the approval does not apply.

Special Authority criteria apply to all presentations. One set of criteria (currently form SA1150) applies only to the immediate-release and sustained-release presentations.

A different Special Authority approval is required for the extended-release and modified-release presentations (currently form SA1151). Please note the additional access requirements that apply only to the long-acting presentations.

De-listing

Apo-Prednisone – immediate delisting of section 29 product

Apo-Prednisone S29 tab 1 mg was listed temporarily in 2013 to address a supply issue at that time. There is not expected to be any remaining stock in the supply chain, so this brand is being delisted immediately from 1 December 2016.

Do you prefer email communications?

If you have not already contacted us and 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.

News in brief

- **Condoms** (Marquis) – all presentations to be delisted from 1 June 2017. Other brands (Shield Blue, Gold Knight and Durex) remain funded.
- **Enfuvirtide** (Fuzeon) – the supplier is discontinuing from 1 January 2016 and this will be delisted from 1 June 2017.
- **Ibuprofen** (Brufen SR) – Stat dispensing will be re-instated on the 800 mg long-acting tablets from 1 December 2016.

Tender News

Sole Subsidised Supply changes – effective 1 January 2017

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aciclovir	Eye oint 3%; 4.5 g OP	ViruPOS (AFT)
Amiodarone hydrochloride	Tab 100 mg; 30 tab	Cordarone X (Sanofi-Aventis)
Amiodarone hydrochloride	Tab 200 mg; 30 tab	Cordarone X (Sanofi-Aventis)
Aspirin	Tab 100 mg; 990 tab	Ethics Aspirin EC (Multichem)
Aspirin	Tab dispersible 300 mg; 100 tab	Ethics Aspirin (Multichem)
Cefalexin	Cap 250 mg; 20 cap	Cephalexin ABM (ABM)
Coal tar	Soln BP; 200 ml	Midwest (Midwest)
Compound electrolytes	Powder for oral soln, 10 sachet	Enerlyte (Multichem)
Hydrocortisone	Crm 1%; 500 g	Pharmacy Health (API)
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml ampoule; 20 amp	Univent (Rex Medical)
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 2 ml ampoule; 20 amp	Univent (Rex Medical)
Oestradiol	Patch 50 mcg per day; 8 patch	Estradot 50 mcg (Novartis)
Oestradiol	Patch 100 mcg per day; 8 patch	Estradot (Novartis)

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 January 2017

- Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV] (Gardasil 9) inj 270 mcg in 0.5 ml syringe – new listing with restriction
- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – restriction amendment
- Metoprolol succinate (Myloc CR) tab long-acting 95 mg – new listing
- Oestradiol (Estradot) patch 75 mcg per day – new listing

Possible decisions for future implementation 1 January 2017

- Bupropion hydrochloride (Zyban) tab modified-release 150 mg – price increase
- Dornase alfa (Pulmozyme) nebuliser soln, 2.5 mg per 2.5 ml ampoule – Special Authority criteria amendment
- Erlotinib (Tarceva) inj 100 mg and 150 mg – price and subsidy decrease, and removal of Sole Subsidised Supply status
- Obinutuzumab inj 25 mg per ml, 40 ml vial (Gazyva) and inj 1 mg for ECP (Baxter) – new listing with PCT only – Specialist and Special Authority
- Pertuzumab inj 30 mg per ml, 14 ml vial (Perjeta) and inj 1 mg for ECP (Baxter) – new listing with PCT only – Specialist and Special Authority
- Pirfenidone (Esbriet) cap 267 mg – new listing with Retail pharmacy-Specialist and Special Authority
- Rituximab inj 100 mg per ml 10 ml and 50 ml vials (Mabthera) and inj 1 mg for ECP (Baxter) – Special Authority criteria amendment
- Trastuzumab inj 150 mg and 400 mg vials (Herceptin) and inj 1 mg for ECP (Baxter) – Special Authority criteria amendment

Sole Subsidised Supply Products – cumulative to December 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
Amisulpride	Oral liq 100 mg per ml	Solian	2019
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

**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 December 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
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
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	Cap 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cephalexin ABM Cefalexin Sandoz	2019 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

**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 December 2016

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	**Vaginal crm 1% with applicators, 35 g OP** **Vaginal crm 2% with applicators, 20 g OP** Crm 1%, 20 g OP	**Clomazol** Clomazol	**2019** 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

**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 December 2016

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

**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 December 2016

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
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2019
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
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
Goserelin	**Implant 3.6 mg & 10.8 mg**	**Zoladex**	**2019**
Granisetron	Tab 1 mg	Granirex	2017
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml ampoule	Serenace	2019
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	Inj 100 mg vial Tab 5 mg & 20 mg Powder	Solu-Cortef Douglas ABM	2019 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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Imatinib mesilate	Cap 100 mg	Imatinib-AFT	2017
Imiquimod	Crm 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
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 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
Levomepromazine hydrochloride	**Inj 25 mg per ml, 1 ml ampoule**	**Wockhardt**	**2019**
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	Tab 2 mg Cap 2 mg	Nodia 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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
Mask for spacer device	Small	e-chamber Mask	2018
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
Mebeverine hydrochloride	Tab 135 mg	Colofac	2017
Medroxyprogesterone	Tab 2.5 mg, 5 mg & 10 mg Tab 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Provera HD Depo-Provera	2019
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2018
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
Meningococcal (groups a,c,y and w-135) congugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
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	Inj 25 mg per ml, 2 ml & 20 ml vials Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml	DBL Methotrexate Onco-Vial Trexate Methotrexate Ebewe	2019 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
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2018
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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019
Mitomycin C	Inj 5 mg vial	Arrow	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
Morphine sulphate	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg 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	Arrow-Morphine LA Sevredol DBL Morphine Sulphate	2019 2017
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule	DBL Morphine Tartrate	2019
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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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	Patch 25 mcg per day	Estradot	2019
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 Cap 10 mg, 20 mg & 40 mg	Dr Reddy's Omeprazole Omezol Relief	2019 2017
Ondansetron	Tab disp 4 mg Tab disp 8 mg	Dr Reddy's Ondansetron Ondansetron ODT-DRLA	2017
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
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	**Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg** 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	**BNM** 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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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 180 mcg prefilled syringe 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
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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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	Inj 25 mg per ml, 2 ml ampoule Oral liq 1 mg per ml Tab 10 mg & 25 mg	Hospira Allersoothe	2019 2018
Pyridostigmine bromide	**Tab 60 mg**	**Mestinon**	**2019**
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	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
Rifabutin	Cap 150 mg	Mycobutin	2019
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

**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 December 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sertraline	**Tab 50 mg & 100 mg**	**Arrow-Sertraline**	**2019**
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 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	Biomed 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
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2017
Tenoxicam	**Tab 20 mg**	**Tilcotil**	**2019**
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

**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 December 2016

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

December changes are in bold type

**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.*

New Listings

Effective 1 December 2016

40 ALGLUCOSIDASE ALFA – Special Authority see SA1622 – Retail pharmacy
Inj 50 mg vial ..... 1,142.60 1 ✔**Myozyme**

➽ SA1622 Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1. The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease; and
2. Any of the following:
   2.1 Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
   2.2 Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
   2.3 Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or
   2.4 Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene; and
3. Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT); and
4. Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might reasonably be expected to compromise a response to ERT; and
5. Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks.

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. Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks; and
3. Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
4. Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT; and
5. Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
6. There is no evidence of life threatening progression of respiratory disease as evidenced by the needed for >14 days of invasive ventilation; and
7. There is no evidence of new or progressive cardiomyopathy.

40 IDURSULFASE – Special Authority see SA1623 – Retail pharmacy
Inj 2 mg per ml, 3 ml vial ..... 4,608.30 1 ✔**Elaprase**

➽ SA1623 Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 24 weeks for applications meeting the following criteria:
All of the following:
1. The patient has been diagnosed with Hunter Syndrome (mucopolysaccharidosis II); and
2. Either:
   2.1 Diagnosis confirmed by demonstration of iduronate 2-sulfatase deficiency in white blood cells by either enzyme assay in cultured skin fibroblasts; or
   2.2 Detection of a disease causing mutation in the iduronate 2-sulfatase gene; and

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 December 2016 (continued)

continued...

3. Patient is going to proceed with a haematopoietic stem cell transplant (HSCT) within the next 3 months and treatment with idursulfase would be bridging treatment to transplant; and
4. Patient has not required long-term invasive ventilation for respiratory failure prior to starting Enzyme Replacement Therapy (ERT); and
5. Idursulfase to be administered for a total of 24 weeks (equivalent to 12 weeks pre- and 12 weeks post-HSCT) at doses no greater than 0.5 mg/kg every week.

54	TERAZOSIN			
	✻ Tab 5 mg	10.90	500	✔ **Apo-Terazosin**
60	METHYLDOPA			
	✻ Tab 250 mg	15.10	100	✔ **Methyldopa Mylan**
70	HYDROCORTISONE			
	✻ Crm 1% – Only on a prescription	1.11	30 g OP	✔ **DermAssist**
102	TOBRAMYCIN			
	Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement	15.00	5	✔ **Tobramycin Mylan**
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
127	ALLOPURINOL			
	✻ Tab 100 mg	15.11	1,000	✔ **Allopurinol-Apotex**
	✻ Tab 300 mg – For allopurinol oral liquid formulation refer	15.91	500	✔ **Allopurinol-Apotex**
157	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency			
	Inj 1 mg per ml, 5 ml ampoule	4.30	10	✔ **Midazolam-Claris**
	Inj 5 mg per ml, 3 ml ampoule	2.50	5	✔ **Midazolam-Claris**
172	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy			
	Cap 5 mg	10.20	5	✔ **Orion Temozolomide**
	Cap 20 mg	18.30	5	✔ **Orion Temozolomide**
	Cap 100 mg	40.20	5	✔ **Orion Temozolomide**
	Cap 250 mg	96.80	5	✔ **Orion Temozolomide**
203	LORATADINE			
	✻ Oral liq 1 mg per ml	2.15	120 ml	✔ **Lorfast**

Effective 1 November 2016

44	CALCIUM CARBONATE			
	✻ Tab eff 1.75 g (1 g elemental)	2.07	10	✔ **Calsource**
44	CALCIUM GLUCONATE			
	✻ Inj 10%, 10 ml ampoule	34.24	10	✔ **Hameln** S29
	Wastage claimable – see rule 3.3.2			
58	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	0.80	30	✔ **Myloc CR**

▲ 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**

New Listings – effective 1 November 2016 (continued)

116 DOLUTEGRAVIR – Special Authority see SA1364 – Retail pharmacy

Tab 50 mg	1,090.00	30	✔**Tivicay**

129 DANTROLENE

Cap 25 mg	65.00	100	✔**Dantrium S29** S29
Wastage claimable – see rule 3.3.2			

167 CAPECITABINE – Retail pharmacy-Specialist

Tab 150 mg	11.15	60	✔**Brinov**
Tab 500 mg	62.28	120	✔**Brinov**

207 MONTELUKAST – Special Authority see SA1421 – Retail pharmacy

Prescribing Guideline: Clinical evidence indicates that the effectiveness of montelukast is strongest when montelukast is used in short treatment courses.

Tab 4 mg	5.25	28	✔**Apo-Montelukast**
Tab 5 mg	5.50	28	✔**Apo-Montelukast**
Tab 10 mg	5.65	28	✔**Apo-Montelukast**

211 PREDNISOLONE ACETATE

✻Eye drops 1%	3.93	10 ml OP	✔**Prednisolone-AFT**

215 PHARMACY SERVICES

May only be claimed once per patient.

✻Brand switch fee	4.50	1 fee	✔**BSF Apo-Metoprolol**
a) The Pharmacode for BSF Apo-Metoprolol is 2511541			

235 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3]

Liquid	5.29	1,000 ml OP	✔**Nutrison 800 Complete Multi Fibre**

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

Powder (vanilla)	13.00	850 g OP	✔**Ensure**
Note – This is the listing of a new formulation with a new Pharmacode (2504316)			

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

Powder	43.60	400 g OP	✔**Alfamino Junior**

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**

147 TRIFLUOPERAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency

Tab 1 mg	11.01	112	✔**AMCo** S29
Wastage claimable – see rule 3.3.2			

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

New Listings – effective 1 October 2016 (continued)

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**

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**

▲ 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)

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:

- 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.

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

New Listings – 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

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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 December 2016

59 PROPRANOLOL (STAT dispensing removed)

Cap long-acting 160 mg	18.17	100	✔**Cardinol LA**

94 LEUPRORELIN

Additional subsidy by endorsement where the patient is a child or adolescent and is unable to tolerate administration of goserelin and the prescription is endorsed accordingly; or the patient has outstanding repeat dispensings at 1 December 2016 and the prescription is endorsed accordingly. From 1 December 2016 until 28 February 2017 pharmacists may annotate a prescription as endorsed where the patient has outstanding repeat dispensings at 1 December 2016.

Inj 3.75 mg prefilled dual chamber syringe – **Higher subsidy of up to $221.60 per 1 with Endorsement**	66.48	1	
	(221.60)		Lucrin Depot 1-month
Inj 7.5 mg syringe with diluent – **Higher subsidy of up to $166.20 per 1 with Endorsement**	66.48	1	
	(166.20)		Eligard 1 Month
Inj 11.25 mg prefilled dual chamber syringe – **Higher subsidy of up to $591.68 per 1 with Endorsement**	177.50	1	
	(591.68)		Lucrin Depot 3-month
Inj 22.5 mg syringe with diluent – **Higher subsidy of up to $443.76 per 1 with Endorsement**	177.50	1	
	(443.76)		Eligard 3 Month
Inj 30 mg prefilled dual chamber syringe – **Higher subsidy of up to $1,109.40 per 1 with Endorsement**	332.82	1	
	(1,109.40)		Lucrin Depot 6-month
Inj 45 mg syringe with diluent – **Higher subsidy of up to $832.05 per 1 with Endorsement**	332.82	1	
	(832.05)		Eligard 6 Month

102 TOBRAMYCIN

Inj 40 mg per ml, 2 ml ~~ampoule~~ **vial**			
– Subsidy by endorsement	15.00	5	✔**Tobramycin Mylan**
	38.00		✔**DBL Tobramycin**

Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.

112 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**

➽ SAQ1605 Special Authority for Subsidy Special Authority for Subsidy

Special Authority approved by the Hepatitis C Treatment Panel (HepCTP)
Notes: By application to the Hepatitis C Treatment Panel (HepCTP).
Applications will be considered by HepCTP and approved subject to confirmation of eligibility.
Application details may be obtained from PHARMAC's website **http://www.pharmac.govt.nz/hepatitis-c-treatments/** ~~http://www.pharmac.govt.nz~~ or:
The Coordinator, Hepatitis C Treatment Panel
PHARMAC, PO Box 10-254, WELLINGTON Tel: (04) 460 4990,
Email: hepcpanel@pharmac.govt.nz

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 December 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.

c) 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/hepatitis-c-treatments/** ~~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.

c) 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/hepatitis-c-treatments/** ~~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**

121 IBUPROFEN (STAT dispensing reinstated)

✻ Tab long-acting 800 mg	7.99	30	✔**Brufen SR**

147 FLUPHENAZINE DECANOATE – **Subsidy by endorsement**

a) Safety medicine; prescriber may determine dispensing frequency

b) Subsidised for patients who were taking fluphenazine decanoate prior to 1 December 2016 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of fluphenazine decanoate.

Inj 12.5 mg per 0.5 ml, 0.5 ml – Up to 5 inj available on a PSO	17.60	5	✔**Modecate**
Inj 25 mg per ml, 1 ml – Up to 5 inj available on a PSO	27.90	5	✔**Modecate**
Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	77.25	5	✔**Modecate** S29
Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO	154.50	5	✔**Modecate**

149 ALPRAZOLAM – **Subsidy by endorsement**

a) Safety medicine; prescriber may determine dispensing frequency

b) Subsidised for patients who were taking alprazolam prior to 1 December 2016 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of alprazolam.

Tab 250 mcg	2.50	50	✔**Xanax**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 500 mcg	3.25	50	✔**Xanax**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			
Tab 1 mg	5.00	50	✔**Xanax**
‡ Safety cap for extemporaneously compounded oral liquid preparations.			

▲ 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 December 2016 (continued)

157 MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency

Inj 1 mg per ml, 5 ml **ampoule**	4.30	10	✔**Midazolam-Claris**
			✔**Hypnovel**
	10.00		✔**Pfizer**
Inj 5 mg per ml, 3 ml **ampoule**	2.50	5	✔**Midazolam-Claris**
			✔**Hypnovel**
	11.90		✔**Pfizer**

182 ETANERCEPT – Special Authority see **SA1620**~~1478~~ – Retail pharmacy (amended criteria shown only)

Inj 25 mg	799.96	4	✔**Enbrel**
Inj 50 mg autoinjector	1,599.96	4	✔**Enbrel**
Inj 50 mg prefilled syringe	1,599.96	4	✔**Enbrel**

➽ **SA1620**~~1478~~ Special Authority for Subsidy

Initial application — (juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for **6** ~~4~~ months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for adalimumab for juvenile idiopathic arthritis (JIA); and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
  - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for JIA; or

2 All of the following:
- 2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.2 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and
- 2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m2 weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
- 2.5 Both:
  - 2.5.1 Either:
    - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
    - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
  - 2.5.2 Physician's global assessment indicating severe disease.

Initial application – (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for adalimumab for rheumatoid arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
  - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for rheumatoid arthritis; or

2 All of the following:

continued...

Changes to Restrictions – effective 1 December 2016 (continued)

continued...

2.1 Patient has had severe and active erosive rheumatoid arthritis **(either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive)** for six months duration or longer; and
2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
2.5 Any of the following:
2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
2.6 Either:
2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2.7 Either:
2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initial application — (ankylosing spondylitis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for adalimumab for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from adalimumab; or
1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for ankylosing spondylitis; or
2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis present for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of ~~an~~ **a regular** exercise regime**n for ankylosing spondylitis** ~~supervised by a physiotherapist~~; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender (see Notes); and
2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

continued...

Changes to Restrictions – effective 1 December 2016 (continued)

continued...

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of initial application.

Average normal chest expansion corrected for age and gender:
18-24 years - Male: 7.0 cm; Female: 5.5 cm
25-34 years - Male: 7.5 cm; Female: 5.5 cm
35-44 years - Male: 6.5 cm; Female: 4.5 cm
45-54 years - Male: 6.0 cm; Female: 5.0 cm
55-64 years - Male: 5.5 cm; Female: 4.0 cm
65-74 years - Male: 4.0 cm; Female: 4.0 cm
75+ years - Male: 3.0 cm; Female: 2.5 cm

Initial application — (adult-onset Still's disease) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
  1.1 Either:
    1.1.1 The patient has had an initial Special Authority approval for adalimumab for adult-onset Still's disease (AOSD); or
    1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from adalimumab and/or tocilizumab; or
    1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
  2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
  2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids **at a dose of at least 0.5 mg/kg,** non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and
  2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Renewal — (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist.
Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
  1.1 Applicant is a rheumatologist; or
  1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and
2 ~~Following 12 weeks of etanercept treatment,~~ **Following 12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in** BASDAI ~~has improved by~~ **of** 4 or more points from pre-treatment baseline on a 10 point scale, or **an improvement in BASDAI of** ~~by~~ 50%, whichever is less; and
3 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
4 Etanercept to be administered at doses no greater than 50 mg every 7 days.

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 December 2016 (continued)

188 ADALIMUMAB – Special Authority see **SA1621**~~1479~~ – Retail pharmacy (amended criteria shown only)

Inj 10 mg per 0.2 ml prefilled syringe	1,599.96	2	✔**Humira**
Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2	✔**Humira**
Inj 40 mg per 0.8 ml prefilled pen	1,599.96	2	✔**HumiraPen**
Inj 40 mg per 0.8 ml prefilled syringe	1,599.96	2	✔**Humira**

SA1621~~1479~~ Special Authority for Subsidy

Initial application — (rheumatoid arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
  - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or

2 All of the following:
- 2.1 Patient has had severe and active erosive rheumatoid arthritis **(either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive)** for six months duration or longer; and
- 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulphasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
- 2.5 Any of the following:
  - 2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  - 2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  - 2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
- 2.6 Either:
  - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.7 Either:
  - 2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Initial application — (ankylosing spondylitis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from etanercept; or
  - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or

continued...

Changes to Restrictions – effective 1 December 2016 (continued)

continued...

2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and
2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of ~~an~~ **a regular** exercise regime**n for ankylosing spondylitis** ~~supervised by a physiotherapist~~; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and
2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.

Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of initial application.
Average normal chest expansion corrected for age and gender:
18-24 years - Male: 7.0 cm; Female: 5.5 cm
25-34 years - Male: 7.5 cm; Female: 5.5 cm
35-44 years - Male: 6.5 cm; Female: 4.5 cm
45-54 years - Male: 6.0 cm; Female: 5.0 cm
55-64 years - Male: 5.5 cm; Female: 4.0 cm
65-74 years - Male: 4.0 cm; Female: 4.0 cm
75+ years - Male: 3.0 cm; Female: 2.5 cm

Initial application — (juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for **6** ~~4~~ months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for juvenile idiopathic arthritis (JIA); and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects from etanercept; or
1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for juvenile idiopathic arthritis; or
2 All of the following:
2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2.2 Patient diagnosed with JIA; and
2.3 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m2 weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
2.5 Both:
2.5.1 Either:
2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or

continued...

Changes to Restrictions – effective 1 December 2016 (continued)

continued...

2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and

2.5.2 Physician's global assessment indicating severe disease.

Initial application — (adult-onset Still's disease) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 Either:
  - 1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or
  - 1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
  - 1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:
- 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
- 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids **at a dose of at least 0.5 mg/kg**, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and
- 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Renewal — (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist.

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

All of the following:

1 Either:
- 1.1 Applicant is a rheumatologist; or
- 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 ~~Following 12 weeks of adalimumab treatment,~~ **Following 12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in** BASDAI ~~has improved by~~ **of** 4 or more points from pre-treatment baseline on a 10 point scale, or **an improvement in BASDAI of** ~~by~~ 50%, whichever is less; and

3 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and

4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Effective 1 November 2016

38	PANCREATIC ENZYME			
	Cap pancreatin (~~314.650 – 350~~ 175 mg (25,000 U lipase, 22,500 U amylase, ~~1.250~~ **1,250** U protease))	94.40	100	✔ **Panzytrat**
58	METOPROLOL TARTRATE			
	✻ Tab 50 mg	4.64	100	✔ **Apo-Metoprolol**
	a) For metoprolol tartrate oral liquid formulation refer **b) Brand switch fee payable (Pharmacode 2511541)**			
	✻ Tab 100 mg – **Brand switch fee payable (Pharmacode 2511541)**	6.09	60	✔ **Apo-Metoprolol**

Changes to Restrictions – effective 1 November 2016 (continued)

106 ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist (addition of S29 and wastage)
a) No patient co-payment payable
b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician

Tab 100 mg	48.01	56	✔**Myambutol** S29
Wastage claimable – see rule 3.3.2			
Tab 400 mg	49.34	56	✔**Myambutol** S29
Wastage claimable – see rule 3.3.2			

129 DANTROLENE (STAT dispensing removed)

Cap 25 mg	65.00	100	✔**Dantrium**
Cap 50 mg	77.00	100	✔**Dantrium**

182 AZATHIOPRINE – Retail pharmacy-Specialist

✻Inj 50 mg **vial**	60.00	1	✔**Imuran**

Changes to Restrictions – 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:

continued...

Changes to Restrictions – effective 1 October 2016 (continued)

continued...

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.

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**

Changes to Restrictions – effective 1 October 2016 (continued)

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**

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

continued...

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

Changes to Restrictions – effective 1 October 2016 (continued)

continued...

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.~~

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)~~			

▲ 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 September 2016 (continued)

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:

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

continued...

Changes to Restrictions – effective 1 September 2016 (continued)

continued...

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
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**

continued...

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2016

23 PANTOPRAZOLE (↓ subsidy)

❋ Tab EC 20 mg	2.41	100	
	(2.68)		Pantoprazole Actavis 20
❋ Tab EC 40 mg	3.35	100	
	(3.54)		Pantoprazole Actavis 40

54 CILAZAPRIL (↓ subsidy)

❋ Tab 2.5 mg	3.24	90	
	(4.31)		Zapril
❋ Tab 5 mg	5.40	90	
	(6.98)		Zapril

70 CLOBETASOL PROPIONATE (↓ subsidy)

❋ Crm 0.05%	2.20	30 g OP	
	(3.20)		Clobetasol BNM
❋ Oint 0.05%	2.20	30 g OP	
	(3.20)		Clobetasol BNM

94 LEUPRORELIN (↓ subsidy)

Additional subsidy by endorsement where the patient is a child or adolescent and is unable to tolerate administration of goserelin and the prescription is endorsed accordingly; or the patient has outstanding repeat dispensings at 1 December 2016 and the prescription is endorsed accordingly. From 1 December 2016 until 28 February 2017 pharmacists may annotate a prescription as endorsed where the patient has outstanding repeat dispensings at 1 December 2016.

Inj 3.75 mg prefilled dual chamber syringe – Higher subsidy of up to $221.60 per 1 with Endorsement	66.48	1	
	(221.60)		Lucrin Depot 1-month
Inj 7.5 mg syringe with diluent – Higher subsidy of up to $166.20 per 1 with Endorsement	66.48	1	
	(166.20)		Eligard 1 Month
Inj 11.25 mg prefilled dual chamber syringe – Higher subsidy of up to $591.68 per 1 with Endorsement	177.50	1	
	(591.68)		Lucrin Depot 3-month
Inj 22.5 mg syringe with diluent – Higher subsidy of up to $443.76 per 1 with Endorsement	177.50	1	
	(443.76)		Eligard 3 Month
Inj 30 mg prefilled dual chamber syringe – Higher subsidy of up to $1,109.40 per 1 with Endorsement	332.82	1	
	(1,109.40)		Lucrin Depot 6-month
Inj 45 mg syringe with diluent – Higher subsidy of up to $832.05 per 1 with Endorsement	332.82	1	
	(832.05)		Eligard 6 Month

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 December 2016 (continued)

96 CEFTRIAXONE – Subsidy by endorsement (↓ subsidy)
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 1 g vial	4.20	5	
	(5.22)		Ceftriaxone-AFT

202 CETIRIZINE HYDROCHLORIDE (↓ subsidy)

✳ Tab 10 mg	1.01	100	
	(1.59)		Zetop

Effective 1 November 2016

42 VITAMIN B COMPLEX (↑ subsidy)

✳ Tab, strong, BPC	7.15	500	✔ **Bplex**

42 ASCORBIC ACID (↑ subsidy)
a) No more than 100 mg per dose
b) Only on a prescription

✳ Tab 100 mg	8.10	500	✔ **Cvite**

43 VITAMINS (↑ subsidy)

✳ Tab (BPC cap strength)	10.50	1,000	✔ **Mvite**

62 ATORVASTATIN – See prescribing guideline (↓ subsidy)

✳ Tab 10 mg	1.67	90	
	(2.52)		Zarator
✳ Tab 20 mg	2.40	90	
	(4.17)		Zarator
✳ Tab 40 mg	3.82	90	
	(7.32)		Zarator
✳ Tab 80 mg	6.53	90	
	(16.23)		Zarator

62 GEMFIBROZIL (↑ subsidy)

✳ Tab 600 mg	19.56	60	✔ **Lipazil**

96 CEFTRIAXONE – Subsidy by endorsement (↓ subsidy)
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	
	(1.50)		Ceftriaxone-AFT

115 ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy (↓ subsidy)
Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the antiretroviral Special Authority.

Tab 600 mg with lamivudine 300 mg	427.29	30	✔ **Kivexa**

▲ 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 November 2016 (continued)

131	TOLCAPONE (↑ subsidy)			
	▲Tab 100 mg	132.50	100	✔**Tasmar**
144	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 100 mg	4.56	30	✔**Solian**
	Tab 200 mg	14.75	60	✔**Solian**
	Tab 400 mg	27.70	60	✔**Solian**
157	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Inj 1 mg per ml, 5 ml	4.30	10	✔**Hypnovel**
	Inj 5 mg per ml, 3 ml	2.50	5	✔**Hypnovel**
182	AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy)			
	❋Inj 50 mg vial	60.00	1	✔**Imuran**

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.			

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)

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**
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**

▲ 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)

121	TENOXICAM (↓ subsidy)			
	✻Tab 20 mg	2.19	20	✔**Reutenox**
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	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 (↓ subsidy)			
	Tab 50 mg	1.02	30	
		(1.21)		Sertraline Actavis S29
145	LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Inj 25 mg per ml, 1 ml ampoule	47.89	10	
		(73.68)		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**

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 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

▲ 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 Names

Effective 1 November 2016

147 TRIFLUOPERAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency

Tab 1 mg	11.01	112	✔**Mercury Pharma** ~~AMCo~~ S29

Wastage claimable – see rule 3.3.2

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**	

Changes to General Rules

Effective 1 December 2016

7 ~~"Diabetes Nurse Prescriber", means a nurse who is a Designated Prescriber—Registered Nurses Practising in Diabetes Health as determined by the Nursing Council of New Zealand to practice in diabetes health and has authority to prescribe specified diabetes medicines in accordance with regulations made under the Medicines Act 1981.~~

9 "Practitioner", means a Doctor, a Dentist, a Dietitian, a Midwife, 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

12 3.1 Doctors', Dentists', Dietitians', Midwives', 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 Practitioner, Registered Nurse Prescriber, ~~Diabetes Nurse Prescriber~~, Optometrist, or Pharmacist Prescriber unless specifically excluded:

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

3.1.2 For methylphenidate hydrochloride and dexamfetamine 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 dexamfetamine 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.

3.1.4 Subject to clauses 3.1.3 and 3.1.7, for a Doctor, Dentist, Dietitian, Midwife, Nurse Practitioner, **or** 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

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

14 ~~3.5 Diabetes Nurse Prescribers' Prescriptions~~

~~The following provisions apply to every Prescription written by a Diabetes Nurse Prescriber:~~

~~3.5.1 Prescriptions written by a Diabetes Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:~~

~~a) a Community Pharmaceutical classified as a Prescription Medicine or a Restricted Medicine and which a Diabetes Nurse Prescribers is permitted under regulations to prescribe; or~~

~~b) any other Community Pharmaceutical listed below:~~

~~aspirin, blood glucose diagnostic test meter, blood glucose diagnostic test strip, blood ketone diagnostic test meter, glucagon hydrochloride inj 1 mg syringe kit, insulin pen needles, insulin syringes disposable with attached needle, insulin pump accessories, insulin pump infusion set, insulin pump reservoir, ketone blood beta-ketone electrodes test strip, nicotine, sodium nitroprusside test strip,~~

~~3.5.2 Any Diabetes Nurse Prescribers' prescription 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).~~

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.

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

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 ~~sufficient~~ **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.

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.

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

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).

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

Delisted Items

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

53 DEXTROSE WITH ELECTROLYTES

Soln with electrolytes — 6.55 — 1,000 ml OP — ✔Pedialyte - Bubblegum S29

71 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

85 PREDNISONE

✻ Tab 1 mg — 2.13 — 100 — ✔Apo-Prednisone S29 S29

121 TENOXICAM

✻ Tab 20 mg — 2.19 — 20 — ✔Reutenox

130 APOMORPHINE HYDROCHLORIDE

▲ Inj 10 mg per ml, 2 ml ampoule — 119.00 — 5 — ✔Apomine

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 (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)

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

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

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

Delisted Items – effective 1 December 2016 (continued)

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	73.68	10	✔Nozinan

169 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1576

Inj 1 mg	540.70	1	✔Velcade

236 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 840 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 840 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.

Effective 1 November 2016

43 CALCITRIOL

✱ Cap 0.25 mcg	2.99	30	
	(3.03)		Airflow
✱ Cap 0.5 mcg	5.52	30	
	(5.62)		Airflow

58 METOPROLOL TARTRATE

✱ Tab 50 mg – For metoprolol tartrate oral liquid formulation refer	4.64	100	
	(16.00)		Lopresor
✱ Tab 100 mg	6.09	60	
	(21.00)		Lopresor

78 CONDOMS

✱ 54 mm, shaped – Up to 144 dev available on a PSO	1.12	12	
	(1.24)		Lifestyles Flared
	13.36	144	
	(14.84)		Lifestyles Flared

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

Delisted Items – effective 1 November 2016 (continued)

98 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

118 PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy
See prescribing guideline

Inj 135 mcg prefilled syringe	1,448.00	4	✔Pegasys
Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,799.68	1 OP	✔Pegasys RBV Combination Pack

210 GANCICLOVIR

Eye gel 0.15%	37.53	5 g OP	✔Virgan S29

223 PROPYLENE GLYCOL
Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.

Liq	10.50	500 ml	✔PSM

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 (18.50)	3 ml OP	Lumigan

▲ 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 (continued)

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

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

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

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

58 METOPROLOL SUCCINATE

~~Tab long-acting 47.5 mg~~	~~7.50~~	~~30~~	~~✔Betaloc CR~~
~~Tab long-acting 95 mg~~	~~7.50~~	~~30~~	~~✔Betaloc CR~~
~~Tab long-acting 190 mg~~	~~3.85~~	~~30~~	~~✔Myloc CR~~

Note – Betaloc CR tab long-acting 47.5 mg and 95 mg, and Myloc CR tab long-acting 190 mg delisting has been revoked and will remain listed.

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

62 ATORVASTATIN – See prescribing guideline

✱Tab 10 mg	1.67	90	
	(2.52)		Zarator
✱Tab 20 mg	2.40	90	
	(4.17)		Zarator
✱Tab 40 mg	3.82	90	
	(7.32)		Zarator
✱Tab 80 mg	6.53	90	
	(16.23)		Zarator

▲ 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

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

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	
	(1.50)		Ceftriaxone-AFT

144 AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency

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

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

215 PHARMACY SERVICES
May only be claimed once per patient.

✻Brand switch fee	4.50	1 fee	✔**BSF Apo-Metoprolol**

a) The Pharmacode for BSF Apo-Metoprolol is 2511541

Effective 1 March 2017

23 PANTOPRAZOLE

✻Tab EC 20 mg	2.41	100	
	(2.68)		Pantoprazole Actavis 20
✻Tab EC 40 mg	3.35	100	
	(3.54)		Pantoprazole Actavis 40

54 CILAZAPRIL

✻Tab 2.5 mg	3.24	90	
	(4.31)		Zapril
✻Tab 5 mg	5.40	90	
	(6.98)		Zapril

70 CLOBETASOL PROPIONATE

✻Crm 0.05%	2.20	30 g OP	
	(3.20)		Clobetasol BNM
✻Oint 0.05%	2.20	30 g OP	
	(3.20)		Clobetasol BNM

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 1 g vial	4.20	5	
	(5.22)		Ceftriaxone-AFT

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 March 2017 (continued)

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**

202 CETIRIZINE HYDROCHLORIDE

✻ Tab 10 mg	1.01	100	
	(1.59)		Zetop

Effective 1 April 2017

56 DISOPYRAMIDE PHOSPHATE

▲ Cap 150 mg	26.21	100	✔ **Rythmodan**

75 CALCIPOTRIOL

Crm 50 mcg per g	16.00	30 g OP	✔ **Daivonex**
	45.00	100 g OP	✔ **Daivonex**
Soln 50 mcg per ml	16.00	30 ml OP	✔ **Daivonex**

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+

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**

166 OXALIPLATIN – PCT only – Specialist

Inj 50 mg vial	200.00	1	✔ **Eloxatin**
Inj 100 mg vial	400.00	1	✔ **Eloxatin**

167 FLUDARABINE PHOSPHATE

Inj 50 mg vial – PCT only – Specialist	1,430.00	5	✔ **Fludara**

170 DOCETAXEL – PCT only – Specialist

Inj 20 mg per ml, 1 ml	48.75	1	✔ **Taxotere**
Inj 20 mg per ml, 4 ml	195.00	1	✔ **Taxotere**

205 SALBUTAMOL
Aerosol inhaler, 100 mcg per dose CFC free

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

▲ 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

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

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 May 2017

240 AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA1108 – Hospital pharmacy [HP3]
Powder ..... 300.54 500 g OP ✔**MSUD Maxamaid**

Effective 1 June 2017

60 METHYLDOPA
✻Tab 500 mg ..... 23.15 100 ✔**Prodopa**

78 CONDOMS
✻49 mm – Up to 144 dev available on a PSO ..... 13.36 144 ✔**MarquisTantiliza**
✻52 mm – Up to 144 dev available on a PSO ..... 13.36 144 ✔**Marquis Selecta**
✻52 mm extra strength – Up to 144 dev available on a PSO..... 13.36 144 ✔**Marquis Protecta**
✻53 mm – Up to 144 dev available on a PSO ..... 13.36 144 ✔**Marquis Black**
✻55 mm – Up to 144 dev available on a PSO ..... 13.36 144 ✔**Marquis Conforma**

94 LEUPRORELIN (↓ subsidy)
Additional subsidy by endorsement where the patient is a child or adolescent and is unable to tolerate administration of goserelin and the prescription is endorsed accordingly; or the patient has outstanding repeat dispensings at 1 December 2016 and the prescription is endorsed accordingly. From 1 December 2016 until 28 February 2017 pharmacists may annotate a prescription as endorsed where the patient has outstanding repeat dispensings at 1 December 2016.
Inj 7.5 mg syringe with diluent – Higher subsidy of
up to $166.20 per 1 with Endorsement 66.48 1
(166.20) Eligard 1 Month
Inj 22.5 mg syringe with diluent – Higher subsidy of
up to $443.76 per 1 with Endorsement 177.50 1
(443.76) Eligard 3 Month
Inj 45 mg syringe with diluent – Higher subsidy of
up to $832.05 per 1 with Endorsement 332.82 1
(832.05) Eligard 6 Month

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 June 2017 (continued)

117 ENFUVIRTIDE – Special Authority see SA0845 – Retail pharmacy

Powder for inj 90 mg per ml × 60	2,380.00	1	✔**Fuzeon**

127 ALLOPURINOL

❋ Tab 100 mg	15.11	1,000	✔**Apo-Allopurinol**
❋ Tab 300 mg – For allopurinol oral liquid formulation refer	15.91	500	✔**Apo-Allopurinol**

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**

254 BACILLUS CALMETTE-GUERIN VACCINE – [Xpharm]

For infants at increased risk of tuberculosis. Increased risk is defined as:

1) living in a house or family with a person with current or past history of TB; or
2) having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; or
3) during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000

Note a list of countries with high rates of TB are available at www.health.govt.nz/tuberculosis (search for downloads) or www.bcgatlas.org/index.php.

Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	0.00	1	✔**BCG Vaccine**

Note – BCG Vaccine inj 10 vial pack remains listed.

Effective 1 August 2017

94 LEUPRORELIN

Additional subsidy by endorsement where the patient is a child or adolescent and is unable to tolerate administration of goserelin and the prescription is endorsed accordingly; or the patient has outstanding repeat dispensings at 1 December 2016 and the prescription is endorsed accordingly. From 1 December 2016 until 28 February 2017 pharmacists may annotate a prescription as endorsed where the patient has outstanding repeat dispensings at 1 December 2016.

Inj 30 mg prefilled dual chamber syringe – Higher subsidy of up to $1,109.40 per 1 with Endorsement	332.82	1	
	(1,109.40)		Lucrin Depot 6-month

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

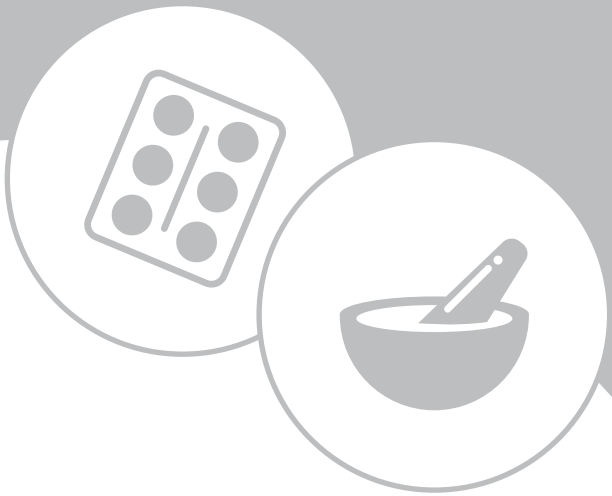
❋ Three months or six months, as applicable, dispensed all-at-once

Index

Pharmaceuticals and brands

Index
Pharmaceuticals and brands

Index
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

ISSN 1172-9376 (Print)
ISSN 1179-3686 (Online)