

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2017

Cumulative for May, June and July 2017



Contents

Summary of PHARMAC decisions effective 1 July 2017	3
What's changing?	7
Clonidine patch	7
Delayed listings – bisoprolol fumarate.....	7
New listings.....	7
Melatonin.....	7
Roxithromycin dispersible tablets.....	8
Metoprolol succinate – Betaloc CR 23.75 mg long-acting tabs.....	8
Changed listings.....	8
Vaccine changes.....	8
Enoxaparin sodium – for home haemodialysis	8
Azithromycin.....	8
Lamivudine – Zeffix brand.....	9
HIV treatments – earlier treatment of HIV infection	9
Hepatitis C treatments – reduction in MELD score requirement	9
Other.....	9
Antiretroviral medicines prescribers	9
News in brief.....	9
Tender News.....	10
Looking Forward	10
Sole Subsidised Supply Products cumulative to July 2017	11
New Listings.....	21
Changes to Restrictions, Chemical Names and Presentations.....	26
Changes to Subsidy and Manufacturer's Price.....	42
Changes to PSO.....	47
Delisted Items	48
Items to be Delisted	52
Index.....	55

Summary of PHARMAC decisions

EFFECTIVE 1 JULY 2017

New listings (pages 21-24)

- Metoprolol succinate (Betaloc CR) tab long-acting 23.75 mg
- Clonidine (Mylan) patch 2.5 mg, 100 mcg per day, 5 mg, 200 mcg per day and 7.5 mcg, 300 mcg per day – only on a Prescription
- Roxithromycin (Rulide D) tab disp 50 mg – restricted to patients under 12 years of age
- Flucloxacillin (Flucil) inj 1 g vial – up to 10 inj available on a PSO
- Lidocaine [lignocaine] (LMX4) crm 4%, 5 g OP - Special Authority – Retail pharmacy
- Melatonin (Circadin) tab modified-release 2 mg – Special Authority – Retail pharmacy, no more than 5 tab per day
- Bendamustine hydrochloride inj 25 mg and 100 mg vial (Ribomustin) and inj 1 mg for ECP (Baxter) – PCT only – Specialist – Special Authority
- Lenalidomide (Revlimid) cap 15 mg – Retail pharmacy-Specialist – Special Authority, wastage claimable
- Pharmacy services (BSF Apo-Paroxetine) brand switch fee – may only be claimed once per patient
- Haemophilus influenzae type B vaccine (Hiberix) haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml – Xpharm
- Measles, mumps and rubella vaccine (Priorix) injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – Xpharm
- Pneumococcal (PCV10) conjugated vaccine (Synflorix) inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe – Xpharm
- Rotavirus oral vaccine (Rotarix) oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator – Xpharm
- Varicella vaccine [chickenpox vaccine] (Varilrix) inj 2000 PFU prefilled syringe plus vial – Xpharm
- Tuberculin PPD [mantoux] test (Tubersol) inj 5 TU per 0.1 ml, 1 ml vial – Xpharm

Summary of PHARMAC decisions – effective 1 July 2017 (continued)

Changes to restrictions (pages 26-37)

- Enoxaparin sodium (Clexane) inj 20 mg in 0.2 ml, 40 mg in 0.4 ml, 60 mg in 0.6 ml, 80 mg in 0.8 ml, 100 mg in 1 ml, 120 mg in 0.8 ml, 150 mg in 1 ml syringe – amended Special Authority criteria
 - Azithromycin tab 250 mg and 500 mg (Apo-Azithromycin) and grans for oral liq 200 mg per 5 ml (40 mg per ml) (Zithromax) – Endorsement removed and Special Authority added
 - Benzylpenicillin sodium [penicillin G] (Sandoz) inj 600 mg (1 million units) vial – amended chemical presentation
 - Vancomycin (Mylan) inj 500 mg vial – amended presentation description
 - Lamivudine (Zeffix) tab 100 mg and oral liq 5 mg per ml, 240 ml OP – amended Special Authority criteria and addition of OP to oral liquid
 - Ledipasvir with sofosbuvir (Harvoni) tab 90 mg with sofosbuvir 400 mg – amended Special Authority criteria
 - Antiretrovirals – amended Special Authority criteria
 - Pethidine hydrochloride (DBL Pethidine Hydrochloride) inj 50 mg per ml, 1 ml and 2 ml ampoule – amended presentation description
 - Paroxetine (Apo-Paroxetine) tab 20 mg – Brand Switch Fee payable
 - Midazolam (Pfizer) inj 1 mg per ml, 5 ml and inj 5 mg per ml, 3 ml plastic ampoule – amended presentation description and available on a PSO for status epilepticus use only
 - Methotrexate (Methotrexate Ebewe) inj 100 mg per ml, 50 ml vial –amended presentation description
 - Docetaxel (DBL Docetaxel) inj 10 mg per 2 ml, 2 ml and 8 ml vial – amended presentation description
 - Erlotinib (Tarceva) tab 100 mg and 150 mg – amended Special Authority criteria
 - Gefitinib (Iressa) tab 250 mg – amended Special Authority criteria
 - Rituximab inj 100 mg per 10 ml, inj 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter) –amended Special Authority criteria
 - Nivolumab inj 10 mg per ml, 4 ml vial and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
 - Pembrolizumab inj 50 mg vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
 - Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg – Brand Switch Fee removed
 - Hepatitis B recombinant vaccine (HBvaxPRO) inj 5 mcg per 0.5 ml and inj 10 mcg per 1 ml vial – amended restriction
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Summary of PHARMAC decisions – effective 1 July 2017 (continued)

- Meningococcal C conjugate vaccine (Neisvac-C) inj 10 mcg in 0.5 ml syringe – amended chemical name
- Influenza vaccine (Influvac) inj 45 mcg in 0.5 ml syringe – amended restriction
- Meningococcal (groups A, C, Y and W-135) conjugated vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – amended chemical name
- Pneumococcal (PCV13) conjugate vaccine (Prevenar 13) inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5 ml syringe – amended restriction and chemical name
- Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – amended restriction
- Varicella vaccine [chickenpox vaccine] (Varilrix) inj 2000 PFU prefilled syringe plus vial – amended restriction, chemical name and presentation description

Increased subsidy (page 43)

- Flucloxacillin (Flucloxin) inj 250 mg and 500 mg vial
- Pamidronate disodium (Pamisol) inj 6 mg per ml, 10 ml vial

Decreased subsidy (pages 42-45)

- Gliclazide (Glizide) tab 80 mg
- Ursodeoxycholic acid (Ursosan) cap 250 mg
- Magnesium sulphate (DBL) inj 2 mmol per ml, 5 ml ampoule
- Doxazosin (Apo-Doxazosin) tab 4 mg
- Amlodipine (Apo-Amlodipine) tab 2.5 mg, 5 mg and 10 mg
- Isosorbide mononitrate (Duride) tab long-acting 60 mg
- Amorolfine (MycoNail) nail soln 5%, 5 ml OP
- Hydrocortisone (ABM) powder
- Cyproterone acetate with ethinyloestradiol (Ginet) tab 2 mg ethinyloestradiol 35 mcg and 7 inert tabs
- Miconazole nitrate (Micreme) vaginal crm 2% with applicator, 40 g OP
- Sodium citro-tartrate (Ural) grans eff 4 g sachet
- Cefazolin (AFT) inj 500 mg and 1 g vial
- Ciprofloxacin (Cipflox) tab 250 mg, 500 mg and 750 mg
- Vancomycin (Mylan) inj 500 mg vial

Summary of PHARMAC decisions – effective 1 July 2017 (continued)

- Zidovudine [AZT] with lamivudine (Alphapharm) tab 300 mg with lamivudine 150 mg
- Lopinavir with ritonavir (Kaletra) tab 200 mg with ritonavir 50 mg
- Pamidronate disodium (Pamisol) inj 3 mg per ml and inj 9 mg per ml, 10 ml vial
- Paracetamol with codeine (Paracetamol + Codeine (Relieve)) tab paracetamol 500 mg with codeine phosphate 8 mg
- Morphine sulphate (DBL Morphine Sulphate) inj 5 mg per ml, inj 10 mg per ml, 15 mg per ml, inj 30 mg per ml, 1 ml ampoule
- Pethidine hydrochloride (DBL Pethidine Hydrochloride) inj 50 mg per ml, 1 ml ampoule and 2 ml ampoule
- Tramadol hydrochloride (Tramal SR 100, Tramal SR 150, Tramal SR 200) tab sustained-release 100 mg, 150 mg and 200 mg
- Tramadol hydrochloride (Arrow-Tramadol) cap 50 mg
- Rizatriptan (Rizamelt) tab orodispersible 10 mg
- Betahistine dihydrochloride (Vergo 16) tab 16 mg
- Olanzapine (Zypine) tab 2.5 mg, 5 mg and 10 mg
- Olanzapine (Zypine ODT) tab orodispersible 5 mg and 10 mg
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg
- Risperidone (Risperon) oral liq 1 mg per ml, 30 ml
- Donepezil hydrochloride (Donepezil-Rex) tab 5 mg and 10 mg
- Naltrexone hydrochloride (Naltraccord) tab 50 mg
- Methotrexate (Methotrexate Ebewe) inj 100 mg per ml, 50 ml vial
- Docetaxel (DBL Docetaxel) inj 10 mg per ml, 2 ml vial and 8 ml vial
- Azathioprine (Azamun) tab 25 mg and 50 mg
- Timolol (Arrow-Timolol) eye drops 0.25% and 0.5%, 5 ml OP
- Olopatadine (Patanol) eye drops 0.1%, 5 ml OP
- Glycerol (healthE Glycerol BP) liquid

What's changing?

The following Tender product will be listed from 1 July 2017:

- Flucloxacillin (Flucil) inj 1 g vial.



Clonidine patch

The Mylan brand of clonidine patches (patch 2.5 mg, 100 mcg per day, patch 5 mg, 200 mcg per day, patch 7.5 mg, 300 mcg per day) – will be listed from 1 July 2017.

Patients may need to be shown correct usage of the two patch system. A brand switch fee will apply to dispensing of clonidine patches from 1 December 2017 until 1 March 2018.

Delayed listings – bisoprolol fumarate

The listing of Bosvate (bisoprolol fumarate) 2.5 mg, 5 mg and 10 mg tablets 90 tab packs has been delayed until 1 October 2017. The Bosvate 30 tab packs remain available.

The supplier will reduce the price of the 30 tablet pack sizes from 1 August 2017 to match the pro-rata price of the new 90 tablet pack size.

New listings

Melatonin

The Circadin brand of melatonin 2 mg modified-release tablets will be listed from 1 July 2017, subject to Special Authority criteria for people under 18 years with insomnia secondary to a neurodevelopmental disorder.

This is an “off-label” use which means that this use is not registered with Medsafe. More information on melatonin use in children can be found on our website, at www.pharmac.govt.nz/medicines/my-medicine-has-changed/melatonin

Roxithromycin dispersible tablets

The Rulide D brand of 50 mg roxithromycin dispersible tablets will be listed from 1 July 2017, funded for children under 12 years of age.

Metoprolol succinate – Betaloc CR 23.75 mg long-acting tabs

PHARMAC has recently notified that the Betaloc CR brand of metoprolol succinate will be Sole Supply from 1 March 2018. The 23.75 mg strength of Betaloc CR long-acting tablets will be listed from 1 July 2017. An update on availability of the various metoprolol succinate strengths and brands can be found on our website:

<https://www.pharmac.govt.nz/medicines/my-medicine-has-changed/metoprolol/>

Changed listings

Vaccine changes

From 1 July 2017, there will be changes to a number of vaccine listings in the Immunisation Schedule, including brand changes and widened access.

More information can be found on our website, at

<https://www.pharmac.govt.nz/news/notification-2017-05-23-nis/>

Enoxaparin sodium – for home haemodialysis

The Special Authority criteria for enoxaparin sodium (Clexane) syringes will change from 1 July 2017, to include prevention of thrombus formation during home haemodialysis.

Azithromycin

Funded access to azithromycin will be widened from 1 July 2017 to include funding for children with non-cystic fibrosis bronchiectasis. Prescribers can continue to access up to 5 days funded treatment per prescription for any indication.

For longer treatment periods, the current endorsement will be replaced by Special Authority criteria that covers both currently funded indications and the new indication. Prescribers will need to apply for Special Authority approval for patients currently accessing azithromycin by endorsement.

Lamivudine – Zeffix brand

The Special Authority criteria for lamivudine (Zeffix) tab 100 mg and oral liq 5 mg per ml, will be widened from 1 July 2017 to include prophylaxis of hepatitis B reinfection in immunocompromised patients receiving rituximab-based treatment for malignancy.

The Original Pack (OP) rule has also been added to Zeffix oral liq 5 mg per ml, 240 ml from 1 July 2017.

HIV treatments – earlier treatment of HIV infection

From 1 July 2017, funded access to HIV antiretroviral agents will be widened to include all people with confirmed HIV infection. There will no longer be a need for patients to meet a threshold for viral load or CD4 count.

Hepatitis C treatments – reduction in MELD score requirement

Funded access to ledipasvir with sofosbuvir (Harvoni) has been widened to include people with a lower end-stage liver disease (MELD) score of 12 or greater.

Other

Antiretroviral medicines prescribers

The Ministry of Health has recently added Dr Ayesha Verrall to the list of approved Specialists that can make Special Authority applications for antiretroviral medicines.

News in brief

- **Lenalidamide** (Revlimid) – a 15 mg capsule strength will be listed from 1 July 2017 in addition to the 10 mg and 25 mg capsule strengths.
- **Thalidomide** (Thalomid) – the planned change from PCT only to Retail pharmacy-Specialist has been delayed until 1 August 2017.
- **Paroxetine** (Apo-Paroxetine) – a Brand Switch Fee will apply to dispensings of paroxetine from 1 July 2017 until 30 September 2017.
- **Midazolam** (1 mg per ml, 5 ml and 5 mg per ml, 3 ml plastic ampoules – will be available on a PSO endorsed for use in status epilepticus.
- **Lidocaine (lignocaine)** (LMX4) crm 4%, 5 g OP – a 1 tube pack will be listed from 1 July 2017, replacing the 5 x 5 g tube pack which will be delisted from 1 December 2017.

Tender News

Sole Subsidised Supply changes – effective 1 August 2017

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Calcipotriol	Oint 50 mcg per g; 100 g OP	Daivonex (Leo)
Celecoxib	Cap 100 mg; 60 cap	Celecoxib Pfizer (Pfizer)
Celecoxib	Cap 200 mg; 30 cap	Celecoxib Pfizer (Pfizer)
Ondansetron	Tab 4 mg; 50 tab	Apo-Ondansetron (Apotex)
Ondansetron	Tab 8 mg; 50 tab	Apo-Ondansetron (Apotex)

Looking Forward

This section is designed to alert both pharmacists and prescribers to possible future changes to the Pharmaceutical Schedule. It may also assist pharmacists, distributors and wholesalers to manage stock levels.

Decisions for implementation 1 August 2017

- Thalidomide (Thalomid) tab 50 mg and 100 mg – change in claiming category from PCT only to Retail pharmacy

Possible decisions for future implementation 1 August 2017

- Ferric carboxymaltose (Ferinject) inj 180 mg per ml (50 mg per ml elemental iron), 10 ml vial – new listing with Special Authority

Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
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
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
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
Amoxicillin	Cap 250 mg & 500 mg	Apo-Amoxi	2019
Aqueous cream	Crm, 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
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
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Liorsesal Intrathecal	2018
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 30 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2018
Betamethasone valerate	Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP	Beta Cream Beta Ointment	2018
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bimatoprost	Eye drops 0.03%; 3 ml OP	Bimatoprost Actavis	2018
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Lax-Tab	2018
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2018
Cabergoline	Tab 0.5 mg	Dostinex	2018

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

Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Calamine	Crn, aqueous, BP Lotn, BP	Pharmacy Health PSM	2018
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Capecitabine	Tab 150 mg & 500 mg	Brinov	2019
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml Cap 250 mg	Ranbaxy-Cefaclor	2019
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cephalexin ABM Cefalexin Sandoz	2019 2018
Ceftriaxone	Inj 500 mg & 1 g vial	DEVA	2019
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
Cetomacrogol	Crn BP	healthE	2018
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolen with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorafast	2019 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
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2018
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Clindamycin ABM Dalacin C	2019
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 hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clopidogrel	Tab 75 mg	Arrow - Clopid	2019
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP	Clomazol	2019
Coal tar	Soln BP	Midwest	2019
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2019

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Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Compound electrolytes	Powder for oral soln	Enerlyte	2019
Crotamiton	Crn 10%, 20 g OP	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
Desmopressin acetate	Tab 100 mcg & 200 mcg	Minirin	2019
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2018
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2018
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	healthE Dimethicone 5%	2019
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2018
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Domperidone	Tab 10 mg	Prokinex	2018
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
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
Ethinylloestradiol	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
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018

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Sole Subsidised Supply Products – cumulative to July 2017

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
Flucloxacillin	Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg	AFT Staphlex	2018
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%, 5 ml OP	FML	2018
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg Tab 500 mg	Frusemide-Claris Diurin 40 Urex Forte	2019 2018
Fusidic acid	Tab 250 mg	Fucidin	2020
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
Glipizide	Tab 5 mg	Minidiab	2018
Glycerol	Suppos 3.6 g	PSM	2018
Goserelin	Implant 3.6 mg & 10.8 mg syringe	Zoladex	2019
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml ampoule	Serenace	2019
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mcg per 1 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2020
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Crn 1%, 30 g OP Crn 1%, 500 g Inj 100 mg vial Tab 5 mg & 20 mg	DermAssist Pharmacy Health Solu-Cortef Douglas	2019 2018
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018

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Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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	Brufen SR	2018
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	Univent	2019
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM Rifinah	2018
Isosorbide mononitrate	Tab long-acting 40 mg	Ismo 40 Retard	2019
Itraconazole	Cap 100 mg	Itrazole	2019
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2019
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Letrozole	Tab 2.5 mg	Letrole	2018
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Tab 1.5 mg Intra-uterine system 20 mcg per day Subdermal implant (2 x 75 mg rods)	Postinor-1 Mirena Jadelle	2019 31/12/17
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
Lithium carbonate	Tab 250 mg & 400 mg	Lithicarb FC	2018
Loperamide hydrochloride	Tab 2 mg Cap 2 mg	Nodia Diamide Relief	2019
Loratadine	Oral liq 1 mg per ml, 120 ml Tab 10 mg	Lorfast Lorafix	2019
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Mask for spacer device	Small	e-chamber Mask	2018
Medroxyprogesterone acetate	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	2020

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

Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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 0.5ml vial	Menactra	2020
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
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	DBL Methotrexate Onco-Vial Trexate	2019 2018
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
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2018
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2018
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	Arrow-Morphine LA	2019
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule	DBL Morphine Tartrate	2019
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018

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Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
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
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
Oestradiol	Patch 25 mcg per day Patch 50 mcg per day Patch 75 mcg per day Patch 100 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oil in water emulsion	Crm; 500 g	O/W Fatty Emulsion Cream	2018
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
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
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	Gacet Paracare	2018
Paroxetine	Tab 20 mg	Apo-Paroxetine	2019

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Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Peak flow meter	Low range	Mini-Wright AFS	2018
	Normal range	Low Range Mini-Wright Standard	
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM	2018
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2019
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule	Hospira	2018
	Inj 50 mg per ml, 5 ml ampoule		
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2020
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP	Vistil	2019
	Eye drops 3%, 15 ml OP	Vistil Forte	
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Prednisolone acetate	Eye drops 1%, 10 ml OP	Prednisolone-AFT	2019
Prednisone	Tab 1 mg , 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
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	2019
		Allersoothe	2018
Pyridostigmine bromide	Tab 60 mg	Mestinon	2019
Quinapril	Tab 5 mg	Arrow-Quinapril 5	2018
	Tab 10 mg	Arrow-Quinapril 10	
	Tab 20 mg	Arrow-Quinapril 20	
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2018
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Rifabutin	Cap 150 mg	Mycobutin	2019
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2019
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Apo-Ropinirole	2019
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule	Asthalin	2018
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule		

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Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2019
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Siltuximab	Inj 100 mg & 400 mg vials	Sylvant	2018
Sodium chloride	Inj 0.9%, 5 ml ampoule Inj 0.9%, 10 ml ampoule Inj 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	InterPharma Pfizer Biomed Baxter	2019
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphonate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spirolactone	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
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 2 mg Tab 5 mg Tab 1 mg	Apo-Terazosin Apo-Terazosin Actavis	2019
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	Timoptol XE	2019
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2018
Tolcapone	Tab 100 mg	Tasmar	2019
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Trimethoprim	Tab 300 mg	TMP	2018
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crn 10%, 100 g OP	healthE Urea Cream	2019

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Sole Subsidised Supply Products – cumulative to July 2017

Generic Name	Presentation	Brand Name	Expiry Date*
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
Valganciclovir	Tab 450 mg	Valcyte	2018
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Water	Inj 5 ml ampoule Inj 10 ml ampoule	InterPharma Pfizer	2019
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml, 200 ml OP	Retrovir	2019
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

July changes are in bold type

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

Effective 1 July 2017

58	METOPROLOL SUCCINATE * Tab long-acting 23.75 mg	1.03	30	✓ Betaloc CR
60	CLONIDINE * Patch 2.5 mg, 100 mcg per day – Only on a prescription	7.40	4	✓ Mylan
	* Patch 5 mg, 200 mcg per day – Only on a prescription	10.04	4	✓ Mylan
	* Patch 7.5 mg, 300 mcg per day – Only on a prescription	12.34	4	✓ Mylan
96	ROXITHROMYCIN Tab disp 50 mg	7.19	10	✓ Rulide D
	Restricted to patients under 12 years of age			
97	FLUCLOXACILLIN Inj 1 g vial – Up to 10 inj available on a PSO	5.22	5	✓ Flucil
129	LIDOCAINE [LIGNOCAINE] – Special Authority see SA0906 – Retail pharmacy Crm 4%	5.40	5 g OP	✓ LMX4
155	MELATONIN – Special Authority see SA1666 – Retail pharmacy Tab modified-release 2 mg – no more than 5 tab per day	28.22	30	✓ Circadin

SA1666 Special Authority for Subsidy

Initial application only from a psychiatrist, paediatrician, neurologist or respiratory specialist, or medical practitioner on the recommendation of a psychiatrist, paediatrician, neurologist or respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder)*; and
- 2 Behavioural and environmental approaches have been tried and were unsuccessful, or are inappropriate; and
- 3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and
- 4 Patient is aged ≤18 years*.

Renewal only from a psychiatrist, paediatrician, neurologist or respiratory specialist, or medical practitioner on the recommendation of a psychiatrist, paediatrician, neurologist or respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient is aged ≤18 years*; and
- 2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and
- 3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and
- 4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.

Note: Indications marked with * are Unapproved Indications.

▲ 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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Schedule page ref

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(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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New Listings – effective 1 July 2017 (continued)

163	BENDAMUSTINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1667			
	Inj 25 mg vial	271.35	1	✓ Ribomustin
	Inj 100 mg vial	1,085.38	1	✓ Ribomustin
	Inj 1 mg for ECP	11.40	1 mg	✓ Baxter

▶ SA1667 Special Authority for Subsidy

Initial application — (treatment naive CLL) 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 Binet stage B or C, or progressive stage A chronic lymphocytic leukaemia requiring treatment; and
- 2 The patient is chemotherapy treatment naive; and
- 3 The patient is unable to tolerate toxicity of full-dose FCR; and
- 4 Patient has ECOG performance status 0-2; and
- 5 Patient has a Cumulative Illness Rating Scale (CIRS) score of <6; and
- 6 Bendamustine is to be administered at a maximum dose of 100 mg/m² on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

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

Initial application — (Indolent, Low-grade lymphomas) – 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 indolent low grade NHL requiring treatment; and
- 2 Patient has a WHO performance status of 0-2; and
- 3 Either:
 - 3.1 Both:
 - 3.1.1 Patient is treatment naive; and
 - 3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or
 - 3.2 All of the following:
 - 3.2.1 Patient has relapsed refractory disease following prior chemotherapy; and
 - 3.2.2 The patient has not received prior bendamustine therapy; and
 - 3.2.3 Either:
 - 3.2.3.1 Both:
 - 3.2.3.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+), and
 - 3.2.3.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or
 - 3.2.3.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Renewal — (Indolent, Low-grade lymphomas) – 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:

Both:

- 1 Patients have not received a bendamustine regimen within the last 12 months; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+), and
 - 2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or

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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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New Listings – effective 1 July 2017 (continued)

continued...

	2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients. Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/Waldenström's macroglobulinaemia.		
168	LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA1468 Wastage claimable – see rule 3.3.2 Cap 15 mg	7,239.18	21 ✓ Revlimid
214	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Apo-Paroxetine is 2523930	4.50	1 fee ✓ BSF Apo-Paroxetine
253	HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm] One dose for patients meeting any of the following: 1) For primary vaccination in children; or 2) An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or 3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician. Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	0.00	1 ✓ Hiberix
257	MEASLES, MUMPS AND RUBELLA VACCINE – [Xpharm] A maximum of two doses for any patient meeting the following criteria: 1) For primary vaccination in children; or 2) For revaccination following immunosuppression; or 3) For any individual susceptible to measles, mumps or rubella; or 4) A maximum of three doses for children who have had their first dose prior to 12 months. Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes. Injection, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	0.00	10 ✓ Priorix
258	PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – [Xpharm] Either: 1 A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or 2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13. Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes. Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	0.00	10 ✓ Synflorix

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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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New Listings – effective 1 July 2017 (continued)

258	ROTAVIRUS ORAL VACCINE – [Xpharm] Maximum of two doses for patients meeting the following: 1 First dose to be administered in infants aged under 14 weeks of age; and 2 No vaccination being administered to children aged 24 weeks or over. Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator..... 0.00	10	✓ Rotarix
259	VARICELLA VACCINE [CHICKENPOX VACCINE] – [Xpharm] Either: 1 Maximum of one dose for primary vaccination for either: 1.1 Any infant born on or after 1 April 2016; or 1.2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox), or 2 Maximum of two doses for any of the following: 2.1 Any of the following for non-immune patients: 2.1.1 with chronic liver disease who may in future be candidates for transplantation; or 2.1.2 with deteriorating renal function before transplantation; or 2.1.3 prior to solid organ transplant; or 2.1.4 prior to any elective immunosuppression*, or 2.1.5 for post exposure prophylaxis who are immune competent inpatients.; or 2.2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or 2.3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or 2.4 For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist. 2.5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or 2.6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or 2.7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella. * immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days. Inj 2000 PFU prefilled syringe plus vial..... 0.00	10	✓ Varilrix
259	TUBERCULIN PPD [MANTOUX] TEST – [Xpharm] Inj 5 TU per 0.1 ml, 1 ml vial..... 0.00	1	✓ Tubersol

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

85	TESTOSTERONE Patch 5 mg per day	80.00	30	✓ Androderm
96	AMOXICILLIN WITH CLAVULANIC ACID Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml..... a) Up to 200 ml available on a PSO	2.20	100 ml OP	✓ Curam
118	CELECOXIB Cap 100 mg	3.63	60	✓ Celecoxib Pfizer
	Cap 200 mg	2.30	30	✓ Celecoxib Pfizer

Effective 1 May 2017

58	METOPROLOL SUCCINATE * Tab long-acting 47.5 mg	2.59	30	✓ Myloc CR
71	DIMETHICONE * Lotn 4%	4.98	200 ml OP	✓ healthE Dimethicone 4% Lotion
84	DEXAMETHASONE PHOSPHATE Dexamethasone phosphate injection will not be funded for oral use. * Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO ... 25.18 Note – This is a listing of a new pack size.	25.18	10	✓ Max Health
165	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist Inj 1 g, 26.3 ml vial.....	62.50	1	✓ DBL Gemcitabine
179	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 25 mg	9.66	100	✓ Imuran
	* Tab 50 mg – For azathioprine oral liquid formulation refer.....	10.58	100	✓ Imuran
240	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder	43.60	400 g OP	✓ Peptamen Junior

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“certified exemption” by the prescriber or pharmacist

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

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Changes to Restrictions, Chemical Names and Presentations Effective 1 July 2017

50	ENOXAPARIN SODIUM – Special Authority see SA1646 1174 – Retail pharmacy (affected criteria only shown)			
	Inj 20 mg in 0.2 ml syringe.....	30.91	10	✓Clexane
	Inj 40 mg in 0.4 ml syringe.....	41.24	10	✓Clexane
	Inj 60 mg in 0.6 ml syringe.....	62.18	10	✓Clexane
	Inj 80 mg in 0.8 ml syringe.....	82.88	10	✓Clexane
	Inj 100 mg in 1 ml syringe.....	103.80	10	✓Clexane
	Inj 120 mg in 0.8 ml syringe.....	128.98	10	✓Clexane
	Inj 150 mg in 1 ml syringe.....	147.41	10	✓Clexane

► **SA1646 1174** Special Authority for Subsidy

Special Authority for Subsidy

Initial application — (Pregnancy, or Malignancy or Haemodialysis) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either-Any of the following:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy; or
- 3 For the prevention of thrombus formation in the extra-corporeal circulation during home haemodialysis.

Renewal — (Pregnancy, or Malignancy or Haemodialysis) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either-Any of the following:

- 1 Low molecular weight heparin treatment is required during a patient's pregnancy; or
- 2 For the treatment of venous thromboembolism where the patient has a malignancy; or
- 3 For the prevention of thrombus formation in the extra-corporeal circulation during home haemodialysis.

95 AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by endorsement

Special Authority see SA1648

Note: A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority.

For Endorsement, patient has either:

- 1) Received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or
- 2) Cystic fibrosis and has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas* related gram-negative organisms*.

Indications marked with * are Unapproved Indications

Tab 250 mg	9.00	30	✓ Apo-Azithromycin
Tab 500 mg – Up to 8 tab available on a PSO	1.05	2	✓ Apo-Azithromycin
Grans for oral liq 200 mg per 5 ml (40 mg per ml) – Wastage claimable – see rule 3.3.2.....	12.50	15 ml	✓ Zithromax

► **SA1648** Special Authority for Waiver of Rule

Initial application — (bronchiolitis obliterans syndrome, cystic fibrosis and atypical Mycobacterial infections) from any relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Patient has received a lung transplant and requires treatment or prophylaxis for bronchiolitis obliterans syndrome*; or
- 2 Patient has cystic fibrosis and has chronic infection with *Pseudomonas aeruginosa* or *Pseudomonas*-related gram negative organisms*; or
- 3 Patient has an atypical Mycobacterial infection.

Indications marked with * are Unapproved Indications

Initial application — (non-cystic fibrosis bronchiectasis*) only from a respiratory specialist or paediatrician.

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

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Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 For prophylaxis of exacerbations of non-cystic fibrosis bronchiectasis*; and

2 Patient is aged 18 and under; and

3 Either:

3.1 Patient has had 3 or more exacerbations of their bronchiectasis, within a 12 month period; or

3.2 Patient has had 3 acute admissions to hospital for treatment of infective respiratory exacerbations within a 12 month period.

Indications marked with * are Unapproved Indications

Renewal — (non-cystic fibrosis bronchiectasis*) only from a respiratory specialist or paediatrician.

Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The patient has completed 12 months of azithromycin treatment for non-cystic fibrosis bronchiectasis; and

2 Following initial 12 months of treatment, the patient has not received any further azithromycin treatment for non-cystic fibrosis bronchiectasis for a further 12 months, unless considered clinically inappropriate to stop treatment; and

3 The patient will not receive more than a total of 24 months' azithromycin cumulative treatment (see note).

The patient must have had no more than 1 prior approval.

Note: no further renewals will be subsidised. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised.

Indications marked with * are Unapproved Indications

96	BENZYL PENICILLIN SODIUM [PENICILLIN G] (PENICILLIN-G) Inj 600 mg (1 million units) vial – Up to 5 inj available on a PSO	10.35	10	✓ Sandoz
100	VANCOMYCIN – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly. Inj 500 mg vial	2.37	1	✓ Mylan
106	LAMIVUDINE – Special Authority see SA1650 †360 – Retail pharmacy (affected criteria only shown) (Special Authority amendment and addition of OP to oral liquid) Tab 100 mg	6.00	28	✓ Zeffix
	Oral liq 5 mg per ml	270.00	240 ml OP	✓ Zeffix

▶ SA1650 †360 Special Authority for Subsidy

Initial application only from a gastroenterologist, infectious disease specialist, paediatrician, general physician or medical practitioner on the recommendation of a gastroenterologist, infectious disease specialist, paediatrician or general physician. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

1 Hepatitis B virus (HBV) DNA-positive cirrhosis prior to liver transplantation; or

2 Hepatitis B surface antigen (HBsAg)-positive and has had a liver, kidney, heart, lung or bone marrow transplant; or

3 Hepatitis B virus-naïve patient HBV-naïve patient who has received a liver transplant from a anti-HBe- (H hepatitis B core antibody (anti-HBc)-positive donor; or

4 Hepatitis B surface antigen HBsAg-positive patient who is receiving chemotherapy for a malignancy, or high dose steroids (at least 20 mg/day for at least 7 days), or who has received such treatment within the previous two months; or

5 Hepatitis B surface antigen HBsAg-positive patient who is receiving anti-tumour necrosis factor treatment; or

6 Hepatitis B core antibody (anti-HBe) Anti-HBc-positive patient who is receiving rituximab in combination with immunosuppressive chemotherapies for a malignancy, plus high-dose steroids (e.g. R-CHOP).

▲ 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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Schedule page ref

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(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 July 2017 (continued)

- 110 LEDIPASVIR WITH SOFOSBUVIR – Special Authority see SA1605 – [Xpharm]
No patient co-payment payable
Tab 90 mg with sofosbuvir 400 mg 24,363.46 28 ✓ Harvoni

▶ SA1605 Special Authority for Subsidy

Special Authority approved by the Hepatitis C Treatment Panel (HepCTP)

Notes: By application to the Hepatitis C Treatment Panel (HepCTP).

Applications will be considered by HepCTP and approved subject to confirmation of eligibility.

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

The Coordinator, Hepatitis C Treatment Panel
PHARMAC, PO Box 10-254, WELLINGTON Tel: (04) 460 4990,
Email: hepcpanel@pharmac.govt.nz

Access criteria:

Chronic hepatitis C – Advanced disease – where ribavirin is not contraindicated. Applications from any relevant practitioner. Approvals valid for 12 weeks for applications meeting the following criteria:

All of the following:

- 1 Patient has chronic hepatitis C (any genotype); and
- 2 Ribavirin treatment is not contraindicated; and
- 3 Any of the following:
 - 3.1 Patient has decompensated cirrhosis with a MELD score of ~~15~~ **12** or greater; or
 - 3.2 Patient has been accepted onto a list for a liver transplant or has received a liver transplant; or
 - 3.3 Patient has essential mixed cryoglobulinaemia with associated purpuric skin rash and; Either
 - 3.3.1 Cryoglobulinaemic glomerulonephritis; or
 - 3.3.2 Systemic vasculitis.

Chronic hepatitis C – Advanced disease where ribavirin is contraindicated. Applications from any relevant practitioner. Approvals valid for 24 weeks for applications meeting the following criteria:

All of the following:

- 1 Patient has chronic hepatitis C (any genotype); and
- 2 Ribavirin treatment is contraindicated; and
- 3 Any of the following:
 - 3.1 Patient has decompensated cirrhosis with a MELD score of ~~15~~ **12** or greater; or
 - 3.2 Patient has been accepted onto a list for a liver transplant or has received a liver transplant; or
 - 3.3 Patient has essential mixed cryoglobulinaemia with associated purpuric skin rash and; Either
 - 3.3.1 Cryoglobulinaemic glomerulonephritis; or
 - 3.3.2 Systemic vasculitis.

- 110 ANTIRETROVIRALS (affected criteria only shown)

▶ SA1651 ~~1364~~ Special Authority for Subsidy

Initial application — (Confirmed HIV) only from a named specialist. Approvals valid without further renewal **unless notified where the patient has confirmed HIV infection.** ~~unless notified for applications meeting the following criteria:~~

Both:

- 1 ~~Confirmed HIV infection; and~~
- 2 ~~Any of the following:~~
 - 2.1 ~~Symptomatic patient; or~~
 - 2.2 ~~Patient aged 12 months and under; or~~
 - 2.3 ~~Both:~~
 - 2.3.1 ~~Patient aged 1 to 5 years; and~~
 - 2.3.2 ~~Any of the following:~~
 - 2.3.2.1 ~~CD4 counts < 1,000 cells/mm³; or~~

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Changes to Restrictions – effective 1 July 2017 (continued)

continued...

~~2.3.2.2 CD4 counts < 0.25 × total lymphocyte count; or~~

~~2.3.2.3 Viral load counts > 100000 copies per ml; or~~

~~2.4 Both:~~

~~2.4.1 Patient aged 6 years and over; and~~

~~2.4.2 CD4 counts < 500 cells/mm³.~~

Notes: Tenofovir disoproxil fumarate prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals.

Subsidies for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

132	PETHIDINE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 50 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO 4.98	5	✓ DBL Pethidine Hydrochloride
	Inj 50 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO 5.12	5	✓ DBL Pethidine Hydrochloride
133	PAROXETINE – Brand Switch Fee payable (Pharmacode 2523930) * Tab 20 mg 4.02	90	✓ Apo-Paroxetine
155	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml plastic ampoule – Up to 10 inj available on a PSO 10.00 On a PSO for status epilepticus use only. PSO must be endorsed for status epilepticus use only.	10	✓ Pfizer
	Inj 5 mg per ml, 3 ml plastic ampoule – Up to 5 inj available on a PSO 11.90 On a PSO for status epilepticus use only. PSO must be endorsed for status epilepticus use only.	5	✓ Pfizer
166	METHOTREXATE * Inj 100 mg per ml, 50 ml vial – PCT – Retail pharmacy-Specialist..... 79.99	1	✓ Methotrexate Ebewe
168	DOCETAXEL – PCT only – Specialist Inj 10 mg per ml, 2 ml vial 20 mg 12.40 Inj 10 mg per ml, 8 ml vial 80 mg 26.95	1 1	✓ DBL Docetaxel ✓ DBL Docetaxel

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

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

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Changes to Restrictions – effective 1 July 2017 (continued)

173	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA1653 1644 (affected criteria only shown)			
	Tab 100 mg	764.00	30	✓ Tarceva
	Tab 150 mg	1,146.00	30	✓ Tarceva

➔ **SA1653** ~~1644~~ 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:
 - 3.1 Patient is treatment naïve; or
 - 3.2 Both:
 - 3.2.1 The patient has discontinued gefitinib ~~within 12 weeks of starting treatment~~ due to intolerance; and
 - 3.2.2 The cancer did not progress while on gefitinib; and
- 4 Erlotinib is to be given for a maximum of 3 months.

173	GEFITINIB – Retail pharmacy-Specialist – Special Authority see SA1654 1578 (affected criteria only shown)			
	Tab 250 mg	1,700.00	30	✓ Iressa

➔ **SA1654** ~~1578~~ 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 Either:
 - 2.1 Patient is treatment naïve; or
 - 2.2 Both:
 - 2.2.1 The patient has discontinued erlotinib ~~within 12 weeks of starting treatment~~ due to intolerance; and
 - 2.2.2 The cancer did not progress while on erlotinib; and
- 3 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase; and
- 4 Gefitinib is to be given for a maximum of 3 months.

194	RITUXIMAB – PCT only – Specialist – Special Authority see SA1655 1631 (affected 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

➔ **SA1655** ~~1631~~ Special Authority for Subsidy

Initial application — (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 has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
- 2 The patient is rituximab treatment naïve; and

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Changes to Restrictions – effective 1 July 2017 (continued)

continued...

- 3 Either:
 - 3.1 The patient is chemotherapy treatment naive; or
 - 3.2 Both:
 - 3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
 - 3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and
- 4 The patient has good performance status; and
- 5 The patient has good renal function (creatinine clearance ≥ 30 ml/min); and
- 56 The patient does not have chromosome 17p deletion CLL; and
- 67 Rituximab to be administered in combination with fludarabine and cyclophosphamide **or bendamustine** for a maximum of 6 treatment cycles; and
- 78 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) **or bendamustine**.

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. '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 rituximab is expected to improve symptoms and improve ECOG score to <2.

Renewal application — (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) **or bendamustine**; and
- 5 Rituximab to be administered in combination with fludarabine and cyclophosphamide **or bendamustine** 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.

197	NIVOLUMAB – PCT only – Specialist – Special Authority see SA1656 1617 (affected criteria only shown)		
	Inj 10 mg per ml, 4 ml vial	1,051.98	1 ✓ Opdivo
	Inj 10 mg per ml, 10 ml vial	2,629.96	1 ✓ Opdivo
	Inj 1 mg for ECP	27.62	1 mg ✓ Baxter

➡ **SA1656** ~~1617~~ Special Authority for Subsidy

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

All the following:

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
- 3 **The patient has ECOG performance score of 0-2; and**
- 4 ~~3~~ Either:
 - 4.1 ~~3-1~~ Patient has not received funded pembrolizumab; or

continued...

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

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

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Changes to Restrictions – effective 1 July 2017 (continued)

continued...

4.2 ~~3-2~~ Both:

4.2.1 ~~3-2-1~~ Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and

4.2.2 ~~3-2-2~~ The cancer did not progress while the patient was on pembrolizumab; and

5 4 Nivolumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and

6 5 Baseline measurement of overall tumour burden is documented (see Note); and

7 6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

198	PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1657 1615 (affected criteria only shown)			
	Inj 50 mg vial	2,340.00	1	✓ Keytruda
	Inj 1 mg for ECP	49.14	1 mg	✓ Baxter

► **SA1657** ~~1615~~ Special Authority for Subsidy

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

All of the following:

1 Patient has metastatic or unresectable melanoma stage III or IV; and

2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and

3 **The patient has ECOG performance score of 0-2; and**

4 ~~3~~ Either:

4.1 ~~3-1~~ Patient has not received funded nivolumab; or

4.2 ~~3-2~~ Both:

4.2.1 ~~3-2-1~~ Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and

4.2.2 ~~3-2-2~~ The cancer did not progress while the patient was on nivolumab; and

5 4 Pembrolizumab is to be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles); and

6 5 Baseline measurement of overall tumour burden is documented (see Note); and

7 6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

207 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

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Changes to Restrictions – effective 1 July 2017 (continued)

254	HEPATITIS B RECOMBINANT VACCINE – [Xpharm] Inj 5 mcg per 0.5 ml vial 0.00 1 ✓ HBvaxPRO Inj 10 mcg per 1 ml vial 0.00 1 ✓ HBvaxPRO		
	Funded for patients meeting any of the following criteria:		
	1 for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or		
	2 for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or		
	3 for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination ; or		
	4 for HIV positive patients; or		
	5 for hepatitis C positive patients; or		
	6 for patients following non-consensual sexual intercourse; or		
	7 for patients following immunosuppression; or		
	8 for solid organ transplant patients; or		
	9 for post-haematopoietic stem cell transplant (HSCT) patients; or		
	10 following needle stick injury.		
254	MENINGOCOCCAL C CONJUGATE CONJUGATE VACCINE – [Xpharm] Any of the following:		
	1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or		
	2) One dose for close contacts of meningococcal cases; or		
	3) A maximum of two doses for bone marrow transplant patients; or		
	4) A maximum of two doses for patients following immunosuppression*.		
	Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.		
	*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.		
	Inj 10 mcg in 0.5 ml syringe 0.00 1 ✓ Neisvac-C		
256	INFLUENZA VACCINE		
	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		

continued...

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

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

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Changes to Restrictions – effective 1 July 2017 (continued)

continued...

- 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;
- d) people under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board);
- e) People under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region;**

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) 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.
- 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**

257 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) ~~CONJUGATE~~ **CONJUGATE** VACCINE – [Xpharm]

Any of the following:

- 1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
- 2) One dose for close contacts of meningococcal cases; or
- 3) A maximum of two doses for bone marrow transplant patients; or
- 4) A maximum of two doses for patients following immunosuppression*.

Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier

per 0.5 ml vial..... 0.00 1 ✓ **Menactra**

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

- 258 PNEUMOCOCCAL (PCV13) **CONJUGATE** VACCINE – [Xpharm]
Any of the following:
- 1 A primary course of four doses for previously unvaccinated individuals up to the age of 59 months inclusive; or
 - 2 Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV10; or
 - 31 One dose is funded for high risk children (over the age of 17 months and up to the age of **under 18 years**) who have previously received four doses of PCV10; or
 - 2 **Up to an additional four doses (as appropriate) are funded for high risk children aged under 5 years for (re-)immunisation of patients with any of the following:**
 - 2.1 on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
 - 2.2 with primary immune deficiencies; or
 - 2.3 with HIV infection; or
 - 2.4 with renal failure, or nephrotic syndrome; or
 - 2.5 who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - 2.6 with cochlear implants or intracranial shunts; or
 - 2.7 with cerebrospinal fluid leaks; or
 - 2.8 receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
 - 2.9 with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
 - 2.10 pre term infants, born before 28 weeks gestation; or
 - 2.11 with cardiac disease, with cyanosis or failure; or
 - 2.12 with diabetes; or
 - 2.13 with Down syndrome; or
 - 2.14 who are pre- or post-splenectomy, or with functional asplenia; or
 - 43 Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients **5 years and over** with HIV, for patients **pre or** post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency; or
 - 54 For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

Inj 30.8 mcg of pneumococcal polysaccharide

serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F

and 23F in 0.5 ml syringe.....	0.00	10	✓ Prevenar 13
	0.00	1	✓ Prevenar 13

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 July 2017 (continued)

258 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm]

Either:

- 1 Up to three doses (as appropriate) for patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency; or

2 **All of the following:**

2.1 Patient is a child under 18 years for (re-)immunisation; and Up to two doses are funded for high risk children to the age of 18;

2.2 Treatment is for a maximum of two doses; and

2.3 Any of the following:

2.3.1 on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or

2.3.2 with primary immune deficiencies; or

2.3.3 with HIV infection; or

2.3.4 with renal failure, or nephrotic syndrome; or

2.3.5 who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or

2.3.6 with cochlear implants or intracranial shunts; or

2.3.7 with cerebrospinal fluid leaks; or

2.3.8 receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or

2.3.9 with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or

2.3.10 pre term infants, born before 28 weeks gestation; or

2.3.11 with cardiac disease, with cyanosis or failure; or

2.3.12 with diabetes; or

2.3.13 with Down syndrome; or

2.3.14 who are pre-or post-splenectomy, or with functional asplenia.

Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each

23 pneumococcal serotype) 0.00

1

✓ **Pneumovax 23**

Changes to Restrictions – effective 1 July 2017 (continued)

259 VARICELLA VACCINE [CHICKENPOX VACCINE] {CHICKEN-POX-VACCINE} – [Xpharm]

Either:

1 Maximum of one dose for primary vaccination for either:

- 1.1 Any infant born on or after 1 April 2016; or
- 1.2 For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox), or

2 Maximum of two doses for any of the following:

2.1 Any of the following for non-immune patients:

- 2.1.1 with chronic liver disease who may in future be candidates for transplantation; or
- 2.1.2 with deteriorating renal function before transplantation; or
- 2.1.3 prior to solid organ transplant; or
- 2.1.4 prior to any elective immunosuppression*, or
- 2.1.5 for post exposure prophylaxis who are immune competent inpatients; or

2.2 For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or

2.3 For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or

2.4 For HIV positive non-immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or

2.5 For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or

2.6 For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or

2.7 For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days.

Maximum of two doses for any of the following:

1) For non-immune patients:

- 2) a) with chronic liver disease who may in future be candidates for transplantation; or
- b) with deteriorating renal function before transplantation; or
- e) prior to solid organ transplant; or
- d) prior to any elective immunosuppression*.

3) For patients at least 2 years after bone marrow transplantation, on advice of their specialist.

4) For patients at least 6 months after completion of chemotherapy, on advice of their specialist.

5) For HIV positive non-immune to varicella with mild or moderate immunosuppression on advice of HIV specialist.

6) For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella.

7) For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

8) For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

Inj 2000 PFU prefilled syringe plus vial Inj 2000-PFU-

vial with diluent.....	0.00	10	✓Varilrix
		1	✓Varilrix

▲ 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 June 2017

56	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 5 6 inj available on a PSO	9.98 11.98	5 6	✓Lodi ✓Cordarone-X
67	SILVER SULPHADIAZINE SILVER Crm 1%..... a) Up to 250 g available on a PSO b) Not in combination	10.80	50 g OP	✓Flamazine
72	Parasiticial Preparation Barrier Creams DIMETHICONE * Lotn 4%	4.98	200 ml OP	✓healthE Dimethicone 4% Lotion
96	AMOXICILLIN WITH CLAVULANIC ACID Grans for oral liq amoxicillin 25 mg 125 mg with clavulanic acid 6.25 mg 31.25 mg per ml 5 ml..... a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2 Grans for oral liq amoxicillin 50 mg 250 mg with clavulanic acid 12.5 mg 62.5 mg per ml 5 ml..... a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2	3.83 4.97	100 ml 100 ml	✓Augmentin ✓Augmentin
134	VENLAFAXINE Cap 37.5 mg –Special Authority see SA1061 –Retail pharmacy	2.13 (2.80)	28	Efexor XR
	Cap 75 mg –Special Authority see SA1061 –Retail pharmacy	2.70 (5.59)	28	Efexor XR
	Cap 150 mg –Special Authority see SA1061 –Retail pharmacy	3.72 (6.59)	28	Efexor XR

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

170	TEMOZOLOMIDE – Special Authority see SA1616 – Retail pharmacy		
	Cap 5 mg	10.20	5 ✓ Orion Temozolomide
	Cap 20 mg	18.30	5 ✓ Orion Temozolomide
	Cap 100 mg	40.20	5 ✓ Orion Temozolomide
	Cap 250 mg	96.80	5 ✓ Orion Temozolomide

▶ SA1616 Special Authority for Subsidy

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

All of the following:

- 1 Either:
 - 1.1 Patient has newly diagnosed glioblastoma multiforme; or
 - 1.2 Patient has newly diagnosed anaplastic astrocytoma*; and
- 2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and
- 3 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle, at a maximum dose of 200 mg/m² per day.

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

All of the following:

- 1 Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*; and
- 2 Temozolomide is to be given in combination with capecitabine; and
- 3 Temozolomide is to be used in 28 day treatment cycles for a maximum of 5 days treatment per cycle at a maximum dose of 200 mg/m² per day; and
- 4 Temozolomide to be discontinued at disease progression.

Renewal application — (high grade gliomas) only from a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 Both:
 - 1.1 Patient has glioblastoma multiforme; and
 - 1.2 The treatment remains appropriate and the patient is benefitting from treatment; or
- 2 All of the following
 - 2.1 Patient has anaplastic astrocytoma*; and
 - 2.2 The treatment remains appropriate and the patient is benefitting from treatment; and
 - 2.3 Adjuvant temozolomide is to be used for a maximum of 24 months.

Renewal application — (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 No evidence of disease progression; and
- 2 The treatment remains appropriate and the patient is benefitting from treatment.

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

229 **Paediatric Products** Gastrointestinal and Other Malabsorptive Problems

PEPTIDE-BASED ORAL FEED AMINO-ACID FORMULA – Special Authority see SA1379 SA1219

– Hospital pharmacy [HP3]

Powder	43.60	400 g OP	✓ Peptamen Junior
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber or pharmacist

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

Check your Schedule for full details
Schedule page ref

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Changes to Restrictions – effective 12 May 2017

128	RILUZOLE – Special Authority see SA1403 – Retail pharmacy (removal of S29) Wastage claimable – see rule 3.3.2				
	Tab 50 mg	400.00	56	✓ Rilutek – S29	

Effective 1 May 2017

58	METOPROLOL SUCCINATE (reinstate Stat (all-at-once) dispensing)				
	* Tab long-acting 23.75 mg	0.80	30	✓ Myloc CR	
		2.39	90	✓ Metoprolol - AFT CR	
	* Tab long-acting 47.5 mg	2.59	30	✓ Myloc CR	
		3.48	90	✓ Metoprolol - AFT CR	
		7.50	30	✓ Betaloc CR	
	* Tab long-acting 95 mg	1.91	30	✓ Myloc CR	
		5.73	90	✓ Metoprolol - AFT CR	
		7.50	30	✓ Betaloc CR	
	* Tab long-acting 190 mg	3.85	30	✓ Myloc CR	
		11.54	90	✓ Metoprolol - AFT CR	
62	ATORVASTATIN				
	a) See prescribing guideline				
	b) Brand switch fee payable (Pharmacode 2514206)				
	* Tab 10 mg	9.29	500	✓ Lorstat	
	* Tab 20 mg	13.32	500	✓ Lorstat	
	* Tab 40 mg	21.23	500	✓ Lorstat	
	* Tab 80 mg	36.26	500	✓ Lorstat	
134	PARALDEHYDE (addition of S29)				
	* Inj 5 ml.....	1,500.00	5	✓ AFT S29	
	Wastage claimable – see rule 3.3.2				
141	AMISULPRIDE - Safety medicine; prescriber may determine dispensing frequency				
	Tab 100 mg – Brand switch fee payable (Pharmacode 2514192)	4.56	30	✓ Sulprix	
	Tab 200 mg – Brand switch fee payable (Pharmacode 2514192).....	14.75	60	✓ Sulprix	
	Tab 400 mg – Brand switch fee payable (Pharmacode 2514192).....	27.70	60	✓ Sulprix	
256	INFLUENZA VACCINE (Restriction amended)				
	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				

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 May 2017 (continued)

continued...

- 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;

d) people under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board);

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) 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.
- 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 5 April 2017

128 RILUZOLE – Special Authority see SA1403 – Retail pharmacy (addition of S29)

Wastage claimable – see rule 3.3.2

Tab 50 mg 400.00 56 ✓ **Rilutek** **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

Check your Schedule for full details
Schedule page ref

Subsidy
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\$ Per

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Generic Mnfr
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Changes to Subsidy and Manufacturer's Price

Effective 1 July 2017

25	GLICLAZIDE (↓ subsidy) * Tab 80 mg	10.29	500	✓ Glizide
37	URSODEOXYCHOLIC ACID – Special Authority see SA1383 – Retail pharmacy (↓ subsidy) Cap 250 mg – For ursodeoxycholic acid oral liquid formulation refer	37.95	100	✓ Ursosan
44	MAGNESIUM SULPHATE (↓ subsidy) * Inj 2 mmol per ml, 5 ml ampoule	10.21	10	✓ DBL
55	DOXAZOSIN (↓ subsidy) * Tab 4 mg	9.09	500	✓ Apo-Doxazosin
59	AMLODIPINE (↓ subsidy) * Tab 2.5 mg	1.72	100	✓ Apo-Amlodipine
	* Tab 5 mg – For amlodipine oral liquid formulation refer	3.33	250	✓ Apo-Amlodipine
	* Tab 10 mg	4.40	250	✓ Apo-Amlodipine
64	ISOSORBIDE MONONITRATE (↓ subsidy) * Tab long-acting 60 mg	8.29	90	✓ Duride
67	AMOROLFINE (↓ subsidy) a) Only on a prescription b) Not in combination Nail soln 5%	15.95	5 ml OP	✓ MycoNail
69	HYDROCORTISONE (↓ subsidy) * Powder – Only in combination	49.95	25 g	✓ ABM
	Up to 5% in a dermatological base (not proprietary Topical Corticosteroid – Plain) with or without other dermatological galenicals. Refer			
80	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL (↓ subsidy) * Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO	4.67	168	✓ Ginet
80	MICONAZOLE NITRATE (↓ subsidy) * Vaginal crm 2% with applicator	3.88	40 g OP	✓ Micreme
81	SODIUM CITRO-TARTRATE (↓ subsidy) * Grans eff 4 g sachets	2.34	28	✓ Ural

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

94	CEFAZOLIN – Subsidy by endorsement (↓ subsidy) Only if prescribed for dialysis or cellulitis in accordance with a DHB approved protocol and the prescription is endorsed accordingly.			
	Inj 500 mg vial	3.39	5	✓AFT
	Inj 1 g vial	3.29	5	✓AFT
97	FLUCLOXACILLIN (↑ subsidy)			
	Inj 250 mg vial	9.00	10	✓Flucloxin
	Inj 500 mg vial	9.40	10	✓Flucloxin
98	CIPROFLOXACIN (↓ subsidy) Recommended for patients with any of the following: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea.			
	Tab 250 mg – Up to 5 tab available on a PSO	1.45	28	✓Cipfloxx
	Tab 500 mg – Up to 5 tab available on a PSO	1.99	28	✓Cipfloxx
	Tab 750 mg	3.15	28	✓Cipfloxx
100	VANCOMYCIN – Subsidy by endorsement (↓ subsidy) Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly.			
	Inj 500 mg vial	2.37	1	✓Mylan
113	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy (↓ subsidy) Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.			
	Tab 300 mg with lamivudine 150 mg	33.00	60	✓Alphapharm
113	LOPINAVIR WITH RITONAVIR – Special Authority see SA1364 – Retail pharmacy (↓ subsidy)			
	Tab 200 mg with ritonavir 50 mg	463.00	120	✓Kaletra
121	PAMIDRONATE DISODIUM (↓ subsidy)			
	Inj 3 mg per ml, 10 ml vial	5.98	1	✓Pamisol
	Inj 9 mg per ml, 10 ml vial	17.05	1	✓Pamisol
121	PAMIDRONATE DISODIUM (↑ subsidy)			
	Inj 6 mg per ml, 10 ml vial	15.02	1	✓Pamisol
131	PARACETAMOL WITH CODEINE - Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) * Tab paracetamol 500 mg with codeine phosphate 8 mg	18.21	1,000	✓Paracetamol + Codeine (Relieve)

▲ 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 Subsidy and Manufacturer's Price – effective 1 July 2017 (continued)

131	MORPHINE SULPHATE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 5 mg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO	6.27	5	✓DBL Morphine Sulphate
	Inj 10 mg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO	4.47	5	✓DBL Morphine Sulphate
	Inj 15 mg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO	4.76	5	✓DBL Morphine Sulphate
	Inj 30 mg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO	6.19	5	✓DBL Morphine Sulphate
132	PETHIDINE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 50 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	4.98	5	✓DBL Pethidine Hydrochloride
	Inj 50 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	5.12	5	✓DBL Pethidine Hydrochloride
132	TRAMADOL HYDROCHLORIDE (↓ subsidy)			
	Tab sustained-release 100 mg	1.55	20	✓Tramal SR 100
	Tab sustained-release 150 mg	2.10	20	✓Tramal SR 150
	Tab sustained-release 200 mg	2.75	20	✓Tramal SR 200
	Cap 50 mg – For tramadol hydrochloride oral liquid formulation refer	2.25	100	✓Arrow-Tramadol
139	RIZATRIPTAN (↓ subsidy)			
	Tab orodispersible 10 mg	5.26	30	✓Rizamelt
139	BETAHISTINE DIHYDROCHLORIDE (↓ subsidy)			
	* Tab 16 mg	2.89	84	✓Vergo 16
142	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 2.5 mg	0.64	28	✓Zypine
	Tab 5 mg	1.15	28	✓Zypine
	Tab orodispersible 5 mg	1.25	28	✓Zypine ODT
	Tab 10 mg	1.65	28	✓Zypine
	Tab orodispersible 10 mg	2.05	28	✓Zypine ODT

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

142	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)		
	Tab 25 mg	1.79	90 ✓ Quetapel
	Tab 100 mg	3.45	90 ✓ Quetapel
	Tab 200 mg	5.75	90 ✓ Quetapel
	Tab 300 mg	9.60	90 ✓ Quetapel
143	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)		
	Oral liq 1 mg per ml	7.66	30 ml ✓ Risperon
159	DONEPEZIL HYDROCHLORIDE (↓ subsidy)		
	* Tab 5 mg	4.34	90 ✓ Donepezil-Rex
	* Tab 10 mg	6.64	90 ✓ Donepezil-Rex
160	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy (↓ subsidy)		
	Tab 50 mg	112.55	30 ✓ Naltracord
166	METHOTREXATE (↓ subsidy)		
	* Inj 100 mg per ml, 50 ml vial – PCT – Retail pharmacy-Specialist.....	79.99	1 ✓ Methotrexate Ebewe
168	DOCETAXEL – PCT only – Specialist (↓ subsidy)		
	Inj 10 mg per ml, 2 ml vial	12.40	1 ✓ DBL Docetaxel
	Inj 10 mg per ml, 8 ml vial	26.95	1 ✓ DBL Docetaxel
	Inj 1 mg for ECP	0.55	1 mg ✓ Baxter
179	AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy)		
	* Tab 25 mg	5.80	60 ✓ Azamun
	* Tab 50 mg – For azathioprine oral liquid formulation refer.....	10.58	100 ✓ Azamun
211	TIMOLOL (↓ subsidy)		
	* Eye drops 0.25%	1.43	5 ml OP ✓ Arrow-Timolol
	* Eye drops 0.5%	1.43	5 ml OP ✓ Arrow-Timolol
213	OLOPATADINE (↓ subsidy)		
	Eye drops 0.1%	13.60	5 ml OP ✓ Patanol
221	GLYCEROL (↓ subsidy)		
	* Liquid – Only in combination..... Only in extemporaneously compounded oral liquid preparations.	3.28	500 ml ✓ healthE Glycerol BP

Effective 1 June 2017

51	PROTAMINE SULPHATE (↑ price)		
	* Inj 10 mg per ml, 5 ml	22.40 (149.33)	10 Artex
56	AMIODARONE HYDROCHLORIDE (↓ subsidy)		
	Inj 50 mg per ml, 3 ml ampoule – Up to 5 inj available on a PSO	11.98	6 ✓ Cordarone-X

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

59	NIFEDIPINE (↓ subsidy) * Tab long-acting 10 mg	10.63	60	✓ Adalat 10
67	SULPHADIAZINE SILVER (↓ subsidy) Crm 1%..... a) Up to 250 g available on a PSO b) Not in combination	10.80	50 g OP	✓ Flamazine
80	NYSTATIN (↓ subsidy) Vaginal crm 100,000 u per 5 g with applicator(s)	4.45	75 g OP	✓ Nilstat
117	HEXAMINE HIPPURATE (↑ price) * Tab 1 g	18.40 (40.01)	100	Hiprex
119	LEFLUNOMIDE (↓ subsidy) Tab 10 mg	2.90 (55.00)	30	Arava
	Tab 20 mg	2.90 (76.00)	30	Arava
134	VENLAFAXINE (↓ subsidy) Tab 37.5 mg	2.13 (5.06)	28	Arrow-Venlafaxine XR
	Tab 75 mg	2.70 (6.44)	28	Arrow-Venlafaxine XR
	Tab 150 mg	3.72 (8.86)	28	Arrow-Venlafaxine XR
	Tab 225 mg	8.10 (14.34)	28	Arrow-Venlafaxine XR
	Cap 37.5 mg	2.13 (2.80)	28	Efexor XR
	Cap 75 mg	2.70 (5.59)	28	Efexor XR
	Cap 150 mg	3.72 (6.59)	28	Efexor XR
139	SUMATRIPTAN (↓ subsidy) Tab 50 mg	24.44 (29.80)	100	Arrow-Sumatriptan
	Tab 100 mg	46.23 (54.80)	100	Arrow-Sumatriptan

Effective 1 May 2017

140	ONDANSETRON (↓ subsidy) * Tab 4 mg	3.36	50	✓ Onrex
	* Tab 8 mg	4.77	50	✓ Onrex

Changes to PSO

Effective 1 July 2017

244	MIDAZOLAM	
	✓Inj 1 mg per ml, 5 ml plastic ampoule – See note.....	10
	✓Inj 5 mg per ml, 3 ml plastic ampoule – See note.....	5

Effective 1 June 2017

241	AMIODARONE HYDROCHLORIDE	
	✓Inj 50 mg per ml, 3 ml ampoule.....	5 6

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

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applicable, dispensed all-at-once

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Delisted Items

Effective 1 July 2017

43	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.		
55	TERAZOSIN * Tab 2 mg0.42	28	
	(0.45)		Arrow
112	DIDANOSINE [DDI] – Special Authority see SA1364 – Retail pharmacy		
	Cap 125 mg115.05	30	✓ Videx EC
	Cap 200 mg184.08	30	✓ Videx EC
	Cap 250 mg230.10	30	✓ Videx EC
	Cap 400 mg368.16	30	✓ Videx EC
113	STAVUDINE [D4T] – Special Authority see SA1364 – Retail pharmacy		
	Cap 40 mg503.80	60	✓ Zerit
	Powder for oral soln 1 mg per ml.....100.76	200 ml OP	✓ Zerit S29
133	ESCITALOPRAM * Tab 10 mg1.40	28	✓ Accord Escitalopram ✓ Loxalate
133	PAROXETINE * Tab 20 mg4.02	90	
	(4.32)		Loxamine
139	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml cartridge – Maximum of 10 inj per prescription13.80	2 OP	✓ Arrow-Sumatriptan
144	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 mg9.83	100	✓ Stelazine
		112	✓ Mercury Pharma S29
	Tab 2 mg14.64	100	✓ Stelazine
	Tab 5 mg16.66	100	✓ Stelazine
155	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 3 ml ampoule2.50	5	✓ Hypnovel
163	MELPHALAN Inj 50 mg – PCT only – Specialist3,068.83	1	✓ Mylan Melphalan S29
214	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		

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
48

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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Delisted Items – effective 1 July 2017 (continued)

252	ADULT DIPHTHERIA AND TETANUS VACCINE – [Xpharm] Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml..... 0.00 Note – ADT Booster 5 injection pack remains subsidised.	1	✓ ADT Booster
253	DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – [Xpharm] 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 0.5ml syringe 0.00 Note – Infanrix IPV 10 injection pack remains subsidised.	1	✓ Infanrix IPV
253	DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm] Inj 30IU diphtheriattoxoid with 40IU tetanustoxoid, 25mcg pertussistoxoid, 25mcg pertussisfilamentoushaemagglutinin, 8 mcgpertactin, 80 D-AgUpoliovirus, 10mcg hepatitisBsurfaceantigen in 0.5ml syringe..... 0.00 Note – Infanrix-hexa 10 injection pack remains subsidised.	1	✓ Infanrix-hexa
257	MENINGOCOCCAL C CONJUGATED VACCINE – [Xpharm] Inj 10 mcg in 0.5 ml syringe 0.00 Note – Neisvac-C 1 injection pack remains subsidised.	10	✓ Neisvac-C

Effective 1 June 2017

51	HEPARINISED SALINE Inj 10 iu per ml, 5 ml 23.40	30	✓ Becton Dickinson PosiFlush S29
53	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) Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO 6.63 (11.50) Inj 0.9%, 20 ml ampoule 1.50 (4.72) 7.50 (11.79)	50 50 6 30	Multichem Pfizer Multichem Pharmacia Pharmacia
53	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 (10.25) Inj 10 ml ampoule – Up to 5 inj available on a PSO 6.63 (11.25)	50 50	Multichem Multichem

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

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

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

60	METHYLDOPA * Tab 500 mg	23.15	100	✓ Prodopa
77	CONDOMS * 49 mm – Up to 144 dev available on a PSO	13.36	144	✓ MarquisTantiliza
	* 52 mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Selecta
	* 52 mm extra strength – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Protecta
	* 53 mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Black
	* 55 mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Conformata
92	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. Inj 7.5 mg syringe with diluent – Higher subsidy of \$166.20 per 1 inj with Endorsement	66.48 (166.20)	1	Eligard 1 Month
	Inj 22.5 mg syringe with diluent – Higher subsidy of \$443.76 per 1 inj with Endorsement.....	177.50 (443.76)	1	Eligard 3 Month
	Inj 45 mg syringe with diluent – Higher subsidy of \$832.05 per 1 inj with Endorsement	332.82 (832.05)	1	Eligard 6 Month
114	ENFUVRTIDE – Special Authority see SA0845 – Retail pharmacy Powder for inj 90 mg per ml × 60	2,380.00	1	✓ Fuzeon
125	ALLOPURINOL * Tab 100 mg	15.11	1,000	✓ Apo-Allopurinol
	* Tab 300 mg – For allopurinol oral liquid formulation refer	15.91	500	✓ Apo-Allopurinol
143	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab orodispersible 0.5 mg – Special Authority see SA0927 – Retail pharmacy	21.42	28	✓ Risperdal Quicklet
	Tab orodispersible 1 mg – Special Authority see SA0927 – Retail pharmacy	42.84	28	✓ Risperdal Quicklet
	Tab orodispersible 2 mg – Special Authority see SA0927 – Retail pharmacy	85.71	28	✓ Risperdal Quicklet
234	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3] Liquid.....	1.32	237 ml OP	✓ Jevity
		2.65	500 ml OP	✓ Jevity RTH
	Note – Jevity RTH liquid 1,000 ml OP remains subsidised.			

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

252	BACILLUS CALMETTE-GUERIN VACCINE – [Xpharm] For infants at increased risk of tuberculosis. Increased risk is defined as: 1) living in a house or family with a person with current or past history of TB; or 2) having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; or 3) during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000 Note a list of countries with high rates of TB are available at www.health.govt.nz/tuberculosis (search for downloads) or www.bcgatlas.org/index.php . Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	0.00	10	✓ BCG Vaccine
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Effective 1 May 2017

55	TERAZOSIN * Tab 5 mg	0.57 (0.68)	28	Arrow
69	HYDROCORTISONE * Crm 1% – Only on a prescription	3.70 (3.75)	100 g	Pharmacy Health
100	TOBRAMYCIN Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement	15.00	5	✓ DBL Tobramycin a) Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.
165	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist Inj 1 g	62.50	1	✓ DBL Gemcitabine
170	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
203	LORATADINE * Oral liq 1 mg per ml	3.58 (4.25)	200 ml	LoraPaed
214	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
238	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder	300.54	500 g OP	✓ MSUD Maxamaid

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 August 2017

140	ONDANSETRON				
	* Tab 4 mg	3.36	50	✓ Onrex	
	* Tab 8 mg	4.77	50	✓ Onrex	

Effective 1 September 2017

56	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 5 inj available on a PSO	11.98	6	✓ Cordarone-X	
119	LEFLUNOMIDE Tab 10 mg	2.90 (55.00)	30	Arava	
	Tab 20 mg	2.90 (76.00)	30	Arava	
134	VENLAFAXINE Tab 37.5 mg	2.13 (5.06)	28	Arrow-Venlafaxine XR	
	Tab 75 mg	2.70 (6.44)	28	Arrow-Venlafaxine XR	
	Tab 150 mg	3.72 (8.86)	28	Arrow-Venlafaxine XR	
	Tab 225 mg	8.10 (14.34)	28	Arrow-Venlafaxine XR	
	Cap 37.5 mg	2.13 (2.80)	28	Efexor XR	
	Cap 75 mg	2.70 (5.59)	28	Efexor XR	
	Cap 150 mg	3.72 (6.59)	28	Efexor XR	
139	SUMATRIPTAN Tab 50 mg	24.44 (29.80)	100	Arrow-Sumatriptan	
	Tab 100 mg	46.23 (54.80)	100	Arrow-Sumatriptan	

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 October 2017

44	CALCIUM GLUCONATE * Inj 10%, 10 ml ampoule.....	34.24	10	✓ Hameln \$29
126	DANTROLENE Cap 25 mg.....	65.00	100	✓ Dantrium \$29 \$29
179	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 25 mg * Tab 50 mg – For azathioprine oral liquid formulation refer.....	5.80 10.58	60 100	✓ Azamun ✓ Azamun
214	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Apo-Paroxetine is 2523930.	4.50	1 fee	✓ BSF Apo-Paroxetine
253	HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm] One dose for patients meeting any of the following: 1) For primary vaccination in children; or 2) An additional dose (as appropriate) is funded for (re-)immunisation for patients post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or 3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician. Inj 10 mcg vial with diluent syringe	0.00	1	✓ Act-HIB
257	MEASLES, MUMPS AND RUBELLA VACCINE – [Xpharm] A maximum of two doses for any patient meeting the following criteria: 1) For primary vaccination in children; or 2) For revaccination following immunosuppression; or 3) For any individual susceptible to measles, mumps or rubella; or 4) A maximum of three doses for children who have had their first dose prior to 12 months. Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes. Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial.....	0.00	10 1	✓ M-M-R II ✓ M-M-R II
258	ROTAVIRUS LIVE REASSORTANT ORAL VACCINE – [Xpharm] Maximum of three doses for patients meeting the following: 1) first dose to be administered in infants aged under 15 weeks of age; and 2) no vaccination being administered to children aged 8 months or over. Oral susp G1, G2, G3, G4, P1(8)11.5 million CCID50 units per 2 ml, tube.....	0.00	10	✓ RotaTeq

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

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

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

115	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy See prescribing guideline Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg x 112.....	1,159.84	1 OP	✓ Pegasis RBV Combination Pack
129	LIDOCAINE [LIGNOCAINE] – Special Authority see SA0906 – Retail pharmacy Crn 4% (5 g tubes)..... Note – LMX4 5 g tube, single pack, will be listed 1 July 2017.	27.00	5	✓ LMX4
131	MORPHINE TARTRATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 80 mg per ml, 5 ml.....	107.67	5	✓ Hospira

Effective 1 January 2018

208	SODIUM CROMOGLYCATE Powder for inhalation, 20 mg per dose.....	26.35	50 dose	✓ Intal Spincaps
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Effective 1 March 2018

144	FLUPHENAZINE DECANOATE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking fluphenazine decanoate prior to 1 December 2016 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of fluphenazine decanoate.			
	Inj 12.5 mg per 0.5 ml, 0.5 ml – Up to 5 inj available on a PSO ...	17.60	5	✓ Modecate
	Inj 25 mg per ml, 1 ml – Up to 5 inj available on a PSO	27.90	5	✓ Modecate ✓ Modecate S29 S29
	Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	77.25	5	✓ Modecate S29 S29
	Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO	154.50	5	✓ Modecate

Index

Pharmaceuticals and brands

A

Accord Escitalopram	48
Act-HIB	53
Adalat 10	46
ADT Booster	49
Adult diphtheria and tetanus vaccine.....	49
Allopurinol.....	50
Amino acid formula.....	25
Aminoacid formula without valine, leucine and isoleucine	51
Amiodarone hydrochloride.....	38, 45, 47, 52
Amisulpride.....	40
Amlodipine.....	42
Amorolfine	42
Amoxicillin with clavulanic acid	25, 38
Androderm.....	25
Antiretrovirals.....	28
Apo-Allopurinol	50
Apo-Amlodipine	42
Apo-Azithromycin	26
Apo-Doxazosin.....	42
Apo-Montelukast.....	32
Apo-Paroxetine	29
Arava.....	46, 52
Arrow-Sumatriptan.....	46, 48, 52
Arrow-Timolol.....	45
Arrow-Tramadol.....	44
Arrow-Venlafaxine XR.....	46, 52
Artex.....	45
Atorvastatin.....	40
Augmentin	38
Azamun	45, 53
Azathioprine	25, 45, 53
Azithromycin.....	26
AZT.....	43

B

Bacillus calmette-guerin vaccine.....	51
BCG Vaccine.....	51
Becton Dickinson PosiFlush	49
Bendamustine hydrochloride	22
Benzylpenicillin sodium (penicillin G)	27
Betahistine dihydrochloride.....	44
Betaloc CR.....	21, 40
BSF Apo-Montelukast.....	48
BSF Apo-Paroxetine	23, 53
BSF Lorstat	51
BSF Sulprix	51

C

Calcium carbonate	48
Calcium gluconate	53
Calsource	48

Cefazolin.....	43
Celecoxib.....	25
Celecoxib Pfizer.....	25
Chicken pox vaccine	37
Chickenpox vaccine	24, 37
Cipflox	43
Ciprofloxacin.....	43
Circadin	21
Clexane.....	26
Clonidine.....	21
Condoms.....	50
Cordarone-X	38, 45, 52
Curam	25
Cyproterone acetate with ethinyloestradiol	42

D

D4T	48
Dantrium S29.....	53
Dantrolene	53
DBL Docetaxel	29, 45
DBL Gemcitabine	25, 51
DBL Morphine Sulphate.....	44
DBL Pethidine Hydrochloride	29, 44
DBL Tobramycin	51
DDI.....	48
Dexamethasone phosphate.....	25
Didanosine [DDI].....	48
Dimethicone.....	25, 38
Diphtheria, tetanus, pertussis and polio vaccine ..	49
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine ...	49
Docetaxel.....	29, 45
Donepezil hydrochloride	45
Donepezil-Rex.....	45
Doxazosin	42
Duride.....	42

E

Efexor XR.....	38, 46, 52
Eligard 1 Month.....	50
Eligard 3 Month.....	50
Eligard 6 Month.....	50
Enfuvirtide.....	50
Enoxaparin sodium.....	26
Enteral feed with fibre 1 kcal/ml.....	50
Erlotinib	30
Escitalopram.....	48

F

Flamazine.....	38, 46
Flucil.....	21
Flucloxacillin	21, 43
Flucloxin	43
Fluphenazine decanoate	54

Index

Pharmaceuticals and brands

Fuzeon.....	50	Loxamine.....	48
G		M	
Gefitinib.....	30	Mabthera.....	30
Gemcitabine hydrochloride.....	25, 51	Magnesium sulphate.....	42
Ginet.....	42	Mantoux.....	24
Gliclazide.....	42	Marquis Black.....	50
Glizide.....	42	Marquis Conforma.....	50
Glycerol.....	45	Marquis Protecta.....	50
H		Marquis Selecta.....	50
Haemophilus influenzae type B vaccine.....	23, 53	MarquisTantiliza.....	50
Harvoni.....	28	Measles, mumps and rubella vaccine.....	23, 53
HBvaxPRO.....	33	Melatonin.....	21
healthE Dimethicone 4% Lotion.....	25, 38	Melphalan.....	48
healthE Glycerol BP.....	45	Menactra.....	34
Heparinised saline.....	49	Meningococcal C conjugated vaccine.....	33
Hepatitis B recombinant vaccine.....	33	Meningococcal C conjugate vaccine.....	49
Hexamine hippurate.....	46	Meningococcal C conjugate vaccine.....	33
Hiberix.....	23	Meningococcal (groups A, C, Y and W-135) conjugate vaccine.....	34
Hiprex.....	46	Meningococcal (groups A, C, Y and W-135) conjugate vaccine.....	34
Hydrocortisone.....	42, 51	Methotrexate.....	29, 45
Hypnovel.....	48	Methotrexate Ebewe.....	29, 45
I		Methylropa.....	50
Imuran.....	25	Metoprolol - AFT CR.....	40
Infanrix-hexa.....	49	Metoprolol succinate.....	21, 25, 40
Infanrix IPV.....	49	Miconazole nitrate.....	42
Influenza vaccine.....	33, 40	Micreme.....	42
Influvac.....	34, 41	Midazolam.....	29, 47, 48
Intal Spincaps.....	54	M-M-R II.....	53
Iressa.....	30	Modecate.....	54
Isosorbide mononitrate.....	42	Modecate S29.....	54
J		Montelukast.....	32
Jevity.....	50	Morphine sulphate.....	44
Jevity RTH.....	50	Morphine tartrate.....	54
K		MSUD Maxamaid.....	51
Kaletra.....	43	MycoNail.....	42
Keytruda.....	32	Mylan Melphalan.....	48
L		Myloc CR.....	25, 40
Lamivudine.....	27	N	
Ledipasvir with sofosbuvir.....	28	Naltraccord.....	45
Leflunomide.....	46, 52	Naltrexone hydrochloride.....	45
Lenalidomide.....	23	Neisvac-C.....	33, 49
Leuprorelin.....	50	Nifedipine.....	46
Lidocaine [Lignocaine].....	21, 54	Nilstat.....	46
Lignocaine.....	21, 54	Nivolumab.....	31
LMX4.....	21, 54	Nystatin.....	46
Lodi.....	38	O	
Lopinavir with ritonavir.....	43	Olanzapine.....	44
LoraPaed.....	51	Olopatadine.....	45
Loratadine.....	51	Ondansetron.....	46, 52
Lorstat.....	40		
Loxalate.....	48		

Index

Pharmaceuticals and brands

Onrex.....	46, 52	Rulide D.....	21
Opdivo.....	31	S	
Orion Temozolomide.....	39	Sodium chloride.....	49
P		Sodium citro-tartrate.....	42
Pamidronate disodium.....	43	Sodium cromoglycate.....	54
Pamisol.....	43	Stavudine [D4T].....	48
Paracetamol + Codeine (Relieve).....	43	Stelazine.....	48
Paracetamol with codeine.....	43	Sulphadiazine silver.....	38, 46
Paraldehyde.....	40	Sulprix.....	40
Paroxetine.....	29, 48	Sumatriptan.....	46, 48, 52
Patanol.....	45	Synflorix.....	23
Pegasys RBV Combination Pack.....	54	T	
Pegylated interferon alfa-2a.....	54	Tarceva.....	30
Pembrolizumab.....	32	Temacord.....	51
Penicillin G.....	27	Temozolomide.....	39, 51
Peptamen Junior.....	25, 39	Terazosin.....	48, 51
Peptide-based oral feed.....	39	Testosterone.....	25
Pethidine hydrochloride.....	29, 44	Timolol.....	45
Pharmacy services.....	23, 48, 51, 53	Tobramycin.....	51
Pneumococcal (PCV10) conjugate vaccine.....	23	Tramadol hydrochloride.....	44
Pneumococcal (PCV13) conjugate vaccine.....	35	Tramal SR 100.....	44
Pneumococcal (PCV13) vaccine.....	35	Tramal SR 150.....	44
Pneumococcal (PPV23) polysaccharide vaccine..	36	Tramal SR 200.....	44
Pneumovax 23.....	36	Trifluoperazine hydrochloride.....	48
Prevenar 13.....	35	Tuberculin PPD [mantoux] test.....	24
Priorix.....	23	Tubersol.....	24
Prodopa.....	50	U	
Protamine sulphate.....	45	Ural.....	42
Q		Ursodeoxycholic acid.....	42
Quetapel.....	45	Ursosan.....	42
Quetiapine.....	45	V	
R		Vancomycin.....	27, 43
Revlimid.....	23	Varicella vaccine [chicken pox vaccine].....	37
Ribomustin.....	22	Varicella vaccine [chickenpox vaccine].....	24, 37
Rilutek.....	40, 41	Varilrix.....	24, 37
Riluzole.....	40, 41	Venlafaxine.....	38, 46, 52
Risperdal Quicklet.....	50	Vergo 16.....	44
Risperidone.....	45, 50	Videx EC.....	48
Risperon.....	45	W	
Rituximab.....	30	Water.....	49
Rizamelt.....	44	Z	
Rizatriptan.....	44	Zeffix.....	27
Rotarix.....	24	Zerit.....	48
RotaTeq.....	53	Zidovudine [AZT] with lamivudine.....	43
Rotavirus live reassortant oral vaccine.....	53	Zithromax.....	26
Rotavirus oral vaccine.....	24	Zypine.....	44
Roxithromycin.....	21	Zypine ODT.....	44



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