

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2016

Cumulative for May, June, July and August 2016



Contents

Summary of PHARMAC decisions effective 1 August 2016.....	3
Metoprolol succinate long-acting tablets – update	6
Oestradiol (Estradot) patches – removal of Special Authority criteria	6
Levonorgestrel (Mirena) releasing intrauterine system 20 mcg/24 hr – amendment to Special Authority.....	7
Progesterone cap 100 mg – Special Authority renewal criteria added.....	7
Phenytoin sodium cap 30 mg and 100 mg – monthly dispensing	7
Amiodarone hydrochloride (Cordarone-X) – change in subsidy.....	7
Temozolomide (Temaccord) capsules – widened access.....	8
News in brief.....	8
Tender News.....	9
Looking Forward	9
Sole Subsidised Supply Products cumulative to August 2016.....	10
New Listings.....	22
Changes to Restrictions, Chemical Names and Presentations	28
Changes to Subsidy and Manufacturer’s Price.....	41
Changes to Brand Name	49
Changes to PSO.....	49
Delisted Items	50
Items to be Delisted	53
Index	56

Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2016

New listings (page 22)

- Metoprolol succinate (Betaloc CR) tab long-acting 47.5 mg and 95 mg – Brand switch fee payable
- Aciclovir (VirusPOS) eye oint 3%, 4.5 g OP
- Pharmacy services (BSF Metoprolol Succinate) brand switch fee – may only be claimed once per patient

Changes to restrictions (pages 28-31)

- Colecalciferol (Vit.D3) cap 1.25 mg (50,000 iu) – amended chemical name
- Sodium chloride (Biomed) inj 23.4% (4mmol/ml), 20 ml ampoule – amended presentation description
- Metoprolol succinate (various brands) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg – addition of Brand Switch Fee
- Oestradiol patch 25 mcg and 100 mcg per day (Estradot) and patch 50 mcg per day (Estradot 50 mcg) – amended presentation descriptions and removal of Higher subsidy with Special Authority for these brands
- Levonorgestrel (Mirena) intra-uterine system 20 mcg per day – amended Special Authority criteria, amended presentation description and addition of Sole Supply
- Progesterone (Utrogestan) cap 100 mg – amended Special Authority criteria
- Alendronate sodium with colecalciferol (Fosamax Plus) tab 70 mg with colecalciferol 5,600 iu – amended chemical and presentation descriptions
- Morphine tartrate (DBL Morphine Tartrate) inj 80 mg per ml, 1.5 ml ampoule – amended presentation description
- Phenytoin sodium (Dilantin) cap 30 mg and 100 mg – STAT removed
- Haloperidol (Serenace) inj 5 mg per ml, 1 ml ampoule – amended presentation description
- Methotrexate (DBL Methotrexate Onco-Vial) inj 25 mg per ml, 2 ml and 20 ml vials – amended presentation descriptions
- Temozolomide (Temaccord) cap 5 mg, 20 mg, 100 mg and 250 mg – amended Special Authority criteria
- Vincristine sulphate (DBL Vincristine Sulfate) inj 1 mg per ml, 1 ml and 2 ml vials – amended presentation descriptions

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

Increased subsidy (pages 41-44)

- Loperamide hydrochloride (Nodia) tab 2 mg
 - Sulphasalazine (Salazopyrin) tab 500 mg
 - Sulphasalazine (Salazopyrin EN) tab EC 500 mg
 - Ferrous sulphate (Ferodan) oral liq 30 mg (6 mg elemental) per ml
 - Sodium chloride (Biomed) inj 23.4% (4 mmol/ml), 20 ml ampoule
 - Labetalol (Hybloc) tab 50 mg, 100 mg and 200 mg
 - Sotalol (Mylan) tab 80 mg and 160 mg
 - Spironolactone (Spiractin) tab 25 mg
 - Indapamide (Dapa-Tabs) tab 2.5 mg
 - Isosorbide mononitrate (Duride) tab long-acting 60 mg
 - Medroxyprogesterone acetate (Depo-Provera) inj 150 mg per ml, 1 ml syringe
 - Hydrocortisone (Solu-Cortef) inj 100 mg vial
 - Medroxyprogesterone acetate (Provera) tab 2.5 mg, 5 mg and 10 mg
 - Medroxyprogesterone acetate (Provera HD) tab 100 mg
 - Oestradiol (Estradot) patch 25 mcg per day and 100 mcg per day
 - Oestradiol (Estradot 50 mcg) patch 50 mcg per day
 - Ornidazole (Arrow-Ornidazole) tab 500 mg
 - Quinine sulphate (Q 300) tab 300 mg
 - Rifabutin (Mycobutin) cap 150 mg
 - Nevirapine (Viramune Suspension) oral suspension 10 mg per ml
 - Penicillamine (D-Penamamine) tab 125 mg and 250 mg
 - Morphine tartrate (DBL Morphine Tartrate) inj 80 mg per ml, 1.5 ml ampoule
 - Dothiepin hydrochloride (Dopress) tab 75 mg
 - Dothiepin hydrochloride (Dopress) cap 25 mg
 - Fluoxetine hydrochloride (Arrow-Fluoxetine) cap 20 mg
 - Amisulpride (Solian) oral liq 100 mg per ml
 - Methotrexate (DBL Methotrexate Onco-Vial) inj 25 mg per ml, 2 ml and 20 ml vials
 - Dacarbazine (DBL Dacarbazine) inj 200 mg vial
 - Dacarbazine (Baxter) inj 200 mg for ECP
 - Mesna (Uromitexan) tab 400 mg and 600 mg
 - Mesna (Uromitexan) inj 100 mg per ml, 4 ml and 10 ml ampoules
 - Mesna (Baxter) inj 1 mg for ECP
 - Mitomycin C (Arrow) inj 5 mg vial
-

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

- Mitomycin C (Baxter) inj 1 mg for ECP
- Vincristine sulphate (DBL Vincristine Sulfate) inj 1 mg per ml, 1 ml and 2 ml vials
- Vincristine sulphate (Baxter) inj 1 mg for ECP
- Promethazine hydrochloride (Hospira) inj 25 mg per ml, 2 ml ampoule

Decreased subsidy (pages 41-43)

- Calcitriol (Airflow) cap 0.25 mcg and 0.5 mcg
- Amiodarone hydrochloride (Cordarone-X) tab 100 mg and 200 mg
- Metoprolol tartrate (Lopresor) tab 50 mg and 100 mg
- Cefalexin (Cephalexin ABM) cap 500 mg
- Fluoxetine hydrochloride (Arrow-Fluoxetine) tab dispersible 20 mg, scored
- Methotrexate (Baxter) inj 1 mg for ECP

Metoprolol succinate long-acting tablets – update

New listings

- From 1 August 2016 the Betaloc CR brand of metoprolol succinate long-acting tablets 47.5 mg and 95 mg will be listed in Section B of the Pharmaceutical Schedule.
- From 1 July 2016 additional brands have also been listed; Actavis-Metoprolol tab long-acting 23.75 mg and 95 mg, and Metoprolol – AFT CR tab long-acting 95 mg in a 30 tablet bottle.



A Brand Switch Fee will be payable on dispensings for all brands and presentations of metoprolol succinate from 1 August 2016 until 1 November 2016. One fee will be payable per patient during this period, regardless of the brand or strength dispensed.

There will also be an extension to the delisting of Myloc CR and Metoprolol-AFT CR, 30 tab pack size, from 1 November 2016 until 1 January 2017 in Section B of the Pharmaceutical Schedule.

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

Oestradiol (Estradot) patches – removal of Special Authority criteria

From 1 August 2016 the Special Authority criteria for oestradiol patch 25 mcg, 50 mcg and 100 mcg per day (Estradot) will be removed meaning that all patients prescribed Estradot will receive fully subsidy without needing a valid Special Authority approval.

Levonorgestrel (Mirena) releasing intrauterine system 20 mcg/24 hr – amendment to Special Authority

The Special Authority for Mirena will be amended from 1 August 2016 to remove the initial criteria for women who have had a Mirena inserted before 1 October 2002.

System changes have also been applied which means Special Authority renewal applications for Mirena are now able to be processed electronically. From the middle of July 2016, applicants will no longer need to submit manual renewal forms for Mirena to the Ministry of Health for processing.

Progesterone cap 100 mg – Special Authority renewal criteria added

The Special Authority criteria for progesterone (Utrogestan) cap 100 mg will be amended from 1 August 2016 to include renewal criteria to allow subsidise treatment for second and subsequent pregnancies. Renewal applications can be made for up to 10 years following an initial approval. This will negate the need for Special Authority waiver applications for second and subsequent pregnancies.

Phenytoin sodium cap 30 mg and 100 mg – monthly dispensing

Due to a potential supply issue, Dilantin (phenytoin sodium) 30 mg and 100 mg capsules will have the STAT dispensing rule removed from 1 August 2016. All prescriptions dispensed from that date will need to be dispensed in monthly lots.

Amiodarone hydrochloride (Cordarone-X) – change in subsidy

From 1 August 2016 the price and subsidy of the Cordarone-X will reduce. From 1 October 2016 the Aratac brand will have a subsidy reduction to match that of Cordarone-X. The Aratac brand will be delisted from 1 January 2017 and Cordarone-X will be the only brand of amiodarone hydrochloride listed in the Pharmaceutical Schedule. Cordarone-X will be the Sole Subsidised Brand from 1 January 2017.

Temozolomide (Temaccord) capsules – widened access

The Special Authority criteria for temozolomide will be amended from 1 August 2016. The change will permit subsidy for patients with metastatic or unresectable well-differentiated neuroendocrine tumours. This change was due to occur from 1 December 2016, but has been brought to 1 August 2016.

Extending subsidised treatment for temozolomide beyond 6 cycles for patients with high grade gliomas will occur from 1 December 2016 as previously notified.

News in brief

- **Aciclovir** (VirusPOS) – eye ointment 3%, 4.5 g OP, to be listed in the Pharmaceutical Schedule from 1 August 2016 and will be fully subsidised on a prescription. The Section 29 product, Ganciclovir (Virgan) will be delisted once stock runs out.
- **Calcipotriol** (Daivonex) – cream and solution will remain in stock until later in the year. PHARMAC is aware that the supplier had previously indicated a discontinuation was set for July 2016, but this is no longer the case.

Tender News

Sole Subsidised Supply changes – effective 1 September 2016

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Cetomacrogol with glycerol	Crn 90% with glycerol 10%; 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin (API)
Progesterone	Cap 100 mg; 30 cap	Utrogestan (Pharmaco)
Thymol glycerin	Compound, BPC; 500 ml	PSM (API)

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 September 2016

- Atorvastatin (Atorvastatin Pacific) tab 10 mg, 20 mg, 40 mg and 80 mg – new listing

Possible decisions for future implementation 1 September 2016

- Dabigatran (Pradaxa) cap 75 mg, 110 mg and 150 mg – price and subsidy decrease
- Enoxaparin sodium (Clexane) inj 20 mg in 0.2 ml syringe, 40 mg in 0.4 ml syringe, 60 mg in 0.6 ml syringe, 80 mg in 0.8 ml syringe, 100 mg in 1 ml syringe, 120 mg in 0.8 ml syringe, and 150 mg in 1 ml syringe – price and subsidy decrease
- Nivolumab inj 10 mg per ml, 4 ml and 10 ml vials (Opdivo), and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pembrolizumab inj 50 mg vial (Keytruda) and inj 1 mg for ECP (Baxter) – new listing, PCT only – Specialist, Special Authority
- Posaconazole (Noxafil) tab modified-release 100 mg – new listing with existing Special Authority
- Zoledronic acid (Zoledronic Alphapharm) inj 4 mg per 5 ml, vial – new listing with existing Special Authority

Sole Subsidised Supply Products – cumulative to August 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
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
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%	MycosNail	2017
Amoxicillin	Inj 250 mg, 500 mg & 1 g vials	Ibiamox	2017
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2017
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tri-Pack	2017
Aqueous cream	Crn, 500 g	AFT SLS-free	2018
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
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g Oint 500 mcg with calcipotriol 50 mcg per g	Daivobet	2018

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

Sole Subsidised Supply Products – cumulative to August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone valerate	Crn 0.1% Oint 0.1%	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
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
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
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
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin Sandoz	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
Chloramphenicol	Eye ointment 1%, 4 g OP Eye drops 0.5%, 10 ml OP	Chlorsig Chlorofast	2019 2018
Chlorhexidine gluconate	Soln 4% wash Handrub 1% with ethanol 70% Mouthwash 0.2%	healthE	2018
Ciclopirox olamine	Nail soln 8%	Apo-Ciclopirox	2018
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
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

*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 August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Clonidine hydrochloride	Tab 25 mcg	Clonidine BNM	2018
Clotrimazole	Crn 1%, 20 g OP	Clomazol	2017
Crotamiton	Crn 10%	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	Dexamethasone Maxidex	2018 2017
Dexamethasone with neomycin sulphate and polymyxin B sulphate	Eye drops 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per ml, 5 ml OP Eye oint 0.1% with neomycin sulphate 0.35% and polymyxin B sulphate 6,000 u per g, 3.5 g OP	Maxitrol	2017
Dexamfetamine sulfate	Tab 5 mg	PSM	2018
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg Inj 25 mg per ml, 3 ml ampoule Suppos 12.5 mg, 25 mg, 50 mg & 100 mg Eye drops 0.1%, 5 ml OP	Diclofenac Sandoz Apo-Diclo SR Voltaren Voltaren Ophtha	2018 2017
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dimethicone	Crn 10% pump bottle	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

*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 August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe and inj 10 mcg haemophilus influenza	Infanrix-hexa	2017
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2017
Domperidone	Tab 10 mg	Prokinex	2018
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2017
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Arrow-Dortim	2018
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2017
Doxycycline	Tab 100 mg	Doxine	2017
Efavirenz	Tab 50 mg, 200 mg & 600 mg	Stocrin	2018
Emulsifying ointment	Oint BP	AFT	2017
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Ethics Enalapril	2018
Entacapone	Tab 200 mg	Entapone	2018
Epoetin alfa [erythropoietin alfa]	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 0.5 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Eprex	28/2/18
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2017
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	Zimybe	2017
Felodipine	Tab long-acting 2.5 mg, 5 mg & 10 mg	Plendil ER	2018

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

Sole Subsidised Supply Products – cumulative to August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml & 10 ml ampoule	Boucher and Muir	2018
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2018
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	Crn 5%	Efudix	2018
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose	Flixonase Hayfever & Allergy	2018
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2018
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg Tab 500 mg	Frusemide-Claris Diurin 40 Urex Forte	2019 2018
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
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	Tab 5 mg & 20 mg Powder	Douglas ABM	2018 2017

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

Sole Subsidised Supply Products – cumulative to August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone acetate	Rectal foam 10%, CFC-free (14 applications), 21.1 g OP	Colifoam	2018
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2017
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%	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
Imiquimod	Crm 5%, 250 mg sachet	Apo-Imiquimod Cream 5%	2017
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 monohydrate	Tab long-acting 40 mg	Ismo 40 Retard	2019
Isosorbide mononitrate	Tab 20 mg	Ismo-20	2017
Ketoconazole	Shampoo 2%	Sebizole	2017
Lamivudine	Tab 100 mg Oral liq 5 mg per ml	Zeffix 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
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

*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 August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Lax-Sachets	2017
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2017
Mask for spacer device	Small	e-chamber Mask	2018
Measles, mumps and rubella vaccine	Inj 1000 TCID50 measles, 12500 TCID50 mumps and 1000 TCID50 rubella vial with diluent 0.5 ml vial	M-M-R II	2017
Mebeverine hydrochloride	Tab 135 mg	Colofac	2017
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	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml	Trexate Methotrexate Ebewe	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
Miconazole	Oral gel 20 mg per g	Decozol	2018
Miconazole nitrate	Crn 2% Vaginal crm 2% with applicator	Multichem Micreme	2017
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2018
Misoprostol	Tab 200 mcg	Cytotec	2019

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

Sole Subsidised Supply Products – cumulative to August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Moclobemide	Tab 150 mg & 300 mg	Apo-Moclobemide	2018
Mometasone furoate	Crm 0.1%, 15 g OP & 50 g OP Oint 0.1%, 15 g OP & 50 g OP Lotn 0.1%	Elocon Alcohol Free Elocon	2018
Morphine hydrochloride	Oral liq 1 mg per ml Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	RA-Morph	2018
Morphine sulphate	Tab 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	Sevredol DBL Morphine Sulphate	2017
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
Nystatin	Oral liq 100,000 u per ml, 24 ml OP	m-Nystatin	2017
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL	2017
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2018
Oil in water emulsion	Crm; 500 g	O/W Fatty Emulsion Cream	2018
Olanzapine	Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zypine Zypine ODT	2017
Omeprazole	Cap 10 mg, 20 mg & 40 mg	Omezol Relief	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 August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Ondansetron	Tab disp 4 mg	Dr Reddy's Ondansetron Ondansetron ODT- DRLA	2017
	Tab disp 8 mg		
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2017
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoules	OxyNorm	2018
	Inj 50 mg per ml, 1 ml ampoule		
	Cap immediate-release 5 mg, 10 mg & 20 mg		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM	2018
	Inj 10 iu per ml, 1 ml ampoule		
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	Pamisol	2017
	Inj 6 mg per ml, 10 ml vial		
	Inj 9 mg per ml, 10 ml vial		
Pancreatic enzyme	Cap EC 10,000 BP u lipase, 9,000 BP u amylase and 210 BP u protease	Creon 10000	2018
	Cap EC 25,000 BP u lipase, 18,000 BP u amylase and 1,000 BP u protease	Creon 25000	
Paracetamol	Suppos 125 mg & 250 mg	Gacet	2018
	Suppos 500 mg	Paracare	2017
	Tab 500 mg	Pharmacare	
	Oral liq 120 mg per 5 ml	Paracare	
Oral liq 250 mg per 5 ml	Paracare Double Strength		
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2017
Paraffin liquid with wool fat	Eye oint 3% with wool fat 3%, 3.5 g OP	Poly-Visc	2017
Peak flow meter	Low range	Mini-Wright AFS Low Range	2018
	Normal range	Mini-Wright Standard	
Pegylated interferon alfa-2a	Inj 135 mcg prefilled syringe	Pegasys	2017
	Inj 180 mcg prefilled syringe	Pegasys RBV Combination Pack	
	Inj 135 mcg prefilled syringe × 4 with ribavirin tab 200 mg × 112		
	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
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	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 August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2017
Pethidine hydrochloride	Tab 50 mg & 100 mg Inj 50 mg per ml, 1 ml & 2 ml	PSM DBL Pethidine Hydrochloride	2018 2017
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2018
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2018
Phenytoin sodium	Inj 50 mg per ml, 2 ml ampoule Inj 50 mg per ml, 5 ml ampoule	Hospira	2018
Pilocarpine hydrochloride	Eye drops 1%, 15 ml OP Eye drops 2%, 15 ml OP Eye drops 4%, 15 ml OP	Isopto Carpine	2017
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2017
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2018
Pizotifen	Tab 500 mcg	Sandomigran	2018
Pneumococcal (PCV13) vaccine	Inj 30.8 mcg in 0.5 ml syringe	Prevenar 13	2017
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2017
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2017
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2017
Polyvinyl alcohol	Eye drops 1.4%, 15 ml OP Eye drops 3%, 15 ml OP	Vistil Vistil Forte	2019
Potassium chloride	Tab long-acting 600 mg (8mmol)	Span-K	2018
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2017
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
Promethazine hydrochloride	Oral liq 1 mg per ml Tab 10 mg & 25 mg	Allersoothe	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

*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 August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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
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 citro-tartrate	Grans effervescent 4 g sachets	Ural	2017
Sodium cromoglycate	Eye drops 2%, 5 ml OP	Rexacrom	2018
Sodium polystyrene sulphionate	Powder	Resonium A	2018
Somatropin	Inj cartridges 5 mg, 10 mg & 15 mg	Omnitrope	31/12/17
Spacer device	220 ml (single patient)	e-chamber Turbo	2018
Tacrolimus	Cap 0.5 mg, 1 mg & 5 mg	Tacrolimus Sandoz	31/10/18
Temazepam	Tab 10 mg	Normison	2017
Terbinafine	Tab 250 mg	Dr Reddy's Terbinafine	2017
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	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 August 2016

Generic Name	Presentation	Brand Name	Expiry Date*
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2018
Timolol	Eye drops 0.25%, 5 ml OP Eye drops 0.5%, 5 ml OP	Arrow-Timolol	2017
Tobramycin	Eye drops 0.3%, 5 ml OP Eye oint 0.3%, 3.5 g OP	Tobrex	2017
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2017
Triamcinolone acetonide	Paste 0.1% Oint 0.02% Crm 0.02% 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	Mydracyl	2017
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] 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

August changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 August 2016

52	METOPROLOL SUCCINATE – Brand switch fee payable (Pharmacode 2506114)			
	Tab long-acting 47.5 mg	7.50	30	✓ Betaloc CR
	Tab long-acting 95 mg	7.50	30	✓ Betaloc CR
200	ACICLOVIR			
	* Eye oint 3%	14.92	4.5 g OP	✓ ViruPOS
205	PHARMACY SERVICES – May only be claimed once per patient			
	* Brand switch fee.....	4.33	1 fee	✓ BSF Metoprolol Succinate

a) The Pharmacode for BSF Metoprolol Succinate is 2506114

New Listings – effective 1 July 2016

36	SODIUM PHENYLBUTYRATE – Special Authority see SA1598 – Retail pharmacy			
	Grans 483 mg per g	1,920.00	174 g OP	✓ Pheburane
	<p>▶▶ SA1598 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 12 months where the patient has a diagnosis of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase. Renewal only from a metabolic physician. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
36	SODIUM BENZOATE – Special Authority see SA1599 – Retail pharmacy			
	Soln 100 mg per ml.....	CBS	100 ml	✓ Amzoate S29
	<p>▶▶ SA1599 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 12 months where the patient has a diagnosis of a urea cycle disorder. Renewal only from a metabolic physician. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.</p>			
52	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	20.11	100	✓ Actavis-Metoprolol
	Tab long-acting 95 mg	1.91	30	✓ Metoprolol - AFT CR
		31.18	100	✓ Actavis-Metoprolol
89	CLOMIPHENE CITRATE			
	Tab 50 mg	29.84	10	✓ Mylan Clomiphene S29

Wastage claimable – see rule 3.3.2

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

New Listings – effective 1 July 2016 (continued)

105	LEDIPASVIR WITH SOFOSBUVIR – Special Authority see SA1605 – [Xpharm] No patient co-payment payable Tab 90 mg with sofosbuvir 400 mg 24,363.46	28	✓ Harvoni
	<p>▶ SA1605 Special Authority for Subsidy By application to the Hepatitis C Treatment Panel (HepCTP). Applications will be considered by HepCTP and approved subject to confirmation of eligibility according to the access criteria: Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Coordinator, Hepatitis C Treatment Panel Tel: (04) 460 4990 PHARMAC, PO Box 10-254, Email: hepcpanel@pharmac.govt.nz WELLINGTON</p>		
105	PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR – [Xpharm] No patient co-payment payable 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. 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
105	PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN – [Xpharm] No patient co-payment payable 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. 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
113	TENOXCAM * Tab 20 mg 10.95	100	✓ Tilcotil
114	AURANOFIN Tab 3 mg 114.98 Wastage claimable – see rule 3.3.2	100	✓ Ridaura S29 S29
122	BENZTROPINE MESYLATE Inj 1 mg per ml, 2 ml 190.00 a) Up to 10 inj available on a PSO b) Only on a PSO c) Wastage claimable – see rule 3.3.2	10	✓ Omega S29

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

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

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

New Listings – effective 1 July 2016 (continued)

127	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	20	✓BNM
	Tab controlled-release 10 mg	2.76	20	✓BNM
	Tab controlled-release 20 mg	4.72	20	✓BNM
	Tab controlled-release 40 mg	7.69	20	✓BNM
	Tab controlled-release 80 mg	14.11	20	✓BNM
132	LAMOTRIGINE ▲Tab dispersible 25 mg	14.74	56	✓Motrig
	▲Tab dispersible 50 mg	24.73	56	✓Motrig
	▲Tab dispersible 100 mg	42.34	56	✓Motrig
137	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule	47.89	10	✓Wockhardt
139	HALOPERIDOL DECANOATE – Safety medicine; prescriber may determine dispensing frequency Inj 100 mg per ml, 1 ml – Up to 5 inj available on a PSO	55.90	5	✓Haldol Decanoas
	Wastage claimable – see rule 3.3.2			S29
172	EXEMESTANE * Tab 25 mg	14.50	30	✓Pfizer Exemestane
179	NIVOLUMAB – PCT only – Specialist – Special Authority see SA1602 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

► SA1602 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 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
- 4 Baseline measurement of overall tumour burden is documented (see Note); and
- 5 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks 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

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 July 2016 (continued)

continued...

- 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.

Effective 1 June 2016

23	COLLOIDAL BISMUTH SUBCITRATE Tab 120 mg 14.51 50 ✓Gastrodenol S29 Wastage claimable – see rule 3.3.2
52	METOPROLOL TARTRATE * Tab 50 mg – For metoprolol tartrate oral liquid formulation refer 4.64 100 ✓Apo-Metoprolol * Tab 100 mg 6.09 60 ✓Apo-Metoprolol
179	SILTUXIMAB – Special Authority see SA1596 – Retail pharmacy Note: Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks. Inj 100 mg vial 770.57 1 ✓Sylvant Inj 400 mg vial 3,082.33 1 ✓Sylvant

▶ SA1596 Special Authority for Subsidy

Initial application only from a haematologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1. Patient has severe HHV-8 negative idiopathic multicentric Castleman's Disease; and
2. Treatment with an adequate trial of corticosteroids has proven ineffective; and
3. Siltuximab is to be administered at doses no greater than 11 mg/kg every 3 weeks.

Renewal only from a haematologist or rheumatologist. Approvals valid for 12 months where the treatment remains appropriate and the patient has sustained improvement in inflammatory markers and functional status.

▲ 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 May 2016

35	GALSULFASE – Special Authority see SA1593 – Retail pharmacy Inj 1 mg per ml, 5 ml vial.....2,234.00	1	✓ Naglazyme
	<p>▶▶ SA1593 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1. The patient has been diagnosed with mucopolysaccharidosis VI; and 2. Either: <ol style="list-style-type: none"> 2.1. Diagnosis confirmed by demonstration of N-acetyl-galactosamine-4-sulfatase (arylsulfatase B) deficiency by either enzyme activity assay in leukocytes or skin fibroblasts; or 2.2. Detection of two disease causing mutations and patient has a sibling who is known to have mucopolysaccharidosis VI. <p>Renewal only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> 1. The treatment remains appropriate for the patient and the patient is benefiting from treatment; and 2. Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and 3. Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and 4. Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT. 		
52	METOPROLOL SUCCINATE Tab long-acting 190 mg3.85	30	✓ Myloc CR
72	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 35.5 mm length × 19.6 mm width.....31.60	1	✓ Choice Load 375
78	CINACALCET – Special Authority see SA1594 – Retail pharmacy Tab 30 mg403.70 Wastage claimable – see rule 3.3.2	28	✓ Sensipar
	<p>▶▶ SA1594 Special Authority for Subsidy Initial application only from a nephrologist or endocrinologist. Approvals valid for 6 months for applications meeting the following criteria: Either:</p> <ol style="list-style-type: none"> 1 All of the following: <ol style="list-style-type: none"> 1.1 The patient has been diagnosed with a parathyroid carcinoma (see Note); and 1.2 The patient has persistent hypercalcaemia (serum calcium ≥ 3 mmol/L) despite previous first-line treatments including bisphosphonates and sodium thiosulfate; and 1.3 The patient is symptomatic; or 2 All of the following: <ol style="list-style-type: none"> 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 ≥ 3 mmol/L); and 2.3 The patient's condition has not responded to previous first-line treatments including bisphosphonates and sodium thiosulfate. <p>Renewal only from a nephrologist or endocrinologist. Approvals valid without further renewal unless notified for applications meeting the following criteria: Both:</p>		

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 May 2016 (continued)

continued...

- 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.

94	GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement 30.00	50	✓ Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.		
122	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml ampoule 119.00	5	✓ Movapo
141	BUSPIRONE HYDROCHLORIDE * Tab 5 mg 23.80 * Tab 10 mg 14.96	100 100	✓ Orion ✓ Orion
202	BIMATOPROST * Eye drops 0.03% 3.65	3 ml OP	✓ Bimatoprost Actavis
226	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.		
	Powder (chocolate) – Higher subsidy of up to \$14.90 per		
	900 g with Endorsement 10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.		
	Powder (vanilla) – Higher subsidy of up to \$14.90 per		
	900 g with Endorsement 10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

37	COLECALCIFEROL CHOLECALCIFEROL * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription	3.85	12	✓ Vit.D3
47	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 23.4% (4 mmol/ml), 20 ml ampoule	33.00	5	✓ Biomed
	For Sodium chloride oral liquid formulation refer Standard Formulae.			
52	METOPROLOL SUCCINATE – Brand switch fee payable (Pharmacode 2506114) Tab long-acting 23.75 mg	2.39	90	✓ Metoprolol - AFT CR
		0.80	30	✓ Metoprolol - AFT CR
		20.11	100	✓ Actavis-Metoprolol
	Tab long-acting 47.5 mg	3.48	90	✓ Metoprolol - AFT CR
		1.16	30	✓ Metoprolol - AFT CR
		7.50		✓ Betaloc CR
	Tab long-acting 95 mg	5.73	90	✓ Metoprolol - AFT CR
		1.91	30	✓ Metoprolol - AFT CR
		7.50		✓ Betaloc CR
		31.18	100	✓ Actavis-Metoprolol
	Tab long-acting 190 mg	3.85	30	✓ Myloc CR
		11.54	90	✓ Metoprolol - AFT CR
		3.85	30	✓ Metoprolol - AFT CR
81	OESTRADIOL – See prescribing guideline * Patch TDDS 25 mcg per day	6.12	8	✓ Estradot
	a) Higher subsidy of \$10.86 per 8 patch with Special Authority see SA1018			
	a b) No more than 2 patch per week			
	b e) Only on a prescription			
	* Patch TDDS 50 mcg per day	7.04	8	✓ Estradot 50 mcg
	a) Higher subsidy of \$13.18 per 8 patch with Special Authority see SA1018			
	a b) No more than 2 patch per week			
	b e) Only on a prescription			
	* Patch TDDS 100 mcg per day	7.91	8	✓ Estradot
	a) Higher subsidy of \$16.14 per 8 patch with Special Authority see SA1018			
	a b) No more than 2 patch per week			
	b e) Only on a prescription			

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

Changes to Restrictions – effective 1 August 2016 (continued)

82 LEVONORGESTREL (amended Special Authority criteria and presentation description, and addition of Sole Supply)

*** Intra-uterine system 20 mcg per day**

~~Levonorgestrel—releasing intrauterine system 20 mcg/24 hr~~

– Special Authority see **SA1608 0782** – Retail pharmacy269.50 1 ✓ **Mirena**

▶ **SA1608 0782** Special Authority for Subsidy

Initial application — (No previous use) only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The patient has a clinical diagnosis of heavy menstrual bleeding; and
- 2 The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and
- 3 Either:
 - 3.1 serum ferritin level < 16 mcg/l (within the last 12 months); or
 - 3.2 haemoglobin level < 120 g/l.

Note: Applications are not to be made for use in patients as contraception except where they meet the above criteria.

~~Initial application — (Previous use before 1 October 2002) only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:~~

~~All of the following:~~

- ~~1 The patient had a clinical diagnosis of heavy menstrual bleeding; and~~
- ~~2 Patient demonstrated clinical improvement of heavy menstrual bleeding; and~~
- ~~3 Applicant to state date of the previous insertion.~~

~~Note: Applications are not to be made for use in patients as contraception except where they meet the above criteria.~~

Renewal only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Either:
 - 1.1 Patient demonstrated clinical improvement of heavy menstrual bleeding; or
 - 1.2 Previous insertion was removed or expelled within 3 months of insertion; and
- 2 Applicant to state date of the previous insertion.

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

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

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

Changes to Restrictions – effective 1 August 2016 (continued)

83	PROGESTERONE Cap 100 mg – Special Authority see SA1609 †392 – Retail pharmacy.....	16.50	30	✓ Utrogestan
	<p>▶▶ SA1609 †392 Special Authority for Subsidy Initial application only from an obstetrician or gynaecologist. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 For the prevention of pre-term labour*; and 2 Either: 2.1 The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks); or 2.2 The patient has a history of pre-term birth at less than 28 weeks.</p> <p>Renewal from an obstetrician or gynaecologist. Approvals valid for 12 months for applications meeting the following criteria: All of the following: 1. For the prevention of pre-term labour*; and 2. Treatment is required for second or subsequent pregnancy; and 3. Either: 3.1. The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks); or 3.2. The patient has a history of pre-term birth at less than 28 weeks.</p> <p>Note: Indications marked with * are Unapproved Indications (refer to Interpretations and Definitions).</p>			
116	ALENDRONATE SODIUM WITH COLECALCIFEROL CHOLECALCIFEROL – Special Authority see SA1039 – Retail pharmacy * Tab 70 mg with colecalfiferol cholecalciferol 5,600 iu	12.90	4	✓ Fosamax Plus
126	MORPHINE TARTRATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 80 mg per ml, 1.5 ml ampoule	42.72	5	✓ DBL Morphine Tartrate
132	PHENYTOIN SODIUM (STAT removed) Cap 30 mg Cap 100 mg	22.00 19.79	200 200	✓ Dilantin ✓ Dilantin
137	HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	21.55	10	✓ Serenace
159	METHOTREXATE * Inj 25 mg per ml, 2 ml vial – PCT – Retail pharmacy- Specialist..... * Inj 25 mg per ml, 20 ml vial – PCT – Retail pharmacy- Specialist.....	30.00 45.00	5 1	✓ DBL Methotrexate Onco-Vial ✓ DBL Methotrexate Onco-Vial

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

Changes to Restrictions – effective 1 August 2016 (continued)

163	TEMOZOLOMIDE – Special Authority see SA1610 1063 – 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

➔ **SA1610 1063** Special Authority for Subsidy

Initial application – **(high grade gliomas)** only from a relevant specialist. Approvals valid for 10 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 Patient has newly diagnosed glioblastoma multiforme; or
 - 1.2 Patient has newly diagnosed anaplastic astrocytoma*²; 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 six cycles of 5 days treatment, at a maximum dose of 200 mg/m².

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

All of the following:

1. **Patient has been diagnosed with metastatic or unresectable well-differentiated neuroendocrine tumour*²; 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 - (neuroendocrine tumours) only from a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

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

Notes: Indication marked with a * is an Unapproved Indication. Temozolomide is not subsidised for the treatment of relapsed glioblastoma multiforme. Reapplications will not be approved. Studies of temozolomide show that its benefit is predominantly in those patients with a good performance status (WHO grade 0 or 1 or Karnofsky score >80), and in patients who have had at least a partial resection of the tumour.

164	VINCRIStINE SULPHATE		
	Inj 1 mg per ml, 1 ml vial – PCT – Retail pharmacy-Specialist..	74.52	5 ✓ DBL Vincristine Sulfate
	Inj 1 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist..	85.61	5 ✓ DBL Vincristine Sulfate

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 July 2016

28	INSULIN PUMP – Special Authority see SA1603 1237 – Retail pharmacy		
	a) Maximum of 1 dev per prescription		
	b) Only on a prescription		
	c) Maximum of 1 insulin pump per patient each four year period.		
	Min basal rate 0.025 U/h; black colour	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; blue colour	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; green colour	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; pink colour.....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.025 U/h; silver colour.....	4,500.00	1 ✓ Animas Vibe
	Min basal rate 0.05 U/h; blue colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; clear colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; pink colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; purple colour	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722
	Min basal rate 0.05 U/h; smoke colour.....	4,400.00	1 ✓ Paradigm 522
			✓ Paradigm 722

► **SA1603 1237** Special Authority for Subsidy

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

The IPP Co-ordinator
PHARMAC
PO Box 10 254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

Initial criteria for Subsidy for insulin pump for permanent neonatal diabetes

Initial application – (permanent neonatal diabetes) Initial application only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has permanent neonatal diabetes; and
2. A MDI regimen trial is inappropriate; and

Either

3. ~~3.1~~ Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; ~~or and;~~
~~3.2. Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; and~~
4. Patient/Parent/Guardian has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
5. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; **and**
6. **Either:**

6.1. Applicant is a relevant specialist; or

6.2. Applicant is a nurse practitioner working within their vocational scope.

Renewal for insulin pump for permanent neonatal diabetes

Renewal – (permanent neonatal diabetes) only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction; and

continued...

Changes to Restrictions – effective 1 July 2016 (continued)

continued...

2. Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician; and
3. It has been at least 4 years since the last insulin pump received by the patient or, in the case of patients qualifying under previous pump therapy for the initial application; the pump is due for replacement; **and**
4. **Either:**
 - 4.1. **Applicant is a relevant specialist; or**
 - 4.2. **Applicant is a nurse practitioner working within their vocational scope.**

Initial criteria for Subsidy for insulin pump for hypoglycaemia

Initial application – (severe unexplained hypoglycaemia) only from relevant specialist or nurse practitioner ~~working within their vocational scope~~. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related **diabetes insulin**; and
2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
4. Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; ~~but still has and~~
5. **Has had** four severe unexplained recurrent hypoglycaemic episodes over a six month period (**severe as defined as requiring the assistance of another person**) either due to hypoglycaemic unawareness or to nocturnal hypoglycaemia; and
6. **Has an average HbA1c between the following range: equal to or greater than 53 mmol/mol and equal to or less than 90 mmol/mol; and**
7. ~~Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; or~~
 - 6.1. ~~Was already on pump treatment prior to 1 September 2012 and initiated pump treatment for recurrent hypoglycaemic episodes due to hypoglycaemic unawareness or to nocturnal hypoglycaemia and showed a reduction in hypoglycaemic events from pump treatment; and~~
8. **Either:**
 - 8.1. **Applicant is a relevant specialist; or**
 - 8.2. **Applicant is a nurse practitioner working within their vocational scope.**

Renewal for insulin pump for hypoglycaemia

Renewal – (severe unexplained hypoglycaemia) only from relevant specialist or nurse practitioner ~~working within their vocational scope~~. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of at least a 50% reduction from baseline in hypoglycaemic events; and
2. HbA1c has not increased **by more than 5 mmol/mol** from baseline; and
3. **Either:**
 - 3.1. It has been at least 4 years since the last insulin pump **was** received by the patient; or
 - 3.2. ~~In the case of patients qualifying under previous pump therapy for the initial application;~~ The pump is due for replacement; **and**
4. **Either:**
 - 4.1. **Applicant is a relevant specialist; or**
 - 4.2. **Applicant is a nurse practitioner working within their vocational scope.**

Initial criteria for Subsidy for insulin pump for HbA1c

Initial application – (HbA1c) ~~Initial application~~ only from relevant specialist or nurse practitioner ~~working within their vocational scope~~. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related insulin; and
2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and

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 Restrictions – effective 1 July 2016 (continued)

continued...

3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
4. Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; ~~but still has and~~
- 5.4.1: Has unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c; and**
- 6.4.2: In the opinion of the treating clinician, HbA1c could be reduced by at least 10 mmol/mol using insulin pump treatment; and**
- 7.4.3: Has typical HbA1c results between the following range: equal to or greater than 65 mmol/mol and equal to or less than 90 mmol/mol; and**
- 8. 4.4: Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; ~~or and~~**
- ~~5. Was already on pump treatment prior to 1 September 2012 and had unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c and has reduced HbA1c by at least 10 mmol/mol using insulin pump treatment; and~~
9. **Either:**
 - 9.1. Applicant is a relevant specialist; or**
 - 9.2. Applicant is a nurse practitioner working within their vocational scope.**

Renewal for insulin pump for HbA1C

Renewal – (HbA1c) only from relevant specialist or nurse practitioner ~~working within their vocational scope.~~

Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of achieving and maintaining a reduction in HbA1c from baseline of 10 mmol/mol; and
2. The number of severe unexplained recurrent hypoglycaemic episodes has not increased from baseline; and
3. **Either:**
 - 3.1. It has been at least 4 years since the last insulin pump was received by the patient; ~~or, in the case~~
 - 3.2. ~~of patients qualifying under previous pump therapy for the initial application;~~ The pump is due for replacement; **and**
4. **Either:**
 - 4.1. Applicant is a relevant specialist; or**
 - 4.2. Applicant is a nurse practitioner working within their vocational scope.**

Initial application – (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes; **and**
2. Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; **and**
3. The patient has adhered to an intensive MDI regimen using analogue insulin's for at least six months prior to initiating pump therapy; **and**
4. The patient is continuing to derive benefit from pump therapy; **and**
5. The patient had achieved and is maintaining a HbA1c of equal to or less than 80 mmol/mol on pump therapy; **and**
6. The patient has had no increase in severe unexplained hypoglycaemic episodes from baseline; **and**
7. The patient's HbA1c has not deteriorated more than 5 mmol/mol from baseline; **and**
8. **Either:**
 - 8.1. It has been at least 4 years since the last insulin pump received by the patient **or;**
 - 8.2. The pump is due for replacement; **and**
9. **Either:**
 - 9.1. Applicant is a relevant specialist; or**
 - 9.2. Applicant is a nurse practitioner working within their vocational scope.**

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 July 2016 (continued)

continued...

Renewal – (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner.

Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1. The patient is continuing to derive benefit according to the treatment plan and has maintained a HbA1c of equal to or less than 80 mmol/ml; and
2. the patient's HbA1c has not deteriorated more than 5 mmol/ml from the time of commencing pump treatment; and
3. The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline; and
4. **Either:**
 - 4.1. It has been at least 4 years since the last insulin pump received by the patient; or
 - 4.2. The pump is due for replacement; and
5. **Either:**
 - 5.1. Applicant is a relevant specialist; or
 - 5.2. Applicant is a nurse practitioner working within their vocational scope.

28 INSULIN PUMP CONSUMABLES

▶ SA1604 1240 Special Authority for Subsidy

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

The IPP Co-ordinator
PHARMAC
PO Box 10-254
Wellington

Phone: (04) 460 4990
Facsimile: (04) 974 7806
Email: ipp@pharmac.govt.nz

Initial criteria for Subsidy for insulin pump for permanent neonatal diabetes

Initial application – (permanent neonatal diabetes) Initial application only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1. Patient has permanent neonatal diabetes; and
2. A MDI regimen trial is inappropriate; and
3. ~~3.1. Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; and~~
~~3.2. Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; and~~
4. Patient/Parent/Guardian has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and
5. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and
6. **Either:**
 - 6.1. Applicant is a relevant specialist; or
 - 6.2. Applicant is a nurse practitioner working within their vocational scope.

Renewal for insulin pump for permanent neonatal diabetes

Renewal – (permanent neonatal diabetes) only from a relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction; and
2. Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician; and
3. **Either:**
 - 3.1. Applicant is a relevant specialist; or
 - 3.2. Applicant is a nurse practitioner working within their vocational scope.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 July 2016 (continued)

continued...

~~Initial criteria for Subsidy for insulin pump for hypoglycaemia~~

~~**Initial application – (severe unexplained hypoglycaemia)** only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 9 months for applications meeting the following criteria:~~

~~All of the following:~~

- ~~1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes insulin; and~~
- ~~2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and~~
- ~~3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and~~
- ~~4. Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; but still has and~~
- ~~5. **Has had** four severe unexplained recurrent hypoglycaemic episodes over a six month period (**severe as defined as requiring the assistance of another person**) either due to hypoglycaemic unawareness or to nocturnal hypoglycaemia; and~~
- ~~6. **Has an average HbA1c between the following range: equal to or greater than 53 mmol/mol and equal to or less than 90 mmol/mol; and**~~
- ~~7.6. Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; or~~
 - ~~6.1. Was already on pump treatment prior to 1 September 2012 and initiated pump treatment for recurrent hypoglycaemic episodes due to hypoglycaemic unawareness or to nocturnal hypoglycaemia and showed a reduction in hypoglycaemic events from pump treatment; and~~
- ~~8. **Either:**~~
 - ~~8.1. **Applicant is a relevant specialist; or**~~
 - ~~8.2. **Applicant is a nurse practitioner working within their vocational scope.**~~

~~Renewal for insulin pump for hypoglycaemia~~

~~**Renewal – (severe unexplained hypoglycaemia)** only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 2 years for applications meeting the following criteria:~~

~~All of the following:~~

- ~~1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of at least a 50% reduction from baseline in hypoglycaemic events; and~~
- ~~2. HbA1c has not increased **by more than 5 mmol/mol** from baseline; and~~
- ~~3. **Either:**~~
 - ~~3.1. **Applicant is a relevant specialist; or**~~
 - ~~3.2. **Applicant is a nurse practitioner working within their vocational scope.**~~

~~Initial criteria for Subsidy for insulin pump for HbA1c~~

~~**Initial application – (HbA1c)** Initial application only from relevant specialist or nurse practitioner working within their vocational scope. Approvals valid for 9 months for applications meeting the following criteria:~~

~~All of the following:~~

- ~~1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related insulin; and~~
- ~~2. Has undertaken carbohydrate counting education (either a carbohydrate counting course or direct education from an appropriate health professional); and~~
- ~~3. Applicant is part of a multidisciplinary team experienced in the management of type 1 diabetes care; and~~
- ~~4. Has adhered to an intensive MDI regimen using analogue insulin's for at least six months; but still has and~~
- ~~5. **Has** unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c; and~~
- ~~6. In the opinion of the treating clinician, HbA1c could be reduced by at least 10 mmol/mol using insulin pump treatment; and~~
- ~~7. **Has typical HbA1c results between the following range: equal to or greater than 65 mmol/mol and equal to or less than 90 mmol/mol; and**~~
- ~~8.7. Has been evaluated by the multidisciplinary team for their suitability for insulin pump therapy; or and~~

continued...

Changes to Restrictions – effective 1 July 2016 (continued)

continued...

8. Was already on pump treatment prior to 1 September 2012 and had unpredictable and significant variability in blood glucose including significant hypoglycaemia affecting the ability to reduce HbA1c and has reduced HbA1c by at least 10 mmol/mol using insulin pump treatment; and

9. Either:

9.1. Applicant is a relevant specialist; or

9.2. Applicant is a nurse practitioner working within their vocational scope.

Renewal for insulin pump for HbA1c

Renewal – (HbA1c) only from relevant specialist or nurse practitioner working within their vocational scope.

Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. Patient is continuing to derive benefit according to the treatment plan agreed at induction of achieving and maintaining a reduction in HbA1c from baseline of 10 mmol/mol; and
2. The number of severe unexplained recurrent hypoglycaemic episodes has not increased from baseline; and

3. Either:

3.1. Applicant is a relevant specialist; or

3.2. Applicant is a nurse practitioner working within their vocational scope.

Initial application – (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. Patient has type 1 diabetes or has undergone a pancreatectomy or has cystic fibrosis-related diabetes; and
2. Was already on pump treatment prior to 1 September 2012 and had been evaluated by the multidisciplinary team for their suitability for insulin pump therapy at the time of initiating that pump treatment and continues to benefit from pump treatment; and
3. The patient has adhered to an intensive MDI regimen using analogue insulin's for at least six months prior to initiating pump therapy; and
4. The patient is continuing to derive benefit from pump therapy; and
5. The patient had achieved and is maintaining a HbA1c of equal to or less than 80 mmol/mol on pump therapy; and
6. The patient has had no increase in severe unexplained hypoglycaemic episodes from baseline;
7. The patient's HbA1c has not deteriorated more than 5 mmol/mol from baseline; and

8. Either:

8.1. Applicant is a relevant specialist; or

8.2. Applicant is a nurse practitioner working within their vocational scope.

Renewal — (Previous use before 1 September 2012) only from a relevant specialist or nurse practitioner

Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

1. The patient is continuing to derive benefit according to the treatment plan and has maintained a HbA1c of equal to or less than 80 mmol/mol; and
 2. the patient's HbA1c has not deteriorated more than 5 mmol/mol from initial application;
 3. The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline; and
- 4. Either:**
- 4.1. Applicant is a relevant specialist; or**
 - 4.2. Applicant is a nurse practitioner working within their vocational scope.**

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 July 2016 (continued)

36	CARMELLOSE SODIUM WITH GELATIN AND PECTIN SODIUM CARBOXYMETHYLCELLULOSE			
	With pectin and gelatin paste	17.20	56 g OP	✓ Stomahesive
		4.55	15 g OP	
		(7.90)		Orabase
		1.52	5 g OP	
		(3.60)		Orabase
	With pectin and gelatin powder	8.48	28 g OP	
		(10.95)		Stomahesive
47	SODIUM CHLORIDE			
	Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.			
	Inj Inf 0.9%, bag – Up to 2000 ml available on a PSO	1.23	500 ml	✓ Baxter
		1.26	1,000 ml	✓ Baxter
	Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)			
48	DEXTROSE WITH ELECTROLYTES (addition of S29)			
	Soln with electrolytes.....	6.55	1,000 ml OP	✓ Pedialyte - Bubblegum S29
49	LISINAPRIL – Brand switch fee payable (Pharmacode 2496410)			
	* Tab 5 mg	1.80	90	✓ Ethics Lisinopril
	* Tab 10 mg	2.05	90	✓ Ethics Lisinopril
	* Tab 20 mg	2.76	90	✓ Ethics Lisinopril
79	TETRACOSACTRIN			
	* Inj 1 mg per ml, 1 ml ampoule	690.00	1	✓ Synacthen Depot
94	CLINDAMYCIN			
	Inj phosphate 150 mg per ml, 4 ml ampoule – Retail pharmacy-Specialist	65.00	10	✓ Dalacin C
122	BENZTROPINE MESYLATE			
	Inj 1 mg per ml, 2 ml	95.00	5	✓ Cogentin
		190.00	10	✓ Omega S29
	a) Up to 10 5 inj available on a PSO			
	b) Only on a PSO			
128	CITALOPRAM HYDROBROMIDE – Brand switch fee payable (Pharmacode 2496437)			
	* Tab 20 mg	1.79	84	✓ PSM Citalopram
134	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml prefilled pen.....	13.80	2 OP	✓ Sun Pharma
	a) Brand switch fee payable (Pharmacode 2497050)			
	b) Maximum of 10 inj per prescription			

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

Changes to Restrictions – effective 1 July 2016 (continued)

138	ZIPRASIDONE a) Brand switch fee payable (Pharmacode 2496429) b) Safety medicine; prescriber may determine dispensing frequency			
	Cap 20 mg	14.56	60	✓ Zusdone
	Cap 40 mg	24.75	60	✓ Zusdone
	Cap 60 mg	33.87	60	✓ Zusdone
	Cap 80 mg	39.74	60	✓ Zusdone
160	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1576 Inj 3.5 mg vial	1,892.50	1	✓ Velcade
172	EXEMESTANE (Sole Supply transferred to Pfizer Exemestane) * Tab 25 mg	14.50	30	✓ Aromasin
198	DORNASE ALFA – Special Authority see SA0611 – Retail pharmacy (application criteria change) Nebuliser soln, 2.5 mg per 2.5 ml ampoule	250.00	6	✓ Pulmozyme
	<p>▶ SA0611 Special Authority for Subsidy Special Authority approved by the Cystic Fibrosis Advisory Panel Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Co-ordinator, Cystic Fibrosis Advisory Panel Phone: (04) 460 4990 PHARMAC, PO Box 10 254 Facsimile: (04) 916 7571 Wellington Email: CFPanel@pharmac.govt.nz</p> <p>Prescriptions for patients approved for treatment must be written by respiratory physicians or paediatricians who have experience and expertise in treating cystic fibrosis.</p> <p>For the new criteria please refer to the PHARMAC website http://www.pharmac.govt.nz/latest/SA0611.pdf</p>			

Effective 1 June 2016

113	IBUPROFEN (STAT removed) Tab long-acting 800 mg	7.99	30	✓ Brufen SR
137	LEVOMEPRMAZINE HYDROCHLORIDE MALEATE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml	73.68	10	✓ Nozinan
149	ZOPICLONE a) Brand switch fee payable (Pharmacode 2495538) – see page 205 for details b) Safety medicine; prescriber may determine dispensing frequency			
	Tab 7.5 mg	8.99	500	✓ Zopiclone Actavis
196	GLYCOPYRRONIUM – Subsidy by endorsement a) Inhaled glycopyrronium treatment will not be subsidised if patient is also receiving treatment with subsidised tiotropium or umeclidinium. b) Glycopyrronium powder for inhalation 50 mcg per dose is subsidised only for patients who have been diagnosed as having COPD using spirometry, and the prescription is endorsed accordingly. From 1 March 2016 until 31 May 2016 pharmacists may annotate the prescription as endorsed where the patient has outstanding repeat dispensings at 1 March 2016 and the patient had a valid Special Authority approval at 29 February 2016. Powder for inhalation 50 mcg per dose	61.00	30 dose OP	✓ Seebri Breezhaler

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

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

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

Changes to Restrictions – effective 1 June 2016 (continued)

196	TIOTROPIUM BROMIDE – Special Authority see SA1568 – Retail pharmacy Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.		
	Powder for inhalation, 18 mcg per dose.....	70.00	30 dose ✓ Spiriva
	Soln for inhalation 2.5 mcg per dose.....	70.00	60 dose OP ✓ Spiriva Respimat
	▶ SA1568 Special Authority for Subsidy Initial application only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria: All of the following: 1 To be used for the long-term maintenance treatment of bronchospasm and dyspnoea associated with COPD; and 2 In addition to standard treatment, the patient has trialed a short acting bronchodilator dose of at least 40 µg ipratropium q.i.d for one month; and 3 Either: The patient's breathlessness according to the Medical Research Council (UK) dyspnoea scale is: 3.1 Grade 3 4 (stops for breath after walking about 100 meters or after a few minutes on the level); or 3.2 Grade 4 5 (too breathless to leave the house, or breathless when dressing or undressing); and 4 All of the following: Applicant must state recent measurement of: 4.1 Actual FEV ₁ (litres); and 4.2 Predicted FEV ₁ (litres); and 4.3 Actual FEV ₁ as a % of predicted (must be below 60%); and 5 Either: 5.1 Patient is not a smoker (for reporting purposes only); or 5.2 Patient is a smoker and has been offered smoking cessation counselling; and 6 The patient has been offered annual influenza immunisation. Renewal only from a general practitioner or relevant specialist. Approvals valid for 2 years for applications meeting the following criteria: Both: 1 Patient is compliant with the medication; and 2 Patient has experienced improved COPD symptom control (prescriber determined).		
202	DORZOLAMIDE WITH TIMOLOL – Brand switch fee payable (Pharmacode 2495511) * Eye drops 2% with timolol 0.5%.....		
		3.45	5 ml OP ✓ Arrow-Dortim

Effective 1 May 2016

129	MIRTAZAPINE – Brand switch fee payable (Pharmacode 2493489)		
	Tab 30 mg	2.55	30 ✓ Apo-Mirtazapine
	Tab 45 mg	3.25	30 ✓ Apo-Mirtazapine
133	SODIUM VALPROATE (STAT removed)		
	Tab 100 mg	13.65	100 ✓ Epilim Crushable
	Tab 200 mg EC	27.44	100 ✓ Epilim
	Tab 500 mg EC	52.24	100 ✓ Epilim

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 August 2016

20	LOPERAMIDE HYDROCHLORIDE – Up to 30 tab available on a PSO († subsidy) * Tab 2 mg	10.75	400	✓ Nodia
21	SULPHASALAZINE († subsidy) * Tab 500 mg – For sulphasalazine oral liquid formulation refer	14.00	100	✓ Salazopyrin
	* Tab EC 500 mg	13.50	100	✓ Salazopyrin EN
37	CALCITRIOL (‡ subsidy) * Cap 0.25 mcg	2.99 (3.03)	30	Airflow
	* Cap 0.5 mcg	5.52 (5.62)	30	Airflow
39	FERROUS SULPHATE († subsidy) *‡ Oral liq 30 mg (6 mg elemental) per 1 ml.....	10.80	500 ml	✓ Ferodan
47	SODIUM CHLORIDE († subsidy) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 23.4% (4 mmol/ml), 20 ml ampoule.....	33.00	5	✓ Biomed
	For Sodium chloride oral liquid formulation refer Standard Formulae.			
51	AMIODARONE HYDROCHLORIDE (‡ subsidy) ▲ Tab 100 mg – Retail pharmacy-Specialist.....	4.66	30	✓ Cordarone-X
	▲ Tab 200 mg – Retail pharmacy-Specialist.....	7.63	30	✓ Cordarone-X
52	METOPROLOL TARTRATE (‡ subsidy) * Tab 50 mg – For metoprolol tartrate oral liquid formulation refer	4.64 (16.00)	100	Lopresor
	* Tab 100 mg	6.09 (21.00)	60	Lopresor
52	LABETALOL († subsidy) * Tab 50 mg	8.99	100	✓ Hybloc
	* Tab 100 mg – For labetalol oral liquid formulation refer	11.36	100	✓ Hybloc
	* Tab 200 mg	29.74	100	✓ Hybloc
53	SOTALOL († subsidy) * Tab 80 mg – For sotalol oral liquid formulation refer	39.53	500	✓ Mylan
	* Tab 160 mg	12.48	100	✓ Mylan
55	SPIRONOLACTONE († subsidy) * Tab 25 mg	4.38	100	✓ Spiractin
56	INDAPAMIDE († subsidy) * Tab 2.5 mg	2.60	90	✓ Dapa-Tabs

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

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

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

Changes to Subsidy and Manufacturer's Price – effective 1 August 2016 (continued)

58	ISOSORBIDE MONONITRATE († subsidy) * Tab long-acting 60 mg	8.49	90	✓ Duride
74	MEDROXYPROGESTERONE ACETATE († subsidy) * Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO	7.25	1	✓ Depo-Provera
78	HYDROCORTISONE († subsidy) * Inj 100 mg vial	5.30	1	✓ Solu-Cortef
	a) Up to 5 inj available on a PSO			
	b) Only on a PSO			
81	MEDROXYPROGESTERONE ACETATE – See prescribing guideline († subsidy) * Tab 2.5 mg	3.75	30	✓ Provera
	* Tab 5 mg	14.00	100	✓ Provera
	* Tab 10 mg	7.15	30	✓ Provera
83	MEDROXYPROGESTERONE ACETATE († subsidy) * Tab 100 mg – Retail pharmacy-Specialist.....	101.00	100	✓ Provera HD
81	OESTRADIOL – See prescribing guideline († subsidy and ↓ price) * Patch 25 mcg per day	6.12	8	✓ Estradot
	a) No more than 2 patch per week			
	b) Only on a prescription			
	* Patch 50 mcg per day	7.04	8	✓ Estradot 50 mcg
	a) No more than 2 patch per week			
	b) Only on a prescription			
	* Patch 100 mcg per day	7.91	8	✓ Estradot
	a) No more than 2 patch per week			
	b) Only on a prescription			
90	CEFALEXIN († subsidy) Cap 500 mg	3.95	20	✓ Cephalexin ABM
99	ORNIDAZOLE († subsidy) Tab 500 mg	23.00	10	✓ Arrow-Ornidazole
99	QUININE SULPHATE († subsidy) * Tab 300 mg	61.91	500	✓ Q 300
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
100	RIFABUTIN – Retail pharmacy-Specialist († subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, respiratory physician or gastroenterologist			
	* Cap 150 mg – For rifabutin oral liquid formulation refer	275.00	30	✓ Mycobutin
108	NEVIRAPINE – Special Authority see SA1364 – Retail pharmacy († subsidy) Oral suspension 10 mg per ml	203.55	240 ml	✓ Viramune Suspension

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

Changes to Subsidy and Manufacturer's Price – effective 1 August 2016 (continued)

114	PENICILLAMINE (↑ subsidy)			
	Tab 125 mg	67.23	100	✓ D-Penaminate
	Tab 250 mg	110.12	100	✓ D-Penaminate
126	MORPHINE TARTRATE (↑ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 80 mg per ml, 1.5 ml ampoule	42.72	5	✓ DBL Morphine Tartrate
128	DOTHIEPIN HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 75 mg	11.19	100	✓ Dopress
	Cap 25 mg	6.45	100	✓ Dopress
129	FLUOXETINE HYDROCHLORIDE (↓ subsidy)			
	* Tab dispersible 20 mg, scored – Subsidy by endorsement	2.47	30	✓ Arrow-Fluoxetine
	Subsidised by endorsement			
	1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or			
	2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed.			
	Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.			
129	FLUOXETINE HYDROCHLORIDE (↑ subsidy)			
	* Cap 20 mg	1.99	90	✓ Arrow-Fluoxetine
136	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Oral liq 100 mg per ml	65.53	60 ml	✓ Solian
149	TRIAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↑ price)			
	Tab 125 mcg.....	5.10	100	
		(9.85)		Hypam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
	Tab 250 mcg.....	4.10	100	
		(11.20)		Hypam
	‡ Safety cap for extemporaneously compounded oral liquid preparations.			
159	METHOTREXATE (↑ subsidy)			
	* Inj 25 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist.....	30.00	5	✓ DBL Methotrexate Onco-Vial
	* Inj 25 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist.....	45.00	1	✓ DBL Methotrexate Onco-Vial
159	METHOTREXATE (↓ subsidy)			
	* Inj 1 mg for ECP – PCT only – Specialist.....	0.06	1 mg	✓ Baxter

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 August 2016 (continued)

161	DACARBAZINE – PCT only – Specialist († subsidy)				
	Inj 200 mg vial	58.06	1	✓DBL Dacarbazine	
	Inj 200 mg for ECP	58.06	200 mg OP	✓Baxter	
163	MESNA († subsidy)				
	Tab 400 mg – PCT – Retail pharmacy-Specialist.....	273.00	50	✓Uromitexan	
	Tab 600 mg – PCT – Retail pharmacy-Specialist.....	407.50	50	✓Uromitexan	
	Inj 100 mg per ml, 4 ml ampoule – PCT only – Specialist.....	161.37	15	✓Uromitexan	
	Inj 100 mg per ml, 10 ml ampoule – PCT only – Specialist.....	370.49	15	✓Uromitexan	
	Inj 1 mg for ECP – PCT only – Specialist.....	2.69	100 mg	✓Baxter	
163	MITOMYCIN C – PCT only – Specialist († subsidy)				
	Inj 5 mg vial	204.08	1	✓Arrow	
	Inj 1 mg for ECP	42.04	1 mg	✓Baxter	
164	VINCRIStINE SULPHATE († subsidy)				
	Inj 1 mg per ml, 1 ml vial – PCT – Retail pharmacy-Specialist ...	74.52	5	✓DBL Vincristine Sulfate	
	Inj 1 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist ..	85.61	5	✓DBL Vincristine Sulfate	
	Inj 1 mg for ECP – PCT only – Specialist.....	11.30	1 mg	✓Baxter	
193	PROMETHAZINE HYDROCHLORIDE († subsidy)				
	* Inj 25 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	15.54	5	✓Hospira	
198	BECLOMETHASONE DIPROPIONATE († price)				
	Metered aqueous nasal spray, 50 mcg per dose	2.35 (5.26)	200 dose OP	Alanase	
	Metered aqueous nasal spray, 100 mcg per dose	2.46 (6.00)	200 dose OP	Alanase	
199	BUDESONIDE († price)				
	Metered aqueous nasal spray, 50 mcg per dose	2.35 (5.26)	200 dose OP	Butacort Aqueous	
	Metered aqueous nasal spray, 100 mcg per dose	2.61 (6.00)	200 dose OP	Butacort Aqueous	

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

Changes to Subsidy and Manufacturer's Price – effective 1 July 2016

20	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO (↓ subsidy) * Cap 2 mg	7.05	400	✓ Diamide Relief
23	OMEPRAZOLE (↑ subsidy) * Inj 40 mg ampoule with diluent	33.98	5	✓ Dr Reddy's Omeprazole
34	LACTULOSE – Only on a prescription (↓ subsidy) * Oral liq 10 g per 15 ml	3.18	500 ml	✓ Laevolac
41	EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – [Xpharm] (↑ subsidy) For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 1 mg syringe	1,178.30	1	✓ NovoSeven RT
	Inj 2 mg syringe	2,356.60	1	✓ NovoSeven RT
	Inj 5 mg syringe	5,891.50	1	✓ NovoSeven RT
	Inj 8 mg syringe	9,426.40	1	✓ NovoSeven RT
43	TRANEXAMIC ACID (↓ subsidy) Tab 500 mg	20.67	100	✓ Cyklokapron
47	SODIUM CHLORIDE (↓ subsidy) Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, bag – Up to 2000 ml available on a PSO	1.23	500 ml	✓ Baxter
		1.26	1,000 ml	✓ Baxter
	Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)			
49	TERAZOSIN (↑ subsidy) * Tab 1 mg	0.59	28	✓ Actavis
50	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE (↓ subsidy) * Tab 5 mg with hydrochlorothiazide 12.5 mg.....	10.18	100	✓ Apo-Cilazapril/ Hydrochlorothiazide
52	METOPROLOL TARTRATE (↑ subsidy) * Tab long-acting 200 mg	23.40	28	✓ Slow-Lopresor
54	VERAPAMIL HYDROCHLORIDE (↑ subsidy) * Inj 2.5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	25.00	5	✓ Isoptin
55	AMILORIDE HYDROCHLORIDE (↓ subsidy) * Tab 5 mg	15.00	100	✓ Apo-Amiloride

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

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

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

Changes to Subsidy and Manufacturer's Price – effective 1 July 2016 (continued)

66	DIMETHICONE (↓ subsidy) * Crm 5% pump bottle.....	4.59	500 ml OP	✓ healthE Dimethicone 5%
66	UREA (↓ subsidy) * Crm 10%.....	1.37	100 g OP	✓ healthE Urea Cream
76	OXYBUTYNIN * Tab 5 mg (↓ subsidy) * Oral liq 5 mg per 5 ml (↑ subsidy).....	8.85 60.40	500 473 ml	✓ Apo-Oxybutynin ✓ Apo-Oxybutynin
79	TETRACOSACTRIN (↑ subsidy) * Inj 250 mcg per ml, 1 ml ampoule * Inj 1 mg per ml, 1 ml ampoule.....	75.00 690.00	1 1	✓ Synacthen ✓ Synacthen Depot
90	CEFACLOR MONOHYDRATE (↓ subsidy) Cap 250 mg.....	24.70	100	✓ Ranbaxy-Cefaclor
92	AMOXICILLIN (↓ subsidy) Cap 250 mg..... a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6 Cap 500 mg..... a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP – see rule 5.2.6	14.97 16.75	500 500	✓ Apo-Amoxi ✓ Apo-Amoxi
93	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↓ subsidy) Grans for oral liq 125 mg per 5 ml 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 a) Up to 300 ml available on a PSO b) Up to 2 x the maximum PSO quantity for RFPP – see rule 5.2.6 c) Wastage claimable – see rule 3.3.2	1.48 1.58	100 ml 100 ml	✓ AFT ✓ AFT
94	CLINDAMYCIN (↓ subsidy) Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement – Retail pharmacy – Specialist..... Inj phosphate 150 mg per ml, 4 ml ampoule – Retail pharmacy-Specialist.....	4.10 65.00	16 10	✓ Clindamycin ABM ✓ Dalacin C
97	ITRACONAZOLE (↓ subsidy) Cap 100 mg – Subsidy by endorsement	2.79	15	✓ Itrazole
<p>Funded for tinea versicolor where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement - Retail pharmacy - Specialist Specialist must be an infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist.</p>				

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

Changes to Subsidy and Manufacturer's Price – effective 1 July 2016 (continued)

98	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy († subsidy) Powder for oral suspension 40 mg per ml – Wastage claimable – see rule 3.3.2	876.00	70 ml	✓ Vfend
103	ACICLOVIR (↓ subsidy) * Tab dispersible 200 mg	1.60	25	✓ Lovir
	* Tab dispersible 400 mg	5.38	56	✓ Lovir
	* Tab dispersible 800 mg	5.98	35	✓ Lovir
122	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg († subsidy)	2.78	100	✓ Apo-Ropinirole
	▲ Tab 1 mg (↓ subsidy)	5.00	100	✓ Apo-Ropinirole
	▲ Tab 5 mg († subsidy)	16.51	100	✓ Apo-Ropinirole
123	TETRABENAZINE (↓ subsidy) Tab 25 mg	91.10	112	✓ Motetis
125	DIHYDROCODEINE TARTRATE (↓ subsidy) Tab long-acting 60 mg	9.55	60	✓ DHC Continus
126	MORPHINE SULPHATE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab long-acting 10 mg	1.93	10	✓ Arrow-Morphine LA
	Tab long-acting 30 mg	2.85	10	✓ Arrow-Morphine LA
	Tab long-acting 60 mg	5.60	10	✓ Arrow-Morphine LA
	Tab long-acting 100 mg	6.10	10	✓ Arrow-Morphine LA
128	NORTRIPTYLINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 10 mg	3.22	100	✓ Norpress
	Tab 25 mg	7.08	180	✓ Norpress
129	SERTRALINE (↓ subsidy) Tab 50 mg	3.05	90	✓ Arrow-Sertraline
	Tab 100 mg	5.25	90	✓ Arrow-Sertraline
141	BUSPIRONE HYDROCHLORIDE (↓ subsidy) * Tab 5 mg	23.80	100	✓ Pacific Buspirone
	* Tab 10 mg	14.96	100	✓ Pacific Buspirone
159	METHOTREXATE (↓ subsidy) * Inj 7.5 mg prefilled syringe	14.61	1	✓ Methotrexate Sandoz
	* Inj 10 mg prefilled syringe	14.66	1	✓ Methotrexate Sandoz
	* Inj 15 mg prefilled syringe	14.77	1	✓ Methotrexate Sandoz
	* Inj 20 mg prefilled syringe	14.88	1	✓ Methotrexate Sandoz
	* Inj 25 mg prefilled syringe	14.99	1	✓ Methotrexate Sandoz
	* Inj 30 mg prefilled syringe	15.09	1	✓ Methotrexate Sandoz

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 July 2016 (continued)

190	SIROLIMUS – Special Authority see SA0866 – Retail pharmacy (↓ subsidy)			
	Tab 1 mg	749.99	100	✓ Rapamune
	Tab 2 mg	1,499.99	100	✓ Rapamune
	Oral liq 1 mg per ml	449.99	60 ml OP	✓ Rapamune
193	LORATADINE (↓ subsidy)			
	* Tab 10 mg	1.28	100	✓ Lorafix
196	TIOTROPIUM BROMIDE – Special Authority see SA1568 – Retail pharmacy (↓ subsidy)			
	Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.			
	Powder for inhalation, 18 mcg per dose	50.37	30 dose	✓ Spiriva
	Soln for inhalation 2.5 mcg per dose	50.37	60 dose OP	✓ Spiriva Respimat
202	BIMATOPROST (↓ subsidy)			
	* Eye drops 0.03%	3.65 (18.50)	3 ml OP	Lumigan

Effective 1 June 2016

37	CALCITRIOL (↓ subsidy)			
	* Cap 0.25 mcg	9.95	100	✓ Calcitriol-AFT
	* Cap 0.5 mcg	18.39	100	✓ Calcitriol-AFT
66	CETOMACROGOL WITH GLYCEROL (↓ subsidy)			
	Crn 90% with glycerol 10%	2.82	500 ml OP	✓ Pharmacy Health Sorbolene with Glycerin
		3.87	1,000 ml OP	✓ Pharmacy Health Sorbolene with Glycerin
157	OXALIPLATIN – PCT only – Specialist († subsidy)			
	Inj 1 mg for ECP	0.18	1 mg	✓ Baxter

Effective 1 May 2016

52	METOPROLOL SUCCINATE (↓ subsidy)			
	Tab long-acting 23.75 mg	0.80	30	✓ Metoprolol - AFT CR
	Tab long-acting 47.5 mg	1.16	30	✓ Metoprolol - AFT CR
	Tab long-acting 95 mg	1.91	30	✓ Metoprolol - AFT CR
	Tab long-acting 190 mg	3.85	30	✓ Metoprolol - AFT CR
200	CHLORAMPHENICOL (↓ subsidy)			
	Eye oint 1%	2.48	4 g OP	✓ Chlorsig

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

Changes to Brand Name

Effective 1 August 2016

83	MEDROXYPROGESTERONE ACETATE * Tab 100 mg – Retail pharmacy-Specialist.....	101.00	100	✓ Provera HD Provera
126	MORPHINE TARTRATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 80 mg per ml, 1.5 ml ampoule	42.72	5	✓ DBL Morphine Tartrate Hospira
159	METHOTREXATE * Inj 25 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist.....	30.00	5	✓ DBL Methotrexate Onco-Vial Hospira
	* Inj 25 mg per ml, 20 ml vial – PCT – Retail pharmacy-Specialist.....	45.00	1	✓ DBL Methotrexate Onco-Vial Hospira
161	DACARBAZINE – PCT only – Specialist Inj 200 mg vial	58.06	1	✓ DBL Dacarbazine Hospira
164	VINCRIStINE SULPHATE Inj 1 mg per ml, 1 ml vial – PCT – Retail pharmacy-Specialist ..	74.52	5	✓ DBL Vincristine Sulfate Hospira
	Inj 1 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist ..	85.61	5	✓ DBL Vincristine Sulfate Hospira

Effective 1 July 2016

49	TERAZOSIN * Tab 1 mg	0.59	28	✓ Actavis Arrow
----	-------------------------------	------	----	-----------------

Changes to PSO

Effective 1 July 2016

234	BENZTROPINE MESYLATE ✓ Inj 1 mg per ml, 2 ml		10	5
-----	---	--	----	---

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 August 2016

79	TETRACOSACTRIN * Inj 250 mcg per ml, 1 ml ampoule 177.18 Note – the 1 injection pack size remains subsidised.	10	✓ Synacthen
92	AMOXICILLIN WITH CLAVULANIC ACID Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO 9.75	100	✓ Curam Duo
132	LEVETIRACETAM Tab 250 mg 24.03 Tab 500 mg – For levetiracetam oral liquid formulation refer 28.71 Tab 750 mg 45.23	60 60 60	✓ Levetiracetam-Rex ✓ Levetiracetam-Rex ✓ Levetiracetam-Rex

Effective 1 July 2016

57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy Tab 10 mg 3.35 Note – This is the delisting of the blister pack, Pharmacode 2470721. The bottle presentation was listed 1 January 2016.	30	✓ Ezemibe
100	RIFAMPICIN – Subsidy by endorsement a) No patient co-payment payable b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti- staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy – Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician. * Tab 600 mg 108.70	30	✓ Rifadin
136	PROCHLORPERAZINE * Suppos 25 mg 23.87	5	✓ Stemetil
162	ETOPOSIDE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy- Specialist 7.90 (25.00) 79.00 (612.20)	1 10	Hospira Vepesid
171	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg 16.50	30	✓ Flutamide Mylan S29
205	PHARMACY SERVICES * Brand switch fee 4.33	1 fee	✓ BSF Ethics Lisinopril ✓ BSF PSM Citalopram ✓ BSF Sumatriptan Sun Pharma ✓ BSF Zudone
	a) The Pharmacode for BSF Ethics Lisinopril is 2496410 b) The Pharmacode for BSF PSM Citalopram is 2496437 c) The Pharmacode for BSF Zudone is 2496429 e) The Pharmacode for BSF Sumatriptan Sun Pharma is 2497050		

Patients pay a manufacturer's surcharge when
the Manufacturer's Price is greater than the Subsidy
50

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
---	---------------------------------	-----	--

Delisted Items – effective 1 June 2016

32	INSULIN PUMP RESERVOIR – Special Authority see SA1240 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 packs of reservoir sets will be funded per year. 10 x luer lock conversion cartridges 3.0 ml for Paradigm pumps.....	50.00	1 OP	✓ ADR Cartridge 3.0
59	AQUEOUS CREAM * Crm.....	1.96	500 g	✓ AFT
59	OIL IN WATER EMULSION * Crm.....	2.25 (2.63)	500 g	healthE Fatty Cream
103	VALACICLOVIR Tab 500 mg	6.42 (102.72)	30	Valtrex
205	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee..... a) The Pharmacode for BSF Arrow-Dortim is 2495511 b) The Pharmacode for BSF Zopiclone Actavis is 2495538	4.33	1 fee	✓ BSF Arrow-Dortim ✓ BSF Zopiclone Actavis
232	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1557 – Hospital pharmacy [HP3] Powder	15.21	450 g OP	✓ Pepti Junior Gold Karcare Aptamil

Effective 1 May 2016

26	BLOOD KETONE DIAGNOSTIC TEST METER – Up to 1 meter available on a PSO Meter funded for the purposes of blood ketone diagnostics only. Patient has had one or more episodes of ketoacidosis and is at risk of future episodes or patient is on an insulin pump. Only one meter per patient will be subsidised every 5 years. Meter	40.00	1	✓ Freestyle Optium
37	NYSTATIN Oral liq 100,000 u per ml.....	3.35	24 ml OP	✓ Nilstat
73	CONDOMS * 52 mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Sensolite ✓ Marquis Supalite
	* 53 mm – Up to 144 dev available on a PSO	13.36	144	✓ Marquis Titillata

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

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

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

Delisted Items – effective 1 May 2016 (continued)

130	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 10 mg per ml, 1 ml ampoule 8.57 (10.08) Inj 10 mg per ml, 2 ml ampoule 16.89 (19.87)	5 5	Oxycodone Orion Oxycodone Orion
150	ZOPICLONE a) Safety medicine; prescriber may determine dispensing frequency b) Brand switch fee payable (Pharmacode 2495538) Tab 7.5 mg 098 Note – Zopiclone Actavis tab 7.5 mg, 500 tab pack, remains subsidised.	30	✓ <u>Zopiclone Actavis</u>
206	PHARMACY SERVICES – May only be claimed once per patient. * Brand switch fee..... 4.33 a) The Pharmacode for BSF Apo-Mirtazapine is 2493489.	1 fee	✓ BSF Apo-Mirtazapine
207	DEFERRIOXAMINE MESILATE * Inj 500 mg vial 51.52 (109.89)	10	Hospira
231	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 29 g sachets 330.12 Note – PKU Anamix Junior 36 g sachets remains subsidised.	30	✓ PKU Anamix Junior

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 September 2016

122	LISURIDE HYDROGEN MALEATE			
	▲ Tab 200 mcg.....	25.00	30	✓ Dopergin

Effective 1 October 2016

141	BUSPIRONE HYDROCHLORIDE			
	* Tab 5 mg	23.80	100	✓ Pacific Buspirone
	* Tab 10 mg	14.96	100	✓ Pacific Buspirone
		(17.00)		
202	BIMATOPROST			
	* Eye drops 0.03%.....	3.65	3 ml OP	Lumigan
		(18.50)		

Effective 1 November 2016

37	CALCITRIOL (↓ subsidy)			
	* Cap 0.25 mcg	2.99	30	
		(3.03)		Airflow
	* Cap 0.5 mcg	5.52	30	
		(5.62)		Airflow
52	METOPROLOL SUCCINATE			
	Tab long-acting 23.75 mg	0.80	30	✓ Metoprolol – AFT CR
	Tab long-acting 47.5 mg	1.16	30	✓ Metoprolol – AFT CR
	Tab long-acting 95 mg	1.91	30	✓ Metoprolol – AFT CR
	Tab long-acting 190 mg	3.85	30	✓ Metoprolol – AFT CR
	Note – the delisting of Metoprolol – AFT CR tab long-acting all strengths, 30 tab pack size, has been delayed from 1 November 2016 until 1 January 2017.			
52	METOPROLOL SUCCINATE			
	Tab long-acting 190 mg	3.85	30	✓ Myloc CR
	Note – the delisting of Myloc CR tab long-acting 190 mg has been delayed from 1 November 2016 until 1 January 2017.			
52	METOPROLOL TARTRATE (↓ subsidy)			
	* 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
72	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

▲ 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 November 2016 (continued)

92	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			
111	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA1400 – Retail pharmacy See prescribing guideline on the previous page			
	Inj 135 mcg prefilled syringe.....	1,448.00	4	✓ Pegasy
	Inj 135 mcg prefilled syringe x 4 with ribavirin tab 200 mg x 112.....	1,799.68	1 OP	✓ Pegasy RBV Combination Pack
205	PHARMACY SERVICES – May only be claimed once per patient * Brand switch fee.....	4.33	1 fee	✓ BSF Metoprolol Succinate
	a) The Pharmacode for BSF Metoprolol Succinate is 2506114			
213	PROPYLENE GLYCOL Only in extemporaneously compounded methyl hydroxybenzoate 10% solution Liq	10.50	500 ml	✓ PSM

Effective 1 December 2016

20	SIMETHICONE * Oral liq aluminium hydroxide 200 mg with magnesium hydroxide 200 mg and activated simethicone 20 mg per 5 ml	1.50 (4.26)	500 ml	Mylanta P
65	TRICLOSAN – Subsidy by endorsement a) Maximum of 500 ml per prescription b) a) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or b) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly	4.50	500 ml OP	✓ Pharmacy Health
122	APOMORPHINE HYDROCHLORIDE ▲ Inj 10 mg per ml, 2 ml ampoule	119.00	5	✓ Apomine
160	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1576 Inj 1 mg	540.70	1	✓ Velcade

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 (continued)

226	ORAL FEED (POWDER) – Special Authority see SA1554 – Hospital pharmacy [HP3] Note: Higher subsidy for Sustagen Hospital Formula will only be reimbursed for patients with both a valid Special Authority number and an appropriately endorsed prescription.			
	Powder (chocolate) – Higher subsidy of up to \$14.90 per 900 g with Endorsement	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			
	Powder (vanilla) – Higher subsidy of up to \$14.90 per 900 g with Endorsement	10.22 (14.90)	900 g OP	Sustagen Hospital Formula
	Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.			

Effective 1 January 2017

23	BISMUTH TRIOXIDE Tab 120 mg	32.50	112	✓ De Nol S29
52	METOPROLOL SUCCINATE – Brand switch fee payable (Pharmacode 2506114) Tab long-acting 23.75 mg	20.11	100	✓ Actavis-Metoprolol
	Tab long-acting 95 mg	31.18	100	✓ Actavis-Metoprolol
52	METOPROLOL SUCCINATE – Brand switch fee payable (Pharmacode 2506114) Tab long-acting 47.5 mg	7.50	30	✓ Betaloc CR
	Tab long-acting 95 mg	7.50	30	✓ Betaloc CR
52	METOPROLOL SUCCINATE – Brand switch fee payable (Pharmacode 2506114) Tab long-acting 23.75 mg	0.80	30	✓ Metoprolol - AFT CR
	Tab long-acting 47.5 mg	1.16	30	✓ Metoprolol - AFT CR
	Tab long-acting 95 mg	1.91	30	✓ Metoprolol - AFT CR
	Tab long-acting 190 mg	3.85	30	✓ Myloc CR
		3.85	30	✓ Metoprolol - AFT CR
	Note – the delisting of Metoprolol – AFT CR long-acting tablets all strengths, 30 tab pack size, and Myloc CR tab long-acting 190 mg has been delayed from 1 November 2016 until 1 January 2017.			
172	EXEMESTANE * Tab 25 mg	14.50	30	✓ Aromasin

Effective 1 February 2017

64	CLOBETASONE BUTYRATE Crm 0.05%	16.13 (22.00)	100 g OP	Eumovate
----	---	------------------	----------	----------

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

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

Index

Pharmaceuticals and brands

A		
Aciclovir	22, 47	
Actavis-Metoprolol	22, 28, 55	
ADR Cartridge 3.0	51	
Alanase	44	
Alendronate sodium with colecalciferol	30	
Alphamox	54	
Amiloride hydrochloride	45	
Aminoacid formula without phenylalanine	52	
Amiodarone hydrochloride	41	
Amisulpride	43	
Amoxicillin	46, 54	
Amoxicillin with clavulanic acid	50	
Amzoate	22	
Animas Vibe	32	
Apo-Amiloride	45	
Apo-Amoxi	46	
Apo-Cilazapril/Hydrochlorothiazide	45	
Apo-Metoprolol	25	
Apomine	54	
Apo-Mirtazapine	40	
Apomorphine hydrochloride	27, 54	
Apo-Oxybutynin	46	
Apo-Ropinirole	47	
Aqueous cream	51	
Aromasin	39, 55	
Arrow-Dortim	40	
Arrow-Fluoxetine	43	
Arrow-Morphine LA	47	
Arrow-Ornidazole	42	
Arrow-Sertraline	47	
Auranofin	23	
B		
Beclomethasone dipropionate	44	
Benzotropine mesylate	23, 38, 49	
Betaloc CR	22, 28, 55	
Bimatoprost	27, 48, 53	
Bimatoprost Actavis	27	
Bismuth trioxide	55	
Blood ketone diagnostic test meter	51	
Bortezomib	39, 54	
Brufen SR	39	
BSF Apo-Mirtazapine	52	
BSF Arrow-Dortim	51	
BSF Ethics Lisinopril	50	
BSF Metoprolol Succinate	22, 54	
BSF PSM Citalopram	50	
BSF Sumatriptan Sun Pharma	50	
BSF Zopiclone Actavis	51	
BSF Zudone	50	
Budesonide	44	
Buspirone hydrochloride	27, 47, 53	
Butacort Aqueous	44	
C		
Calcitriol	41, 48, 53	
Calcitriol-AFT	48	
Carmellose sodium with gelatin and pectin	38	
Cefaclor monohydrate	46	
Cefalexin	42	
Cephalexin ABM	42	
Cetomacrogol with glycerol	48	
Chloramphenicol	48	
Chlorsig	48	
Choice Load 375	26	
Cholecalciferol	28	
Cilazapril with hydrochlorothiazide	45	
Cinacalcet	26	
Citalopram hydrobromide	38	
Clindamycin	38, 46	
Clindamycin ABM	46	
Clobetasone butyrate	55	
Clomiphene citrate	22	
Cogentin	38	
Colecalciferol	28	
Colloidal bismuth subcitrate	25	
Condoms	51, 53	
Cordarone-X	41	
Curam Duo	50	
Cyklokapron	45	
D		
Dacarbazine	44, 49	
Dalacin C	38, 46	
Dapa-Tabs	41	
DBL Dacarbazine	44, 49	
DBL Methotrexate Onco-Vial	30, 43, 49	
DBL Morphine Tartrate	30, 43, 49	
DBL Vincristine Sulfate	31, 44, 49	
De Nol	55	
Depo-Provera	42	
Desferrioxamine mesilate	52	
Dextrose with electrolytes	38	
DHC Continus	47	
Diamide Relief	45	
Dihydrocodeine tartrate	47	
Dilantin	30	
Dimethicone	46	
Dopergin	53	
Dopress	43	
Dornase alfa	39	
Dorzolamide with timolol	40	
Dothiepin hydrochloride	43	
D-Penammine	43	

Index

Pharmaceuticals and brands

Dr Reddy's Omeprazole.....	45	L	
Duride.....	42	Labetalol.....	41
E		Lactulose.....	45
Epilim.....	40	Laevolac.....	45
Epilim Crushable.....	40	Lamotrigine.....	24
Eptacog alfa.....	45	Ledipasvir with sofosbuvir.....	23
Estradot.....	28, 42	Levetiracetam.....	50
Estradot 50 mcg.....	28, 42	Levetiracetam-Rex.....	50
Ethics Lisinopril.....	38	Levomepromazine hydrochloride.....	24, 39
Etoposide.....	50	Levonorgestrel.....	29
Eumovate.....	55	Lifestyles Flared.....	53
Exemestane.....	24, 39, 55	Lisinopril.....	38
Extensively hydrolysed formula.....	51	Lisuride hydrogen maleate.....	53
Ezemibe.....	50	Loperamide hydrochloride.....	41, 45
Ezetimibe.....	50	Lopresor.....	41, 53
F		Lorafix.....	48
Ferodan.....	41	Loratadine.....	48
Ferrous sulphate.....	41	Lovir.....	47
Fluoxetine hydrochloride.....	43	Lumigan.....	48, 53
Flutamide.....	50	M	
Flutamide Mylan.....	50	Marquis Sensolite.....	51
Fosamax Plus.....	30	Marquis Supalite.....	51
Freestyle Optium.....	51	Marquis Titillata.....	51
G		Medroxyprogesterone acetate.....	42, 49
Galsulfase.....	26	Mesna.....	44
Gastrodenol.....	25	Methotrexate.....	30, 43, 47, 49
Gentamicin sulphate.....	27	Methotrexate Sandoz.....	47
Glycopyrronium.....	39	Metoprolol - AFT CR.....	22, 28, 48, 53, 55
H		Metoprolol succinate.....	22, 26, 28, 48, 53, 55
Haldol Decanoas.....	24	Metoprolol tartrate.....	25, 41, 45, 53
Haloperidol.....	30	Mirena.....	29
Haloperidol decanoate.....	24	Mirtazapine.....	40
Harvoni.....	23	Mitomycin C.....	44
healthE Dimethicone 5%.....	46	Morphine sulphate.....	47
healthE Fatty Cream.....	51	Morphine tartrate.....	30, 43, 49
healthE Urea Cream.....	46	Motetis.....	47
Hybloc.....	41	Motrig.....	24
Hydrocortisone.....	42	Movapo.....	27
Hypam.....	43	Mycobutin.....	42
I		Mylan Clomiphen.....	22
Ibuprofen.....	39	Mylanta P.....	54
Indapamide.....	41	Myloc CR.....	26, 28, 53, 55
Insulin pump.....	32	N	
Insulin pump consumables.....	35	Naglazyme.....	26
Insulin pump reservoir.....	51	Nevirapine.....	42
Intra-uterine device.....	26	Nilstat.....	51
Isoptin.....	45	Nivolumab.....	24
Isosorbide mononitrate.....	42	Nodia.....	41
Itraconazole.....	46	Norpress.....	47
Itrazole.....	46	Nortriptyline hydrochloride.....	47
		NovoSeven RT.....	45

Index

Pharmaceuticals and brands

Nozinan	39	Recombinant factor VIIa	45
Nystatin	51	Ridaura S29.....	23
O		Rifabutin	42
Oestradiol	28, 42	Rifadin	50
Oil in water emulsion.....	51	Rifampicin	50
Omeprazole.....	45	Ropinirole hydrochloride.....	47
Opdivo	24	S	
Orabase	38	Salazopyrin	41
Oral feed (powder)	27, 55	Salazopyrin EN.....	41
Ornidazole.....	42	Seebri Breezhaler	39
Oxaliplatin.....	48	Sensipar	26
Oxybutynin.....	46	Serenace	30
Oxycodone hydrochloride.....	24, 52	Sertraline	47
Oxycodone Orion	52	Siltuximab.....	25
P		Simethicone.....	54
Pacific Buspirone	47, 53	Sirolimus	48
Paradigm 522	32	Slow-Lopresor	45
Paradigm 722	32	Sodium benzoate	22
Paritaprevir, ritonavir and ombitasvir with dasabuvir.....	23	Sodium chloride.....	28, 38, 41, 45
Paritaprevir, ritonavir and ombitasvir with dasabuvir and ribivarin	23	Sodium phenylbutyrate.....	22
Pedialyte - Bubblegum	38	Sodium valproate	40
Pegasys.....	54	Solian	43
Pegasys RBV Combination Pack	54	Solu-Cortef	42
Pegylated interferon alfa-2a	54	Sotalol	41
Penicillamine.....	43	Spiractin	41
Penicillin V.....	46	Spiriva	40, 48
Pepti Junior Gold Karicare Aptamil.....	51	Spiriva Respimat.....	40, 48
Pfizer Exemestane.....	24	Spirolactone.....	41
Pharmacy Health Sorbolene with Glycerin.....	48	Stemetil	50
Pharmacy services.....	22, 50, 51, 52, 54	Stomahesive	38
Pheburane	22	Sulphasalazine	41
Phenoxymethylpenicillin	46	Sumatriptan	38
Phenytoin sodium	30	Sustagen Hospital Formula.....	27, 55
PKU Anamix Junior	52	Sylvant	25
Prochlorperazine	50	Synacthen.....	46, 50
Progesterone	30	Synacthen Depot.....	38, 46
Promethazine hydrochloride	44	T	
Propylene glycol	54	Temaccord	31
Provera.....	42	Temozolomide	31
Provera HD	42, 49	Tenoxicam	23
PSM Citalopram.....	38	Terazosin	45, 49
Pulmozyme.....	39	Tetrabenazine.....	47
Q		Tetracosactrin.....	38, 46, 50
Q 300	42	Tilcotil.....	23
Quinine sulphate	42	Tiotropium bromide.....	40, 48
R		Tranexamic acid.....	45
Ranbaxy-Cefaclor.....	46	Triazolam	43
Ranmoxy	54	Triclosan.....	54
Rapamune	48	U	
		Urea.....	46
		Uromitexan	44

Index

Pharmaceuticals and brands

Utrogestan	30	Vincristine sulphate	31, 44, 49
V		Viramune Suspension	42
Valaciclovir	51	ViruPOS	22
Valtrex	51	Vit.D3	28
Velcade.....	39, 54	Voriconazole	47
Vepesid.....	50	Z	
Verapamil hydrochloride.....	45	Ziprasidone	39
Vfend.....	47	Zopiclone.....	39, 52
Viekira Pak.....	23	Zopiclone Actavis.....	39, 52
Viekira Pak-RBV.....	23	Zusdone.....	39



Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Email: enquiry@pharmac.govt.nz

ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the Update.