

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 November 2016

Cumulative for September, October and November 2016



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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2016

New listings (page 25)

- Calcium carbonate (Calsource) tab eff 1.75 g (1 g elemental)
- Calcium gluconate (Hameln) inj 10%, 10 ml ampoule
- Metoprolol succinate (Myloc CR) tab long-acting 23.75 mg
- Dolutegravir (Tivicay) tab 50 mg – Special Authority – Retail pharmacy
- Dantrolene (Dantrium S29) cap 25 mg – Section 29 and wastage claimable
- Capecitabine (Brinov) tab 150 mg and 500 mg – Retail pharmacy-Specialist
- Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg – Special Authority – Retail pharmacy
- Prednisolone acetate (Prednisolone-AFT) eye drops 1%, 10 ml OP
- Pharmacy services (BSF Apo-Metoprolol) brand switch fee – may only be claimed once per patient
- Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]
- Oral feed (powder) (Ensure) powder (vanilla), 850 g OP – Special Authority – Hospital pharmacy [HP3] – new formulation
- Amino acid formula (Alfamino Junior) powder, 400 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (page 29)

- Pancreatic enzyme (Panzytrat) cap pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease)) – amended presentation description
- Metoprolol tartrate (Apo-Metoprolol) tab 50 mg and 100 mg – addition of Brand Switch Fee
- Ethambutol hydrochloride (Myambutol) tab 100 mg and 400 mg – addition of Section 29 and wastage
- Dantrolene (Dantrium) cap 25 mg and 50 mg – STAT dispensing removed
- Azathioprine (Imuran) inj 50 mg vial – amended presentation description

Increased subsidy (page 36)

- Vitamin B complex (Bplex) tab, strong, BPC
- Ascorbic acid (Cvite) tab 100 mg
- Vitamins (Mvite) tab (BPC cap strength)
- Gemfibrozil (Lipazil) tab 600 mg
- Tolcapone (Tasmar) tab 100 mg

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

Decreased subsidy (pages 36-37)

- Atorvastatin (Zarator) tab 10 mg, 20 mg, 40 mg and 80 mg
- Ceftriaxone (Ceftriaxone-AFT) inj 500 mg vial
- Abacavir sulphate with lamivudine (Kivexa) tab 600 mg with lamivudine 300 mg
- Amisulpride (Solian) tab 100 mg, 200 mg and 400 mg
- Midazolam (Hypnovel) inj 1 mg per ml, 5 ml and 5 mg per ml, 3 ml
- Azathioprine (Imuran) inj 50 mg vial

What's changing?

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

- Capecitabine (Brinov) tab 150 mg and 500 mg
- Montelukast (Apo-Montelukast) tab 4 mg, 5 mg and 10 mg
- Prednisolone acetate (Prednisolone-AFT) eye drops 1%, 10 ml OP



Prednisolone acetate eye drops – tender change and formulation information

From 1 November 2016 the Prednisolone-AFT brand of prednisolone acetate 1% eye drops will be subsidised on the Pharmaceutical Schedule in a 10 ml OP pack size. Pred Forte eye drops will have a subsidy decrease from 1 January 2017 and be delisted from 1 April 2017.

The formulation for the Prednisolone-AFT brand is an auto-stable gel suspension which means that particles don't sediment or float if undisturbed. This feature is considered to be an advantage as it reduces the potential of under dosing or over dosing and **patients do not need to shake the bottle before use**. Shaking the bottle will incorporate bubbles into the suspension and will make the gel foamy which will lead to a difficulty in dosing.

HIV treatment changes

Dolutegravir (Tivicay) tablets will be listed from 1 November 2016 for the treatment of HIV infection, under the current Special Authority criteria that apply to other antiretroviral treatments. The addition of another integrase strand transfer inhibitor will increase the treatment options available to patients and their prescribers.

There will also be a price decrease for abacavir sulphate with lamivudine (Kivexa) tablets 600 mg with lamivudine 300 mg from 1 November 2016.

Calcium carbonate – new pack size

From 1 November 2016 calcium carbonate (Calsource) tab eff 1.75 g (1 g elemental) 10 tablet pack size will be listed fully subsidised in the Pharmaceutical Schedule. GSK Consumer gave notice of a reduction in the pack size from 30 to 10 tablets in order to meet global harmonisation standards.

Clinical advice considers the reduction in pack size will not impact patients and may even reduce wastage.

Ensure powder vanilla – new formulation and Pharmacode

Abbott advised PHARMAC in mid-2016 of formulation changes for Ensure powder that require a change in Pharmacodes. The new vanilla flavour formulation, 850 g OP, will be listed fully subsidised from 1 November 2016 with the Pharmacode 2504316.

Myambutol – addition of section 29

The Myambutol brand of ethambutol hydrochloride 100 mg and 400 mg tablets will now be supplied in accordance with Section 29 of the Medicines Act 1981. The wastage rule will apply to dispensings of Myambutol from 1 November 2016. Note that the supplier is seeking consent for this product, so Section 29 status is expected to be temporary.

Calcipotriol discontinuation

Daivonex (calcipotriol) cream and solution will be delisted from the Pharmaceutical Schedule from 1 April 2017 due to supplier discontinuation. There are no currently registered alternative brands, however, we are working on finding alternative products. The ointment remains available and subsidised.

Dantrolene – removal of stat dispensing and addition of s29 product

We are temporarily removing 'stat dispensing' from dantrolene (Dantrium) cap 25 mg and 50 mg from 1 November 2016 until further notice to assist in managing a supply shortage.

An alternative brand of dantrolene cap 25 mg, Dantrium S29, will be listed temporarily from 1 November 2016 and supplied in accordance with Section 29 of the Medicines Act 1981. The wastage rule will apply to dispensings of Dantrium S29.

Sumatriptan tablets – monthly dispensing reinstated and change to tablet appearance

Arrow-Sumatriptan 50 mg tablets can again be dispensed in 30 day lots. The Dispensing Frequency rule 4.5.1b that allowed us to manage stock by restricting dispensing to a maximum of 8 tablets, is no longer in place.

The supplier, Actavis, has advised that there is now sufficient supply of Arrow-Sumatriptan 50 mg tablets for patients to be dispensed their medicine in 30 day lots again.

We appreciate the assistance of pharmacy in helping PHARMAC to avoid a patient level out of stock of sumatriptan 50 mg tablets. Thank you for supporting patients during this time.

Actavis has also advised of minor changes to the appearance of sumatriptan tablets. There will be a change in shape of the 50 mg tablets from a round to a rounded triangle shape. There will be a change in colour of the 100 mg tablets from white to peach. There will be no change to the outer packaging or Pharmacode. You can view the changes on our website at www.pharmac.govt.nz/medicines/my-medicine-has-changed/sumatriptan/sumatriptan-tablets/

Calcium gluconate inj 10%, 10 ml – addition of s29 product

The Hameln brand of calcium gluconate inj 10%, 10 ml ampoules, will be listed temporarily from 1 November 2016 and supplied in accordance with Section 29 of the Medicines Act 1981. The wastage rule will apply to dispensings of calcium gluconate S29.

This listing will be maintained until further notice to assist in managing a supply shortage.

Ceftriaxone inj 1 g vial – delay to tender transition

The tender transition for ceftriaxone inj 1 g vial will be delayed by one month. The subsidy for Ceftriaxone-AFT inj 1 g vial will now decrease from 1 December 2016 with sole supply of the DEVA brand starting 1 March 2017. Note that the transition dates for the 500 mg vial remain the same as previously notified.

Do you prefer email communications?

Last month we asked you to let us know if you would prefer your communications from us by email. If you have not already contacted us and would like to receive future updates by email, please provide your email address to us at enquiry@pharmac.govt.nz. Please put “email or fax preference” in the subject line.

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

News in brief

- **Metoprolol tartrate** tab 50 mg and 100 mg – Brand Switch Fee to be listed from 1 November 2016.
- **Metoprolol succinate** (23.75 mg long-acting tablet) – The Myloc CR brand of metoprolol succinate 23.75 mg will be temporarily listed in the Pharmaceutical Schedule from 1 November 2016.
- **Enteral feed with fibre liquid** 0.83 kcal/ml 1,000 ml OP (Nutrison 800 Complete Multi Fibre) – will be listed from 1 November 2016 subject to the Special Authority criteria that applies to Standard Supplements (SA1554).
- **Amino acid formula** powder 400 g OP (Alfamino Junior) – new listing in the Pharmaceutical Schedule from 1 November 2016 under existing Special Authority criteria that applies to amino acid formula (SA1219).
- **Trifluoperazine** 1 mg tablet – change of brand name from AMCo to Mercury Pharma to reflect the name on the packaging. Note the Mercury Pharma brand is a temporary S29 listing.

Tender News

Sole Subsidised Supply changes – effective 1 December 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Clotrimazol	Vaginal crm 1% with applicators; 35 g OP	Clomazol (Multichem)
Clotrimazol	Vaginal crm 2% with applicators; 20 g OP	Clomazol (Multichem)
Goserelin	Implant 3.6 mg, syringe; 1 inj	Zoladex (AstraZeneca)
Goserelin	Implant 10.8 mg, syringe; 1 inj	Zoladex (AstraZeneca)
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule; 10 inj	Wockhardt (Max Health)
Oxycodone hydrochloride	Tab controlled-release 5 mg; 20 tab	BNM (InterPharma)
Oxycodone hydrochloride	Tab controlled-release 10 mg; 20 tab	BNM (InterPharma)
Oxycodone hydrochloride	Tab controlled-release 20 mg; 20 tab	BNM (InterPharma)
Oxycodone hydrochloride	Tab controlled-release 40 mg; 20 tab	BNM (InterPharma)
Oxycodone hydrochloride	Tab controlled-release 80 mg; 20 tab	BNM (InterPharma)
Pyridostigmine bromide	Tab 60 mg; 100 tab	Mestinon (Valeant)
Sertraline	Tab 50 mg; 90 tab	Arrow-Sertraline (Actavis)
Sertraline	Tab 100 mg; 90 tab	Arrow-Sertraline (Actavis)
Tenoxicam	Tab 20 mg; 100 tab	Tilcotil (Radiant Health)

Looking Forward

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

Decisions for implementation 1 December 2016

- General rules changes to support the removal of Diabetes Nurse Prescribers as a designated prescriber
- Leuporelin (Eligard and Lucrin) all presentations – subsidy decrease and addition of Higher Subsidy with Endorsement
- Temozolomide (Orion Temozolomide) cap 5 mg, 20 mg, 100 mg and 250 mg – new listing

Possible decisions for future implementation 1 December 2016

- Alglucosidase alfa (Myozyme) inj 50 mg vial – new listing with Special Authority criteria
- Idursulfase (Elaprase) inj 2 mg per ml, 3 ml vial – new listing with Special Authority criteria
- Midazolam (Midazolam-Claris) inj 1 mg per ml, 5 ml amp and 5 mg per ml, 3 ml amp – new listing

Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg Oral liq 20 mg per ml	Ziagen	2017
Acarbose	Tab 50 mg & 100 mg	Glucobay	2018
Acetazolamide	Tab 250 mg	Diamox	2017
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2018
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatretin	2017
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2017
Allopurinol	Tab 100 mg & 300 mg	Apo-Allopurinol	2017
Amantadine hydrochloride	Cap 100 mg	Symmetrel	2017
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2017
Amisulpride	Oral liq 100 mg per ml	Solian	2019
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Arrow-Amitriptyline	2017
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2017
Amorolfine	Nail soln 5%, 5 ml OP	MycONail	2017
Amoxicillin	Cap 250 mg & 500 mg Inj 250 mg, 500 mg & 1 g vials	Apo-Amoxi Ibiamox	2019 2017
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2017
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
Aqueous cream	Crm, 500 g	AFT SLS-free	2018
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2018
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2017
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2018
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2017
Baclofen	Inj 0.05 mg per ml, 1 ml ampoule	Lioresal Intrathecal	2018
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2017
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2018
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2017
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2017

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

Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 30 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2018
Betamethasone valerate	Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP	Beta Cream Beta Ointment	2018
Betaxolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Betoptic S Betoptic	2017
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2018
Bicalutamide	Tab 50 mg	Bicalaccord	2017
Bimatoprost	Eye drops 0.03%; 3 ml OP	Bimatoprost Actavis	2018
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Lax-Tab	2018
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2017
Bosentan	Tab 62.5 mg & 125 mg	Mylan-Bosentan	2018
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2017
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2018
Cabergoline	Tab 0.5 mg	Dostinex	2018
Calamine	Crn, aqueous, BP Lotn, BP	Pharmacy Health PSM	2018
Calcitonin	Inj 100 iu per ml, 1 ml ampoule	Miacalcic	2017
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2017
Calcium folinate	Inj 50 mg	Calcium Folate Ebewe	2017
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2018
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Dicarz	2017
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml Cap 250 mg	Ranbaxy-Cefaclor	2019
Cefalexin	Cap 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cephalexin ABM Cefalexin Sandoz	2019 2018
Cefazolin	Inj 500 mg & 1 g vial	AFT	2017
Cetirizine hydrochloride	Oral liq 1 mg per ml	Histaclear	2017
Cetomacrogol	Crn BP	healthE	2018
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorafast	2019 2018

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
Ciclopirox olamine	Nail soln 8%, 7 ml OP	Apo-Ciclopirox	2018
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2019
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2017
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2018
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2017
Ciindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Ciindamycin ABM Dalacin C	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2018
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Catapres TTS 1 Catapres TTS 2 Catapres TTS 3	2017
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clotrimazole	Crn 1%, 20 g OP	Clomazol	2017
Crotamiton	Crn 10%, 20 g OP	Itch-Soothe	2018
Cyclizine hydrochloride	Tab 50 mg	Nauzene	2018
Cyclopentolate hydrochloride	Eye drops 1%, 15 ml OP	Cyclogyl	2017
Cyproterone acetate	Tab 50 mg & 100 mg	Procur	2018
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2017
Dapsone	Tab 25 mg & 100 mg	Dapsone	2017
Desferrioxamine mesilate	Inj 500 mg vial	Desferal	2018
Desmopressin acetate	Tab 100 mcg & 200 mcg Nasal spray 10 mcg per dose	Minirin Desmopressin-PH&T	2019 2017
Dexamethasone	Tab 0.5 mg & 4 mg Eye drops 0.1%, 5 ml OP Eye oint 0.1%, 3.5 g OP	Dexmethsone Maxidex	2018 2017
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dexamfetamine sulfate	Tab 5 mg	PSM	2018

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR Voltaren	2018 2017
	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Dimethicone	Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 5%	2019
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2018
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
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2017
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP	AFT	2017
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018

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Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
Erlotinib	Tab 100 mg & 150 mg	Tarceva	2018
Ethinylestradiol	Tab 10 mcg	NZ Medical and Scientific	2018
Etidronate disodium	Tab 200 mg	Arrow-Etidronate	2018
Etoposide	Inj 20 mg per ml, 5 ml vial	Rex Medical	2018
Exemestane	Tab 25 mg	Pfizer Exemestane	2017
Ezetimibe	Tab 10 mg	Ezemibe	2017
Ezetimibe with simvastatin	Tab 10 mg with simvastatin 10 mg Tab 10 mg with simvastatin 20 mg Tab 10 mg with simvastatin 40 mg Tab 10 mg with simvastatin 80 mg	Zimbybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Boucher and Muir	2018
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
Ferrous sulphate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2019
Finasteride	Tab 5 mg	Finpro	2017
Flucloxacillin	Grans for oral liq 25 mcg per ml Grans for oral liq 50 mcg per ml Cap 250 mg & 500 mg Inj 250 mg vial, 500 mg vial & 1 g vial	AFT Staphlex Flucloxin	2018 2017
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Ozole	2017
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2018
Fluorometholone	Eye drops 0.1%, 5 ml OP	FML	2018
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2018
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg Tab 500 mg	Frusemide-Claris Diurin 40 Urex Forte	2019 2018
Galsulfase	Inj 1 mg per ml, 5 ml vial	Naglazyme	2018
Gentamicin sulphate	Inj 40 mg per ml, 2 ml ampoule	Pfizer	2018
Gliclazide	Tab 80 mg	Glizide	2017
Glipizide	Tab 5 mg	Minidiab	2018
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2017
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2018 2017
Glyceryl trinitrate	Patch 25 mg, 5 mg per day Patch 50 mg, 10 mg per day	Nitroderm TTS 5 Nitroderm TTS 10	2017
Granisetron	Tab 1 mg	Granirex	2017
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2017
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml ampoule	Serenace	2019
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 1 ml syringe	Havrix Havrix Junior	2017
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 10 mg per 1 ml vial Inj 40 mg per 1 ml vial	HBvaxPRO	2017
Human papillomavirus (6,11,16 and 18) vaccine [HPV]	Inj 120 mcg in 0.5 ml syringe	Gardasil	2017
Hydrocortisone	Inj 100 mg vial Tab 5 mg & 20 mg Powder	Solu-Cortef Douglas ABM	2019 2018 2017
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2018
Hydrogen peroxide	Soln 3% (10 vol)	Pharmacy Health	2018
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2018
Hydroxychloroquine	Tab 200 mg	Plaquenil	2018
Ibuprofen	Tab long-acting 800 mg Tab 200 mg	Brufen SR Ibugesic	2018 2017
Imatinib mesilate	Cap 100 mg	Imatinib-AFT	2017

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Imiquimod	Crn 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
Ipratropium bromide	Aqueous nasal spray, 0.03%	Univent	2017
Iron polymaltose	Inj 50 mg per ml, 2 ml ampoule	Ferrum H	2017
Isoniazid	Tab 100 mg Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	PSM Rifinah	2018
Isosorbide mononitrate	Tab long-acting 40 mg Tab 20 mg	Ismo 40 Retard Ismo-20	2019 2017
Itraconazole	Cap 100 mg	Itrazole	2019
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2017
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2019
Lamivudine	Tab 100 mg Oral liq 5 mg per ml	Zeffix	2017
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2018
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Hysite	2018
Letrozole	Tab 2.5 mg	Letrole	2018
Levonorgestrel	Intra-uterine system 20 mcg per day Subdermal implant (2 x 75 mg rods)	Mirena Jadelle	2019 31/12/17
Lidocaine [lignocaine] hydrochloride	Oral (viscous) soln 2%	Xylocaine Viscous	2017
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2018
Lithium carbonate	Tab 250 mg & 400 mg Cap 250 mg	Lithicarb FC Douglas	2018 2017
Lodoxamide	Eye drops 0.1%, 10 ml OP	Lomide	2017
Loperamide hydrochloride	Tab 2 mg Cap 2 mg	Nodia Diamide Relief	2019
Loratadine	Tab 10 mg	Lorafix	2019
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2018
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2017
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2017
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
Mask for spacer device	Small	e-chamber Mask	2018

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
Mebeverine hydrochloride	Tab 135 mg	Colofac	2017
Medroxyprogesterone	Tab 2.5 mg, 5 mg & 10 mg Tab 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Provera HD Depo-Provera	2019
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2018
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2017
Meningococcal (groups a,c,y and w-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2017
Mesalazine	Enema 1 g per 100 ml Suppos 1 g	Pentasa Pentasa	2018
Metformin hydrochloride	Tab immediate-release 500 mg Tab immediate-release 850 mg	Metchek Metformin Mylan	2018
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2018
Methotrexate	Inj 25 mg per ml, 2 ml & 20 ml vials Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml	DBL Methotrexate Onco-Vial Trexate Methotrexate Ebewe	2019 2018 2017
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2018
Methylprednisolone (as sodium succinate)	Inj 40 mg vial Inj 125 mg vial Inj 500 mg vial Inj 1 g vial	Solu-Medrol	2018
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2018
Methylprednisolone acetate with lidocaine [lignocaine]	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	Depo-Medrol with Lidocaine	2018
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metamide Pfizer	2017
Metoprolol tartrate	Tab 50 mg & 100 mg	Apo-Metoprolol	2018
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	Crn 2%, 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2017
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Misoprostol	Tab 200 mcg	Cytotec	2019
Mitomycin C	Inj 5 mg vial	Arrow	2019
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%	Elocon Alcohol Free Elocon	2018
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	Arrow-Morphine LA Sevredol DBL Morphine Sulphate	2019 2017
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule	DBL Morphine Tartrate	2019
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2018
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Naphcon Forte	2017
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2018
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2017
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2018
Nicotine	Patch 7 mg, 14 mg & 21 mg Lozenge 1 mg & 2 mg Gum 2 mg & 4 mg (Fruit, Classic & Mint)	Habitrol	2017
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2017
Nifedipine	Tab long-acting 30 mg & 60 mg	Adefin XL	2017
Nitrazepam	Tab 5 mg	Nitrodos	2017
Norethisterone	Tab 350 mcg Tab 5 mg	Noriday 28 Primolut N	2018
Norfloxacin	Tab 400 mg	Arrow-Norfloxacin	2017
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	m-Nystatin	2017
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Oestradiol	Patch 25 mcg per day	Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oil in water emulsion	Crn; 500 g	O/W Fatty Emulsion Cream	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	2017
Ondansetron	Tab disp 4 mg	Dr Reddy's Ondansetron	2017
	Tab disp 8 mg	Ondansetron ODT-DRLA	
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2019
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoules Inj 50 mg per ml, 1 ml ampoule Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	2018
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml	Syntometrine	2018
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2017
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2018
Paracetamol	Suppos 125 mg & 250 mg Suppos 500 mg Tab 500 mg Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Gacet Paracare Pharmacare Paracare Paracare Double Strength	2018 2017
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%, 3.5 g OP	Poly-Visc	2017

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Peak flow meter	Low range	Mini-Wright AFS Low Range	2018
	Normal range	Mini-Wright Standard	
Pegylated interferon alfa-2a	Inj 180 mcg prefilled syringe	Pegasys Pegasys RBV Combination Pack	2017
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168		
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112		
	Inj 180 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 168		
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2017
Permethrin	Crm 5%, 30 g OP	Lyderm A-Scabies	2017
	Lotn 5%, 30 ml OP		
Pethidine hydrochloride	Tab 50 mg & 100 mg	PSM DBL Pethidine Hydrochloride	2018
	Inj 50 mg per ml, 1 ml & 2 ml		2017
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2019
	Grans for oral liq 250 mg per 5 ml	Cilicaine VK	2018
	Cap 250 mg & 500 mg		
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule	Hospira	2018
	Inj 50 mg per ml, 5 ml ampoule		
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP	Isopto Carpine	2017
	Eye drops 2%, 15 ml OP		
	Eye drops 4%, 15 ml OP		
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2017
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP	Vistil Vistil Forte	2019
	Eye drops 3%, 15 ml OP		
Potassium chloride	Tab long-acting 600 mg (8mmol)	Span-K	2018
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Pravastatin	Tab 20 mg & 40 mg	Cholvastin	2017
Pregnancy tests – HCG urine	Cassette	EasyCheck	2017
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2017
Prochlorperazine	Tab 5 mg	Antinaus	2017
Progesterone	Cap 100 mg	Urogestan	2019
Promethazine hydrochloride	Inj 25 mg per ml, 2 ml ampoule Oral liq 1 mg per ml Tab 10 mg & 25 mg	Hospira Allersoothe	2019 2018
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2017 2017
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2017
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2018
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2018
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2017 2017
Rifabutin	Cap 150 mg	Mycobutin	2019
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2017
Rifaximin	Tab 550 mg	Xifaxan	2017
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Actavis Risperon	2017
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2017
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Apo-Ropinirole	2019
Rotavirus live reassortant oral vaccine	Oral susp G1, G2, G3, G4, P1(8) 11.5 million CCID50	RotaTeq	2017
Salbutamol	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Asthalin	2018
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2018
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2018
Siltuximab	Inj 100 mg & 400 mg vials	Sylvant	2018

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Simvastatin	Tab 10 mg Tab 20 mg Tab 40 mg Tab 80 mg	Arrow-Simva 10mg Arrow-Simva 20mg Arrow-Simva 40mg Arrow-Simva 80mg	2017
Sodium chloride	Inj 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	Biomed Baxter	2019
Sodium citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphonate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulphasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2017
Terazosin	Tab 1 mg	Actavis	2019
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2017
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Tetrabenazine	Tab 25 mg	Motelis	2019
Thymol glycerin	Compound, BPC	PSM	2019
Timolol	Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Timoptol XE Arrow-Timolol	2019 2017
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrchloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Tranexamic acid	Tab 500 mg	Cyklolapron	2019

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Sole Subsidised Supply Products – cumulative to November 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Paste 0.1% Oint 0.02%, 100 g OP Crn 0.02%, 100 g OP Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Aristocort Kenacort-A 10 Kenacort-A 40	2017
Trimethoprim	Tab 300 mg	TMP	2018
Tropicamide	Eye drops 0.5%, 15 ml OP Eye drops 1%, 15 ml OP	Mydriacyl	2017
Urea	Crn 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2017
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2018
Valganciclovir	Tab 450 mg	Valcyte	2018
Vancomycin	Inj 500 mg	Mylan	2017
Varicella vaccine [chicken pox vaccine]	Inj 2,000 PFU vial with diluent	Varilix	2017
Verapamil hydrochloride	Tab 80 mg	Isoptin	2017
Voriconazole	Tab 50 mg & 200 mg	Vttack	2018
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml, 200 ml OP	Retrovir	2019
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2017
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2017
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2018
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2018

November changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 November 2016

44	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental).....	2.07	10	✓ Calsource
44	CALCIUM GLUCONATE * Inj 10%, 10 ml ampoule Wastage claimable – see rule 3.3.2	34.24	10	✓ Hameln S29
58	METOPROLOL SUCCINATE Tab long-acting 23.75 mg	0.80	30	✓ Myloc CR
116	DOLUTEGRAVIR – Special Authority see SA1364 – Retail pharmacy Tab 50 mg	1,090.00	30	✓ Tivicay
129	DANTROLENE Cap 25 mg Wastage claimable – see rule 3.3.2	65.00	100	✓ Dantrium S29 S29
167	CAPECITABINE – Retail pharmacy-Specialist Tab 150 mg Tab 500 mg	11.15 62.28	60 120	✓ Brinov ✓ Brinov
207	MONTELUKAST – Special Authority see SA1421 – Retail pharmacy Prescribing Guideline: Clinical evidence indicates that the effectiveness of montelukast is strongest when montelukast is used in short treatment courses. Tab 4 mg Tab 5 mg Tab 10 mg	5.25 5.50 5.65	28 28 28	✓ Apo-Montelukast ✓ Apo-Montelukast ✓ Apo-Montelukast
211	PREDNISOLONE ACETATE * Eye drops 1%.....	3.93	10 ml OP	✓ Prednisolone-AFT
215	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Apo-Metoprolol is 2511541	4.50	1 fee	✓ BSF Apo-Metoprolol
235	ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3] Liquid.....	5.29	1,000 ml OP	✓ Nutrison 800 Complete Multi Fibre
236	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (vanilla) Note – This is the listing of a new formulation with a new Pharmacode (2504316)	13.00	850 g OP	✓ Ensure
241	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder	43.60	400 g OP	✓ Alfamino Junior

▲ 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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New Listings – effective 1 October 2016

23	PANTOPRAZOLE * Tab EC 20 mg 2.41 * Tab EC 40 mg 3.35	100 100	✓ Panzop Relief ✓ Panzop Relief
54	CILAZAPRIL * Tab 2.5 mg 7.20 * Tab 5 mg 12.00	200 200	✓ Apo-Cilazapril ✓ Apo-Cilazapril
147	TRIFLUOPERAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg 11.01 Wastage claimable – see rule 3.3.2	112	✓ AMCO S29
202	CETIRIZINE HYDROCHLORIDE * Tab 10 mg 1.01	100	✓ Zista
236	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Powder (chocolate) 13.00 850 g OP Note – This is the listing of a new formulation with a new Pharmacode (2504324).		✓ Ensure

Effective 1 September 2016

53	DEXTROSE WITH ELECTROLYTES Soln with electrolytes (2 x 500 ml) 6.55	1,000 ml OP	✓ Pedialyte - Bubblegum
62	ATORVASTATIN – See prescribing guideline * Tab 10 mg 9.29 * Tab 20 mg 13.32 * Tab 40 mg 21.23 * Tab 80 mg 36.26	500 500 500 500	✓ Lorstat ✓ Lorstat ✓ Lorstat ✓ Lorstat
70	CLOBETASOL PROPIONATE * Crm 0.05% 2.20 * Oint 0.05% 2.20	30 g OP 30 g OP	✓ Dermol ✓ Dermol
84	ZOLEDRONIC ACID Inj 4 mg per 5 ml, vial – Special Authority see SA1512 – Retail pharmacy 84.50	1	✓ Zoledronic acid Mylan
96	CEFALEXIN Cap 250 mg 3.50	20	✓ Cephalexin ABM
96	CEFTRIAXONE – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial 1.20 Inj 1 g vial 0.84	1 1	✓ DEVA ✓ DEVA

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 2016 (continued)

103	POSACONAZOLE – Special Authority see SA1285 – Retail pharmacy Tab modified-release 100 mg	869.86	24	✓ Noxafil
144	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	4.56	30	✓ Sulprix
	Tab 200 mg	14.75	60	✓ Sulprix
	Tab 400 mg	27.70	60	✓ Sulprix
200	PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1615 Inj 50 mg vial	2,340.00	1	✓ Keytruda
	Inj 1 mg for ECP	49.14	1 mg	✓ Baxter

▶ SA1615 Special Authority for Subsidy

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

All of the following:

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and
- 3 Either:
 - 3.1 Patient has not received funded nivolumab; or
 - 3.2 Both:
 - 3.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
 - 3.2.2 The cancer did not progress while the patient was on nivolumab; and
- 4 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles); and
- 5 Baseline measurement of overall tumour burden is documented (see Note); and
- 6 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

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

All of the following:

- 1 Any of the following:
 - 1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
 - 1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
 - 1.3 Patient has stable disease according to RECIST criteria (see Note); and
- 2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
- 3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
- 5 Pembrolizumab is to be used at a maximum dose of 2 mg/kg every 3 weeks for a maximum of 12 weeks (4 cycles).

Notes:

Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 September 2016 (continued)

continued...

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

Effective 1 August 2016

75	PHENOTHTRIN			
	Shampoo 0.5%	5.68	100 ml OP	✓Parasidose
		11.36	200 ml OP	✓Parasidose

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
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Generic Mnfr
✓ fully subsidised

Changes to Restrictions, Chemical Names and Presentations Effective 1 November 2016

38	PANCREATIC ENZYME Cap pancreatin (314,650 – 350 175 mg (25,000 U lipase, 22,500 U amylase, 1,250 1,250 U protease))	94.40	100	✓ Panzytrat
58	METOPROLOL TARTRATE * Tab 50 mg	4.64	100	✓ Apo-Metoprolol
	a) For metoprolol tartrate oral liquid formulation refer b) Brand switch fee payable (Pharmacode 2511541)			
	* Tab 100 mg – Brand switch fee payable (Pharmacode 2511541).....	6.09	60	✓ Apo-Metoprolol
106	ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist (addition of S29 and wastage) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician			
	Tab 100 mg	48.01	56	✓ Myambutol S29
	Wastage claimable – see rule 3.3.2			
	Tab 400 mg	49.34	56	✓ Myambutol S29
	Wastage claimable – see rule 3.3.2			
129	DANTROLENE (STAT dispensing removed) Cap 25 mg	65.00	100	✓ Dantrium
	Cap 50 mg	77.00	100	✓ Dantrium
182	AZATHIOPRINE – Retail pharmacy-Specialist * Inj 50 mg vial.....	60.00	1	✓ Imuran

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

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

Check your Schedule for full details
Schedule page ref

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(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 October 2016

38	PANCREATIC ENZYME			
	Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) EC-10,000-BP- μ lipase, 9,000-BP- μ amylase and 210-BP- μ protease	34.93	100	✓ Creon 10000
	Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U) EC-25,000-BP- μ lipase, 18,000-BP- μ amylase, 1,000-BP- μ protease	94.38	100	✓ Creon 25000
	Cap pancreatin (314.650 – 350 175 mg (25,000 U lipase, 22,500 U amylase, 1.250 U proteas)) EC-25,000-BP- μ lipase, 22,500-BP- μ amylase, 1,250-BP- μ protease	94.40	100	✓ Panzytrat
53	POTASSIUM CHLORIDE (Stat dispensing reinstated) * Tab long-acting 600 mg (8 mmol)	7.42	200	✓ Span-K
75	COAL TAR Soln BP – Only in combination	32.95	200 ml	✓ Midwest
	1) Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer dermatological base, 2) With or without other dermatological galenicals.			
84	CINACALCET – Special Authority see SA1618+594 – Retail pharmacy Tab 30 mg – Wastage claimable – see rule 3.3.2	403.70	28	✓ Sensipar
	SA1618+594 Special Authority for Subsidy Initial application only from a nephrologist or endocrinologist. Approvals valid for 6 months for applications meeting the following criteria: Either: 1 All of the following: 1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and 1.2 The patient has persistent hypercalcaemia (serum calcium \geq 3 mmol/L) despite previous first-line treatments including sodium thiosulfate (where appropriate) and bisphosphonates and sodium thiosulfate ; and 1.3 The patient is symptomatic; or 2 All of the following: 2.1 The patient has been diagnosed with calciphylaxis (calcific uraemic arteriopathy); and 2.2 The patient has symptomatic (e.g. painful skin ulcers) hypercalcaemia (serum calcium \geq 3 mmol/L); and 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate. Renewal only from a nephrologist or endocrinologist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both: 1 The patient's serum calcium level has fallen to < 3mmol/L; and 2 The patient has experienced clinically significant symptom improvement. Note: This does not include parathyroid adenomas unless these have become malignant.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 October 2016 (continued)

86	HORMONE REPLACEMENT THERAPY – SYSTEMIC		
	<p>▶ SA1018 – Special Authority for Alternate Subsidy Initial application from any relevant practitioner. Approvals valid for 5 years for applications meeting the following criteria: Any of the following:</p> <ol style="list-style-type: none"> 1 acute or significant liver disease – where oral oestrogens are contraindicated as determined by a gastroenterologist or general physician. The applicant must keep written confirmation from such a specialist with the patient's record; or 2 oestrogen induced hypertension requiring antihypertensive therapy – documented evidence must be kept on file that raised blood pressure levels or inability to control blood pressure adequately occurred post oral oestrogens; or 3 hypertriglyceridaemia – documented evidence must be kept on file that triglyceride levels increased to at least 2 × normal triglyceride levels post oral oestrogens; or 4 Somatropin co therapy – patient is being prescribed somatropin with subsidy provided under a valid approval issued under Special Authority. <p>Note: Prescriptions with a valid Special Authority (CHEM) number will be reimbursed at the level of the lowest priced TDDS product within the specified dose group. Renewal from any relevant practitioner. Approvals valid for 5 years where the treatment remains appropriate and the patient is benefiting from treatment, or the patient remains on subsidised somatropin co-therapy.</p>		
87	OESTRADIOL – See prescribing guideline		
	* TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12 (13.18)	4 Climara 50
	a) Higher subsidy of \$13.18 per 4 patch with Special Authority see SA1018		
	ab) No more than 1 patch per week		
	be) Only on a prescription		
	* TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05 (16.14)	4 Climara 100
	a) Higher subsidy of \$16.14 per 4 patch with Special Authority see SA1018		
	ab) No more than 1 patch per week		
	be) Only on a prescription		
93	GOSERELIN ACETATE		
	Implant 1mj 3.6 mg, syringe	66.48	1 ✓ Zoladex
	Implant 1mj 10.8 mg, syringe	177.50	1 ✓ Zoladex
94	LEUPRORELIN		
	Inj 3.75 mg prefilled dual chamber syringe	221.60	1 ✓ Lucrin Depot 1-month
	Inj 7.5 mg syringe with diluent	166.20	1 ✓ Eligard 1 Month
	Inj 11.25 mg prefilled dual chamber syringe	591.68	1 ✓ Lucrin Depot 3-month
	Inj 22.5 mg syringe with diluent	443.76	1 ✓ Eligard 3 Month
	Inj 30 mg prefilled dual chamber syringe	1,109.40	1 ✓ Lucrin Depot 6-month
	Inj 45 mg syringe with diluent	832.05	1 ✓ Eligard 6 Month

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

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

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 2016 (continued)

113	PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR – [Xpharm]			
	a) No patient co-payment payable			
	b) Note – From 1 July 2016 until 1 October 2016, PHARMAC will only process prescriptions received from an infectious disease specialist, a gastroenterologist or a hepatologist. PHARMAC may receive prescriptions from other prescribers prior to 1 October 2016; however they will not be processed until this date.			
	be) Note – Supply of treatment is via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz			
	Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56), with dasabuvir tab 250 mg (56)	16,500.00	1 OP	✓ Viekira Pak
113	PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN – [Xpharm]			
	a) No patient co-payment payable			
	b) Note – From 1 July 2016 until 1 October 2016, PHARMAC will only process prescriptions received from an infectious disease specialist, a gastroenterologist or a hepatologist. PHARMAC may receive prescriptions from other prescribers prior to 1 October 2016; however they will not be processed until this date.			
	be) Note – Supply of treatment is via PHARMAC's approved direct distribution supply. Application details for accessing treatment may be obtained from PHARMAC's website http://www.pharmac.govt.nz			
	Tab 75 mg with ritonavir 50 mg, and ombitasvir 12.5 mg (56) with dasabuvir tab 250 mg (56) and ribavirin tab 200 mg (168)	16,500.00	1 OP	✓ Viekira Pak-RBV
167	FLUDARABINE PHOSPHATE			
	Inj 50 mg vial – PCT only – Specialist.....	525.00	5	✓ Fludarabine Ebewe
		1,430.00		✓ Fludara
205	IPRATROPIUM BROMIDE			
	Nebuliser soln, 250 mcg per ml, 1 ml ampoule			
	– Up to 40 neb available on a PSO	3.35	20	✓ Univent
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule			
	– Up to 40 neb available on a PSO	3.52	20	✓ Univent
217	SECTION C: EXTEMPORANEOUSLY COMPOUNDED PRODUCTS AND GALENICALS INTRODUCTION			
	The following extemporaneously compounded products are eligible for subsidy:			
	• The "Standard Formulae".			
	• Oral liquid mixtures for patients unable to swallow subsidised solid dose oral formulations.			
	• The preparation of syringe drivers when prescribed by a general practitioner.			
	• Dermatological preparations			
	a) One or more subsidised dermatological galenical(s) in a subsidised dermatological base.			
	b) Dilution of proprietary Topical Corticosteroid-Plain preparations with a dermatological base (Retail pharmacy- Specialist specialist).			
	e) Menthol crystals only in the following bases:			
	Aqueous cream			
	Urea cream 10%			
	Wool fat with mineral oil lotion			
	Hydrocortisone 1% with wool fat and mineral oil lotion			
	Glycerol, paraffin and cetyl alcohol lotion.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 September 2016

50	ENOXAPARIN SODIUM – Special Authority see SA1174 – Retail pharmacy		
	Inj 20 mg in 0.2 ml syringe	30.91	10 ✓Clexane
	Inj 40 mg in 0.4 ml syringe	41.24	10 ✓Clexane
	Inj 60 mg in 0.6 ml syringe	62.18	10 ✓Clexane
	Inj 80 mg in 0.8 ml syringe	82.88	10 ✓Clexane
	Inj 100 mg in 1 ml syringe	103.80	10 ✓Clexane
	Inj 120 mg in 0.8 ml syringe	128.98	10 ✓Clexane
	Inj 150 mg in 1 ml syringe	147.41	10 ✓Clexane
58	METOPROLOL SUCCINATE		
	Tab long-acting 23.75 mg	2.39	90 ✓Metoprolol - AFT CR
		0.80	30 ✓Metoprolol - AFT CR
		20.11	100 ✓Actavis-Metoprolol
	a)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)		
	b)Actavis-Metoprolol brand: Brand switch fee payable (Pharmacode 2506300)		
	Tab long-acting 47.5 mg	3.48	90 ✓Metoprolol - AFT CR
		1.16	30 ✓Metoprolol - AFT CR
		7.50	30 ✓Betacoc CR
	a)Betacoc CR brand: Brand switch fee payable (Pharmacode 2506319)		
	b)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)		
	Tab long-acting 95 mg	5.73	90 ✓Metoprolol - AFT CR
		1.91	30 ✓Metoprolol - AFT CR
		7.50	30 ✓Betacoc CR
		31.18	100 ✓Actavis-Metoprolol
	a)Betacoc CR brand: Brand switch fee payable (Pharmacode 2506319)		
	b)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)		
	c)Actavis-Metoprolol brand: Brand switch fee payable (Pharmacode 2506300)		
	Tab long-acting 190 mg	3.85	30 ✓Myloc CR
		11.54	90 ✓Metoprolol - AFT CR
		3.85	30 ✓Metoprolol - AFT CR
	a)Metoprolol – AFT CR brand: Brand switch fee payable (Pharmacode 2506327)		
	b)Myloc CR brand: Brand switch fee payable (Pharmacode 2506335)		
172	TEMOZOLOMIDE – Special Authority see SA16161610 – Retail pharmacy		
	Cap 5 mg	8.00	5 ✓Temaccord
	Cap 20 mg	36.00	5 ✓Temaccord
	Cap 100 mg	175.00	5 ✓Temaccord
	Cap 250 mg	410.00	5 ✓Temaccord

➡ SA16161610 Special Authority for Subsidy

Initial application – (high grade gliomas) only from a relevant specialist. Approvals valid for 12 +0 months for applications meeting the following criteria:

All of the following:

1 Either:

- 1.1 Patient has newly diagnosed glioblastoma multiforme; or
- 1.2 Patient has newly diagnosed anaplastic astrocytoma*; and

2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and

3 Following concomitant treatment temozolomide is to be used for a maximum of **5 days treatment per cycle** six cycles of 5 days treatment, at a maximum dose of 200 mg/m² per day.

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

All of the following:

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
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Changes to Restrictions – effective 1 September 2016 (continued)

continued...

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

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

Either:

1. Both:

- 1.1. Patient has glioblastoma multiforme; and
- 1.2. The treatment remains appropriate and the patient is benefitting from treatment; or

2. All of the following

- 2.1. Patient has anaplastic astrocytoma*; and
- 2.2. The treatment remains appropriate and the patient is benefitting from treatment; and
- 2.3. Adjuvant temozolomide is to be used for a maximum of 24 months.

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

Both:

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

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

200	NIVOLUMAB – PCT only – Specialist – Special Authority see SA1617+602-			
	Inj 10 mg per ml, 4 ml vial	1,051.98	1	✓Opdivo
	Inj 10 mg per ml, 10 ml vial	2,629.96	1	✓Opdivo
	Inj 1 mg for ECP	27.62	1 mg	✓Baxter

► SA1617+602 Special Authority for Subsidy

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

All of the following:

- 1 Patient has metastatic or unresectable melanoma stage III or IV; and
- 2 Patient has measurable disease as defined by the presence of at least one CT or MRI measurable lesion; and

3 Either:

3.1 Patient has not received funded pembrolizumab; or

3.2 Both:

- 3.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
- 3.2.2 The cancer did not progress while the patient was on pembrolizumab; and

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

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

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

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

All of the following:

1 Any of the following:

- 1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note; or *continued...*)

Changes to Restrictions – effective 1 September 2016 (continued)

continued...

- 1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
- 1.3 Patient has stable disease according to RECIST criteria (see Note); and
- 2 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; and
- 3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
- 5 Nivolumab will be used at a maximum dose of 3 mg/kg every 2 weeks for a maximum of 12 weeks (6 cycles).

Notes: Disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Target lesion measurements should be assessed using CT or MRI imaging with the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to <10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

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

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

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

Check your Schedule for full details
Schedule page ref

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Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 November 2016

42	VITAMIN B COMPLEX (↑ subsidy) * Tab, strong, BPC	7.15	500	✓ Bplex
42	ASCORBIC ACID (↑ subsidy) a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg	8.10	500	✓ Cvite
43	VITAMINS (↑ subsidy) * Tab (BPC cap strength)	10.50	1,000	✓ Mvite
62	ATORVASTATIN – See prescribing guideline (↓ subsidy) * Tab 10 mg	1.67 (2.52)	90	Zarator
	* Tab 20 mg	2.40 (4.17)	90	Zarator
	* Tab 40 mg	3.82 (7.32)	90	Zarator
	* Tab 80 mg	6.53 (16.23)	90	Zarator
62	GEMFIBROZIL (↑ subsidy) * Tab 600 mg	19.56	60	✓ Lipazil
96	CEFTRIAXONE – Subsidy by endorsement (↓ subsidy) a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial	1.20 (1.50)	1	Ceftriaxone-AFT
115	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA1364 – Retail pharmacy (↓ subsidy) Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the antiretroviral Special Authority. Tab 600 mg with lamivudine 300 mg	427.29	30	✓ Kivexa
131	TOLCAPONE (↑ subsidy) ▲ Tab 100 mg	132.50	100	✓ Tasmar
144	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 100 mg	4.56	30	✓ Solian
	Tab 200 mg	14.75	60	✓ Solian
	Tab 400 mg	27.70	60	✓ Solian
157	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Inj 1 mg per ml, 5 ml	4.30	10	✓ Hypnovel
	Inj 5 mg per ml, 3 ml	2.50	5	✓ Hypnovel

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 November 2016 (continued)

182	AZATHIOPRINE – Retail pharmacy-Specialist (↓ subsidy) * Inj 50 mg vial	60.00	1	✓ Imuran
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Effective 1 October 2016

48	ASPIRIN (↑ subsidy) * Tab 100 mg	12.50	990	✓ Ethics Aspirin EC
53	COMPOUND ELECTROLYTES (↑ subsidy) Powder for oral soln – Up to 10 sach available on a PSO.....	2.30	10	✓ Enerlyte
56	AMIODARONE HYDROCHLORIDE (↓ subsidy) ▲ Tab 100 mg – Retail pharmacy-Specialist	4.66	30	✓ Aratac
	▲ Tab 200 mg – Retail pharmacy-Specialist	7.63	30	Aratac
		(30.52)		
70	HYDROCORTISONE (↑ subsidy) * Crm 1% – Only on a prescription	16.25	500 g	✓ Pharmacy Health
75	COAL TAR (↑ subsidy) Soln BP – Only in combination	32.95	200 ml	✓ Midwest
	1) Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain, refer dermatological base, 2) With or without other dermatological galenicals.			
87	OESTRADIOL – See prescribing guideline (↓ alternate subsidy) * TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12	4	Climara 50
	a) No more than 1 patch per week b) Only on a prescription	(13.18)		
	* TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05	4	Climara 100
	a) No more than 1 patch per week b) Only on a prescription	(16.14)		
	Note – Higher subsidy with Special Authority will be removed from 1 October 2016 resulting in all patients dispensed Climara 50 or Climara 100 TDDS being charged a manufacturer's surcharge.			
93	GOSERELIN (↓ subsidy) Implant 3.6 mg, syringe	66.48	1	✓ Zoladex
	Implant 10.8 mg, syringe	177.50	1	✓ Zoladex
130	SELEGILINE HYDROCHLORIDE (↑ subsidy) * Tab 5 mg	22.00	100	✓ Apo-Selegiline S29
132	ASPIRIN (↑ subsidy) * Tab dispersible 300 mg – Up to 30 tab available on a PSO	3.90	100	✓ Ethics Aspirin

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

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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2016 (continued)

145	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ price) Inj 25 mg per ml, 1 ml ampoule	47.89	10	✓ Nozinan
205	IPRATROPIUM BROMIDE († subsidy) Nebuliser soln, 250 mcg per ml, 1 ml ampoule – Up to 40 neb available on a PSO	3.35	20	✓ Univent
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO	3.52	20	✓ Univent
210	ACICLOVIR (↓ subsidy) * Eye oint 3%	14.92 (37.53)	4.5 g OP	Zovirax

Effective 1 September 2016

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

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 2016 (continued)

135	OXYCODONE HYDROCHLORIDE (↓ subsidy)		
	a) Only on a controlled drug form		
	b) No patient co-payment payable		
	c) Safety medicine; prescriber may determine dispensing frequency		
	Tab controlled-release 5 mg	2.63 (7.51)	20 OxyContin
	Tab controlled-release 10 mg	2.76 (6.75)	20 Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 20 mg	4.72 (11.50)	20 Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 40 mg	7.69 (18.50)	20 Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 80 mg	14.11 (34.00)	20 Oxycodone ControlledRelease Tablets(BNM)
137	SERTRALINE (↓ subsidy)		
	Tab 50 mg	1.02 (1.21)	30 Sertraline Actavis S29
145	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)		
	Inj 25 mg per ml, 1 ml ampoule	47.89 (73.68)	10 Nozinan
171	MESNA (↓ subsidy)		
	Inj 100 mg per ml, 4 ml ampoule – PCT only – Specialist	161.25	15 ✓Uromitexan
	Inj 100 mg per ml, 10 ml ampoule – PCT only – Specialist	370.35	15 ✓Uromitexan

Effective 1 August 2016

215	PHARMACY SERVICES – May only be claimed once per patient (↓ subsidy)		
	* Brand switch fee	4.50	1 fee ✓BSF Actavis- Metoprolol ✓BSF Betaloc CR ✓BSF Metoprolol - AFT CR ✓BSF Myloc CR
	a) The Pharmacode for BSF Actavis-Metoprolol is 2506300		
	b) The Pharmacode for BSF Betaloc CR is 2506319		
	c) The Pharmacode for BSF Metoprolol - AFT CR is 2506327		
	d) The Pharmacode for BSF Myloc CR is 2506335		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Brand Names

Effective 1 November 2016

147	TRIFLUOPERAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 1 mg	11.01	112	✓ Mercury Pharma AMG 6 S29
	Wastage claimable – see rule 3.3.2			

Effective 1 October 2016

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

Changes to PSO

Effective 1 October 2016

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

Effective 1 September 2016

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

Changes to General Rules

Effective 1 October 2016

- 9 "Nurse Practitioner" means a nurse registered with Nursing Council of New Zealand, who holds a current annual practising certificate under the HPCA Act 2003 and for whom the Nursing Council has authorised a scope of practice that includes prescribing medicines.
- 9 "Nurse Prescriber", means a person who is a nurse practitioner in terms of the Medicines Act 1981, or a Diabetes Nurse Prescriber
- 9 "Practitioner", means a Doctor, a Dentist, a Dietitian, a Midwife, a Nurse Prescriber, a Nurse Practitioner, a Registered Nurse Prescriber, a Diabetes Nurse Prescriber, an Optometrist, a Quitcard Provider, or a Pharmacist Prescriber as those terms are defined in the Pharmaceutical Schedule.
- 10 "Registered Nurse Prescriber", means a registered nurse who meets specified requirements for qualifications, training and competence to be a designated prescriber for the purpose of prescribing specified prescription medicines under the Medicines (Designated Prescriber-Registered Nurses) Regulations 2016.
- 10 "Specialist", in relation to a Prescription, means a doctor or nurse practitioner who holds a current annual practising certificate and who satisfies the criteria set out in paragraphs (a) or (b) or (c) or (d) below:
- the doctor is vocationally registered in accordance with the criteria set out by the Medical Council of New Zealand and the HPCA Act 2003 and who has written the Prescription in the course of practising in that area of medicine; or
 - the doctor is recognised by the Ministry of Health as a specialist for the purposes of this Schedule and receives remuneration from a DHB at a level which that DHB considers appropriate for specialists and who has written that prescription in the course of practising in that area of competency; or
 - the doctor is recognised by the Ministry of Health as a specialist in relation to a particular area of medicine for the purpose of writing Prescriptions and who has written the Prescription in the course of practising in that area of competency; or
 - the doctor or nurse practitioner writes the prescription on DHB stationery and is appropriately authorised by the relevant DHB to do so.
- 11 3.1 Doctors', Dentists', Dietitians', Midwives', ~~Nurse Prescribers'~~ **Nurse Practitioners', Registered Nurse Prescribers', Diabetes Nurse Prescribers'**, Optometrists and Pharmacist Prescribers' Prescriptions (other than oral contraceptives)
- The following provisions apply to all Prescriptions, other than those for an oral contraceptive, written by a Doctor, Dentist, Dietitian, Midwife, ~~Nurse Prescriber~~, **Nurse Practitioner, Registered Nurse Prescriber, Diabetes Nurse Prescriber**, an Optometrist, or a Pharmacist Prescriber unless specifically excluded:
- 3.1.1 For a Community Pharmaceutical other than a Class B Controlled Drug, only a quantity sufficient sufficient to provide treatment for a period not exceeding three Months will be subsidised.
- 3.1.2 For methylphenidate hydrochloride and dexamphetamine sulphate (except for Dentist prescriptions), only a quantity sufficient to provide treatment for a period not exceeding one Month will be subsidised.
- 3.1.3 For a Class B Controlled Drug:
- other than Dentist prescriptions and methylphenidate hydrochloride and dexamphetamine sulphate, only a quantity:
 - sufficient to provide treatment for a period not exceeding 10 days; and
 - which has been dispensed pursuant to a Prescription sufficient to provide treatment for a period not exceeding one Month, will be subsidised.
 - for a Dentist prescription only such quantity as is necessary to provide treatment for a period not exceeding five days will be subsidised.

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

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

- 3.1.4 Subject to clauses 3.1.3 and 3.1.7, for a Doctor, Dentist, Dietitian, Midwife or ~~Nurse Prescriber~~, **Nurse Practitioner, Registered Nurse Prescriber, or Diabetes Nurse Prescriber** and 3.1.7 for an Optometrist, where a practitioner has prescribed a quantity of a Community Pharmaceutical sufficient to provide treatment for:
- A) one Month or less than one Month, but dispensed by the Contractor in quantities smaller than the quantity prescribed, the Community Pharmaceutical will only be subsidised as if that Community Pharmaceutical had been dispensed in a Monthly Lot;
 - B) more than one Month, the Community Pharmaceutical will be subsidised only if it is dispensed:
 - i) in a 90 Day Lot, where the Community Pharmaceutical is a Pharmaceutical covered by Section F Part I of the Pharmaceutical Schedule; or
 - ii) if the Community Pharmaceutical is not a Pharmaceutical referred to in Section F Part I of the Pharmaceutical Schedule, in Monthly Lots, unless:
 - a) the eligible person or his/her nominated representative endorses the back of the Prescription form with a statement identifying which Access Exemption Criterion (Criteria) applies and signs that statement to this effect; or
 - b) both:
 - 1) the Practitioner endorses the Community Pharmaceutical on the Prescription with the words "certified exemption" written in the Practitioner's own handwriting, or signed or initialled by the Practitioner; and
 - 2) every Community Pharmaceutical endorsed as "certified exemption" is covered by Section F Part II of the Pharmaceutical Schedule.

13 3.2 Oral Contraceptives

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

- 3.2.1 The prescribing Doctor, Midwife, ~~Nurse Prescriber~~, **Nurse Practitioner, Registered Nurse Prescriber**, or a Pharmacist Prescriber must specify on the Prescription the period of treatment for which the Community Pharmaceutical is to be supplied. This period must not exceed six Months.
- 3.2.2 Where the period of treatment specified in the Prescription does not exceed six Months, the Community Pharmaceutical is to be dispensed:
- a) in Lots as specified in the Prescription if the Community Pharmaceutical is under the Dispensing Frequency Rule; or
 - b) where no Lots are specified, in one Lot sufficient to provide treatment for the period prescribed.
- 3.2.3 An oral contraceptive is only eligible for Subsidy if the Prescription under which it has been dispensed was presented to the Contractor within three Months of the date on which it was written.
- 3.2.4 Where a Community Pharmaceutical on a Prescription is under the Dispensing Frequency Rule and a repeat on the Prescription remains unfulfilled after six Months from the date the Community Pharmaceutical was first dispensed only the actual quantity supplied by the Contractor within this time limit will be eligible for Subsidy.

14 3.6 Registered Nurse Prescribers' Prescriptions

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

- 3.6.1 Prescriptions written by a Registered Nurse Prescriber for a Community Pharmaceutical will only be subsidised where they are for either:
- a) a Community Pharmaceutical classified as a Prescription Medicine and which a Registered Nurse Prescriber is permitted under regulations to prescribe; or
 - b) any other Community Pharmaceutical that is a Restricted Medicine (Pharmacist Only Medicine), a Pharmacy Only Medicine or a General Sale Medicine.
- 3.6.2 Any Registered Nurse Prescribers' prescriptions for a medication requiring a Special Authority will only be subsidised if it is for a repeat prescription (ie after the initial prescription with Special Authority approval was dispensed). Registered Nurse Prescribers are not eligible to apply for Special Authority approvals (initial or renewal).

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 November 2016

43	CALCITRIOL				
	* Cap 0.25 mcg	2.99	30		
		(3.03)		Airflow	
	* Cap 0.5 mcg	5.52	30		
		(5.62)		Airflow	
58	METOPROLOL TARTRATE				
	* Tab 50 mg – For metoprolol tartrate oral liquid formulation refer	4.64	100		
		(16.00)		Lopresor	
	* Tab 100 mg	6.09	60		
		(21.00)		Lopresor	
78	CONDOMS				
	* 54 mm, shaped – Up to 144 dev available on a PSO	1.12	12		
		(1.24)		Lifestyles Flared	
		13.36	144		
		(14.84)		Lifestyles Flared	
98	AMOXICILLIN				
	Grans for oral liq 125 mg per 5 ml	0.88	100 ml	✓ Alphamox	
				✓ Ranmoxy	
	a) Up to 200 ml available on a PSO				
	b) Wastage claimable – see rule 3.3.2				
	Grans for oral liq 250 mg per 5 ml	0.97	100 ml	✓ Alphamox	
				✓ Ranmoxy	
	a) Up to 300 ml available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6				
	c) Wastage claimable – see rule 3.3.2				
118	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy See prescribing guideline				
	Inj 135 mcg prefilled syringe	1,448.00	4	✓ Pegasys	
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112	1,799.68	1 OP	✓ Pegasys RBV Combination Pack	
210	GANCICLOVIR				
	Eye gel 0.15%	37.53	5 g OP	✓ Virgan	\$29
223	PROPYLENE GLYCOL				
	Only in extemporaneously compounded methyl hydroxybenzoate 10% solution.				
	Liq	10.50	500 ml	✓ PSM	

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 October 2016

58	METOPROLOL SUCCINATE Tab long-acting 23.75 mg 20.11	100	✓ Actavis-Metoprolol
	Tab long-acting 95 mg 31.18	100	✓ Actavis-Metoprolol
94	LEUPRORELIN Inj 30 mg 591.68	1	✓ Eligard
97	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 125 mg per 5 ml – Wastage claimable – see rule 3.3.2 23.12	70 ml	✓ Klacid
130	SELEGILINE HYDROCHLORIDE * Tab 5 mg 16.06	100	✓ Apo-Selegiline
149	BUSPIRONE HYDROCHLORIDE * Tab 5 mg 23.80 * Tab 10 mg 14.96	100 100	✓ Pacific Buspirone ✓ Pacific Buspirone
211	PREDNISOLONE ACETATE * Eye drops 0.12% 4.50	5 ml OP	✓ Pred Mild
212	BIMATOPROST * Eye drops 0.03% 3.65 (18.50)	3 ml OP	Lumigan
232	ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Powder (unflavoured) 4.50	80.4 g OP	✓ Vivonex TEN
Note – this is the delist of Pharmacode 344303. 2494450 remains subsidised.			
235	ENTERAL FEED 1KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3] Liquid 1.24 2.65	250 ml OP 500 ml OP	✓ Osmolite ✓ Osmolite RTH

Effective 1 September 2016

48	DIPYRIDAMOLE * Tab 25 mg – For dipyridamole oral liquid formulation refer 8.36	84	✓ Persantin
55	TRANDOLAPRIL Higher subsidy by endorsement is available for patients who were taking trandolapril for the treatment of congestive heart failure prior to 1 June 1998. The prescription must be endorsed accordingly. We recommend that the words used to indicate eligibility are "certified condition" or an appropriate description of the patient such as "congestive heart failure", "CHF", "congestive cardiac failure" or "CCF". For the purposes of this endorsement, congestive heart failure includes patients post myocardial infarction with an ejection fraction of less than 40%. Patients who started on trandolapril after 1 June 1998 are not eligible for full subsidy by endorsement. * Cap 1 mg – Higher subsidy of \$18.67 per 28 cap with Endorsement 3.06 (18.67)	28	Gopten
	* Cap 2 mg – Higher subsidy of \$27.00 per 28 cap with Endorsement 4.43 (27.00)	28	Gopten

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 September 2016 (continued)

130	LISURIDE HYDROGEN MALEATE ▲ Tab 200 mcg	25.00	30	✓ Dopergin
215	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee	4.50	1 fee	✓ BSF Actavis- Metoprolol ✓ BSF Betaloc CR ✓ BSF Metoprolol - AFT CR ✓ BSF Myloc CR
	a) The Pharmacode for BSF Actavis-Metoprolol is 2506300 b) The Pharmacode for BSF Betaloc CR is 2506319 c) The Pharmacode for BSF Metoprolol - AFT CR is 2506327 d) The Pharmacode for BSF Myloc CR is 2506335			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2016

53	DEXTROSE WITH ELECTROLYTES Soln with electrolytes	6.55	1,000 ml OP	✓ Pedialyte - Bubblegum S29
121	TENOXICAM * Tab 20 mg	2.19	20	✓ Reutenox
135	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 5 mg	2.63 (7.51)	20	OxyContin
	Tab controlled-release 10 mg	2.76 (6.75)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 20 mg	4.72 (11.50)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 40 mg	7.69 (18.50)	20	Oxycodone ControlledRelease Tablets(BNM)
	Tab controlled-release 80 mg	14.11 (34.00)	20	Oxycodone ControlledRelease Tablets(BNM)
137	SERTRALINE Tab 50 mg	1.02 (1.21)	30	Sertraline Actavis S29
145	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule	47.89	10	✓ Nozinan

Effective 1 January 2017

56	AMIODARONE HYDROCHLORIDE ▲ Tab 100 mg – Retail pharmacy-Specialist	4.66	30	✓ Aratac
	▲ Tab 200 mg – Retail pharmacy-Specialist	7.63 (30.52)	30	Aratac
75	MALATHION WITH PERMETHRIN AND PIPERONYL BUTOXIDE Spray 0.25% with permethrin 0.5% and piperonyl butoxide 2%	11.15	90 g OP	✓ Para Plus

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
46

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

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

87	OESTRADIOL – See prescribing guideline * TDDS 3.9 mg (releases 50 mcg of oestradiol per day)	4.12 (13.18)	4	Climara 50
	a) No more than 1 patch per week b) Only on a prescription			
	* TDDS 7.8 mg (releases 100 mcg of oestradiol per day)	7.05 (16.14)	4	Climara 100
	a) No more than 1 patch per week b) Only on a prescription			
147	FLUPHENAZINE DECANOATE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO	77.25	5	✓ Modecate S29
210	ACICLOVIR * Eye oint 3%	14.92 (37.53)	4.5 g OP	Zovirax

Effective 1 February 2017

62	ATORVASTATIN – See prescribing guideline * Tab 10 mg	1.67 (2.52)	90	Zarator
	* Tab 20 mg	2.40 (4.17)	90	Zarator
	* Tab 40 mg	3.82 (7.32)	90	Zarator
	* Tab 80 mg	6.53 (16.23)	90	Zarator
96	CEFTRIAZONE – Subsidy by endorsement a) Up to 5 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningitis in patients who have a known allergy to penicillin, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial	1.20 (1.50)	1	Ceftriaxone-AFT
144	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	4.56	30	✓ Solian
	Tab 200 mg	14.75	60	✓ Solian
	Tab 400 mg	27.70	60	✓ Solian
188	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer. Inj 40 mg per ml, vial	149.37	3	✓ SII-Onco-BCG S29
215	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... a) The Pharmacode for BSF Apo-Metoprolol is 2511541	4.50	1 fee	✓ BSF Apo-Metoprolol

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 March 2017

163	NICOTINE Nicotine will not be funded under the Dispensing Frequency Rule in amounts less than 4 weeks of treatment.			
	Gum 2 mg (Classic) – Up to 384 piece available on a PSO	22.26	384	✓ Habitrol
	Gum 4 mg (Classic) – Up to 384 piece available on a PSO	25.67	384	✓ Habitrol

Effective 1 April 2017

56	DISOPYRAMIDE PHOSPHATE ▲ Cap 150 mg	26.21	100	✓ Rythmodan
75	CALCIPOTRIOL Crm 50 mcg per g	16.00	30 g OP	✓ Daivonex
		45.00	100 g OP	✓ Daivonex
	Soln 50 mcg per ml	16.00	30 ml OP	✓ Daivonex
76	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly.			
	Lotn	4.13 (6.94)	125 ml OP	Aquasun 30+
78	DIAPHRAGM – Up to 1 dev available on a PSO One of each size is permitted on a PSO.			
	* 65 mm	42.90	1	✓ Ortho All-flex
	* 70 mm	42.90	1	✓ Ortho All-flex
	* 75 mm	42.90	1	✓ Ortho All-flex
	* 80 mm	42.90	1	✓ Ortho All-flex
112	BOCEPREVIR – Special Authority see SA1402 – Retail pharmacy Cap 200 mg – Wastage claimable – see rule 3.3.2	5,015.00	336	✓ Vitreolis
166	OXALIPLATIN – PCT only – Specialist Inj 50 mg vial	200.00	1	✓ Eloxatin
	Inj 100 mg vial	400.00	1	✓ Eloxatin
167	FLUDARABINE PHOSPHATE Inj 50 mg vial – PCT only – Specialist	1,430.00	5	✓ Fludara
170	DOCETAXEL – PCT only – Specialist Inj 20 mg per ml, 1 ml	48.75	1	✓ Taxotere
	Inj 20 mg per ml, 4 ml	195.00	1	✓ Taxotere
205	SALBUTAMOL Aerosol inhaler, 100 mcg per dose CFC free – Up to 1000 dose available on a PSO	3.80	200 dose OP	✓ Salamol

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 April 2017 (continued)

236	ORAL FEED 1.5KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease. The prescription must be endorsed accordingly. Liquid (chocolate) – Higher subsidy of up to \$1.33 per 237 ml with Endorsement.....	0.85 (1.33)	237 ml OP	Ensure Plus
Note – Ensure Plus liquid (chocolate) 200 ml OP remains subsidised.				
239	GLUTEN FREE BREAD MIX – Special Authority see SA1107 – Hospital pharmacy [HP3] Powder	4.77 (8.71)	1,000 g OP	Bakels Gluten Free Health Bread Mix
241	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder	6.00	48.5 g OP	✓ Vivonex Pediatric

Effective 1 May 2017

240	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder	300.54	500 g OP	✓ MSUD Maxamaid
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Effective 1 June 2017

94	LEUPRORELIN Inj 7.5 mg syringe with diluent..... Inj 22.5 mg syringe with diluent..... Inj 45 mg syringe with diluent.....	166.20 443.76 832.05	1 1 1	✓ Eligard 1 Month ✓ Eligard 3 Month ✓ Eligard 6 Month
146	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab orodispersible 0.5 mg – Special Authority see SA0927 – Retail pharmacy	21.42	28	✓ Risperdal Quicklet
	Tab orodispersible 1 mg – Special Authority see SA0927 – Retail pharmacy	42.84	28	✓ Risperdal Quicklet
	Tab orodispersible 2 mg – Special Authority see SA0927 – Retail pharmacy	85.71	28	✓ Risperdal Quicklet
235	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3] Liquid	1.32 2.65	237 ml OP 500 ml OP	✓ Jevity ✓ Jevity RTH

▲ 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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