

Pharmaceutical Management Agency

Update

# New Zealand Pharmaceutical Schedule

Effective 1 October 2014

Cumulative for September and October 2014



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## Summary of PHARMAC decisions

EFFECTIVE 1 OCTOBER 2014

### New listings (page 25)

- Potassium iodate (NeuroTabs) tab 253 mcg (150 mcg elemental iodine)
- Intra-uterine device IUD 29.1 mm length x 23.2 mm width (Choice TT380 Short) and IUD 33.6 mm length x 29.9 mm width (Choice TT380 Standard) – Only on a PSO
- Cyproterone acetate with ethinyloestradiol (Ginet) tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs, 168 tab pack size – available on a PSO
- Finasteride (Finpro) tab 5 mg – Special Authority – Retail pharmacy
- Amoxicillin (Alphamox) grans for oral liq 125 mg per 5 ml and 250 mg per 5 ml – available on a PSO – wastage claimable
- Paracetamol with codeine (Paracetamol + Codeine (Relieve)) tab paracetamol 500 mg with codeine phosphate 8 mg, 1,000 tab pack size – Safety medicine
- Maprotiline hydrochloride (Ludiomil) tab 25 mg, 50 tab pack size – Safety medicine
- Risperidone (Actavis) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg – Safety medicine
- Docetaxel (DBL Docetaxel) inj 20 mg and 80 mg – PCT only – Specialist
- Glycerol (healthE Glycerol BP) liquid – Only in combination

### Changes to restrictions, chemical names and presentation (pages 29-38)

- Insulin pump – amended Special Authority criteria
  - Insulin pump consumables – amended Special Authority criteria
  - Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Lax-Sachets) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – amended Special Authority criteria and maximum number of sachets subsidised per prescription increased
  - Benzydamine hydrochloride (Difflam) soln 0.15% - addition of higher subsidy with Endorsement
  - Hypoplastic and haemolytic (epoetin [erythropoietin] alfa and beta) – amended Special Authority criteria
  - Epoetin [erythropoietin] alfa – amended chemical name
  - Epoetin [erythropoietin] beta – amended chemical name
  - Midodrine (Gutron) tab 2.5 mg and 5 mg – amended Special Authority criteria
  - Perhexiline maleate (Pexsig) tab 100 mg – removal of Special Authority
  - Nicorandil (Ikorel) tab 10 mg and 20 mg – removal of Special Authority
  - Isotretinoin (Oratane) cap 10 mg and 20 mg – amended Special Authority criteria
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## Summary of PHARMAC decisions – effective 1 October 2014 (continued)

- Acitretin (Neotigason and Novatretin) cap 10 mg and 25 mg – amended Special Authority criteria
- Cyproterone acetate with ethinyloestradiol (Ginet and Ginet 84) tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs – increased PSO quantity
- Levothyroxine (Mercury Pharma) tab 50 mcg and 100 mcg – amended chemical name and Stat dispensing reinstated
- Fluoxetine hydrochloride (Arrow-Fluoxetine) tab dispersible 20 mg, scored and cap 20 mg – removal of Brand Switch Fee
- Gabapentin (Arrow-Gabapentin and Nupentin) cap 100 mg, 300 mg and 400 mg – amended Special Authority criteria
- Imatinib mesilate (Imatinib-AFT) cap 100 mg – removal of Brand Switch Fee
- Bicalutamide (Bicalaccord) tab 50 mg – removal of Special Authority
- Etanercept (Enbrel) inj 25 mg, 50 mg autoinjector and 50 mg prefilled syringe – amended Special Authority criteria
- Mycophenolate mofetil (Cellcept) tab 500 mg, cap 250 mg and powder for oral liq 1 g per 5 ml – removal of Special Authority criteria
- Adalimumab inj 20 mg per 0.4 ml and 40 mg per 0.8 ml prefilled syringes (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per 1 ml – amended Special Authority criteria
- Hepatitis A vaccine inj 1440 ELISA units in 1 ml syringe (Havrix) and inj 720 ELISA units in 0.5 ml syringe (Havrix Junior) – amended restriction

### Increased subsidy (pages 41-42)

- Misoprostol (Cytotec) tab 200 mcg
  - Benzylamine hydrochloride (Difflam) soln 0.15%, 200 ml and 500 ml – increased alternate subsidy with Endorsement
  - Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml and 5,000 iu per ml 5 ml
  - Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml
  - Colestipol hydrochloride (Colestid) grans for oral liq 5 g
  - Hydrocortisone (ABM) powder
  - Hydrocortisone with wool fat and mineral oil (DP Lotn HC) lotn 1% with wool fat hydrous 3% and mineral oil
  - Tar with triethanolamine lauryl sulphate and fluorescein (Pinetarsol) soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium, 500 ml
  - Phenytoin sodium (Hospira) inj 50 mg per ml, 2 ml and 5 ml
  - Phenytoin sodium cap 30 mg and 100 mg (Dilantin), tab 50 mg (Dilantin Infatab), and oral liq 30 mg per 5 ml (Dilantin)
  - Oxazepam (Ox-Pam) tab 10 mg and 15 mg
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**Summary of PHARMAC decisions – effective 1 October 2014 (continued)**

- Nitrazepam (Nitrados) tab 5 mg
- Carmustine inj 100 mg (BiCNU), and inj 100 mg for ECP (Baxter)
- Bleomycin sulphate inj 15,000 iu (DBL Bleomycin Sulfate), and inj 1,000 iu for ECP (Baxter)
- Antithymocyte globulin (equine) (ATGAM) inj 50 mg per ml, 5 ml

**Decreased subsidy (pages 41-42)**

- Magnesium sulphate (Martindale) inj 2 mmol per ml, 5 ml ampoule
- Flecainide acetate (Tambocor) tab 100 mg
- Ketoconazole (Sebizole) shampoo 2%
- Pramipexole hydrochloride (Dr Reddy's Pramipexole) tab 0.25 mg
- Paracetamol (Ethics Paracetamol) oral liq 120 mg per 5 ml

## Topiramate – change in brand and formulation due to discontinuation

Actavis will be discontinuing its Arrow-Topiramate brand of topiramate tablets. There are no changes to the supply and subsidy of the Topamax brand.

A new brand, Topiramate Actavis, will be listed from 1 November 2014. This will be a formulation change from the Arrow-Topiramate, and the tablets will look different.

We recommend you confirm with the prescriber that the change in formulation will be suitable for their patient. The prescriber may choose for the patient to be on Topiramate Actavis or Topamax brand of topiramate.

We are contacting all neurologists directly to let them know of these changes, and will be contacting GPs via their e-newsletters.



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## Qvar

Qvar (beclomethasone dipropionate) 50 mcg per dose and 100 mcg per dose aerosol inhalers were listed fully subsidised from 1 September 2014. Qvar is a fine-mist inhaler which has different dose recommendations to the other funded brand, Beclozone inhalers. Refer to the datasheet when prescribing or dispensing Qvar.

Please note that Qvar was listed as an additional beclomethasone dipropionate inhaler and there are no plans to delist Beclozone. Patients currently being prescribed Beclozone can continue to receive this funded medicine.



## Special Authority changes commencing 1 October 2014

Special Authority criteria will be removed from the following medicines:

- Perhexiline maleate
- Nicorandil
- Bicalutamide
- Mycophenolate mofetil

Special Authority criteria will be amended for the following medicines:

- Insulin pump and insulin pump consumables
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride
- Midodrine
- Isotretinoin
- Acitretin
- Gabapentin
- Etanercept
- Adalimumab
- Deferiprone

Further information can be found at [www.pharmac.health.nz/news/notification-2014-08-29-various-pharmaceuticals/](http://www.pharmac.health.nz/news/notification-2014-08-29-various-pharmaceuticals/)

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## Intra-uterine device – new listings

The Choice TT380 Short and Choice TT380 Standard intra-uterine devices will be listed fully subsidised on a Practitioners Supply Order from 1 October 2014. Stock will be available from the third week of September 2014. The MiniTT380 Slimline and TT380 Slimline brands were listed as a temporary measure and will be delisted 1 April 2015.

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## Risperidone tablets – tender change

The Actavis brand of risperidone 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg tablets will be listed from 1 October 2014. The subsidy for the Apo-Risperidone, Dr Reddy's Risperidone, Ridal and Risperdal brands will reduce from 1 December 2014 and these brands will be delisted on 1 March 2015. Please note however, that there may be a delay to supply of Actavis Risperidone. Stock is expected to be available by early to mid-October.

Sole supply of the Actavis brand will commence 1 March 2015. A Brand Switch Fee will apply to dispensings of the Actavis brand from 1 March 2015 to 31 May 2015. Patient information leaflets to support the change will be available to download from PHARMAC's website and printed copies will be available from pharmaonline.

## **Amitriptyline – delay to tender transition**

The tender transition for amitriptyline 25 mg and 50 mg tablets will be delayed as stock of the new brand may not be available until early October 2014. Arrow-Amitriptyline will now be listed from 1 November 2014 with a subsidy reduction for the Amitrip brand from 1 January 2015 and sole supply of Arrow-Amitriptyline from 1 April 2015.

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## **Potassium iodate new listing**

The NeuroTab brand of potassium iodate will be listed from 1 October 2014. It is important to note that although the amount of potassium iodate listed differs from that in the NeuroKare brand, the amount of elemental iodine is the same.

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## **Benzydamine hydrochloride**

From 1 October 2014, an additional (full) subsidy for benzydamine hydrochloride 0.15% solution can be accessed by prescription endorsement for patients with oral mucositis as a result of treatment for cancer.

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## **Maprotiline new listing**

From 1 October 2014, Ludiomil (maprotiline hydrochloride) in an alternative 50 tablet pack size will be subsidised. The currently listed pack size is in short supply.

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## **Levothyroxine (Mercury Pharma) – reinstate Stat dispensing**

Stat dispensing will be reinstated for the Mercury Pharma brand of levothyroxine 50 mcg and 100 mcg tablets from 1 October 2014. Stock packaged for the United Kingdom market has been supplied as a temporary measure due to short supply of the NZ pack. It is expected that the NZ pack will be available again by the end of September. The chemical name for the Mercury Pharma brand will change back to levothyroxine from 1 October 2014.



## Amoxicillin grans for oral liq – supply update

PHARMAC is continuing to work with suppliers of amoxicillin grans for oral liquids following the Actavis Amoxicillin recall.

The Alphamox brand of amoxicillin 125 mg per 5 ml and 250 mg per 5 ml granules for oral liquid will be listed from 1 October 2014. The Alphamox brand is currently being evaluated for registration by Medsafe. Stock of Alphamox is likely to be available sometime in October, following registration. PHARMAC or the supplier will notify the market once stock of the Alphamox is released for sale.

Ospamox 250 mg per 5 ml remains available.

Pharmacists and health providers are reminded to read the label of each product for reconstitution, storage and expiry details.

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## Dopergin (lisuride hydrochloride) discontinuation

Bayer has advised that Dopergin (lisuride hydrochloride) 200 mcg will be discontinued. There is enough stock available in the country until May 2015. The following funded pharmaceuticals could be considered as suitable alternatives: ropinirole tablets and pramiprexole tablets. Dopergin will be delisted once supplies are exhausted.

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## Betagan (levobunolol) eye drops discontinuation

Allergan has advised that it is globally discontinuing Betagan (levobunolol) 0.25% eye drops. Betagan 0.25% will be delisted once supplies are exhausted. This is expected to be late October. Betagan 0.5% will remain listed. Prescribers could also consider using betaxolol and timolol as possible alternatives.



## News in brief

- Sole supply for Arrow-Losartan & Hydrochlorothiazide tablets will commence 1 October 2014
- From 1 October 2014, the chemical name of **erythropoietin** will change to epoietin [**erythropoietin**]
- **Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride** (Lax-Sachets) – maximum quantity on a prescription will increase to 90 sachets
- **Cyproterone acetate with ethinyloestradiol** (Ginet and Ginet 84) – increase in PSO quantity to 168 tab
- The price and subsidy for DBL Bleomycin Sulfate (**bleomycin sulphate**) 15,000 iu and 1,000 iu for ECP, BiCNU (**carmustine**) 100 mg and 100mg for ECP and Hospira's **phenytoin sodium** 50 mg per ml, 2 ml and 5 ml injections will increase from 1 October 2014
- The price of Tambocor (**flecainide**) 100 mg tablets will decrease from 1 October 2014
- **Heparin** (Pfizer) inj 1,000 iu per ml, 5 ml, 10 inj pack has been discontinued and will be delisted from 1 April 2015
- Pfizer price changes (**misoprostol** 200 mcg , **heparin sodium** 5,000 iu per 5 ml, 25,000 iu per 5 ml).



# Tender News

Sole Subsidised Supply changes – effective 1 November 2014

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Abacavir sulphate	Tab 300 mg; 60 tab	Ziagen (GSK)
Abacavir sulphate	Oral liq 20 mg per ml; 240 ml OP	Ziagen (GSK)
Amantadine hydrochloride	Cap 100 mg; 60 cap	Symmetrel (Novartis)
Aminophylline	Inj 25 mg per ml, 10 ml ampoule; 5 inj	DBL Aminophylline (Hospira)
Amoxicillin	Inj 250 mg vial; 10 inj	Ibiamox (Douglas)
Amoxicillin	Inj 500 mg vial; 10 inj	Ibiamox (Douglas)
Amoxicillin	Inj 1 g vial; 10 inj	Ibiamox (Douglas)
Calcitonin	Inj 100 iu per ml, 1 ml ampoule; 5 inj	Miacalcic (Novartis)
Calcium folinate	Inj 50 mg; 5 inj	Calcium Folate Ebewe (Sandoz)
Dexamethasone	Eye drops 0.1%; 5 ml OP	Maxidex (Alcon)
Dexamethasone	Eye oint 0.1%; 3.5 g OP	Maxidex (Alcon)
Diclofenac sodium	Inj 25 mg per ml, 3 ml ampoule; 5 inj	Voltaren (Novartis)
Diclofenac sodium	Suppos 12.5 mg; 10 suppos	Voltaren (Novartis)
Diclofenac sodium	Suppos 25 mg; 10 suppos	Voltaren (Novartis)
Diclofenac sodium	Suppos 50 mg; 10 suppos	Voltaren (Novartis)
Diclofenac sodium	Suppos 100 mg; 10 suppos	Voltaren (Novartis)
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule; 5 inj	DBL Ergometrine (Hospira)
Glucose [dextrose]	Inj 50%, 10 ml ampoule; 5 inj	Biomed (Biomed)
Glucose [dextrose]	Inj 50%, 90 ml bottle; 1 inj	Biomed (Biomed)
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg; 30 sachet	Lax-Sachets (AFT)
Methotrexate	Inj 100 mg per ml, 50 ml; 1 inj	Methotrexate Ebewe (Sandoz)
Miconazole nitrate	Vaginal crm 2% with applicator; 40 g OP	Micreme (Mylan)
Morphine sulphate	Inj 5 mg per ml, 1 ml ampoule; 5 inj	DBL Morphine Sulphate (Hospira)
Morphine sulphate	Inj 10 mg per ml, 1 ml ampoule; 5 inj	DBL Morphine Sulphate (Hospira)
Morphine sulphate	Inj 15 mg per ml, 1 ml ampoule; 5 inj	DBL Morphine Sulphate (Hospira)
Morphine sulphate	Inj 30 mg per ml, 1 ml ampoule; 5 inj	DBL Morphine Sulphate (Hospira)
Nicotinic acid	Tab 50 mg; 100 tab	Apo-Nicotinic Acid (Apotex)
Nicotinic acid	Tab 500 mg; 100 tab	Apo-Nicotinic Acid (Apotex)
Ondansetron	Tab disp 4 mg; 10 tab	Dr Reddy's Ondansetron (Dr Reddy's)

## Sole Subsidised Supply changes – effective 1 November 2014 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Ondansetron	Tab disp 8 mg; 10 tab	Ondansetron ODT-DRLA (Dr Reddy's)
Pravastatin	Tab 20 mg; 30 tab	Cholvastin (Douglas)
Pravastatin	Tab 40 mg; 30 tab	Cholvastin (Douglas)
Pyridoxine hydrochloride	Tab 50 mg; 500 tab	Apo-Pyridoxine (Apotex)
Rifaximin	Tab 550 mg; 56 tab	Xifaxan (Norgine)
Tacrolimus	Cap 0.5 mg; 100 cap	Tacrolimus Sandoz (Sandoz)
Tacrolimus	Cap 1 mg; 100 cap	Tacrolimus Sandoz (Sandoz)
Tacrolimus	Cap 5 mg; 50 cap	Tacrolimus Sandoz (Sandoz)
Tramadol hydrochloride	Cap 50 mg; 100 cap	Arrow-Tramadol (Actavis)
Tramadol hydrochloride	Tab sustained-release 100 mg; 20 cap	Tramal SR 100 (CSL)
Tramadol hydrochloride	Tab sustained-release 150 mg; 20 cap	Tramal SR 150 (CSL)
Tramadol hydrochloride	Tab sustained-release 200 mg; 20 cap	Tramal SR 200 (CSL)
Tranexamic acid	Tab 500 mg; 100 tab	Cyklokapron (Pfizer)
Tropicamide	Eye drops 0.5%; 15 ml OP	Mydracyl (Alcon)
Tropicamide	Eye drops 1%; 15 ml OP	Mydracyl (Alcon)
Vancomycin	Inj 500 mg; 1 inj	Mylan (Mylan)

## 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.*

### Possible decisions for future implementation 1 November 2014

- Deferasirox (Exjade) tab 125 mg, 250 mg and 500 mg dispersible – new listing – Special Authority – Retail pharmacy – wastage claimable
- Deferiprone (Ferriprox) tab 500 mg and oral liq 100 mg per 1 ml – amended Special Authority criteria
- Everolimus (Afinitor) tab 5 mg and 10 mg – new listing – Special Authority – Retail pharmacy – wastage claimable
- Fingolimod (Gilenya) cap 0.5 mg – new listing – Special Authority – Retail pharmacy – wastage claimable
- Glatiramer acetate (Copaxone) Inj 20 mg prefilled syringe – amended Special Authority criteria

## Possible decisions for future implementation 1 November 2014 (continued)

- Glycopyrronium (Seebri Breezhaler) powder for inhalation 50 mcg per dose, 30 dose OP – new listing – Special Authority – Retail pharmacy – not subsidised if patient is also receiving subsidised tiotropium
- Indacaterol (Onbrez Breezhaler) powder for inhalation 150 mcg per dose and 300 mcg per dose, 30 dose OP – new listing – prescribing guideline applies
- Interferon beta-1-alpha inj 6 million iu prefilled syringe and vial (Avonex) and inj 6 million iu per 0.5 ml pen injector (Avonex Pen) – amended Special Authority criteria – subsidy and price increase
- Interferon beta-1-beta (Betaferon) inj 8 million iu per 1 ml – amended Special Authority criteria
- Natalizumab (Tysabri) inj 20 mg per ml, 15 ml vial – new listing – Special Authority – Retail pharmacy
- Nilotinib (Tasigna) cap 150 mg and 200 mg – new listing – Special Authority – Retail pharmacy – wastage claimable
- Omalizumab (Xolair) inj 150 mg vial – new listing – Special Authority – Retail pharmacy
- Rivastigmine (Exelon) patch 4.6 mg per 24 hour and 9.5 mg per 24 hour – new listing – Special Authority – Retail pharmacy
- Tacrolimus cap 0.5 mg, 1 mg and 5 mg – Brand Switch Fee payable
- Tiotropium bromide (Spiriva) powder for inhalation, 18 mcg per dose – subsidy restriction added – not subsidised if patient is also receiving subsidised glycopyrronium
- Tobramycin (Tobi) solution for inhalation 60 mg per ml, 5 ml – subsidy by endorsement
- Zoledronic acid (Zometa) inj 0.8 mg per ml, 5 ml – new listing – Special Authority – Retail pharmacy

## Sole Subsidised Supply Products – cumulative to October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg and 100 mg	Accarb	2015
<b>Acetazolamide</b>	<b>Tab 250 mg</b>	<b>Diamox</b>	<b>2017</b>
Acetylcysteine	Inj 200 mg per ml, 10 ml	Martindale Acetylcysteine	2015
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2016
Adult diphtheria and tetanus	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Alprazolam	Tab 250 mcg, 500 mcg & 1 mg	Xanax	2016
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Cordarone-X	2016
Amisulpride	Oral liq 100 mg per ml Tab 100 mg, 200 mg & 400 mg	Solian	2016
<b>Amitriptyline</b>	<b>Tab 10 mg</b>	<b>Arrow-Amitriptyline</b>	<b>2017</b>
<b>Amoxicillin</b>	<b>Cap 500 mg</b> Cap 250 mg	<b>Apo-Amoxi</b>	<b>2016</b>
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml	Augmentin	2015
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml	Augmentin	
<b>Aprepitant</b>	<b>Cap 2 x 80 mg and 1 x 125 mg</b>	<b>Emend Tri-Pack</b>	<b>2017</b>
Ascorbic acid	Tab 100 mg	Cvite	2016
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2016
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2015
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Zarator	2015
Atropine sulphate	Eye drops 1%; 15 ml OP	Atropt	2017
	Inj 600 mcg per ml, 1 ml ampoule	AstraZeneca	2015
Azathioprine	Tab 50 mg	Azamun	2016
Azithromycin	Tab 500 mg	Apo-Azithromycin	2015
<b>Bacillus calmette-guerin vaccine</b>	<b>Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent</b>	<b>BCG Vaccine</b>	<b>2017</b>
Baclofen	Tab 10 mg	Pacifen	2016
<b>Bendroflumethiazide [Bendrofluazide]</b>	<b>Tab 2.5 mg &amp; 5 mg</b>	<b>Arrow-Bendrofluazide</b>	<b>2017</b>
Benzathine benzylpenicillin	Inj 1.2 mega u per 2.3 ml	Bicillin LA	2015
<b>Benzylpenicillin sodium [Penicillin G]</b>	<b>Inj 600 mg (1 million units) vial</b>	<b>Sandoz</b>	<b>2017</b>

\*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 October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017
<b>Betaxolol</b>	<b>Eye drops 0.25%, 5 ml OP</b> <b>Eye drops 0.5%, 5 ml OP</b>	<b>Betoptic S</b> <b>Betoptic</b>	<b>2017</b>
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2015
<b>Bicalutamide</b>	<b>Tab 50 mg</b>	<b>Bicalaccord</b>	<b>2017</b>
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips	CareSens N CareSens N POP CareSens II	2015
Blood glucose diagnostic test strip	Blood glucose test strips	CareSens CareSens N	2015
Boceprevir	Cap 200 mg	Victrelis	2016
<b>Brimonidine tartrate</b>	<b>Eye drops 0.2%, 5 ml OP</b>	<b>Arrow-Brimonidine</b>	<b>2017</b>
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2016
Cabergoline	Tab 0.5 mg	Dostinex	2015
Calamine	Lotn, BP	PSM	2015
<b>Calcium carbonate</b>	<b>Tab 1.25 g (500 mg elemental)</b>	<b>Arrow-Calcium</b>	<b>2017</b>
Candesartan	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2015
Carbomer	Ophthalmic gel 0.3%, 0.5 g	Poly-Gel	2016
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2016
Cefalexin monohydrate	Cap 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cephalexin ABM Cefalexin Sandoz	2016 2015
<b>Cefazolin</b>	<b>Inj 500 mg &amp; 1 g vial</b>	<b>AFT</b>	<b>2017</b>
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriazone-AFT	2016
Chloramphenicol	Eye oint 1% Eye drops 0.5%	Chlorsig Chlorafast	2015
Chlorhexidine gluconate	Mouthwash 0.2% Handrub 1% with ethanol 70%	healthE healthE	2015
Ciclopirox olamine	Nail-soln 8%	Apo-Ciclopirox	2015
Ciclosporin	Oral liq 100 mg per ml	Neoral	2015
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2016
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2016
<b>Ciprofloxacin</b>	<b>Tab 250 mg</b>	<b>Cipflox</b>	<b>2017</b>
<b>Clarithromycin</b>	<b>Tab 250 mg &amp; 500 mg</b>	<b>Apo-Clarithromycin</b>	<b>2017</b>
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml	Ciindamycin ABM Dalacin C	2016

\*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 October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Clomiphene citrate	Tab 50 mg	Serophene	2016
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2015
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Catapres TTS 1 Catapres TTS 2 Catapres TTS 3	2017
Clonidine hydrochloride	Tab 25 mcg Tab 150 mcg Inj 150 mcg per ml, 1 ml	Clonidine BNM Catapres	2015
Clopidogrel	Tab 75 mg	Arrow - Clopid	2016
<b>Clotrimazole</b>	<b>Crn 1%, 20 g OP</b> Vaginal crm 1% with applicators Vaginal crm 2% with applicators	<b>Clomazol</b>	<b>2017</b> 2016
Coal tar	Soln	Midwest	2016
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2016
Colchicine	Tab 500 mcg	Colgout	2016
Compound electrolytes	Powder for oral soln	Enerlyte	2016
Crotamiton	Crn 10%	Itch-Soothe	2015
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2015
<b>Cyclopentolate hydrochloride</b>	<b>Eye drops 1%, 15 ml OP</b>	<b>Cyclogyl</b>	<b>2017</b>
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2015
<b>Dapsone</b>	<b>Tab 25 mg &amp; 100 mg</b>	<b>Dapsone</b>	<b>2017</b>
<b>Desmopressin acetate</b>	<b>Nasal spray 10 mcg per dose, 6 ml OP</b>	<b>Desmopressin-PH&amp;T</b>	<b>2017</b>
Dexamethasone	Tab 1 mg & 4 mg	Douglas	2015
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone-hameln	2016
<b>Dexamethasone with neomycin sulphate and polymyxin B sulphate</b>	<b>Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP</b> <b>Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP</b>	<b>Maxitrol</b>	<b>2017</b>
Dexamphetamine sulphate	Tab 5 mg	PSM	2015
Dextrose with electrolytes	Soln with electrolytes; 1,000 ml OP	Pedialyte-Bubblegum	2016
<b>Diclofenac sodium</b>	<b>Eye drops 0.1%, 5 ml OP</b> Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	<b>Voltaren Ophtha</b> Apo-Diclo Diclax SR	<b>2017</b> 2015
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2016
Diltiazem hydrochloride	Tab 30 mg & 60 mg	Dilzem	2015

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## Sole Subsidised Supply Products – cumulative to October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Dimethicone	Crn 5% pump bottle	healthE Dimethicone 5%	2016
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2017
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5 ml	Infanrix IPV	2017
Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Domperidone	Tab 10 mg	Prokinex	2015
<b>Doxazosin</b>	<b>Tab 2 mg &amp; 4 mg</b>	<b>Apo-Doxazosin</b>	<b>2017</b>
<b>Doxycycline</b>	<b>Tab 100 mg</b>	<b>Doxine</b>	<b>2017</b>
Entacapone	Tab 200 mg	Entapone	2015
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2015
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2015
<b>Exemestane</b>	<b>Tab 25 mg</b>	<b>Aromasin</b>	<b>2017</b>
Felodopine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2015
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml	Boucher and Muir	2015
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per 1 ml	Ferodan	2016
Filgrastim	Inj 300 mcg per 0.5 ml prefilled syringe Inj 480 mcg per 0.5 ml prefilled syringe	Zarzio Zarzio	31/12/15
<b>Flucloxacillin</b>	<b>Inj 250 mg vial, 500 mg vial &amp; 1 g vial</b> Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	<b>Flucloxin</b> AFT Staphlex	<b>2017</b> 2015
Fluorometholone	Eye drops 0.1%	Flucon	2015
Fluorouracil sodium	Crn 5%	Efudix	2015

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## Sole Subsidised Supply Products – cumulative to October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2016
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2015
Furosemide	Tab 500 mg Tab 40 mg	Urex Forte Diurin 40	2015
Fusidic acid	Oint 2%	Foban	2016
Gemfibrozil	Tab 600 mg	Lipazil	2016
Gentamicin sulphate	Inj 40 mg per ml, 2 ml	Pfizer	2015
Glipizide	Tab 5 mg	Minidiab	2015
Glycerol	Suppos 3.6 g	PSM	2015
<b>Glyceryl trinitrate</b>	<b>Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day</b>	<b>Nitroderm TTS 5 Nitroderm TTS 10</b>	<b>2017</b>
Haemophilus influenzae type b vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml	Serenace	2016
Hepatitis a vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis b recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papilloma virus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg	Solu-Cortef Douglas	2016 2015
Hydrocortisone acetate	Rectal foam 10%, CFC-Free (14 applications)	Colifoam	2015
Hydrocortisone butyrate	Lipocream 0.1% Milky emul 0.1% Oint 0.1% Scalp lotn 0.1%	Locoid Lipocream Locoid Crelo Locoid Locoid	2015
Hydroxocobalamin	Inj 1 mg per ml, 1 ml	ABM Hydroxocobalamin	2015
Hydroxychloroquine	Tab 200 mg	Plaquenil	2015
Hyoscine hydrobromide	Patch 1.5 mg	Scopoderm TTS	2016
Ibuprofen	Oral liq 20 mg per ml	Fenpaed	2016
Imatinib mesilate	Tab 100 mg	Imatinib-AFT	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2016

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## Sole Subsidised Supply Products – cumulative to October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 1 ml Nebuliser soln, 250 mcg per ml, 2 ml	Univent	2016
<b>Iron polymaltose</b>	<b>Inj 50 mg per ml, 2 ml ampoule</b>	<b>Ferrum H</b>	<b>2017</b>
Isoniazid	Tab 100 mg	PSM	2015
<b>Isosorbide mononitrate</b>	<b>Tab 20 mg</b>	<b>Ismo-20</b>	<b>2017</b>
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2015
Ispaghula (psyllium) husk	Powder for oral soln	Konsyl-D	2016
Itraconazole	Cap 100 mg	Itrazole	2016
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2016
Lamivudine	Tab 150 mg Oral liq 10 mg per ml; 240 ml OP	Lamivudine Alphapharm 3TC	2016
Lansoprazole	Cap 15 mg & 30 mg	Solox	2015
Latanoprost	Eye drops 50 mcg per ml	Hysite	2015
Letrozole	Tab 2.5 mg	Letraccord	2015
<b>Levonorgestrel</b>	<b>Subdermal implant (2 x 75 mg rods)</b> Tab 1.5 mg	<b>Jadelle</b> Postinor-1	<b>31/12/17</b> 2016
<b>Lidocaine [lignocaine] hydrochloride</b>	<b>Oral (viscous) soln 2%</b> Inj 2% ampoule, 5 ml & 20 ml	<b>Xylocaine Viscous</b> Lidocaine-Claris	<b>2017</b> 2015
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Arrow-Lisinopril	2015
<b>Lithium carbonate</b>	<b>Cap 250 mg</b> Tab 250 mg & 400 mg	<b>Douglas</b> Lithicarb FC	<b>2017</b> 2015
<b>Lodoxamide</b>	<b>Eye drops 0.1%, 10 ml OP</b>	<b>Lomide</b>	<b>2017</b>
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2016
Loratadine	Tab 10 mg	Lorafix	2016
<b>Losartan potassium with hydrochlorothiazide</b>	<b>Tab 50 mg with hydrochlorothiazide 12.5 mg</b>	<b>Arrow-Losartan &amp; Hydrochlorothiazide</b>	<b>2017</b>
Macrogol 400 and propylene glycol	Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	Systane Unit Dose	2016
Mask for spacer device	Size 2	EZ-fit Paediatric Mask	2015
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
<b>Mebeverine hydrochloride</b>	<b>Tab 135 mg</b>	<b>Colofac</b>	<b>2017</b>
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg, 10 mg & 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Depo-Provera	2016
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2015
Meningococcal c conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017

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## Sole Subsidised Supply Products – cumulative to October 2014

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 0.5 ml vial	Menactra	2017
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Mesalazine	Enema 1 g per 100 ml	Pentasa	2015
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2015
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2015
Methotrexate	Tab 2.5 mg & 10 mg Inj 25 mg per ml, 2 ml & 20 ml Inj prefilled syringe 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg	Trexate Hospira Methotrexate Sandoz	2015 2016
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2015
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml	Depo-Medrol	2015
Methylprednisolone acetate with lidocaine (lignocaine)	Inj 40 mg per ml with lidocaine (lignocaine) 1 ml	Depo-Medrol with Lidocaine	2015
Methylprednisolone sodium succinate	Inj 40 mg per ml, 1 ml; 62.5 mg per ml, 2 ml; 500 mg & 1 g	Solu-Medrol	2015
<b>Metoclopramide hydrochloride</b>	<b>Tab 10 mg Inj 5 mg per ml, 2 ml ampoule</b>	<b>Metamide Pfizer</b>	<b>2017</b>
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Metoprolol-AFT CR	2015
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg Tab long-acting 200 mg	Lopresor Lopresor Slow-Lopresor	2015
Mercaptopurine	Tab 50 mg	Puri-nethol	2016
Miconazole	Oral gel 20 mg per g	Decozol	2015
Mirtazapine	Tab 30 mg & 45 mg	Avanza	2015
Mitomycin C	Inj 5 mg vial	Arrow	2016
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2015
Mometasone furoate	Crn 0.1% Oint 0.1%	m-Mometasone	2015
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2015
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg and 100 mg Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Eslon Arrow-Morphine LA	2016

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## Sole Subsidised Supply Products – cumulative to October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml & 5 ml	Hospira	2016
Mycophenolate mofetil	Cap 250 mg Tab 500 mg	Cellcept	2016
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2016
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2015
<b>Naphazoline hydrochloride</b>	<b>Eye drops 0.1%, 15 ml OP</b>	<b>Naphcon Forte</b>	<b>2017</b>
Naproxen	Tab 250 mg Tab 500 mg	Noflam 250 Noflam 500	2015
<b>Neostigmine metilsulfate</b>	<b>Inj 2.5 mg per ml, 1 ml ampoule</b>	<b>AstraZeneca</b>	<b>2017</b>
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2015
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Norethisterone	Tab 350 mcg	Noriday 28	2015
<b>Norfloxacin</b>	<b>Tab 400 mg</b>	<b>Arrow-Norfloxacin</b>	<b>2017</b>
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2016
Oil in water emulsion	Crm	healthE Fatty Cream	2015
Ondansetron	Tab 4 mg & 8 mg	Onrex	2016
Oxybutynin	Oral liq 5 mg per ml Tab 5 mg	Apo-Oxybutynin	2016
Oxycodone hydrochloride	Tab controlled-release 10 mg, 20 mg, 40 mg & 80 mg  Inj 50 mg per ml, 1 ml Inj 10 mg per ml, 1 ml & 2 ml	Oxycodone Controlled Release Tablets (BNM) OxyNorm Oxycodone Orion	2015
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Oxytocin BNM BNM Syntometrine	2015
Pantoprazole	Tab EC 20 mg  Tab EC 40 mg	Pantoprazole Actavis 20 Pantoprazole Actavis 40	2016
<b>Paracetamol</b>	<b>Oral liq 250 mg per 5 ml</b>  Suppos 500 mg	<b>Paracare Double Strength</b> Paracare	<b>2017</b>  2015
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%; 3.5 g OP	Poly-Visc	2017
Paroxetine hydrochloride	Tab 20 mg	Loxamine	2016
Peak flow meter	Low range & normal range	Breath-Alert	2015

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## Sole Subsidised Supply Products – cumulative to October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe & inj 180 mcg prefilled syringe	Pegasys	2017
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	Pegasys RBV Combination Pack	
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168	Pegasys RBV Combination Pack	
<b>Permethrin</b>	<b>Lotn 5%, 30 ml OP</b>	<b>A-Scabies</b>	<b>2017</b>
<b>Pethidine hydrochloride</b>	<b>Inj 50 mg per ml, 1 ml &amp; 2 ml</b>	<b>DBL Pethidine Hydrochloride</b>	<b>2017</b>
	Tab 50 mg & 100 mg	PSM	2015
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2015
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2016
<b>Pilocarpine hydrochloride</b>	<b>Eye drops 1%; 15 ml OP</b> <b>Eye drops 2%; 15 ml OP</b> <b>Eye drops 4%; 15 ml OP</b>	<b>Isopto Carpine</b>	<b>2017</b>
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2016
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Pizaccord	2015
Pizotifen	Tab 500 mcg	Sandomigran	2015
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml vial (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
<b>Poloxamer</b>	<b>Oral drops 10%, 30 ml OP</b>	<b>Coloxyl</b>	<b>2017</b>
Potassium chloride	Tab long-acting 600 mg	Span-K	2015
<b>Procaine penicillin</b>	<b>Inj 1.5 g in 3.4 ml syringe</b>	<b>Cilicaine</b>	<b>2017</b>
Prochlorperazine	Tab 5 mg	Antinaus	2017
Promethazine hydrochloride	Oral liq 5 mg per 5 ml	Allersoothe	2015
	Tab 10 mg & 25 mg		
Quinapril	Tab 5 mg, 10 mg & 20 mg	Arrow-Quinapril	2015
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2015
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
<b>Ranitidine</b>	<b>Oral liq 150 mg per 10 ml</b>	<b>Peptisoothe</b>	<b>2017</b>
Rifabutin	Cap 150 mg	Mycobutin	2016

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## Sole Subsidised Supply Products – cumulative to October 2014

Generic Name	Presentation	Brand Name	Expiry Date*
Ritonavir	Tab 100 mg	Norvir	2015
<b>Rizatriptan</b>	<b>Tab orodispersible 10 mg</b>	<b>Rizamelt</b>	<b>2017</b>
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg and 5 mg	Apo-Ropinirole	2016
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2015
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml & 2 mg per ml, 2.5 ml	Ventolin Asthalin	2016 2015
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml	Duolin	2015
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2016
<b>Simvastatin</b>	<b>Tab 10 mg</b> <b>Tab 20 mg</b> <b>Tab 40 mg</b> <b>Tab 80 mg</b>	<b>Arrow-Simva 10mg</b> <b>Arrow-Simva 20mg</b> <b>Arrow-Simva 40mg</b> <b>Arrow-Simva 80mg</b>	<b>2017</b>
Sodium chloride	Inj 23.4%, 20 ml ampoule	Biomed	2016
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2016
Sodium hyaluronate	Eye drops 1 mg per ml, 10 ml OP	Hyl-Fresh	2016
Spacer device	800 ml 230 ml (single patient)	Volumatic Space Chamber Plus	2015
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2016
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2016
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml cartridge	Arrow-Sumatriptan	2016
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2016
<b>Temazepam</b>	<b>Tab 10 mg</b>	<b>Normison</b>	<b>2017</b>
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Temaccord	2016
Terazosin	Tab 1 mg, 2 mg & 5 mg	Arrow	2016
<b>Terbinafine</b>	<b>Tab 250 mg</b>	<b>Dr Reddy's Terbinafine</b>	<b>2017</b>
<b>Testosterone cypionate</b>	<b>Inj 100 mg per ml, 10 ml vial</b>	<b>Depo-Testosterone</b>	<b>2017</b>
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2015
Tetrabenazine	Tab 25 mg	Motetis	2016
<b>Timolol</b>	<b>Eye drops 0.25%, 5 ml OP</b> <b>Eye drops 0.5%, 5 ml OP</b>	<b>Arrow-Timolol</b>	<b>2017</b>

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Generic Name	Presentation	Brand Name	Expiry Date*
Timolol maleate	Eye drops 0.25%, gel forming; 2.5 ml OP & eye drops 0.5%, gel forming; 2.5 ml OP	Timoptol XE	2016
<b>Tobramycin</b>	<b>Eye drops 0.3%, 5 ml OP</b> <b>Eye oint 0.3%, 3.5 g OP</b>	<b>Tobrex</b>	<b>2017</b>
Tretinoin	Crn 0.5 mg per g	ReTrieve	2016
Urea	Crn 10%	healthE Urea Cream	2016
<b>Ursodeoxycholic acid</b>	<b>Cap 250 mg</b>	<b>Ursosan</b>	<b>2017</b>
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
<b>Verapamil hydrochloride</b>	<b>Tab 80 mg</b>	<b>Isoptin</b>	<b>2017</b>
Vitamin B complex	Tab, strong, BPC	Bplex	2016
Vitamins	Tab (BCP cap strength)	Mvite	2016
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml	Retrovir	2016
<b>Zidovudine [AZT] with lamivudine</b>	<b>Tab 300 mg with lamivudine 150 mg</b>	<b>Alphapharm</b>	<b>2017</b>

October changes are in bold type

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## New Listings

Effective 1 October 2014

42	POTASSIUM IODATE * Tab 253 mcg (150 mcg elemental iodine).....	3.65	90	✓ NeuroTabs
77	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 29.1 mm length x 23.2 mm width..... * IUD 33.6 mm length x 29.9 mm width.....	31.60 31.60	1 1	✓ Choice TT380 Short ✓ Choice TT380 Standard
80	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL * Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO.....	5.36	168	✓ Ginet
81	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy * Tab 5 mg .....	1.95	28	✓ Finpro
97	AMOXICILLIN Grans for oral liq 125 mg per 5 ml .....	0.88	100 ml	✓ Alphamox
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 250 mg per 5 ml .....	0.97	100 ml	✓ Alphamox
	a) Up to 300 ml available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2			
133	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency * Tab paracetamol 500 mg with codeine phosphate 8 mg.....	21.06	1,000	✓ Paracetamol + Codeine (Relieve)
134	MAPROTILINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg .....	12.53	50	✓ Ludiomil
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 0.5 mg .....	1.90	60	✓ Actavis
	Tab 1 mg .....	2.10	60	✓ Actavis
	Tab 2 mg .....	2.34	60	✓ Actavis
	Tab 3 mg .....	2.55	60	✓ Actavis
	Tab 4 mg .....	3.50	60	✓ Actavis
162	DOCETAXEL – PCT only – Specialist Inj 20 mg .....	13.70	1	✓ DBL Docetaxel
	Inj 80 mg .....	29.99	1	✓ DBL Docetaxel
207	GLYCEROL * Liquid – Only in combination..... Only in extemporaneously compounded oral liquid preparations.	3.71	500 ml	✓ healthE Glycerol BP

▲ 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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## New Listings – effective 8 September 2014

224 FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3]  
Powder ..... 6.53 300 g OP ✓Nutilis

## Effective 1 September 2014

26	RANITIDINE – Only on a prescription * Tab 300 mg .....	14.73	500	✓Ranitidine Relief
29	GLICLAZIDE * Tab 80 mg .....	11.50	500	✓Glizide
60	ATORVASTATIN – See prescribing guideline Tab 10 mg .....	0.84	30	✓Lipitor ✓Pfizer atorvastatin
	Tab 20 mg .....	1.39	30	✓Lipitor ✓Pfizer atorvastatin
	Tab 40 mg .....	2.44	30	✓Lipitor ✓Pfizer atorvastatin
	Tab 80 mg .....	5.41	30	✓Lipitor ✓Pfizer atorvastatin
77	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 29.1 mm length x 23.2 mm width..... * IUD 33.6 mm length x 29.9 mm width.....	31.60 31.60	1 1	✓MiniTT380 Slimline ✓TT380 Slimline
97	AMOXICILLIN WITH CLAVULANIC ACID Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO .....	1.95	20	✓Augmentin
107	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy Tab 100 mg .....	6.00	28	✓Zeffix
131	PARACETAMOL * Tab 500 mg – Up to 30 tab available on a PSO .....	8.47	1,000	✓Pharmacare
135	MIRTAZAPINE – Special Authority see SA0994 – Retail pharmacy Tab 30 mg .....	8.78	30	✓APO-Mirtazapine
135	SERTRALINE * Tab 50 mg .....	4.42	30	✓Zoloft
	* Tab 100 mg .....	4.42	30	✓Zoloft

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 September 2014 (continued)

159	AZACITIDINE – PCT only – Specialist – Special Authority see SA1467			
	Inj 100 mg vial .....	605.00	1	✓Vidaza
	Inj 1 mg for ECP .....	6.66	1 mg	✓Baxter

▶ SA1467] Special Authority for Subsidy

Initial application only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following

1. Any of the following;
  - 1.1. The patient has International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
  - 1.2. The patient has chronic myelomonocytic leukaemia (10%-29% marrow blasts without myeloproliferative disorder); or
  - 1.3. The patient has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia, according to World Health Organisation Classification (WHO); and
2. The patient has performance status (WHO/ECOG) grade 0-2; and
3. The patient does not have secondary myelodysplastic syndrome resulting from chemical injury or prior treatment with chemotherapy and/or radiation for other diseases; and
4. The patient has an estimated life expectancy of at least 3 months.

Renewal — only from a haematologist or medical practitioner on the recommendation of a haematologist.

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

Both:

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

163	LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA1468 – Wastage claimable – see rule 3.3.2			
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Cap 10 mg .....	6,207.00	21	✓Revlimid
Cap 25 mg .....	7,627.00	21	✓Revlimid

▶ SA1468] Special Authority for Subsidy

Initial application — (Relapsed/refractory disease) only from a haematologist or medical practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1. Patient has relapsed or refractory multiple myeloma with progressive disease; and
2. Either:
  - 2.1. Lenalidomide to be used as third line\* treatment for multiple myeloma; or
  - 2.2. Both:
    - 2.2.1. Lenalidomide to be used as second line treatment for multiple myeloma; and
    - 2.2.2. The patient has experienced severe (grade ≥3), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and
3. Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Renewal — only from a haematologist or medical practitioner on the recommendation of a haematologist.

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 patient is benefitting from treatment.

Notes: Indication marked with \* is an Unapproved Indication (refer to Interpretations and Definitions). A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

▲ 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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### New Listings – effective 1 September 2014 (continued)

190	LORATADINE * Oral liq 1 mg per ml .....	4.25	200 ml	✓ LoraPaed
191	BECLOMETHASONE DIPROPIONATE Aerosol inhaler 50 mcg per dose .....	9.30	200 dose OP	✓ Qvar
	Aerosol inhaler 100 mcg per dose .....	15.50	200 dose OP	✓ Qvar
201	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.33	1 fee	✓ BSF Trexate
	The Pharmacode for BSF Trexate is 2465353.			

### Effective 1 August 2014

26	RANITIDINE – Only on a prescription * Tab 150 mg .....	10.30	500	✓ Ranitidine Relief
97	AMOXICILLIN Grans for oral liq 125 mg per 5 ml .....	0.88	100 ml	✓ Ranmoxy
	a) Up to 200 ml available on a PSO b) Wastage claimable – see rule 3.3.2			
	Grans for oral liq 250 mg per 5 ml .....	0.97	100 ml	✓ Ranmoxy
	a) Up to 300 ml available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2			

## Changes to Restrictions, Chemical Names and Presentations Effective 1 October 2014

32	INSULIN PUMP – Special Authority see SA1237 – Retail pharmacy		
	a) Maximum of 1 dev per prescription		
	b) Only on a prescription		
	c) Maximum of 1 insulin pump per patient each four year period.		
	Min basal rate 0.025 U/h; black colour .....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; blue colour .....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; green colour .....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; pink colour.....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; silver colour.....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.05 U/h; blue colour .....	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; clear colour .....	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; pink colour .....	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; purple colour .....	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; smoke colour.....	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722

▶ SA1237 Special Authority for Subsidy

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

The IPP Co-ordinator	Phone: (04) 460 4990
PHARMAC	Facsimile: (04) 974 7806
PO Box 10 254	Email: <a href="mailto:ipp@pharmac.govt.nz">ipp@pharmac.govt.nz</a>
Wellington	

HbA1c prerequisites met:

- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had significant variability in blood glucose levels including significant hypoglycaemic episodes and patient is expected to demonstrate a reduction in HbA1c by at least 10 mmol/mol from baseline.

Recurrent severe hypoglycaemia prerequisites met:

- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had four or more severe unexplained recurrent hypoglycaemic episodes during that six month period either due to hypoglycaemic unawareness or due to nocturnal hypoglycaemia.

▲ 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 October 2014 (continued)

### 32 INSULIN PUMP CONSUMABLES

▶ SA1240 Special Authority for Subsidy

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

The IPP Co-ordinator	Phone: (04) 460 4990
PHARMAC	Facsimile: (04) 974 7806
PO Box 10 254	Email: <a href="mailto:ipp@pharmac.govt.nz">ipp@pharmac.govt.nz</a>
Wellington	

HbA1c prerequisites met:

- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had significant variability in blood glucose levels including significant hypoglycaemic episodes and patient is expected to demonstrate a reduction in HbA1c by at least 10 mmol/mol from baseline.

Recurrent severe hypoglycaemia prerequisites met:

- Patient has type 1 diabetes or has undergone a pancreatectomy **or has cystic fibrosis-related insulin dependence**; and
- Patient has adhered to an intensive MDI regimen using analogue insulin for at least six months prior to application; and
- Patient has had four or more severe unexplained recurrent hypoglycaemic episodes during that six month period either due to hypoglycaemic unawareness or due to nocturnal hypoglycaemia.

### 38 MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE

– Special Authority see ~~SA1473009~~ – Retail pharmacy

Powder for oral soln 13.125 g with potassium chloride 46.6 mg,  
sodium bicarbonate 178.5 mg and sodium chloride

350.7 mg – Maximum of ~~90 60~~ sach per prescription .....7.65      30      ✓ Lax-Sachets

▶ ~~SA1473009~~ Special Authority for Subsidy

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

**Both:**

1. where The patient has problematic constipation requiring intervention with a per rectal preparation despite an adequate trial of other oral pharmacotherapies including lactulose where lactulose is not contraindicated; **and**
2. **The patient would otherwise require a per rectal preparation.**

Renewal from any relevant practitioner. Approvals valid for 12 months where the patient is compliant and is continuing to gain benefit from treatment.

### 40 BENZYLAMINE HYDROCHLORIDE

Soln 0.15% – **Higher subsidy of up to \$17.01 per 500 ml with Endorsement**.....

3.60	200 ml	
(8.50)		Difflam
9.00	500 ml	
(17.01)		Difflam

**Additional subsidy by endorsement for a patient who has oral mucositis as a result of treatment for cancer, and the prescription is endorsed accordingly.**

## Changes to Restrictions – effective 1 October 2014 (continued)

### 44 HYPOPLASTIC AND HAEMOLYTIC (EPOETIN [ERYTHROPOIETIN] ALFA & BETA)

▶ SA1469 Special Authority for Subsidy

Initial application – (chronic renal failure) from any specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 Patient in chronic renal failure; and
- 2 Haemoglobin  $\leq$  100g/L; and
- 3 Any of the following:
  - 3.1 Both:
    - 3.1.1 Patient does not have diabetes mellitus; and
    - 3.1.2 Glomerular filtration rate  $\leq$  30ml/min; or
  - 3.2 Both:
    - 3.2.1 Patient has diabetes mellitus; and
    - 3.2.2 Glomerular filtration rate  $\leq$  45ml/min; or
  - 3.3 Patient is on haemodialysis or peritoneal dialysis.

Initial application – (myelodysplasia)\* from any specialist. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

1. Patient has a confirmed diagnosis of myelodysplasia (MDS)\*; and
2. Has had symptomatic anaemia with haemoglobin  $<$ 100g/L and is red cell transfusion-dependent; and
3. Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS); and
4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and
5. Patient has a serum erythropoietin level of  $<$ 500 IU/L IU/mL; and
6. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

\*Indication marked with \* is an Unapproved Indication

Renewal – (chronic renal failure) only from any specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal application – (myelodysplasia)\* from any specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1. The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2. Transformation to acute myeloid leukaemia has not occurred; and
3. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

\*Indication marked with \* is an Unapproved Indication

Notes: Erythropoietin alfa is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

▲ 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 October 2014 (continued)

44	<b>EPOETIN ALFA</b> [ERYTHROPOIETIN ALFA] – Special Authority see SA1469 – Retail pharmacy Wastage claimable – see rule 3.3.2			
	Inj 1,000 iu in 0.5 ml, prefilled syringe .....	48.68	6	✓Eprex
	Inj 2,000 iu in 0.5 ml, prefilled syringe .....	120.18	6	✓Eprex
	Inj 3,000 iu in 0.3 ml, prefilled syringe .....	166.87	6	✓Eprex
	Inj 4,000 iu in 0.4 ml, prefilled syringe .....	193.13	6	✓Eprex
	Inj 5,000 iu in 0.5 ml, prefilled syringe .....	243.26	6	✓Eprex
	Inj 6,000 iu in 0.6 ml, prefilled syringe .....	291.92	6	✓Eprex
	Inj 10,000 iu in 1 ml, prefilled syringe .....	395.18	6	✓Eprex
44	<b>EPOETIN BETA</b> [ERYTHROPOIETIN BETA] – Special Authority see SA1469 – Retail pharmacy Wastage claimable – see rule 3.3.2			
	Inj 2,000 iu, prefilled syringe .....	120.18	6	✓NeoRecormon
	Inj 3,000 iu, prefilled syringe .....	166.87	6	✓NeoRecormon
	Inj 4,000 iu, prefilled syringe .....	193.13	6	✓NeoRecormon
	Inj 5,000 iu, prefilled syringe .....	243.26	6	✓NeoRecormon
	Inj 6,000 iu, prefilled syringe .....	291.29	6	✓NeoRecormon
	Inj 10,000 iu, prefilled syringe .....	395.18	6	✓NeoRecormon
55	<b>MIDODRINE</b> – Special Authority see <b>SA14740934</b> – Retail pharmacy			
	Tab 2.5 mg .....	53.00	100	✓Gutron
	Tab 5 mg .....	79.00	100	✓Gutron
	<p>➡ <b>SA14740934</b> Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 2 years <b>where the patient has for applications meeting the following criteria:</b> All of the following: 1 Disabling orthostatic hypotension not due to drugs; and 2 Patient has tried fludrocortisone (unless contra-indicated) with unsatisfactory results; and 3 Patient has tried non-pharmacological treatments such as support hose, increased salt intake, exercise, and elevation of head and trunk at night.</p> <p>Notes: Treatment should be started with small doses and titrated upwards as necessary. Hypertension should be avoided, and the usual target is a standing systolic blood pressure of 90 mm Hg. Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
57	<b>PERHEXILINE MALEATE</b> – Special Authority see SA1260 – Retail pharmacy			
	* Tab 100 mg .....	62.90	100	✓Pexsig
	<p>➡ <b>SA1260</b> Special Authority for Subsidy Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Patient has refractory angina; and 2 Patient is on the maximal tolerated dose of a beta-blocker, a calcium channel blocker and a long acting-nitrate.</p> <p>Renewal only from a cardiologist or any relevant practitioner on the recommendation of a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>			



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## Changes to Restrictions – effective 1 October 2014 (continued)

62	NICORANDIL – Special Authority see SA1263 – Retail pharmacy		
	▲ Tab 10 mg .....	27.95	60 ✓ <b>Ikorel</b>
	▲ Tab 20 mg .....	33.28	60 ✓ <b>Ikorel</b>
	<p>➡ SA1263   Special Authority for Subsidy            Initial application only from a cardiologist or general physician. Approvals valid for 2 years for applications meeting the following criteria:            Both:            1 Patient has refractory angina; and            2 Patient is on the maximal tolerated dose of a beta blocker, a calcium channel blocker and a long acting nitrate.            Renewal only from a cardiologist or any relevant practitioner on the recommendation of a cardiologist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>		
65	ISOTRETINOIN – Special Authority see SA14750955 – Retail pharmacy		
	Cap 10 mg .....	18.71	120 ✓ <b>Oratane</b>
	Cap 20 mg .....	28.91	120 ✓ <b>Oratane</b>
	<p>➡ SA14750955   Special Authority for Subsidy            Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:            All of the following:            1 Patient has had an adequate trial on other available treatments and has received an inadequate response from these treatments or these are contraindicated; and            2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and            3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and            4 Either:            3.1 4-1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or            3.2 4-2 Patient is male.            Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.            Renewal from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:            All of the following:            1 Patient has had an adequate trial on other available treatments and has received an inadequate response from these treatments or these are contraindicated; and            2 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and            3 Applicant has an up to date knowledge of the treatment options for acne and is aware of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and            4 Either:            1.1 4-1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or            1.2 4-2 Patient is male.            Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.</p>		

▲ 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 October 2014 (continued)

73	ACITRETIN – Special Authority see <b>SA14760954</b> – Retail pharmacy			
	Cap 10 mg .....	35.95	100	✓ Neotigason
		17.86	60	✓ Novatrein
	Cap 25 mg .....	41.36	60	✓ Novatrein
		85.40	100	✓ Neotigason
<b>SA14760954</b> Special Authority for Subsidy				
Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:				
All of the following:				
1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and				
2 Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin; and				
3 Either:				
3.1 Patient is female and has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment; or				
3.2 Patient is male.				
Renewal from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:				
All of the following:				
1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and				
2 Applicant has an up to date knowledge of the treatment options for psoriasis and of disorders of keratinisation and is aware of the safety issues around acitretin and is competent to prescribe acitretin; and				
3 Either:				
13.1 Patient is female and has been counselled and understands the risk of teratogenicity if acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of two years after the completion of the treatment; or				
23.2 Patient is male.				
80	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL			
	* Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs			
	– Up to <b>168 84</b> tab available on a PSO .....	5.36	168	✓ Ginet
		3.89	84	✓ Ginet 84
88	LEVOTHYROXINE (MERCURY PHARMA) (amended chemical name and stat reinstated)			
	* Tab 50 mcg.....	1.71	28	✓ Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	* Tab 100 mcg.....	1.78	28	✓ Mercury Pharma
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			

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### Changes to Restrictions – effective 1 October 2014 (continued)

135	FLUOXETINE HYDROCHLORIDE – Brand switch fee payable (Pharmacode 2461102) * Tab dispersible 20 mg, scored – Subsidy by endorsement ..... 2.50	30	✓ <b>Arrow-Fluoxetine</b>
	Subsidised by endorsement		
	1 When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or		
	2 When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed.		
	Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.		
	* Cap 20 mg ..... 1.74	90	✓ <b>Arrow-Fluoxetine</b>
137	GABAPENTIN – Special Authority see <b>SA14774074</b> – Retail pharmacy		
	▲ Cap 100 mg ..... 7.16	100	✓ <b>Arrow-Gabapentin</b> ✓ <b>Nupentin</b>
	▲ Cap 300 mg – For gabapentin oral liquid formulation refer ..... 11.00	100	✓ <b>Arrow-Gabapentin</b> ✓ <b>Nupentin</b>
	▲ Cap 400 mg ..... 13.75	100	✓ <b>Arrow-Gabapentin</b> ✓ <b>Nupentin</b>

➔ **SA14774074** Special Authority for Subsidy

Initial application—(Epilepsy) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Either:

- 1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
- 2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents.

Note: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.

Initial application — (Neuropathic pain **and Chronic Kidney Disease associated pruritus**) from any relevant practitioner. Approvals valid for 3 months **for applications meeting the following criteria:** where the patient has tried and failed, or has been unable to tolerate, treatment with a tricyclic antidepressant.

Either:

- 1 **The patient has been diagnosed with neuropathic pain; or**
- 2 **Both:**
  - 2.1 **The patient has Chronic Kidney Disease Stage 5-associated pruritus\* where no other cause for pruritus can be identified (e.g. scabies, allergy); and**
  - 2.2 **The patient has persistent pruritus not relieved with a trial of emollient/moisturising creams alone.**

Renewal — (Epilepsy) from any relevant practitioner. Approvals valid without further renewal unless notified where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life.

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.

Renewal — (Neuropathic pain **and Chronic Kidney Disease associated pruritus**) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The patient has demonstrated a marked improvement in their control of pain **or itch** (prescriber determined); or
- 2 The patient has previously demonstrated clinical responsiveness to gabapentin and has now developed neuropathic pain in a new site.

**Notes: Indications marked with \* are Unapproved Indications (see Interpretations and Definitions). Dosage adjustment of gabapentin is recommended for patients with renal impairment.**

▲ 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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✓ fully subsidised

## Changes to Restrictions – effective 1 October 2014 (continued)

167	IMATINIB MESILATE				
	* Cap 100 mg .....	298.90	60	✓	<b>Imatinib-AFT</b>
	a) Brand switch fee payable (Pharmacode 2461099) – see page 201-				
	b) No patient co-payment payable				
	c) Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA0643 in Section B of the Pharmaceutical Schedule.				
170	BICALUTAMIDE – Special Authority see SA0941 – Retail pharmacy				
	Tab 50 mg .....	4.90	28	✓	<b>Bicalaccord</b>
	▶ SA0941 Special Authority for Subsidy Initial application from any medical practitioner. Approvals valid without further renewal unless notified where the patient has advanced prostate cancer.				
173	ETANERCEPT – Special Authority see SA14781450 – Retail pharmacy (additional criteria added to Special Authority)				
	Inj 25 mg .....	949.96	4	✓	<b>Enbrel</b>
	Inj 50 mg autoinjector .....	1,899.92	4	✓	<b>Enbrel</b>
	Inj 50 mg prefilled syringe .....	1,899.92	4	✓	<b>Enbrel</b>
	▶ SA14781450 Special Authority for Subsidy Initial application – (adult-onset Still's disease) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria: Either: 1 Both: 1.1 Either: 1.1.1 The patient has had an initial Special Authority approval for adalimumab for adult-onset Still's disease (AOSD); or 1.2.1 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and 1.2 Either: 1.2.1 The patient has experienced intolerable side effects from adalimumab and/or tocilizumab; or 1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or 2 All of the following: 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease. Renewal – (adult-onset Still's disease) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Either: 1.1 Applicant is a rheumatologist; or 1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and 2 The patient has a sustained improvement in inflammatory markers and functional status.				

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 October 2014 (continued)

173	MYCOPHENOLATE MOFETIL – Special Authority see SA1041 – Retail pharmacy			
	Tab 500 mg .....	25.00	50	✓ Cellcept
	Cap 250 mg .....	25.00	100	✓ Cellcept
	Powder for oral liq 1 g per 5 ml			
	– Subsidy by endorsement .....	187.25	165 ml OP	✓ Cellcept

Mycophenolate powder for oral liquid is subsidised only for patients unable to swallow tablets and capsules, and when the prescription is endorsed accordingly.

▶ SA1041 | Special Authority for Subsidy

Initial application only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:  
Either:

1 Transplant recipient; or

2 Both:

Patients with diseases where

2.1 Steroids and azathioprine have been trialled and discontinued because of unacceptable side effects or inadequate clinical response; and

2.2 Either:

Patients with diseases where

2.2.1 Cyclophosphamide has been trialled and discontinued because of unacceptable side effects or inadequate clinical response; or

2.2.2 Cyclophosphamide treatment is contraindicated.

179	ADALIMUMAB – Special Authority see SA1479+449 – Retail pharmacy (additional criteria added to Special Authority)			
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Inj 20 mg per 0.4 ml prefilled syringe .....	1,799.92	2	✓ Humira
Inj 40 mg per 0.8 ml prefilled pen .....	1,799.92	2	✓ HumiraPen
Inj 40 mg per 0.8 ml prefilled syringe .....	1,799.92	2	✓ Humira

▶ SA1479+449 | Special Authority for Subsidy

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

Either:

1 Both:

1.1 Either:

1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or

1.2.1 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or

1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or

2 All of the following:

2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and

2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and

2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Renewal – (adult-onset Still's disease) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

*continued...*

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 October 2014 (continued)

continued...

### 1 Either:

1.1 Applicant is a rheumatologist; or

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

### 2 The patient has a sustained improvement in inflammatory markers and functional status.

201	DEFERIPRONE – Special Authority see SA1480+042 – Retail pharmacy				
	Tab 500 mg .....	533.17	100		✓ Ferriprox
	Oral liq 100 mg per 1 ml .....	266.59	250 ml OP		✓ Ferriprox

➔ SA1480+042 Special Authority for Subsidy

Initial application only from a relevant specialist haematologist. Approvals valid without further renewal unless notified where for applications meeting the following criteria:

#### Either:

1 The patient has been diagnosed with chronic transfusional iron overload due to congenital inherited anaemia;  
or

2 The patient has been diagnosed with chronic transfusional iron overload due to acquired red cell aplasia.

Note: For the purposes of this Special Authority, a relevant specialist is defined as a haematologist.

## Effective 1 September 2014

44 HYPOPLASTIC AND HAEMOLYTIC (ERYTHROPOIETIN ALFA & BETA)

➔ SA14690922 Special Authority for Subsidy

Initial application – (chronic renal failure) from any a-relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

#### All of the following:

1 Patient in chronic renal failure; and

2 Haemoglobin  $\leq$  100g/L; and

3 Any of the following:

3.1 Both:

3.1.1 Patient is not diabetic ~~does not have diabetes mellitus~~; and

3.1.2 Glomerular filtration rate  $\leq$  30ml/min; or

3.2 Both:

3.2.1 Patient is diabetic ~~has diabetes mellitus~~; and

3.2.2 Glomerular filtration rate  $\leq$  45ml/min; or

3.3 Patient is on haemodialysis or peritoneal dialysis.

Initial application – (myelodysplasia)\* from any specialist. Approvals valid for 2 months for applications meeting the following criteria:

#### All of the following:

1. Patient has a confirmed diagnosis of myelodysplasia (MDS)\*; and

2. Has had symptomatic anaemia with haemoglobin  $<$ 100g/L and is red cell transfusion-dependent; and

3. Patient has very low, low or intermediate risk MDS based on the WHO classification based prognostic scoring system for myelodysplastic syndrome (WPSS); and

4. Other causes of anaemia such as B12 and folate deficiency have been excluded; and

5. Patient has a serum erythropoietin level of  $<$ 500 IU/mL; and

6. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.

\*Indication marked with \* is an Unapproved Indication

Renewal – (chronic renal failure) only from a-relevant any specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

continued...

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 September 2014 (continued)

continued...

**Renewal application – (myelodysplasia)\* from any specialist. Approvals valid for 12 months for applications meeting the following criteria:**

**All of the following:**

- 1. The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and**
- 2. Transformation to acute myeloid leukaemia has not occurred; and**
- 3. The minimum necessary dose of erythropoietin would be used and will not exceed 80,000 iu per week.**

**\*Indication marked with \* is an Unapproved Indication**

Notes: Erythropoietin **alfa beta** is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

The Cockcroft Gault Formula may be used to estimate glomerular filtration rate (GFR) in persons 18 years and over:

GFR (ml/min) (male) =  $(140 - \text{age}) \times \text{Ideal Body Weight (kg)} / 814 \times \text{serum creatinine (mmol/l)}$

GFR (ml/min) (female) = Estimated GFR (male)  $\times 0.85$

- 44 ERYTHROPOIETIN **ALFA ALPHA** – Special Authority see **SA14690922** – Retail pharmacy (amendment to chemical name, presentation description and addition of wastage)

**Wastage claimable – see rule 3.3.2**

Inj human recombinant 1,000 iu in 0.5 ml, prefilled syringe .....	48.68	6	✓ Eprex
Inj human recombinant 2,000 iu in 0.5 ml, prefilled syringe .....	120.18	6	✓ Eprex
Inj human recombinant 3,000 iu in 0.3 ml, prefilled syringe .....	166.87	6	✓ Eprex
Inj human recombinant 4,000 iu in 0.4 ml, prefilled syringe .....	193.13	6	✓ Eprex
Inj human recombinant 5,000 iu in 0.5 ml, prefilled syringe .....	243.26	6	✓ Eprex
Inj human recombinant 6,000 iu in 0.6 ml, prefilled syringe .....	291.92	6	✓ Eprex
Inj human recombinant 10,000 iu in 1 ml, prefilled syringe .....	395.18	6	✓ Eprex

- 44 ERYTHROPOIETIN **BETA** – Special Authority see **SA14690922** – Retail pharmacy (addition of wastage)

**Wastage claimable – see rule 3.3.2**

Inj 2,000 iu, prefilled syringe .....	120.18	6	✓ NeoRecormon
Inj 3,000 iu, prefilled syringe .....	166.87	6	✓ NeoRecormon
Inj 4,000 iu, prefilled syringe .....	193.13	6	✓ NeoRecormon
Inj 5,000 iu, prefilled syringe .....	243.26	6	✓ NeoRecormon
Inj 6,000 iu, prefilled syringe .....	291.29	6	✓ NeoRecormon
Inj 10,000 iu, prefilled syringe .....	395.18	6	✓ NeoRecormon

- 53 CILAZAPRIL WITH HYDROCHLOROTHIAZIDE

\* Tab 5 mg with hydrochlorothiazide 12.5 mg

– Brand switch fee payable (Pharmacode 2459299) .....	10.72	100	✓ Apo-Cilazapril/ Hydrochlorothiazide
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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

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

### Changes to Restrictions – effective 1 September 2014 (continued)

60	ATORVASTATIN – See prescribing guideline (stat removed)				
	Tab 10 mg .....	2.52	90	✓ <b>Zarator</b>	
	Tab 20 mg .....	4.17	90	✓ <b>Zarator</b>	
	Tab 40 mg .....	7.32	90	✓ <b>Zarator</b>	
	Tab 80 mg .....	16.23	90	✓ <b>Zarator</b>	
97	AMOXICILLIN WITH CLAVULANIC ACID CLAVULANATE (amendment to chemical name and presentation description)				
	Tab amoxicillin 500 mg with <b>clavulanic acid potassium clavulanate</b> 125 mg – Up to 30 tab available on a PSO .....	1.95	20	✓ <b>Augmentin</b>	
		12.55	100	✓ <b>Curam Duo</b>	
	Grans for oral liq amoxicillin 125 mg with potassium clavulanate 31.25 mg per 5 ml .....	1.61	100 ml	✓ <b>Augmentin</b>	
				✓ <b>Curam</b>	
	a) Up to 200 ml available on a PSO				
	b) Wastage claimable – see rule 3.3.2				
	Grans for oral liq amoxicillin 250 mg with potassium clavulanate 62.5 mg per 5 ml .....	2.19	100 ml	✓ <b>Augmentin</b>	
				✓ <b>Curam</b>	
	a) Up to 200 ml available on a PSO				
	b) Wastage claimable – see rule 3.3.2				
161	METHOTREXATE				
	* Tab 2.5 mg – PCT – Retail pharmacy-Specialist – <b>Brand switch fee payable (Pharmacode 2465353)</b> .....	3.82	30	✓ <b>Trexate</b>	
	* Tab 10 mg – PCT – Retail pharmacy-Specialist – <b>Brand switch fee payable (Pharmacode 2465353)</b> .....	26.25	50	✓ <b>Trexate</b>	



Check your Schedule for full details  
Schedule page ref

Subsidy  
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Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 October 2014

26	MISOPROSTOL (↑ subsidy) * Tab 200 mcg.....	56.92	120	✓ Cytotec
40	BENZDAMINE HYDROCHLORIDE (↑ alternate subsidy) Soln 0.15% – Higher subsidy of up to \$17.01 per 500 ml with Endorsement.....	3.60 (8.50) 9.00 (17.01)	200 ml 500 ml	Difflam Difflam
Additional subsidy by endorsement for a patient who has oral mucositis as a result of treatment for cancer, and the prescription is endorsed accordingly.				
43	MAGNESIUM SULPHATE (↓ subsidy) * Inj 2 mmol per ml, 5 ml ampoule .....	12.65 (18.35)	10	Martindale
49	HEPARIN SODIUM (↑ subsidy) Inj 1,000 iu per ml, 5 ml .....	61.04	50	✓ Pfizer
	Inj 5,000 iu per ml, 5 ml .....	236.60	50	✓ Pfizer
49	HEPARINISED SALINE (↑ subsidy) * Inj 10 iu per ml, 5 ml .....	39.00	50	✓ Pfizer
55	FLECAINIDE ACETATE – Retail pharmacy-Specialist (↓ subsidy) ▲ Tab 100 mg – For flecainide acetate oral liquid formulation refer .....	68.78	60	✓ Tambocor
60	COLESTIPOL HYDROCHLORIDE (↑ subsidy) Grans for oral liq 5 g.....	22.00	30	✓ Colestid
68	HYDROCORTISONE (↑ subsidy) * Powder – Only in combination .....	59.50	25 g	✓ ABM
Up to 5% in a dermatological base (not proprietary Topical Corticosteroid – Plain) with or without other dermatological galenicals. Refer				
68	HYDROCORTISONE WITH WOOL FAT AND MINERAL OIL (↑ subsidy) Lotn 1% with wool fat hydrous 3% and mineral oil – Only on a prescription .....	10.57	250 ml	✓ DP Lotn HC
74	KETOCONAZOLE (↓ subsidy) Shampoo 2%.....	2.99	100 ml OP	✓ Sebizole
a) Maximum of 100 ml per prescription				
b) Only on a prescription				
74	TAR WITH TRIETHANOLAMINE LAURYL SULPHATE AND FLUORESCIN – Only on a prescription (↑ subsidy) * Soln 2.3% with triethanolamine lauryl sulphate and fluorescein sodium.....	3.36	500 ml	✓ Pinetarsol

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ **fully subsidised**

### Changes to Subsidy and Manufacturer's Price – effective 1 October 2014 (continued)

128	PRAMIPEXOLE HYDROCHLORIDE (↓ subsidy) ▲ Tab 0.25 mg .....	2.16 (2.40)	30		Dr Reddy's Pramipexole
131	PARACETAMOL (↓ subsidy) *‡ Oral liq 120 mg per 5 ml..... a) Up to 200 ml available on a PSO b) Not in combination	2.08 (2.21)	500 ml		Ethics Paracetamol
136	PHENYTOIN SODIUM (↑ subsidy) * Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO ..... * Inj 50 mg per ml, 5 ml – Up to 5 inj available on a PSO .....	88.63 133.92	5 5		✓ <b>Hospira</b> ✓ <b>Hospira</b>
139	PHENYTOIN SODIUM (↑ subsidy) * Tab 50 mg ..... * Cap 30 mg ..... * Cap 100 mg ..... *‡ Oral liq 30 mg per 5 ml.....	50.51 22.00 19.79 22.03	200 200 200 500 ml		✓ <b>Dilantin Infatab</b> ✓ <b>Dilantin</b> ✓ <b>Dilantin</b> ✓ <b>Dilantin</b>
148	OXAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 10 mg ..... ‡ Safety cap for extemporaneously compounded oral liquid preparations. Tab 15 mg ..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	6.17 8.53	100 100		✓ <b>Ox-Pam</b> ✓ <b>Ox-Pam</b>
151	NITRAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 5 mg ..... ‡ Safety cap for extemporaneously compounded oral liquid preparations.	5.22	100		✓ <b>Nitrados</b>
158	CARMUSTINE – PCT only – Specialist (↑ subsidy) Inj 100 mg ..... Inj 100 mg for ECP .....	532.00 532.00	1 100 mg OP		✓ <b>BiCNU</b> ✓ <b>Baxter</b>
161	BLEOMYCIN SULPHATE – PCT only – Specialist (↑ subsidy) Inj 15,000 iu..... Inj 1,000 iu for ECP .....	136.80 10.58	1 1,000 iu		✓ <b>DBL Bleomycin Sulfate</b> ✓ <b>Baxter</b>
178	ANTITHYMOCYTE GLOBULIN (EQUINE) – PCT only – Specialist (↑ subsidy) Inj 50 mg per ml, 5 ml .....	2,351.25	5		✓ <b>ATGAM</b>

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 September 2014

57	NIFEDIPINE (↓ subsidy)			
	* Tab long-acting 30 mg .....	3.75	30	✓ <b>Arrow-Nifedipine XR</b> Adalat Oros
		(19.90)		
	* Tab long-acting 60 mg .....	5.75	30	✓ <b>Arrow-Nifedipine XR</b> Adalat Oros
		(29.50)		
73	ACITRETIN – Special Authority see SA0954 – Retail pharmacy (↓ subsidy)			
	Cap 10 mg .....	17.86	60	✓ <b>Novatretin</b>
	Cap 25 mg .....	41.36	60	✓ <b>Novatretin</b>
99	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 500 mg – Up to 5 tab available on a PSO .....	7.14	100	
		(10.71)		Cipflox
	Tab 750 mg .....	4.02	30	
		(5.52)		Ciprofloxacin Rex
101	FLUCONAZOLE (↓ subsidy)			
	Cap 50 mg – Retail pharmacy-Specialist.....	3.49	28	✓ <b>Ozole</b>
	Cap 150 mg – Subsidy by endorsement .....	0.71	1	✓ <b>Ozole</b>
	a) Maximum of 1 cap per prescription; can be waived by endorsement – Retail pharmacy – Specialist			
	b) Patient has vaginal candida albicans and the practitioner considers that a topical imidazole (used intra-vaginally) is not recommended and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy – Specialist.			
	Cap 200 mg – Retail pharmacy-Specialist.....	9.69	28	✓ <b>Ozole</b>
105	RIFAMPICIN – Subsidy by endorsement (↓ subsidy)			
	a) No patient co-payment payable			
	b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy – Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician.			
	* Tab 600 mg .....	108.70	30	✓ <b>Rifadin</b>
	* Cap 150 mg .....	55.75	100	✓ <b>Rifadin</b>
	* Cap 300 mg .....	116.25	100	✓ <b>Rifadin</b>
	* Oral liq 100 mg per 5 ml .....	12.00	60 ml	✓ <b>Rifadin</b>
107	LAMIVUDINE – Special Authority see SA1360 – Retail pharmacy (↑ subsidy)			
	Oral liq 5 mg per ml.....	270.00	240 ml	✓ <b>Zeffix</b>

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### Changes to Subsidy and Manufacturer's Price – effective 1 September 2014 (continued)

123	PAMIDRONATE DISODIUM (↓ subsidy)			
	Inj 3 mg per ml, 10 ml vial .....	6.80	1	
		(16.00)		Pamidronate BNM
	Inj 6 mg per ml, 10 ml vial .....	13.20	1	
		(32.00)		Pamidronate BNM
	Inj 9 mg per ml, 10 ml vial .....	19.20	1	
		(48.00)		Pamidronate BNM
144	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 2.5 mg .....	0.75	28	✓ Dr Reddy's Olanzapine
		(51.07)		Zyprexa
	Tab 5 mg .....	1.65	28	✓ Dr Reddy's Olanzapine
		(3.85)		Olanzine
		(101.21)		Zyprexa
	Tab orodispersible 5 mg .....	1.75	28	✓ Dr Reddy's Olanzapine
		(6.36)		Olanzine-D
		(102.19)		Zyprexa Zydys
	Tab 10 mg .....	2.55	28	✓ Dr Reddy's Olanzapine
		(6.35)		Olanzine
		(204.49)		Zyprexa
	Tab orodispersible 10 mg .....	3.05	28	✓ Dr Reddy's Olanzapine
		(8.76)		Olanzine-D
		(204.37)		Zyprexa Zydys
144	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 25 mg .....	1.40	60	✓ Dr Reddy's Quetiapine
		(7.00)		Seroquel
	Tab 100 mg .....	2.80	60	
		(14.00)		Seroquel
		4.20	90	✓ Dr Reddy's Quetiapine
	Tab 200 mg .....	4.80	60	✓ Dr Reddy's Quetiapine
		(24.00)		Seroquel
	Tab 300 mg .....	8.00	60	✓ Dr Reddy's Quetiapine
		(40.00)		Seroquel
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Oral liq 1 mg per ml .....	9.75	30 ml	
		(18.35)		Apo-Risperidone
		(25.26)		Risperdal

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 September 2014 (continued)**

159	CAPECITABINE – Retail pharmacy-Specialist (↓ subsidy)			
	Tab 150 mg .....	30.00	60	✓Xeloda
	Tab 500 mg .....	120.00	120	✓Xeloda
165	THALIDOMIDE – PCT only – Specialist – Special Authority see SA1124 (↓ subsidy)			
	Cap 50 mg .....	378.00	28	✓Thalomid
	Cap 100 mg .....	756.00	28	✓Thalomid
171	OCTREOTIDE (↓ subsidy)			
	Inj 50 mcg per ml, 1 ml .....	13.50	5	✓Octreotide MaxRx
	Inj 100 mcg per ml, 1 ml .....	22.40	5	✓Octreotide MaxRx
	Inj 500 mcg per ml, 1 ml .....	89.40	5	✓Octreotide MaxRx

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Brand Name

Effective 1 September 2014

190	LORATADINE (amendment to brand name) * Oral liq 1 mg per ml.....	3.10	100 ml	✓ <b>LoraPaed</b> Lorapaed
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## Changes to PSO

Effective 1 October 2014

230	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL ✓ Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs .....	168	84	
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## Changes to Section I

Effective 1 October 2014

241	HEPATITIS A VACCINE – [Xpharm] Funded for patients meeting any of the following criteria: 1) Two vaccinations for use in transplant patients; or 2) Two vaccinations for use in children with chronic liver disease; or 3) One dose of vaccine for close contacts of known hepatitis A cases; or <del>4) One dose for any of the following on the recommendation of a local medical officer of health:</del> <del>a) Children, aged 1-4 years inclusive who reside in Ashburton district; or</del> <del>b) Children, aged 1-9 years inclusive, residing in Ashburton; or</del> <del>c) Children, aged 1-9 years inclusive, who attend a preschool or school in Ashburton; or</del> <del>d) Children, aged older than 9 years, who attend a school with children aged 9 years old or less, in Ashburton – funded for children in Ashburton.</del>	0.00	1	✓ <b>Havrix</b>
	Inj 1440 ELISA units in 1 ml syringe .....	0.00	1	✓ <b>Havrix Junior</b>
	Inj 720 ELISA units in 0.5 ml syringe .....	0.00	1	✓ <b>Havrix Junior</b>

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 October 2014

97	AMOXICILLIN Cap 500 mg .....	20.94 (26.50)	500		Alphamox
	a) Up to 30 cap available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPF – see rule 5.2.6				
128	BROMOCRIPTINE MESYLATE * Cap 5 mg .....	60.43	100	✓	Apo-Bromocriptine
201	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee.....	4.33	1 fee	✓	BSF Arrow-Fluoxetine BSF Imatinib-AFT
	The Pharmacode for BSF Imatinib-AFT is 2461099 The Pharmacode for BSF Arrow-Fluoxetine is 2461102				
217	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid (apricot) .....	2.88	125 ml OP	✓	Renilon 7.5
	Liquid (caramel) .....	2.88	125 ml OP	✓	Renilon 7.5
	Note – Renilon 7.5 liquid (apricot) and (caramel), 125 ml in a 4 OP pack size remains listed.				
222	ORAL FEED (POWDER) – Special Authority see SA1228 – Hospital pharmacy [HP3] Powder (chocolate) .....	13.00	900 g OP	✓	Ensure
222	ORAL FEED 1.5KCAL/ML – Special Authority see SA1228 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly. Liquid (strawberry) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement .....	0.85 (1.33)	237 ml OP		Ensure Plus
243	MENINGOCOCCAL A, C, Y AND W-135 VACCINE – [Xpharm] For patients pre- and post-splenectomy or children aged 0-16 years with functional asplenia. For organisation and community based outbreaks. Inj 0.5 ml.....	0.00	1	✓	Menomune
244	PNEUMOCOCCAL VACCINE – [Xpharm] For children aged 6 weeks, 3 months, and 5 months, and 15 months old. Inj 0.5 ml.....	0.00	1	✓	Synflorix

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

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

Check your Schedule for full details  
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Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted items – effective 1 September 2014

52	ENALAPRIL MALEATE				
	* Tab 5 mg .....	0.36	30	✓ Acetec	
		5.94	500	✓ Acetec	
	* Tab 10 mg .....	0.44	30	✓ Acetec	
		7.33	500	✓ Acetec	
	* Tab 20 mg – For enalapril maleate oral liquid formulation, refer .....	0.57	30	✓ Acetec	
54	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE				
	Tab 50 mg with hydrochlorothiazide 12.5 mg.....	10.45	30	✓ Hyzaar	
75	SUNSCREENS, PROPRIETARY – Subsidy by endorsement				
	Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.				
	Lotn .....	2.55	100 ml OP	✓ Marine Blue Lotion SPF 30+	
		5.10	200 ml OP	✓ Marine Blue Lotion SPF 30+	
	Note – Marine Blue Lotion SPF 50+ remains listed				
119	KETOPROFEN				
	* Cap long-acting 100 mg .....	21.56	100	✓ Oruvail SR	
	* Cap long-acting 200 mg .....	43.12	100	✓ Oruvail SR	
128	PERGOLIDE				
	▲ Tab 0.25 mg .....	48.00	100	✓ Permax	
	▲ Tab 1 mg .....	170.00	100	✓ Permax	
158	CYCLOPHOSPHAMIDE				
	Tab 50 mg – PCT – Retail pharmacy-Specialist.....	25.71	50	✓ Cycloblastin	
161	METHOTREXATE				
	* Tab 2.5 mg – PCT – Retail pharmacy-Specialist.....	3.82	30	✓ Methoblastin	
	* Tab 10 mg – PCT – Retail pharmacy-Specialist.....	26.25	50	✓ Methoblastin	
173	AZATHIOPRINE – Retail pharmacy-Specialist				
	* Tab 50 mg – For azathioprine oral liquid formulation refer.....	13.22	100	✓ Imuprine	
201	PHARMACY SERVICES – May only be claimed once per patient				
	* Brand switch fee.....	4.33	1 fee	✓ BSF Apo-Cilazapril/ Hydrochlorothiazide	
	The Pharmacode for BSF Apo-Cilazapril/Hydrochlorothiazide is 2459299.				
226	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]				
	Liquid (forest berries) .....	30.00	250 ml OP	✓ Easiphen Liquid	
	Note – Easiphen Liquid (forest berries), 250 ml carton in an 18 OP packsize remains subsidised.				



Check your Schedule for full details  
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Brand or  
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## Items to be Delisted

Effective 1 December 2014

57	NIFEDIPINE					
	* Tab long-acting 30 mg .....	3.75	30	✓ Arrow-Nifedipine XR		
		(19.90)		Adalat Oros		
	* Tab long-acting 60 mg .....	5.75	30	✓ Arrow-Nifedipine XR		
		(29.50)		Adalat Oros		
99	CIPROFLOXACIN					
	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 500 mg – Up to 5 tab available on a PSO .....	7.14	100			
		(10.71)		Cipflox		
	Tab 750 mg .....	4.02	30			
		(5.52)		Ciprofloxacin Rex		
123	PAMIDRONATE DISODIUM					
	Inj 3 mg per ml, 5 ml vial .....	18.75	1	✓ Pamisol		
	Inj 3 mg per ml, 10 ml vial .....	6.80	1			
		(16.00)		Pamidronate BNM		
	Inj 6 mg per ml, 10 ml vial .....	13.20	1			
		(32.00)		Pamidronate BNM		
	Inj 9 mg per ml, 10 ml vial .....	19.20	1			
		(48.00)		Pamidronate BNM		
144	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency					
	Tab 2.5 mg .....	0.75	28	✓ Dr Reddy's		
				Olanzapine		
		(51.07)		Zyprexa		
	Tab 5 mg .....	1.65	28	✓ Dr Reddy's		
				Olanzapine		
		(3.85)		Olanzine		
		(101.21)		Zyprexa		
	Tab orodispersible 5 mg .....	1.75	28	✓ Dr Reddy's		
				Olanzapine		
		(102.19)		Zyprexa Zydis		
	Tab 10 mg .....	2.55	28	✓ Dr Reddy's		
				Olanzapine		
		(204.49)		Zyprexa		
	Tab orodispersible 10 mg .....	3.05	28	✓ Dr Reddy's		
				Olanzapine		
		(204.37)		Zyprexa Zydis		

▲ 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 2014 (continued)

144	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg .....	1.40	60	✓ Dr Reddy's Quetiapine Seroquel
		(7.00)		
	Tab 100 mg .....	2.80	60	Seroquel
		(14.00)		
		4.20	90	✓ Dr Reddy's Quetiapine
	Tab 200 mg .....	4.80	60	✓ Dr Reddy's Quetiapine Seroquel
		(24.00)		
	Tab 300 mg .....	8.00	60	✓ Dr Reddy's Quetiapine Seroquel
		(40.00)		
145	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Oral liq 1 mg per ml .....	9.75	30 ml	
		(18.35)		
		(25.26)		Apo-Risperidone Risperdal
159	CAPECITABINE – Retail pharmacy-Specialist			
	Tab 150 mg .....	30.00	60	✓ Xeloda
	Tab 500 mg .....	120.00	120	✓ Xeloda
171	OCTREOTIDE			
	Inj 50 mcg per ml, 1 ml .....	13.50	5	✓ Octreotide MaxRx
	Inj 100 mcg per ml, 1 ml .....	22.40	5	✓ Octreotide MaxRx
	Inj 500 mcg per ml, 1 ml .....	89.40	5	✓ Octreotide MaxRx
201	PHARMACY SERVICES – May only be claimed once per patient.			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Trexate
	The Pharmacode for BSF Trexate is 2465353.			

### Effective 1 January 2015

43	MAGNESIUM SULPHATE			
	* Inj 2 mmol per ml, 5 ml ampoule .....	12.65	10	
		(18.35)		Martindale
53	PERINDOPRIL			
	* Tab 2 mg .....	3.75	30	
		(18.50)		Coversyl
	* Tab 4 mg .....	4.80	30	
		(25.00)		Coversyl
88	SOMATROPIN (GENOTROPIN) – Special Authority see SA1279 – [Xpharm]			
	* Inj cartridge 16 iu (5.3 mg) .....	160.00	1	✓ Genotropin
	* Inj cartridge 36 iu (12 mg) .....	360.00	1	✓ Genotropin

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 January 2015 (continued)

128	PRAMIPEXOLE HYDROCHLORIDE (↓ subsidy)		
	▲ Tab 0.125 mg .....	1.95	30
	▲ Tab 0.25 mg .....	2.16 (2.40)	30
	▲ Tab 0.5 mg .....	4.20	30
	▲ Tab 1 mg .....	7.20	30
			✓ Dr Reddy's Pramipexole
			Dr Reddy's Pramipexole
			✓ Dr Reddy's Pramipexole
			✓ Dr Reddy's Pramipexole
131	PARACETAMOL		
	*‡ Oral liq 120 mg per 5 ml.....	2.08 (2.21)	500 ml
	a) Up to 200 ml available on a PSO		
	b) Not in combination		
			Ethics Paracetamol

### Effective 1 March 2015

77	INTRA-UTERINE DEVICE		
	a) Up to 40 dev available on a PSO		
	b) Only on a PSO		
	* IUD .....	39.50	1
			✓ Multiload Cu 375 ✓ Multiload Cu 375 SL

### Effective 1 April 2015

49	HEPARIN SODIUM		
	Inj 1,000 iu per ml, 5 ml .....	11.44	10
	Note – Pfizer heparin sodium inj 1,000 iu per ml, 5 ml, 50 inj pack size remains subsidised.		
			✓ Pfizer
52	PRAZOSIN		
	* Tab 1 mg .....	5.53	100
	* Tab 2 mg .....	7.00	100
	* Tab 5 mg .....	11.70	100
			✓ Apo-Prazo ✓ Apo-Prazo ✓ Apo-Prazo
77	INTRA-UTERINE DEVICE		
	a) Up to 40 dev available on a PSO		
	b) Only on a PSO		
	* IUD 29.1 mm length x 23.2 mm width.....	31.60	1
	* IUD 33.6 mm length x 29.9 mm width.....	31.60	1
			✓ MiniTT380 Slimline ✓ TT380 Slimline

▲ 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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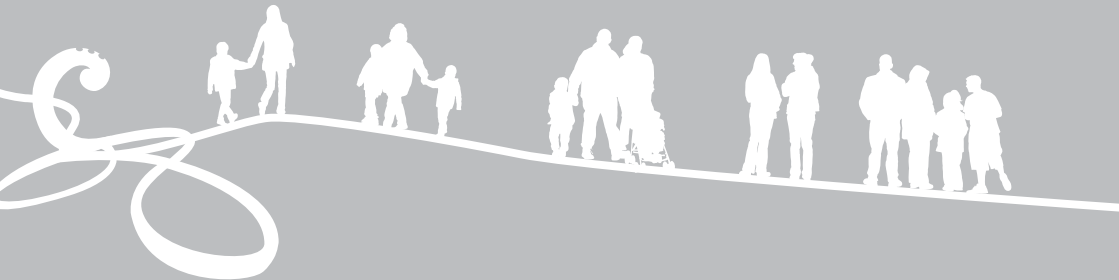
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**ISSN 1172-9376 (Print)**

**ISSN 1179-3686 (Online)**

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