

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2017

Cumulative for January, February, March and April 2017



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Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2017

New listings (page 25)

- Amiodarone hydrochloride (Lodi) inj 50 mg per ml, 3 ml ampoule – up to 6 inj available on a PSO
- Naproxen tab long-acting 750 mg (Naprosyn SR 750) and 1 g (Naprosyn SR 1000), 28 tab pack size
- Leflunomide (Apo-Leflunomide) tab 10 mg and 20 mg
- Venlafaxine (Enlafax XR) cap 37.5 mg, 75 mg and 150 mg
- Aprepitant (Emend) cap 40 mg – Special Authority – Retail pharmacy
- Sumatriptan (Apo-Sumatriptan) tab 50 mg and 100 mg, 100 and 102 tab pack sizes
- Pharmacy services (BSF Apo-Montelukast) brand switch fee – may only be claimed once per patient

Changes to restrictions (pages 30-32)

- Clomifene citrate (Mylan Clomiphen and Serophene) tab 50 mg – amended chemical name
- Auranofin (Ridaura s29) tab 3 mg – addition of subsidy by endorsement
- Benzatropine mesylate tab 2 mg (Benztrop) and inj 1 mg per ml, 2 ml (Cogentin and Omega) – amended chemical name
- Erlotinib (Tarceva) tab 100 mg and 150 mg – amended Special Authority criteria
- Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg – addition of Brand Switch Fee payable
- Pirfenidone (Esbriet) cap 267 mg – addition of Wastage claimable
- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – removal of Xpharm, addition of only on a prescription and no patient co-payment payable, and amended restriction

Increased subsidy (page 41)

- Zinc and castor oil (Multichem) oint BP, 500 g
- Levonorgestrel (Postinor-1) tab 1.5 mg

Decreased subsidy (page 41)

- Terazosin (Arrow) tab 2 mg
- Darunavir (Prezista) tab 400 mg and 600 mg
- Paroxetine (Loxamine) tab 20 mg

What's changing?

The following Tender products will be listed from 1 April 2017:

- Amiodarone hydrochloride (Lodi) inj 50 mg per ml, 3 ml ampoule
- Leflunomide (Apo-Leflunomide) tab 10 mg and 20 mg
- Sumatriptan (Apo-Sumatriptan) tab 50 mg and 100 mg
- Venlafaxine (Enlifax XR) cap 37.5 mg, 75 mg and 150 mg

The Apo-Sumatriptan 50 mg and 100 mg tablets referred to above will be initially available in a 102 tablet pack size (17 blister strips of 6 tablets) from 1 April 2017. Once the initial stock is exhausted, (expected to be in 7-8 months), a 100 tablet pack size will be supplied for each strength. Both pack sizes will be listed from 1 April 2017.

Patient information for the leflunomide change will be available on our website on the "my medicine has changed" page.



New listings

Venlafaxine

The tender transition dates for venlafaxine are as follows:

- 1 April 2017: Enlifax XR will be fully funded, without a Special Authority
- 1 June 2017: A manufacturer's surcharge may apply to Arrow-Venlafaxine XR tablets and Efexor XR capsules.
- 1 June 2017: The Special Authority that applies to Efexor XR capsules will be removed.
- 1 September 2017: Enlifax XR will be the only funded brand. Arrow-Venlafaxine XR and Efexor XR will be delisted.
- 1 September 2017 to 30 November 2017: a Brand Switch Fee will apply to dispensings of Enlifax XR.
- 1 December 2017: The default dispensing on venlafaxine will change to three months at once (Stat).

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Further information and patient information leaflets are being provided with printed updates to support the brand change. More information on this change can also be found on our website at: www.pharmac.govt.nz/venlafaxine. Additional leaflets can be ordered from www.pharmaonline.co.nz. Patient information leaflets are also available for download in Pacific languages.

Aprepitant – new presentation

Emend (aprepitant) 5 x 40 mg capsules combination pack will be listed from 1 April 2017 due to a likely out-of-stock with the Emend Tri-Pack (cap 2 x 80 mg and 1 x 125 mg), subject to the same Special Authority restrictions.

MSD has informed PHARMAC that a global interruption to the supply of its Emend Tri-Pack is likely to affect the New Zealand market from the end of March 2017. PHARMAC has received clinical advice from the Cancer Treatments Subcommittee of PTAC that a dosing regimen as close to that of the Emend Tri-Pack would be the preferred option in the instance of a short-term out-of-stock event.

To achieve almost equivalent dosing to the EmendTri-Pack using 40 mg capsules, the suggested adult dosage of aprepitant for chemotherapy induced nausea and vomiting is as follows:

Day1

3 x 40 mg capsules 1 hour before the start of chemotherapy

Days 2 and 3

2 x 40 mg capsules each morning for days 2 and 3 after chemotherapy

The replacement combination 5 capsule pack has been sourced from the USA. As 7 x 40 mg capsules are required for the above regimen, the OP rule will be applied to the new listing.

PHARMAC will ensure as many oncologists as possible are informed of the short-term changes to the availability of aprepitant.



Changed listings

Funding influenza vaccine in pharmacies

Pharmacists who are approved as vaccinators will be able to access funded influenza vaccine (flu vaccine) for people aged 65 years or over, and pregnant women from 1 April 2017. This would mean these people would be able to choose to get their funded vaccine from their general practice or pharmacy.

Pharmacies will be able to claim an administration fee and funded vaccine for these eligible people. There will be no change to vaccines given by general practice.

The following changes will be made to the listing of influenza vaccine:

- Removal of Xpharm restriction on influenza vaccine 45 mcg in 0.5 ml injection
- Addition of “only on a prescription” to influenza vaccine
- Addition of “no co-payment payable”
- Amendment to contractor notes

The following changes have been made to the rules section (Section A) in the Pharmaceutical Schedule:

- Addition of “Vaccinator” to the definition of Practitioner
- Addition of Vaccinator to definitions
- Provision for Vaccinators’ prescriptions

Changes to the National Immunisation Register and funding arrangements between Pharmacy and DHBs are underway to support this change.

More information on the changes will be available on the Ministry of Health website.

Pirfenidone – change from OP to wastage

From 1 April 2017 the Original Pack rule will be removed from pirfenidone 267 mg capsules and replaced with the wastage rule. This will allow pharmacists to choose whether the remainder is claimed, helping them to manage frequent smaller dispensings of this product.

Naproxen (Naprosyn SR 750 and Naprosyn SR 1000) – change to pack size and presentation

The supplier, Clinect, wishes to change from a 90 tablet bottle to 28 tablet blisters. The blister presentation will be listed from 1 April 2017. The bottle presentation will be delisted once supplies are exhausted.

Stock issues

Escitalopram 10 mg tablet – dispensing frequency

We sent a fax on 8 March 2017 asking pharmacists to dispense all brands of escitalopram 10 mg tablets in monthly lots for a short period until mid-April due to low supplies. This will help avoid an out-of-stock at patient level.

More information for people taking escitalopram can be found at www.pharmac.govt.nz/medicines/my-medicine-has-changed/escitalopram

Water and sodium chloride injections (InterPharma) 20 ml ampoule – supply issue

There is a supply issue with the Interpharma brands of both water for injection, 20 ml ampoule, and sodium chloride 0.9% injection, 20 ml ampoule which were listed 1 January 2017.

To ensure that fully funded options are available, the price of the Multichem brands of these presentations will decrease to match the subsidy from 1 April 2017. The Multichem brand of these presentations will remain funded and Sole Supply on the Interpharma brands delayed, until further notice.

Delists

Auranofin (Ridaura) – delist and Endorsement

Auranofin (Ridaura) tab 3 mg will be delisted 1 September 2017. Remaining stock expires August 2017. We will advise remaining prescribers of the discontinuation. From 1 April 2017, funding for auranofin will be restricted to existing patients only, by Endorsement.

News in brief

- **Phenothrin** (Parasidose) shampoo 0.5% 100 ml OP pack size has been discontinued and will be delisted 1 October 2017. The 200 ml presentation will continue to be available and subsidised.
- **Codeine phosphate** (Douglas) powder – the 5 g pack size has been discontinued by the supplier and will be delisted 1 November 2017. The 25 g pack size will continue to be available and is also partially funded.
- **Granisetron** (Granirex) tab 1 mg has been discontinued and will be delisted 1 October 2017. Alternative anti-nausea treatments are funded.
- **Protein supplement powder (vanilla)** (Promod) was discontinued in 2015. It will be delisted 1 April 2017.
- **Clomifene citrate** – the chemical name, clomiphene citrate has been amended to clomifene citrate to be consistent with Medsafe, NZULM and NZF.
- **Benzatropine mesylate** – the chemical name, benztropine has been amended to benztropine mesylate to be consistent with Medsafe, NZULM and NZF.
- **Montelukast** (Apo-Montelukast) – a Brand Switch Fee will apply to dispensings of Apo-Montelukast from 1 April to 30 June 2017.

Tender News

Sole Subsidised Supply changes – effective 1 May 2017

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Codeine phosphate	Tab 15 mg; 100 tab	PSM (API)
Codeine phosphate	Tab 30 mg; 100 tab	PSM (API)
Codeine phosphate	Tab 60 mg; 100 tab	PSM (API)
Hydrocortisone	Crn 1%; 30 g OP	DermAssist (Actavis)
Loratadine	Oral liq 1 mg per ml; 120 ml	Lorfast (Multichem)
Temozolomide	Cap 5 mg; 5 cap	Orion Temozolomide (Orion)
Temozolomide	Cap 20 mg; 5 cap	Orion Temozolomide (Orion)
Temozolomide	Cap 100 mg; 5 cap	Orion Temozolomide (Orion)
Temozolomide	Cap 250 mg; 5 cap	Orion Temozolomide (Orion)
Terazosin	Tab 5 mg; 500 tab	Apo-Terazosin (Apotex)
Tobramycin	Inj 40 mg per ml, 2 ml vial; 5 inj	Tobramycin Mylan (Mylan)

Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2018
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	VirusPOS Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatrein	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	Allopurinol-Apotex	2017
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
Amiodarone hydrochloride	Tab 100 mg & 200 mg	Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix 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	MycosNail	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	Crn, 500 g	AFT SLS-free	2018
Ascorbic acid	Tab 100 mg	Cvite	2019
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2019
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2017
Azathioprine	Inj 50 mg vial	Imuran	2019
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

*Expiry date of the Sole Subsidised Supply period is 30 June of the year indicated unless otherwise stated. Please note that Sole Subsidised Supply may have been awarded for a wider scope than just those presentation(s) listed in the above table.

Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Lioresal Intrathecal	2018
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow- Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 30 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2018
Betamethasone valerate	Crn 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	Crn, 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 Folate Ebewe	2017
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Brinov	2019
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Cefalexin	Cap 250 mg	Cephalexin ABM	2019
	Cap 500 mg	Cephalexin ABM	2018
	Grans for oral liq 25 mg per ml	Cefalexin Sandoz	
	Grans for oral liq 50 mg per ml		
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Ceftriaxone	Inj 1 g vial	DEVA	2019
	Inj 500 mg vial	DEVA	
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
	Oral liq 1 mg per ml	Histaclear	2017
Cetomacrogol	Crn BP	healthE	2018
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP	Chlorsig	2019
	Eye drops 0.5%, 10 ml OP	Chlorafast	2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
Ciclopirox olamine	Nail soln 8%, 7 ml OP	Apo-Ciclopirox	2018
Cilazapril	Tab 2.5 mg & 5 mg	Apo-Cilazapril	2019
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	Clindamycin ABM	2019
	Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	
Clobetasol propionate	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine	Patch 2.5 mg, 100 mcg per day	Catapres TTS 1	2017
	Patch 5 mg, 200 mcg per day	Catapres TTS 2	
	Patch 7.5 mg, 300 mcg per day	Catapres TTS 3	
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clopidogrel	Tab 75 mg	Arrow-Clopid	2019
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP	Clomazol	2019
	Vaginal crm 2% with applicators, 20 g OP		
	Crn 1%, 20 g OP		2017
Coal tar	Soln BP	Midwest	2019
Compound electrolytes	Powder for oral soln	Enerlyte	2019

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Crotamiton	Crn 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, 6 ml OP	Minirin Desmopressin-PH&T	2019 2017
Dexamethasone	Tab 0.5 mg & 4 mg Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	Dexmethsone Maxidex	2018 2017
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Diclofenac Sandoz Apo-Diclo SR Voltaren Voltaren Ophtha	2018 2017
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Dimethicone	Crn 5%, pump bottle, 500 ml OP Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 5% healthE Dimethicone 10%	2019 2018
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017

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Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
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
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
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Etoposide	Inj 20 mg per ml, 5 ml vial	Rex Medical	2018
Exemestane	Tab 25 mg	Pfizer Exemestane	2017
Ezetimibe	Tab 10 mg	Ezemibe	2017
Ezetimibe with simvastatin	Tab 10 mg with simvastatin 10 mg Tab 10 mg with simvastatin 20 mg Tab 10 mg with simvastatin 40 mg Tab 10 mg with simvastatin 80 mg	Zimbybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018

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Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Boucher and Muir	2018
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
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	AFT	2018
	Grans for oral liq 50 mcg per ml	Staphlex	
	Cap 250 mg & 500 mg Inj 250 mg vial, 500 mg vial & 1 g vial	Flucloxin	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	Arrow-Fluoxetine	2019
	Tab dispersible 20 mg, scored		
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris	2019
	Tab 40 mg	Diurin 40	2018
	Tab 500 mg	Urex Forte	
Galsulfase	Inj 1 mg per ml, 5 ml vial	Naglazyme	2018
Gemfibrozil	Tab 600 mg	Lipazil	2019
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule	Biomed	2017
	Inj 50%, 90 ml bottle		
Glycerol	Suppos 3.6 g	PSM healthE Glycerol BP	2018
	Liquid		2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day	Nitroderm TTS 5	2017
	Patch 50 mg, 10 mg per day	Nitroderm TTS 10	
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	Serenace	2019
	Oral liq 2 mg per ml		
	Inj 5 mg per ml, 1 ml ampoule		
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe	Havrix	2017
	Inj 720 ELISA units in 1 ml syringe	Havrix Junior	

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 1%, 500 g Inj 100 mg vial Tab 5 mg & 20 mg Powder	Pharmacy Health	2019
		Solu-Cortef	2018
		Douglas ABM	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	Crn 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	2018
		Ibugesic	2017
Imatinib mesilate	Cap 100 mg	Imatinib-AFT	2017
Imiquimod	Crn 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
Influenza vaccine	Inj 45 mcg in 0.5 ml syringe	Influvac	31/12/19
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml ampoule Nebuliser soln, 250 mcg per ml, 2 ml ampoule Aqueous nasal spray, 0.03%	Univent	2019
		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	2018
		Rifinah	
Isosorbide mononitrate	Tab long-acting 40 mg Tab 20 mg	Ismo 40 Retard	2019
		Ismo-20	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

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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
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) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Metformin hydrochloride	Tab immediate-release 500 mg	Metchek	2018
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2018
Methotrexate	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	Crn 2%, 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2017
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	Crn 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2018
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
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

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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 & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	m-Nystatin	2017
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
Oestradiol	Patch 75 mcg per day Patch 50 mcg per day Patch 100 mcg per day Patch 25 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oil in water emulsion	Crn; 500 g	O/W Fatty Emulsion Cream	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg	Dr Reddy's Ondansetron	2017
	Tab disp 8 mg	Ondansetron ODT-DRLA	
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
Paracetamol	Suppos 125 mg & 250 mg Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Gacet Paracare Pharmacare Paracare Paracare Double Strength	2018 2017
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%, 3.5 g OP	Poly-Visc	2017
Peak flow meter	Low range Normal range	Mini-Wright AFS Low Range Mini-Wright Standard	2018
Pegylated interferon alfa-2a	Inj 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	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml & 2 ml	PSM DBL Pethidine Hydrochloride	2018 2017
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2019 2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP Eye drops 2%, 15 ml OP Eye drops 4%, 15 ml OP	Isopto Carpine	2017
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2017
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Potassium 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
Prednisolone acetate	Eye drops 1%, 10 ml OP	Prednisolone-AFT	2019
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

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2018
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
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
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2019
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Actavis Risperon	2017
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2017
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Apo-Ropinirole	2019
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Asthalin	2018
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
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

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium polystyrene sulphionate	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
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	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

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Sole Subsidised Supply Products – cumulative to April 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
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

April changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 April 2017

58	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO	9.98	5	✓ Lodi
122	NAPROXEN * Tab long-acting 750 mg	5.60	28	✓ Naprosyn SR 750
	* Tab long-acting 1 g	6.53	28	✓ Naprosyn SR 1000
	Note – This is a listing of a new pack size with new Pharmacodes 2518627 and 2518619.			
123	LEFLUNOMIDE Tab 10 mg	2.90	30	✓ Apo-Leflunomide
	Tab 20 mg	2.90	30	✓ Apo-Leflunomide
138	VENLAFAXINE Cap 37.5 mg	6.38	84	✓ Enlafax XR
	Cap 75 mg	8.11	84	✓ Enlafax XR
	Cap 150 mg	11.16	84	✓ Enlafax XR
143	APREPITANT – Special Authority see SA0987 – Retail pharmacy Cap 40 mg	71.43	5 OP	✓ Emend
143	SUMATRIPTAN Tab 50 mg	24.44	100 102	✓ Apo-Sumatriptan ✓ Apo-Sumatriptan
	Tab 100 mg	46.23	100 102	✓ Apo-Sumatriptan ✓ Apo-Sumatriptan
219	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee	4.50	1 fee	✓ BSF Apo-Montelukast
	a) The Pharmacode for BSF Apo-Montelukast is 2519593.			

Effective 1 March 2017

55	POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol)	3.71	100	✓ Slow-K S29
	Wastage claimable – see rule 3.3.2			
132	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 1%, 20 ml vial – Up to 5 inj available on a PSO	12.00	5	✓ Lidocaine-Clarix
	Inj 2%, 20 ml vial – Up to 5 inj available on a PSO	12.00	5	✓ Lidocaine-Clarix
144	ONDANSETRON * Tab 4 mg	3.36	50	✓ Apo-Ondansetron
	* Tab 8 mg	4.77	50	✓ Apo-Ondansetron

▲ 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 14 February 2017

137	ESCITALOPRAM * Tab 10 mg	1.40	28	✓ Loxalate
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Effective 1 February 2017

25	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....	7.82	500	✓ Apotex
56	TERAZOSIN * Tab 2 mg	7.50	500	✓ Apo-Terazosin
90	CARBIMAZOLE * Tab 5 mg	10.80	100	✓ AFT Carbimazole S29
	Wastage claimable – see rule 3.3.2			
137	PAROXETINE * Tab 20 mg	4.02	90	✓ Apo-Paroxetine
143	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per prescription	42.67	2 OP	✓ Clustran
219	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Lorstat ✓ BSF Sulprix
	a) The Pharmacode for BSF Lorstat is 2514206 b) The Pharmacode for BSF Sulprix is 2514192			

Effective 16 January 2017

54	PEGFILGRASTIM – Special Authority see SA1384 – Retail pharmacy Inj 6 mg per 0.6 ml syringe.....	1,080.00	1	✓ Neulastim
	Note –This is the listing of a new Pharmacode, 2513145.			

Effective 1 January 2017

137	ESCITALOPRAM * Tab 10 mg	1.40	28	✓ Accord Escitalopram
54	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.			
	Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00	50	✓ InterPharma
	Inj 0.9%, 20 ml ampoule.....	7.50	30	✓ InterPharma

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 January 2017 (continued)

55	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Inj 5 ml ampoule – Up to 5 inj available on a PSO..... 7.00 Inj 10 ml ampoule – Up to 5 inj available on a PSO..... 6.63 Inj 20 ml ampoule – Up to 5 inj available on a PSO..... 7.50	50 50 30	✓ InterPharma ✓ Pfizer ✓ InterPharma
59	METOPROLOL SUCCINATE Tab long-acting 95 mg 1.91	30	✓ Myloc CR
88	OESTRADIOL – See prescribing guideline * Patch 75 mcg per day 7.91 a) No more than 2 patch per week b) Only on a prescription	8	✓ Estradot
107	PYRAZINAMIDE – Retail pharmacy-Specialist 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 500 mg – For pyrazinamide oral liquid formulation refer..... 59.00 Wastage claimable – see rule 3.3.2	100	✓ AFT-Pyrazinamide S29 S29
147	TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride. Tab 1 mg 19.75 Wastage claimable – see rule 3.3.2 Tab 5 mg 26.23 Wastage claimable – see rule 3.3.2	100 100	✓ Apo-Trifluoperazine S29 ✓ Apo-Trifluoperazine S29
148	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 25 mg per ml, 1 ml – Up to 5 inj available on a PSO 27.90 Wastage claimable – see rule 3.3.2	5	✓ Modecate S29 S29
184	ETANERCEPT – Special Authority see SA1620 – Retail pharmacy Inj 50 mg autoinjector..... 1,599.96 Note – This is the listing of an alternate Pharmacode, 2510456.	4	✓ Enbrel

▲ 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 January 2017 (continued)

197	OBINUTUZUMAB – PCT only – Specialist – Special Authority see SA1627			
	Inj 25 mg per ml, 40 ml vial	5,910.00	1	✓ Gazyva
	Inj 1 mg for ECP	6.21	1 mg	✓ Baxter

▶▶ SA1627 Special Authority for Subsidy

Initial application — (chronic lymphocytic leukaemia) only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
- 2 The patient is obinutuzumab treatment naive; and
- 3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance <70mL/min); and
- 4 Patient has adequate neutrophil and platelet counts ($\geq 1.5 \times 10^9/L$ and platelets $\geq 75 \times 10^9/L$) unless the cytopenias are a consequence of marrow infiltration by CLL; and
- 5 Patient has good performance status; and
- 6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to <2.

198	PERTUZUMAB – PCT only – Specialist – Special Authority see SA1606			
	Inj 30 mg per ml, 14 ml vial	3,927.00	1	✓ Perjeta
	Inj 1 mg for ECP	9.82	1 mg	✓ Baxter

▶▶ SA1606 Special Authority for Subsidy

Initial application — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 Patient is chemotherapy treatment naive; or
 - 2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
- 3 The patient has good performance status (ECOG grade 0-1); and
- 4 Pertuzumab to be administered in combination with trastuzumab; and
- 5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and
- 6 Pertuzumab to be discontinued at disease progression.

Renewal — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 January 2017 (continued)

212	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA1628 Cap 267 mg	3,645.00	270 OP	✓ Esbriet
	<p>▶ SA1628 Special Authority for Subsidy Initial application — (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1 Patient has been diagnosed with idiopathic pulmonary fibrosis as confirmed by histology, CT or biopsy; and 2 Forced vital capacity is between 50% and 80% predicted; and 3 Pirfenidone is to be discontinued at disease progression (See Notes). <p>Renewal — (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and 2 Pirfenidone is to be discontinued at disease progression (See Notes). <p>Notes: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.</p>			
260	HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – [Xpharm] Any of the following:			
	<ol style="list-style-type: none"> 1 Maximum of two doses for children aged 14 years and under; or 2 Maximum of three doses for patients meeting any of the following criteria: <ol style="list-style-type: none"> 2.1 People aged 15 to 26 years inclusive; or 2.2 Either: <ol style="list-style-type: none"> People aged 9 to 26 years inclusive; and 2.2.1 Confirmed HIV; or 2.2.2 Transplant (including stem cell) patients: or 3 Maximum of four doses for people aged 9 to 26 years inclusive post chemotherapy. 			
	Inj 270 mcg in 0.5 ml syringe	0.00	10	✓ Gardasil 9

Effective 22 November 2016

55	POTASSIUM CHLORIDE * Tab long-acting 600 mg (8 mmol)	3.71	100	✓ Duro-K S29
	Wastage claimable – see rule 3.3.2			
55	SODIUM BICARBONATE Cap 840 mg	8.52	100	✓ Sodibic
	Note – This is the listing of an alternate Pharmacode, 2513447.			

▲ 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 April 2017

96	CLOMIFENE CLOMIPHENE CITRATE				
	Tab 50 mg	29.84	10	✓ Mylan Clomiphene S29 ✓ Serophene	
123	AURANOFIN – Subsidy by endorsement				
	Tab 3 mg	68.99	60	✓ Ridaura s29 S29	
		114.98	100	✓ Ridaura s29 S29	
	Subsidised for patients who were taking auranofin tab prior to 1 April 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of auranofin.				
131	BENZATROPINE BENZTROPINE MESYLATE				
	Tab 2 mg	7.99	60	✓ Bentrop	
	Inj 1 mg per ml, 2 ml	95.00	5	✓ Cogentin	
		190.00	10	✓ Omega S29	
	a) Up to 10 inj available on a PSO b) Only on a PSO				
177	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1641 1577 (amended criteria shown only)				
	Tab 100 mg	764.00	30	✓ Tarceva	
	Tab 150 mg	1,146.00	30	✓ Tarceva	

▶ **SA1641 1577** Special Authority for Subsidy

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

All of the following:

1. Patient has locally advanced or metastatic, unresectable, non-squamous Non-Small Cell Lung Cancer (NSCLC); and
2. There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
3. **Either** Any of the following:
 - 3.1 Patient is treatment naive; or
 - 3.2 ~~Both:~~
 - 3.2.1 ~~Patient has documented disease progression following treatment with first line platinum based chemotherapy; and~~
 - 3.2.2 ~~Patient has not received prior treatment with gefitinib; or~~
 - 3.2 ~~3.3~~ Both:
 - 3.2.1 ~~3.3.1~~ The patient has discontinued gefitinib within 12 weeks of starting treatment due to intolerance; and
 - 3.2.2 ~~3.3.2~~ The cancer did not progress while on gefitinib; and
4. Erlotinib is to be given for a maximum of 3 months.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 April 2017 (continued)

- 211 MONTELUKAST – Special Authority see SA1421 – Retail pharmacy
- a) Brand Switch Fee payable (Pharmacode 2519593)**
- b) 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 |
- 212 PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA1628
- | | | | |
|------------------|----------|--------|------------------|
| Cap 267 mg | 3,645.00 | 270 OP | ✓ Esbriet |
|------------------|----------|--------|------------------|
- Wastage claimable – see rule 3.3.2**
- Note – Remove the Original Pack (OP) rule and apply the Wastage rule.
- 261 INFLUENZA VACCINE – ~~[Pharm]~~
- a) Only on a prescription**
- b) No patient co-payment payable**
- c)**
- A) is available each year for patients who meet the following criteria, as set by PHARMAC:
- a) all people 65 years of age and over; or
- b) people under 65 years of age who:
- i) have any of the following cardiovascular diseases:
 - a) ischaemic heart disease, or
 - b) congestive heart failure, or
 - c) rheumatic heart disease, or
 - d) congenital heart disease, or
 - e) cerebo-vascular disease; or
 - ii) have either of the following chronic respiratory diseases:
 - a) asthma, if on a regular preventative therapy, or
 - b) other chronic respiratory disease with impaired lung function; or
 - iii) have diabetes; or
 - iv) have chronic renal disease; or
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive; or
 - vi) have any of the following other conditions:
 - a) autoimmune disease, or
 - b) immune suppression or immune deficiency, or
 - c) HIV, or
 - d) transplant recipients, or
 - e) neuromuscular and CNS diseases/disorders, or
 - f) haemoglobinopathies, or
 - g) are children on long term aspirin, or
 - h) have a cochlear implant, or
 - i) errors of metabolism at risk of major metabolic decompensation, or
 - j) pre and post splenectomy, or
 - k) down syndrome, or
 - vii) are pregnant; or
- c) children aged four years and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
- Unless meeting the criteria set out above, the following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 February 2017 (continued)

continued...

- B) **Contractors will be entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.** Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) **Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.**
- D) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.
- | | | | |
|------------------------------------|-------|----|-------------------|
| Inj 45 mcg in 0.5 ml syringe | 90.00 | 10 | ✓ Influvac |
|------------------------------------|-------|----|-------------------|

Effective 1 March 2017

95 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 \$221.60 per 1 inj with Endorsement 66.48	1	
	(221.60)		Lucrin Depot 1-month
Inj 7.5 mg syringe with diluent			
– Higher subsidy of \$166.20 per 1 inj with Endorsement.....	66.48	1	
	(166.20)		Eligard 1 Month
Inj 11.25 mg prefilled dual chamber syringe			
– Higher subsidy of \$591.68 per 1 inj with Endorsement ...	177.50	1	
	(591.68)		Lucrin Depot 3-month
Inj 22.5 mg syringe with diluent			
– Higher subsidy of \$443.76 per 1 inj with Endorsement ...	177.50	1	
	(443.76)		Eligard 3 Month
Inj 30 mg prefilled dual chamber syringe			
– Higher subsidy of \$1109.40 per 1 inj with Endorsement..	332.82	1	
	(1,109.40)		Lucrin Depot 6-month
Inj 45 mg syringe with diluent			
– Higher subsidy of \$832.05 per 1 inj with Endorsement....	332.82	1	
	(832.05)		Eligard 6 Month

136 **DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE** – Safety medicine; prescriber may determine dispensing frequency

Tab 75 mg	11.19	100	✓ Dopress
Cap 25 mg	6.45	100	✓ Dopress

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 February 2017

25	METFORMIN HYDROCHLORIDE (Sole Supply suspended) * Tab immediate-release 850 mg.....	7.82	500	✓ Metformin Mylan
59	METOPROLOL TARTRATE * Tab 50 mg a) Brand switch fee payable (Pharmacode 2511541)- b) For metoprolol tartrate oral liquid formulation refer * Tab 100 mg – Brand switch fee payable (Pharmacode 2511541).....	4.64 6.09	100 60	✓ Apo-Metoprolol ✓ Apo-Metoprolol
63	ATORVASTATIN a) See prescribing guideline b) Brand switch fee payable (Pharmacode 2514206) * Tab 10 mg * Tab 20 mg * Tab 40 mg * Tab 80 mg	9.29 13.32 21.23 36.26	500 500 500 500	✓ Lorstat ✓ Lorstat ✓ Lorstat ✓ Lorstat
81	LEVONORGESTREL * Subdermal implant (2 x 75 mg rods) – Up to 3 pack available on a PSO	133.65	1	✓ Jadelle
137	PAROXETINE HYDROCHLORIDE * Tab 20 mg	4.02 4.32	90	✓ Apo-Paroxetine ✓ Loxamine
145	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg – Brand switch fee payable (Pharmacode 2514192)..... Tab 200 mg – Brand switch fee payable (Pharmacode 2514192)..... Tab 400 mg – Brand switch fee payable (Pharmacode 2514192).....	4.56 14.75 27.70	30 60 60	✓ Sulprix ✓ Sulprix ✓ Sulprix
260	HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – [Xpharm] Maximum of three doses Funded for patient meeting either any of the following criteria: 1) Maximum of 3 doses for people aged 9 to 26 years inclusive Females aged under 20 years old; or 2) Patients aged under 26 years old with confirmed HIV infection; or 3) For use in transplant (including stem cell) patients; or 2)4) Maximum of four An additional doses for people patients aged 9 to under 26 years inclusive, of age post chemotherapy. Inj 120 mcg in 0.5 ml syringe	0.00	10 1	✓ Gardasil ✓ Gardasil

▲ 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

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Changes to Restrictions – effective 1 January 2017

54	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.			
	Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00	50	✓ InterPharma
		10.85		✓ Multichem
		15.50		✓ Pfizer
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✓ Pfizer
		11.50		✓ Multichem
	Inj 0.9%, 20 ml ampoule	4.72	6	✓ Pharmacia
		8.41	20	✓ Multichem
		7.50	30	✓ InterPharma
		11.79		✓ Pharmacia
55	WATER			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Inj Purified for inj; 5 ml ampoule			
	– Up to 5 inj available on a PSO	7.00	50	✓ InterPharma
		10.25		✓ Multichem
	Inj Purified for inj; 10 ml ampoule			
	– Up to 5 inj available on a PSO	6.63	50	✓ Pfizer
		11.25		✓ Multichem
	Inj Purified for inj; 20 ml ampoule			
	– Up to 5 inj available on a PSO	6.50	20	✓ Multichem
		7.50	30	✓ InterPharma
91	SOMATROPIN (OMNITROPE) – Special Authority see SA1629 1451 – Retail pharmacy			
	* Inj 5 mg cartridge	109.50	1	✓ Omnitrope
	* Inj 10 mg cartridge	219.00	1	✓ Omnitrope
	* Inj 15 mg cartridge	328.50	1	✓ Omnitrope
	▶ SA1629 1451 Special Authority for Subsidy (amended criteria shown only)			
	Initial application — (Prader-Willi syndrome) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 9 months for applications meeting the following criteria:			
	All of the following:			
	1 The patient has a diagnosis of Prader-Willi syndrome that has been confirmed by genetic testing or clinical scoring criteria; and			
	2 The patient's height velocity is < 25th percentile (adjusted for bone age/pubertal status if appropriate) as calculated over 6 to 12 months using the standards of Tanner and Davies (1985); and			
	3 Either:			
	3.1 The patient is under two years of age and height velocity has been assessed over a minimum six month period from the age of 12 months, with at least three supine length measurements over this period demonstrating clear and consistent evidence of linear growth failure (with height velocity < 25th percentile); or			
	3.2 The patient is aged two years or older; and			
	2 The patient is aged six months or older; and			
	34 A current bone age is < 14 years (female patients) or < 16 years (male patients); and			
	45 Sleep studies or overnight oximetry have been performed and there is no obstructive sleep disorder requiring treatment, or if an obstructive sleep disorder is found, it has been adequately treated under the care of a paediatric respiratory physician and/or ENT surgeon; and			
	56 Either:			

continued...

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 January 2017 (continued)

continued...

5.1 Both:

5.1.1 The patient is aged two years or older; and

5.1.2 There is no evidence of type II diabetes or uncontrolled obesity defined by BMI that has increased by ≥ 0.5 standard deviations in the preceding 12 months; or

5.2 The patient is aged between six months and two years and a thorough upper airway assessment is planned to be undertaken prior to treatment commencement and at six to 12 weeks following treatment initiation.

128	ALLOPURINOL (Sole Supply transferred to Allopurinol-Apotex brand)			
	* Tab 100 mg	15.11	1,000	✓ Allopurinol-Apotex ✓ Apo-Allopurinol
	* Tab 300 mg – For allopurinol oral liquid formulation refer	15.91	500	✓ Allopurinol-Apotex ✓ Apo-Allopurinol
	Note – Sole Supply transferred from Apo-Allopurinol tab 100 mg and 300 mg to Allopurinol-Apotex. Sole Supply continues to end on 30 June 2017.			
129	BENZBROMARONE – Special Authority see SA1537 – Retail pharmacy			
	Tab 100 mg	45.00	100	✓ Benzbromaron AL 100 \$29

▶ SA1537 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient has been diagnosed with gout; and
- 2 Any of the following:
 - 2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
 - 2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or
 - 2.3 Both:
 - 2.3.1 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Notes); and
 - 2.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or
 - 2.4 All of the following:
 - 2.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and
 - 2.4.2 Allopurinol is contraindicated; and
 - 2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and
- 3 The patient is receiving monthly liver function tests.

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

Both:

- 1 The treatment remains appropriate and the patient is benefitting from the treatment; and
- 2 There is no evidence of liver toxicity and patient is continuing to receive regular (at least every three months) liver function tests.

Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity.

In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective.

continued...

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

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

Check your Schedule for full details
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Subsidy
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Changes to Restrictions – effective 1 January 2017 (continued)

continued...

Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at www.rheumatology.org.nz/home/resources-2/
www.rheumatology.org.nz/downloads/Benzbromarone-prescriber-information-NZRA-V2.pdf

147 TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement

a) Safety medicine; prescriber may determine dispensing frequency

b) **Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride.**

Tab 1 mg	9.83	100	✓ Stelazine
	19.75		✓ Apo-Trifluoperazine S29
		112	✓ Mercury Pharma S29
Tab 2 mg	14.64	100	✓ Stelazine
Tab 5 mg	16.66	100	✓ Stelazine
	26.23		✓ Apo-Trifluoperazine S29

177 ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1577 (Sole Supply removed)

Tab 100 mg	764.00	30	✓ Tarceva
Tab 150 mg	1,146.00	30	✓ Tarceva

198 RITUXIMAB – PCT only – Specialist – Special Authority see SA1631 ††52 (amended criteria only shown)

Inj 100 mg per 10 ml vial.....	1,075.50	2	✓ Mabthera
Inj 500 mg per 50 ml vial.....	2,688.30	1	✓ Mabthera
Inj 1 mg for ECP.....	5.64	1 mg	✓ Baxter

▶▶ SA1631 ††52 Special Authority for Subsidy

Initial application — (Indolent, Low-grade lymphomas **or hairy cell leukaemia***) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has indolent low grade NHL **or hairy cell leukaemia*** with relapsed disease following prior chemotherapy; and
- 1.2 To be used for a maximum of 6 treatment cycles; or

2 Both:

- 2.1 The patient has indolent, low grade lymphoma **or hairy cell leukaemia*** requiring first-line systemic chemotherapy; and
- 2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenström macroglobulinaemia. ***Hairy cell leukaemia includes hairy cell leukaemia variant *Unapproved indication.**

Renewal — (Indolent, Low-grade lymphomas **or hairy cell leukaemia***) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 The patient has had a rituximab treatment-free interval of 12 months or more; and

continued...

Changes to Restrictions – effective 1 January 2017 (continued)

continued...

- 2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
- 3 To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/Waldenstrom macroglobulinaemia. Rituximab is not funded for Chronic lymphocytic leukaemia/small lymphocytic lymphoma. *Hairy cell leukaemia includes hairy cell leukaemia variant *Unapproved indication.

Renewal — (Chronic Lymphocytic Leukaemia) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
- 2 The patient has had a rituximab treatment-free interval of 36 months or more; and
- 3 The patient does not have chromosome 17p deletion CLL; and
- 4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration); and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide for a maximum of 6 treatment cycles.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

200	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA1632 †52† (amended criteria only shown)		
	Inj 150 mg vial	1,350.00	1 ✓ Herceptin
	Inj 440 mg vial	3,875.00	1 ✓ Herceptin
	Inj 1 mg for ECP	9.36	1 mg ✓ Baxter

▶ SA1632 †52† Special Authority for Subsidy

Initial application - (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 2.2 Both:
 - 2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 2.2.2 The cancer did not progress whilst on lapatinib; and
- 3 Either:
 - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 3.2 All of the following:
 - 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab not to be given in combination with lapatinib; and
- 5 Trastuzumab to be discontinued at disease progression.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 January 2017 (continued)

continued...

Initial application — (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1— All of the following:

- 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 1.2 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; and
- 1.3 Trastuzumab not to be given in combination with lapatinib; and
- 1.4 Trastuzumab to be discontinued at disease progression; or

2— All of the following:

- 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2.2 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
- 2.3 The cancer did not progress whilst on lapatinib; and
- 2.4 Trastuzumab not to be given in combination with lapatinib; and
- 2.5 Trastuzumab to be discontinued at disease progression.

Renewal— (early breast cancer*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 3 Any of the following:
 - 3.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 3.2 Both:
 - 3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 3.2.2 The cancer did not progress whilst on lapatinib; or
 - 3.3 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 4 Either:
 - 4.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 4.2 All of the following:
 - 4.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 4.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo)adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 4.2.3 The patient has good performance status (ECOG grade 0-1); and
- 5 Trastuzumab not to be given in combination with lapatinib; and
- 6 Trastuzumab to be discontinued at disease progression.

Note: *For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

Renewal — (early breast cancer*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

continued...

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 January 2017 (continued)

continued...

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 3 Any of the following:
 - 3.1 All of the following:
 - 3.1.1 The patient has not previously received lapatinib treatment for metastatic breast cancer; and
 - 3.1.2 Trastuzumab not to be given in combination with lapatinib; and
 - 3.1.3 Trastuzumab to be discontinued at disease progression; or
 - 3.2 All of the following:
 - 3.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerance; and
 - 3.2.2 The cancer did not progress whilst on lapatinib; and
 - 3.2.3 Trastuzumab not to be given in combination with lapatinib; and
 - 3.2.4 Trastuzumab to be discontinued at disease progression; or
 - 3.3 All of the following:
 - 3.3.1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
 - 3.3.2 Trastuzumab not to be given in combination with lapatinib; and
 - 3.3.3 Trastuzumab to be discontinued at disease progression.

Note: * For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

- 212 DORNASE ALFA – Special Authority see SA0611 – Retail pharmacy (application criteria change)
Nebuliser soln, 2.5 mg per 2.5 ml ampoule 250.00 6 ✓ Pulmozyme

▶ SA0611 Special Authority for Subsidy

Special Authority approved by the Cystic Fibrosis Advisory Panel

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

The Co-ordinator, Cystic Fibrosis Advisory Panel

Phone: (04) 460 4990

PHARMAC, PO Box 10 254

Facsimile: (04) 916 7571

Wellington

Email: CFPanel@pharmac.govt.nz

Prescriptions for patients approved for treatment must be written by respiratory physicians or paediatricians who have experience and expertise in treating cystic fibrosis.

For the new criteria please refer to the PHARMAC website <http://www.pharmac.govt.nz/latest/SA0611.pdf>.

- 261 INFLUENZA VACCINE – [Xpharm]

A) is available each year for patients who meet the following criteria, as set by PHARMAC:

- a) all people 65 years of age and over; or
- b) people under 65 years of age who:
 - i) have any of the following cardiovascular diseases:
 - a) ischaemic heart disease, or
 - b) congestive heart failure, or
 - c) rheumatic heart disease, or
 - d) congenital heart disease, or
 - e) cerebro-vascular disease; or
 - ii) have either of the following chronic respiratory diseases:
 - a) asthma, if on a regular preventative therapy, or
 - b) other chronic respiratory disease with impaired lung function; or
 - iii) have diabetes; or
 - iv) have chronic renal disease; or
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive; or

continued...

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

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Check your Schedule for full details
Schedule page ref

Subsidy
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Changes to Restrictions – effective 1 January 2017 (continued)

continued...

- vi) have any of the following other conditions:
 - a) autoimmune disease, or
 - b) immune suppression or immune deficiency, or
 - c) HIV, or
 - d) transplant recipients, or
 - e) neuromuscular and CNS diseases/disorders, or
 - f) haemoglobinopathies, or
 - g) are children on long term aspirin, or
 - h) have a cochlear implant, or
 - i) errors of metabolism at risk of major metabolic decompensation, or
 - j) pre and post splenectomy, or
 - k) down syndrome, or
 - vii) are pregnant; or
 - c) children aged four years and under who have been hospitalised for respiratory illness or have a history of significant respiratory illness;

Unless meeting the criteria set out above, the following conditions are excluded from funding:

 - a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
 - B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
 - G) ~~Individual DHBs may fund patients over and above the above criteria. The claiming process for these additional patients should be determined between the DHB and Contractor, or~~
 - CD) Stock of the seasonal influenza vaccine is typically available from February until late July with suppliers being required to ensure supply until at least 30 June. Exact start and end dates for each season will be notified each year.
- | | | | |
|------------------------------------|-------|----|---|
| Inj 45 mcg in 0.5 ml syringe | 90.00 | 10 | <ul style="list-style-type: none"> ✓ Fluarix ✓ Influvac |
|------------------------------------|-------|----|---|

Effective 22 November 2016

- | | | | |
|----|--|------|----------|
| 55 | POTASSIUM CHLORIDE (Sole Supply suspended) | | |
| | * Tab long-acting 600 mg (8 mmol) | 7.42 | 200 |
| | | | ✓ Span-K |

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Changes to Subsidy and Manufacturer's Price

Effective 1 April 2017

54	SODIUM CHLORIDE (↓ price) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 20 ml ampoule.....	5.00	20	✓ Multichem
55	WATER (↓ price) 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops. Inj 20 ml ampoule – Up to 5 inj available on a PSO.....	5.00	20	✓ Multichem
56	TERAZOSIN (↓ subsidy) * Tab 2 mg	0.42 (0.45)	28	Arrow
73	ZINC AND CASTOR OIL (↑ subsidy) * Oint BP	5.95	500 g	✓ Multichem
82	LEVONORGESTREL (↑ subsidy) * Tab 1.5 mg	4.95	1	✓ Postinor-1
	a) Maximum of 2 tab per prescription b) Up to 5 tab available on a PSO			
117	DARUNAVIR – Special Authority see SA1364 – Retail pharmacy (↓ subsidy) Tab 400 mg	335.00	60	✓ Prezista
	Tab 600 mg	476.00	60	✓ Prezista
137	PAROXETINE (↓ subsidy) * Tab 20 mg	4.02 (4.32)	90	Loxamine

Effective 1 March 2017

21	MESALAZINE (↓ subsidy) Tab 800 mg	85.50	90	✓ Asacol
54	SODIUM CHLORIDE (↓ subsidy) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO.....	7.00 (10.85) (15.50)	50	Multichem Pfizer
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO.....	6.63 (11.50)	50	Multichem
	Inj 0.9%, 20 ml ampoule.....	1.50 (4.72)	6	Pharmacia
		5.00 (8.41)	20	Multichem
		7.50 (11.79)	30	Pharmacia

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 March 2017 (continued)

55	WATER (↓ subsidy)			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Inj 5 ml ampoule – Up to 5 inj available on a PSO.....	7.00	50	
		(10.25)		Multichem
	Inj 10 ml ampoule – Up to 5 inj available on a PSO.....	6.63	50	
		(11.25)		Multichem
	Inj 20 ml ampoule – Up to 5 inj available on a PSO.....	5.00	20	
		(6.50)		Multichem
150	ALPRAZOLAM – Subsidy by endorsement (↑ price)			
	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	
		(4.84)		Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 mcg	3.25	50	
		(5.92)		Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	5.00	50	
		(12.00)		Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

Effective 1 February 2017

56	TERAZOSIN (↓ subsidy)			
	* Tab 5 mg	0.57	28	
		(0.68)		Arrow
71	HYDROCORTISONE (↓ subsidy)			
	* Crm 1% – Only on a prescription	3.70	100 g	
		(3.75)		Pharmacy Health
103	TOBRAMYCIN (↓ subsidy)			
	Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement	15.00	5	✓ DBL Tobramycin
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			
134	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 15 mg	5.75	100	✓ PSM
	Tab 30 mg	6.80	100	✓ PSM
	Tab 60 mg	13.50	100	✓ PSM
174	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy (↓ subsidy)			
	Cap 20 mg	18.30	5	✓ Temaccord
	Cap 100 mg	40.20	5	✓ Temaccord
	Cap 250 mg	96.80	5	✓ Temaccord

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 February 2017 (continued)

207	LORATADINE (↓ subsidy) * Oral liq 1 mg per ml.....	3.58 (4.25)	200 ml	LoraPaed
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Effective 1 January 2017

23	PANTOPRAZOLE (↓ price) * Tab EC 20 mg	2.41	100	✓ Pantoprazole Actavis 20
	* Tab EC 40 mg	3.35	100	✓ Pantoprazole Actavis 40
50	CLOPIDOGREL (↓ subsidy) * Tab 75 mg – For clopidogrel oral liquid formulation refer	5.44	84	✓ Arrow - Clopid
54	SODIUM CHLORIDE (↓ subsidy) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✓ Pfizer
126	RISEDRONATE SODIUM (↓ subsidy) Tab 35 mg	3.80	4	✓ Risedronate Sandoz
138	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Rectal tubes 5 mg – Up to 5 tube available on a PSO	33.07	5	✓ Stesolid
	Rectal tubes 10 mg – Up to 5 tube available on a PSO	40.87	5	✓ Stesolid
143	SUMATRIPTAN (↑ subsidy) Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per prescription	42.67	2 OP	✓ Sun Pharma S29
164	BUPROPION HYDROCHLORIDE (↑ subsidy) Tab modified-release 150 mg	11.00	30	✓ Zyban
164	DISULFIRAM (↑ subsidy) Tab 200 mg	44.30	100	✓ Antabuse
164	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy (↑ subsidy) Tab 50 mg	131.00	30	✓ Naltraccord
169	CAPECITABINE – Retail pharmacy-Specialist (↓ subsidy) Tab 150 mg	11.15	60	✓ Capecitabine Winthrop
	Tab 500 mg	62.28	120	✓ Capecitabine Winthrop
177	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1577 (↓ subsidy) Tab 100 mg	764.00	30	✓ Tarceva
	Tab 150 mg	1,146.00	30	✓ Tarceva

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Changes to Subsidy and Manufacturer's Price – effective 1 January 2017 (continued)

211	MONTELUKAST – Special Authority see SA1421 – Retail pharmacy (↓ subsidy) 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 (18.48)	28	Singulair
	Tab 5 mg	5.50 (18.48)	28	Singulair
	Tab 10 mg	5.65 (18.48)	28	Singulair
215	PREDNISOLONE ACETATE (↓ subsidy) * Eye drops 1%	1.97 (4.50)	5 ml OP	Pred Forte
234	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3] († subsidy) Powder (vanilla)	28.00	850 g OP	✓ PediaSure
240	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] († subsidy) 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)	26.00	850 g OP	✓ Ensure
	Powder (vanilla)	26.00	850 g OP	✓ Ensure

Effective 1 December 2016

206	CETIRIZINE HYDROCHLORIDE (↓ price and subsidy) * Tab 10 mg	1.01	100	✓ Zetop
	Note – price decrease was notified after Update production was completed.			

Changes to General Rules

Effective 1 April 2017

- 9 "Practitioner", means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Practitioner, a Registered Nurse Prescriber, an Optometrist, a Quitcard Provider, or a Pharmacist Prescriber, or a **Vaccinator** as those terms are defined in the Pharmaceutical Schedule.
- 11 "**Vaccinator**", means either:
 (a) a Pharmacist who has successfully completed a vaccinator training course approved by the Ministry of Health and who is complying with the immunisation standards of the Ministry of Health; or
 (b) any other person who is authorised by the Director-General of Health or a Medical Officer of Health to administer vaccines in accordance with this Section 44A of the Medicines Regulations 1984.
- 14 **3.7 Vaccinators' Prescriptions**
 Prescriptions written by Vaccinators will only be valid for subsidy in accordance with an agreement between the Contractor and the DHB, and only for direct administration of a vaccine to a patient.

Changes to PSO

Effective 1 February 2017

250	LEVONORGESTREL	
	Tab 30 mcg.....	84
	✓ Tab 1.5 mg	5
	✓ Subdermal implant (2 x 75 mg rods).....	3

continued...

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

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Check your Schedule for full details
Schedule page ref

Subsidy
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Delisted Items

Effective 1 April 2017

58	DISOPYRAMIDE PHOSPHATE ▲Cap 150 mg	26.21	100	✓ Rythmodan
76	CALCIPOTRIOL Crn 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
78	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 (6.94)	125 ml OP	Aquasun 30+
79	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
113	BOCEPREVIR – Special Authority see SA1402 below – Retail pharmacy Cap 200 mg – Wastage claimable – see rule 3.3.2	5,015.00	336	✓ Victrelis
168	OXALIPLATIN – PCT only – Specialist Inj 50 mg vial	200.00	1	✓ Eloxatin
	Inj 100 mg vial	400.00	1	✓ Eloxatin
169	CAPECITABINE – Retail pharmacy-Specialist Tab 150 mg	11.15	60	✓ Capecitabine Winthrop
	Tab 500 mg	62.28	120	✓ Capecitabine Winthrop
169	FLUDARABINE PHOSPHATE Inj 50 mg vial – PCT only – Specialist	1,430.00	5	✓ Fludara
172	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
209	SALBUTAMOL Aerosol inhaler, 100 mcg per dose CFC free – Up to 1000 dose available on a PSO	3.80	200 dose OP	✓ Salamol

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 April 2017 (continued)

211	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 (18.48)	28	Singulair
	Tab 5 mg	5.50 (18.48)	28	Singulair
	Tab 10 mg	5.65 (18.48)	28	Singulair
215	PREDNISOLONE ACETATE * Eye drops 1%	1.97 (4.50)	5 ml OP	Pred Forte
231	PROTEIN SUPPLEMENT – Special Authority see SA1524 – Hospital pharmacy [HP3] Powder (vanilla)	12.90	275 g OP	✓Promod
240	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 \$1.26 per 200 ml with Endorsement	0.85 (1.33)	237 ml OP	Ensure Plus
	Note – Ensure Plus liquid (chocolate) 200 ml OP remains subsidised.			
243	GLUTEN FREE BREAD MIX – Special Authority see SA1107 – Hospital pharmacy [HP3] Powder	4.77 (8.71)	1,000 g OP	Bakels Gluten Free Health Bread Mix
245	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder	6.00	48.5 g OP	✓Vivonex Pediatric

Effective 1 March 2017

23	PANTOPRAZOLE * Tab EC 20 mg	2.41	100	✓Pantoprazole Actavis 20
	* Tab EC 40 mg	3.35	100	✓Pantoprazole Actavis 40
54	CILAZAPRIL * Tab 2.5 mg	3.24 (4.31)	90	Zapril
	* Tab 5 mg	5.40 (6.98)	90	Zapril

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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 March 2017 (continued)

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
165	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	✓Zetop

Effective 1 February 2017

63	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
71	CLOBETASONE BUTYRATE			
	Crm 0.05%	16.13	100 g OP	
		(22.00)		Eumovate
98	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 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
145	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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 February 2017 (continued)

190	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
219	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Apo-Metoprolol is 2511541	4.50	1 fee	✓BSF Apo-Metoprolol
261	INFLUENZA VACCINE – [Xpharm] Inj 45 mcg in 0.5 ml syringe	90.00	10	✓Fluarix

Effective 1 January 2017

23	BISMUTH TRIOXIDE Tab 120 mg	32.50	112	✓De Nol
58	AMIODARONE HYDROCHLORIDE ▲ Tab 100 mg – Retail pharmacy-Specialist..... ▲ Tab 200 mg – Retail pharmacy-Specialist..... (30.52)	4.66 7.63 (30.52)	30 30	✓Aratac Aratac
59	METOPROLOL SUCCINATE Tab long-acting 23.75 mg	0.80	30	✓Metoprolol - AFT CR
	Tab long-acting 47.5 mg	1.16	30	✓Metoprolol - AFT CR
	Tab long-acting 95 mg	1.91	30	✓Metoprolol - AFT CR
	Tab long-acting 190 mg	3.85	30	✓Metoprolol - AFT CR
	Note – Metoprolol – AFT CR tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg, 30 tab pack, to be delisted from 1 January 2017. The 90 tab packs remain listed.			
76	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%.....	11.15	90 g OP	✓Para Plus
88	OESTRADIOL – See prescribing guideline * TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05 (16.14)	4	Climara 100
	a) No more than 1 patch per week b) Only on a prescription			
	* TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12 (13.18)	4	Climara 50
	a) No more than 1 patch per week b) Only on a prescription			
148	FLUPHENAZINE DECANOATE – Subsidy by endorsement (delisting revoked) 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 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	77.25	5	✓Modecate S29
	Note – Modecate inj 25 mg per ml, 2 ml delisting has been revoked and will remain listed.			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items – effective 1 January 2017 (continued)

184	EXEMESTANE * Tab 25 mg	14.50	30	✓ Aromasin
214	ACICLOVIR * Eye oint 3%	14.92 (37.53)	4.5 g OP	Zovirax

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 May 2017

56	TERAZOSIN * Tab 5 mg	0.57 (0.68)	28		Arrow
71	HYDROCORTISONE * Crm 1% – Only on a prescription	3.70 (3.75)	100 g		Pharmacy Health
103	TOBRAMYCIN Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement	15.00	5	✓	DBL Tobramycin Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.
174	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy				
	Cap 5 mg	8.00	5	✓	Temaccord
	Cap 20 mg	18.30	5	✓	Temaccord
	Cap 100 mg	40.20	5	✓	Temaccord
	Cap 250 mg	96.80	5	✓	Temaccord
207	LORATADINE * Oral liq 1 mg per ml	3.58 (4.25)	200 ml		LoraPaed
219	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓	BSF Lorstat BSF Sulprix
	a) The Pharmacode for BSF Lorstat is 2514206				
	b) The Pharmacode for BSF Sulprix is 2514192				

Effective 1 June 2017

53	HEPARINISED SALINE Inj 10 iu per ml, 5 ml	23.40	30	✓	Becton Dickinson PosiFlush \$29
54	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.				
	Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00 (10.85) (15.50)	50		Multichem Pfizer
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63 (11.50)	50		Multichem
	Inj 0.9%, 20 ml ampoule	1.50 (4.72) 7.50 (11.79)	6 30		Pharmacia Pharmacia

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 June 2017 (continued)

55	WATER			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops.			
	Inj 5 ml ampoule – Up to 5 inj available on a PSO.....	7.00	50	
		(10.25)		Multichem
	Inj 10 ml ampoule – Up to 5 inj available on a PSO.....	6.63	50	
		(11.25)		Multichem

Effective 1 July 2017

45	CALCIUM CARBONATE			
	* Tab eff 1.75 g (1 g elemental).....	6.21	30	✓ Calsource
	Note – Calsource tab eff 1.75 g (1 g elemental) 10 tab pack remains subsidised.			
56	TERAZOSIN			
	* Tab 2 mg	0.42	28	
		(0.45)		Arrow
116	DIDANOSINE [DDI] – Special Authority see SA1364 – Retail pharmacy			
	Cap 125 mg	115.05	30	✓ Videx EC
	Cap 200 mg	184.08	30	✓ Videx EC
	Cap 250 mg	230.10	30	✓ Videx EC
	Cap 400 mg	368.16	30	✓ Videx EC
117	STAVUDINE [D4T] – Special Authority see SA1364 – Retail pharmacy			
	Cap 40 mg	503.80	60	✓ Zerit
	Powder for oral soln 1 mg per ml.....	100.76	200 ml OP	✓ Zerit ^{S29}
137	ESCITALOPRAM			
	* Tab 10 mg	1.40	28	✓ Accord Escitalopram
137	PAROXETINE			
	* Tab 20 mg	4.02	90	
		(4.32)		Loxamine
143	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml cartridge			
	– Maximum of 10 inj per prescription.....	13.80	2 OP	✓ Arrow-Sumatriptan
147	TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement			
	a) Safety medicine; prescriber may determine dispensing frequency			
	b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride.			
	Tab 1 mg	9.83	100	✓ Stelazine
		11.01	112	✓ Mercury Pharma ^{S29}
	Tab 2 mg	14.64	100	✓ Stelazine
	Tab 5 mg	16.66	100	✓ Stelazine

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 July 2017 (continued)

158	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 3 ml ampoule	2.50	5	✓ Hypnovel
219	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Apo-Montelukast is 2519593.	4.50	1 fee	✓ BSF Apo-Montelukast

Effective 1 August 2017

102	GENTAMICIN SULPHATE Inj 40 mg per ml, 2ml ampoule – Subsidy by endorsement	30.00	50	✓ Pfizer Only if prescribed for dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.
158	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule	4.30	10	✓ Hypnovel
184	ETANERCEPT – Special Authority see SA1620 – Retail pharmacy Inj 50 mg autoinjector	1,599.96	4	✓ Enbrel Note – this delist applies only to Pharmacode 2375729. A new Pharmacode was listed 1 January 2017.
190	ADALIMUMAB – Special Authority see SA1621 – Retail pharmacy Inj 10 mg per 0.2 ml prefilled syringe	1,599.96	2	✓ Humira
240	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (chocolate)	26.00	850 g OP	✓ Ensure
	Powder (vanilla)	26.00	850 g OP	✓ Ensure
	Note – This delist only applies to Pharmacode 2453991 and 2447223.			

Effective 1 September 2017

54	PEGFILGRASTIM – Special Authority see SA1384 – Retail pharmacy Inj 6 mg per 0.6 ml syringe	1,080.00	1	✓ Neulastim Note – This delist only applies to Pharmacode 2265478. A new Pharmacode was listed 16 January 2017.
61	METHYLDOPA * Tab 125 mg	14.25	100	✓ Prodopa
	* Tab 250 mg	15.10	100	✓ Prodopa
123	AURANOFIN – Subsidy by endorsement Tab 3 mg	68.99 114.98	60 100	✓ Ridaura s29 ^{S29} ✓ Ridaura s29 ^{S29} Subsidised for patients who were taking auranofin tab prior to 1 April 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of auranofin.
143	RIZATRIPTAN Tab orodispersible 10 mg	3.24	12	✓ Rizamelt Note – Rizamelt tab orodispersible 10 mg, 30 tab pack, remains subsidised.

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 September 2017 (continued)

150	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 (4.84)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 500 mcg	3.25 (5.92)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 1 mg	5.00 (12.00)	50	Xanax
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
158	INTERFERON BETA-1-ALPHA – Special Authority see SA1564 – [Xpharm]			
	Inj 6 million iu per vial	1,170.00	4	✓ Avonex
169	CYTARABINE			
	Inj 500 mg – PCT – Retail pharmacy – Specialist.....	18.15	1	✓ Pfizer
235	ENTERAL/ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]			
	Powder	7.50	76 g OP	✓ Alitraq

Effective 1 October 2017

76	PHENOTHRIN			
	Shampoo 0.5%.....	5.68	100 ml OP	✓ Parasidose
144	GRANISETRON			
	* Tab 1 mg	5.98	50	✓ Granirex
260	HUMAN PAPILLOMAVIRUS (6, 11, 16 AND 18) VACCINE [HPV] – [Xpharm]			
	Funded for patient meeting either of the following criteria:			
	1) Maximum of 3 doses for people aged 9 to 26 years inclusive; or			
	2) Maximum of four doses for people aged 9 to 26 years inclusive, post chemotherapy.			
	Inj 120 mcg in 0.5 ml syringe	0.00	10	✓ Gardasil
			1	✓ Gardasil

Effective 1 November 2017

226	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency			
	Powder – Only in combination	12.62 (25.46)	5 g	Douglas
	a) Only in extemporaneously compounded codeine linctus diabetic or codeine linctus paediatric.			
	b) ‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Note – Douglas codeine phosphate powder 25 g pack size remains partially subsidised.			

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 December 2017

147	TRIFLUOPERAZINE HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking trifluoperazine hydrochloride prior to 1 January 2017 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of trifluoperazine hydrochloride.			
	Tab 1 mg	19.75	100	✓ Apo-Trifluoperazine S29
	Tab 5 mg	26.23	100	✓ Apo-Trifluoperazine S29

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

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

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