Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 March 2019

Cumulative for January, February and March 2019

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 MARCH 2019

New listings (pages 25-26)

- Filgrastim (Nivestim) inj 300 mcg and inj 480 mcg per 0.5 ml prefilled syringe – Special Authority – Retail pharmacy
- Amiodarone hydrochloride (Cordarone X) inj 50 mg per ml, 3 ml ampoule – up to 6 inj available on a PSO
- Sodium fusidate [fusidic acid] (Foban) crm 2% and oint 2%, 5 g OP – maximum of 15 g per prescription, only on a prescription and not in combination
- Valganciclovir (Valganciclovir Mylan) tab 450 mg – Special Authority – Retail pharmacy
- Ibuprofen (Ethics) oral liq 20 mg per ml
- Oxycodone hydrochloride (Oxycodone Sandoz) tab controlled-release 10 mg, 20 mg, 40 mg and 80 mg – only on a controlled drug form, no patient co-payment payable and safety medicine; prescriber may determine dispensing frequency
- Arsenic trioxide (Phenasen) inj 1 mg per ml, 10 ml vial – PCT only – Specialist
- Bacillus Calmette-Guerin (BCG) vaccine (SII-Onco-BCG) inj 40 mg per ml, vial – PCT only – Specialist – S29
- Fluorometholone (Flucon) eye drops 0.1%, 5 ml OP
- Pharmacy services (BSF Elelyso) brand switch fee – may only be claimed once

Changes to restrictions (pages 40-45)

- Acarbose tab 50 mg (Glucobay) and tab 100 mg (Glucobay and Acarbose Mylan) – reinstate stat dispensing
- Imiglucerase (Cerezyme) inj 40 iu per ml, 400 iu vial – amended Special Authority criteria
- Taliglucerase alfa (Elelyso) inj 200 unit vial – addition of Brand switch fee and amended Special Authority criteria
- Moroctocog alfa [Recombinant factor VIII] (Xyntha) inj 250 iu, inj 500 iu, inj 1,000 iu, inj 2,000 iu and inj 3,000 iu prefilled syringe – amended note
- Octocog alfa [Recombinant factor VIII] (Advate) inj 250 iu, inj 500 iu, inj 1,000 iu, inj 1,500 iu, inj 2,000 iu and inj 3,000 iu vial – amended note
- Octocog alfa [Recombinant factor VIII] (Kogenate FS) inj 250 iu, inj 500 iu, inj 1,000 iu, inj 2,000 iu and inj 3,000 iu vial – amended note
- Amiodarone hydrochloride (Cordarone X and Lodi) inj 50 mg per ml, 3 ml ampoule – amended PSO quantity
- Labetalol (Hybloc) tab 50 mg, 100 mg and 200 mg – remove stat dispensing
- Medroxyprogesterone acetate (Provera) tab 2.5 mg and 5 mg, 56 tab pack – remove S29 and wastage claimable

Summary of PHARMAC decisions – effective 1 March 2019 (continued)

- Oxybutynin (Apo-Oxybutynin) tab 5 mg – remove S29 and wastage claimable
- Tenofovir disoproxil (Tenofovir Disoproxil Teva) tab 245 mg (300.6 mg as a succinate) – addition of wastage rule
- Zoledronic acid (Aclasta) inj 0.05 mg per ml, 100 ml, vial – amended Special Authority criteria
- Rituximab inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Hepatitis B recombinant vaccine (Engerix-B) inj 20 mcg per 1 ml prefilled syringe – amended criteria
- Influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) (Fluarix Tetra) and inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) (Influvac Tetra) – amended criteria

Increased subsidy (page 64)

- Enalapril maleate (Ethics Enalapril) tab 5 mg, 10 mg and 20 mg
- Carmustine (Baxter) inj 100 mg for ECP
- Vinorelbine (Navelbine) inj 10 mg per ml, 1 ml and 5 ml vial

Decreased subsidy (page 64)

- Zoledronic acid (Zoledronic acid Mylan) inj 4 mg per 5 ml, vial
- Domperidone (Prokinex) tab 10 mg
- Varenicline tartrate (Champix) tab 1 mg and tab 0.5 mg x 11 and 1 mg x 14, 25 OP

Decreased price (page 64)

- Latanoprost (Hysite) eye drops 0.005%, 2.5 ml OP

News Stories – March 2019 Update

New tender listings for 1 March 2019

- Filgrastim (Nivestim) inj 300 mcg per 0.5 ml and 480 mcg per 0.5 ml prefilled syringe
- Ibuprofen (Ethics) oral liquid 20 mg per ml
- Oxycodone hydrochloride (Oxycodone Sandoz) tab controlled-release 10 mg, 20 mg, 40 mg and 80 mg*
- Sodium fusidate [fusidic acid] (Foban) crm 2% and oint 2%, 5 g OP
- Valganciclovir (Valganciclovir Mylan) tab 450 mg

* Oxycodone Sandoz 5 mg CR tablets were listed mid-month from 11 February 2019.

Changed listings

Hepatitis B recombinant vaccine (Engerix B) – amended restriction

From 1 March 2019, the restriction that applies to hepatitis B recombinant vaccine (Engerix-B) 20 mcg prefilled syringe will be amended to include dialysis and liver or kidney transplant patients. This is due to an ongoing supply issue with HBvaxPRO 40 mcg.

Rituximab Special Authority – correction of Special Authority criteria

An error in the new Special Authority criteria for rituximab (non-cancer indications) will be corrected. Immune thrombocytopenic purpura will replace the incorrect warm autoimmune haemolytic anaemia in the criteria from 1 March 2019.

Hysite (latanoprost) eye drops – price change

From 1 March 2019, the price for Hysite eye drops will decrease to match the subsidy, to be fully funded, until this brand is delisted from 1 July 2019.

Tenofovir disoproxil (Tenofovir disoproxil Teva) – addition of wastage

Wastage will be claimable for tenofovir disoproxil tab 245 mg (300.6 mg as a succinate) from 1 March 2019. The currently funded brand Tenofovir Disoproxil Teva is supplied in a pack with a shelf life of 30 days once opened. This change will allow pharmacies to claim the balance of an unused pack where patients are prescribed a tablet on alternate days.

Apo-Oxybutynin – removal of Section 29

Apo-Oxybutynin tab 5 mg is now registered. S29 and wastage will be removed from the listing from 1 March 2019.

Stock issues

Fluorometholone eye drops

Pharmacies were notified on 13 February 2018 of a supply issue with fluorometholone eye drops 0.1% (FML). New stock is expected to be available from mid-April 2019. We are working hard to find an alternative brand to list to ensure all patients have access to a funded product.

We have asked pharmacists to dispense one FML bottle (5ml OP) per dispensing with additional repeats. Pharmacies will be reimbursed per dispensing. We have also asked pharmacies to bear in mind the supply issue when dispensing unfunded supply of FML.

Medroxyprogesterone acetate (Provera) tab 2.5 mg and 5 mg

The temporarily funded S29 brand of Provera 2.5 mg and 5 mg tablets are now registered. The brand name will be changed from Provera S29 to Provera (P'code: 2536501 and 378135 respectively) and this will be delisted from 1 August 2019.

Sodium fusidate [fusidic acid] cream

The 5 g OP pack size of sodium fusidate, Foban brand, cream 2% and ointment 2% will be listed from 1 March 2019. The maximum quantity of 15 g per prescription will remain until 1 August 2019 when the subsidised quantity per prescription will decrease to 5 g.

Bacillus calmette-guerin (BCG) vaccine (SII-Onco-BCG)

From 1 March 2019 the SII-Onco-BCG brand of bacillus Calmette-guerin (BCG) vaccine inj 40 mg per ml vial will be subsidised. This is subsidised for bladder cancer only. The PCT only – Specialist rule applies. This is supplied under section 29 of the Medicines Act 1981.

Arsenic Trioxide (Phenasen)

The Phenasen brand of arsenic trioxide inj 1 mg per ml 10 ml vial will be listed fully funded from 1 March 2019. The PCT only – Specialist rule applies.

Amiodarone hydrochloride (Cordarone X) injection – new listing and change to PSO

From 1 March 2019, the Cordarone X brand of amiodarone hydrochloride inj 50 mg per ml, 3 ml ampoule will be fully funded due to a supply issue with the Lodi brand. The maximum quantity of injections available on a PSO will be increased to 6 inj to align with the 6 injection pack size for Cordarone X.

News in brief

- **Acarbose** – stat dispensing reinstated
- **Taliglucerase alfa (Elelyso)** – a Brand Switch Fee will apply to dispensings of taliglucerase alfa from 1 March 2019.
- **Influenza vaccine** – removal of funding for children displaced from Edgecumbe and surrounding region.
- **Influenza vaccine (Influvac)** – The Influvac brand of influenza vaccine (trivalent) will be delisted from 1 March 2019.

Tender News

Sole Subsidised Supply changes – effective 1 April 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Cyclizine hydrochloride	Tab 50 mg; 10 tab	Nausicalm (AFT)
Furosemide [frusemide]	Tab 500 mg; 50 tab	Urex Forte (Arrow)
Hydrocortisone butyrate	Milky emul 0.1%; 100 g OP	Locoid Crelo (LEO Pharma)
Hydrocortisone butyrate	Oint 0.1%; 100 g OP	Locoid (LEO Pharma)
Hydrocortisone butyrate	Scalp lotn 0.1%; 100 ml OP	Locoid (LEO Pharma)
Methotrexate	Tab 2.5 mg; 90 tab	Trexate (Rex Medical)
Methotrexate	Tab 10 mg; 90 tab	Trexate (Rex Medical)
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine); 90 tab	NeuroTabs (AFT)
Tamoxifen citrate	Tab 10 mg; 60 tab	Tamoxifen Sandoz (Novartis)
Tamoxifen citrate	Tab 20 mg; 60 tab	Tamoxifen Sandoz (Novartis)

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 April 2019

- Entecavir (Entecavir Sandoz) tab 0.5 mg – remove Brand switch fee
- Moclobemide (Apo-Moclobemide) tab 150 mg and 300 mg – price and subsidy decrease

Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Glucobay	2021
Acetazolamide	Tab 250 mg	Diamox	2020
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2021
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	ViruPOS Lovir	2019
Acitretin	Cap 10 mg & 25 mg	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2020
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2020
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Lodi Cordarone X	2019
Amisulpride	Tab 100 mg, 200 mg & 400 mg Oral liq 100 mg per ml	Sulprix Solian	2019
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycoNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg, 500 mg and 1 g vials Cap 250 mg & 500 mg	Alphamox 125 Alphamox 250 Ibiamox Apo-Amoxi	2020 2019
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP	Augmentin Curam	2020 2019
Anastrozole	Tab 1 mg	Rolin	2020
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
Aqueous cream	**Crm**	**Boucher**	**2021**
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Ascorbic acid	Tab 100 mg	Cvite	2019
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2019
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2021
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021

**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 March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2021 2020
Azathioprine	Tab 25 mg & 50 mg Inj 50 mg vial	Imuran	2019
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2021
Baclofen	Tab 10 mg	Pacifen	2021
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	**Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP** Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	**Daivobet**	**2021**
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
Bicalutamide	Tab 50 mg	Binarex	2020
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2020
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022
Bosentan	**Tab 62.5 mg & 125 mg**	**Bosentan Dr Reddy's**	**2021**
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
Budesonide	Metered aqueous nasal spray, 50 mcg per dose & 100 mcg per dose, 200 dose OP	SteroClear	2020
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Calamine	Crm, aqueous, BP	healthE Calamine Aqueous Cream BP	2021
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2019
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2020
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
Capecitabine	Tab 150 mg & 500 mg	Brinov	2019
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml Cap 250 mg	Ranbaxy-Cefaclor	2019
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg	Cefalexin Sandoz Cephalexin ABM	2021 2019
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Ceftriaxone	Inj 500 mg & 1 g vial	DEVA	2019
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetirizine hydrochloride	Tab 10 mg	Zista	2019
Cetomacrogol	Crm BP, 500 g	healthE	2021
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP	Chlorsig	2019
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cilazapril	Tab 2.5 mg & 5 mg	Apo-Cilazapril	2019
Cilazapril with hydrochlorothiazide	Tab 5 mg with hydrochlorothiazide 12.5 mg	Apo-Cilazapril/ Hydrochlorothiazide	2019
Cinacalcet	Tab 30 mg	Sensipar	2021
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2020
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Clindamycin ABM Dalacin C	2019
Clobetasol propionate	Crm 0.05%, 30 g OP Oint 0.05%, 30 g OP	Dermol	2019
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2020
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Medsurge Clonidine BMN	2021
Clopidogrel	Tab 75 mg	Arrow - Clopid	2019
Clotrimazole	Crm 1%; 20 g OP Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP	Clomazol	2020 2019
Coal tar	Soln BP	Midwest	2019
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2019
Colchicine	Tab 500 mcg	Colgout	2021
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2020
Compound electrolytes	Powder for oral soln	Enerlyte	2019
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021
Crotamiton	Crm 10%, 20 g OP	Itch-soothe	2021
Cyproterone acetate	**Tab 50 mg & 100 mg**	**Siterone**	**2021**
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP Tab 100 mcg & 200 mcg	Desmopressin-Ph&T Minirin	2020 2019
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2021
Dexamfetamine sulfate	Tab 5 mg	PSM	2021
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2019
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2019
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crm 10% pump bottle, 500 ml OP Lotn 4%, 200 ml OP Crm 5%, pump bottle, 500 ml OP	healthE Dimethicone 10% healthE Dimethicone 4% Lotion healthE Dimethicone 5%	2021 2019

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Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2019
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Dual blood glucose and blood ketone diagnostic test meter	Meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips, 1 OP	CareSens Dual	2022
Emulsifying ointment	Oint BP; 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	2021
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Ethinyloestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinyloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Microgynon 20 ED Levlen ED	2020
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
Felodipine	**Tab long-acting 5 mg** **Tab long-acting 10 mg** Tab long-acting 2.5 mg	**Felo 5 ER** **Felo 10 ER** Plendil ER	**2021**

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Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule Inj 50 mcg per ml, 10 ml ampoule Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2021 2020
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2021 2019
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg Inj 1 g vial Inj 250 mg & 500 mg vials	AFT Staphlex Flucil Flucloxin	2021 2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2021
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine	2019
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2021
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2021
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule	Frusemide-Claris	2019
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Gemfibrozil	Tab 600 mg	Lipazil	2019
Glibenclamide	Tab 5 mg	Daonil	2021
Gliclazide	Tab 80 mg	Glizide	2020
Glipizide	Tab 5 mg	Minidiab	2021
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2021 2020
Goserelin	Implant 3.6 mg & 10.8 mg syringe	Zoladex	2019
Haemophilus influenzae type B vaccine	Haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	Hiberix	2020

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Haloperidol	Tab 500 mcg, 1.5 mg & 5 mg Oral liq 2 mg per ml Inj 5 mg per ml, 1 ml ampoule	Serenace	2019
Heparin sodium	Inj 1,000 iu per ml, 5 ml ampoule Inj 5,000 iu per ml, 5 ml ampoule	Pfizer	2021
Hepatitis A vaccine	Inj 720 ELISA units in 0.5 ml syringe Inj 1440 ELISA units in 1 ml syringe	Havrix Junior Havrix	2020
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2020
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Tab 5 mg & 20 mg Powder Crm 1%, 30 g OP Crm 1%, 500 g Inj 100 mg vial	Douglas ABM DermAssist Pharmacy Health Solu-Cortef	2021 2020 2019
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Tab 200 mg	Relieve	2020
Imatinib mesilate	Cap 100 mg & 400 mg	Imatinib-AFT	2020
Imiquimod	Crm 5%, 250 mg sachet	Perrigo	2020
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP Nebuliser soln, 250 mcg per ml, 1 ml ampoule Nebuliser soln, 250 mcg per ml, 2 ml ampoule	Univent	2020 2019
Isoniazid	Tab 100 mg	PSM	2021
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg Tab long-acting 60 mg Tab long-acting 40 mg	Ismo 20 Duride Ismo 40 Retard	2020 2019
Isotretinoin	Cap 10 mg & 20 mg Cap 5 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Itraconazole	Cap 100 mg	Itrazole	2019
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2019
Lamivudine	Tab 100 mg	Zetlam	2020
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Oral liq 100 mg per ml, 300 ml OP	Levetiracetam-AFT	2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Tab 1.5 mg Intra-uterine system 20 mcg per day	Jadelle Postinor-1 Mirena	2020 2019
Lidocaine [lignocaine] hydrochloride	Oral (gel) soln 2%	Mucosoothe	2020
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Loperamide hydrochloride	Tab 2 mg Cap 2 mg	Nodia Diamide Relief	2019
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Loratadine	Oral liq 1 mg per ml, 120 ml Tab 10 mg	Lorfast Lorafix	2019
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2020
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12. 5 mg	Arrow-Losartan & Hydrochlorothiazide	2021
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	Molaxole	2020
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2020
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2020
Medroxyprogesterone acetate	Tab 2.5 mg, 5 mg & 10 mg Tab 100 mg Inj 150 mg per ml, 1 ml syringe	Provera Provera HD Depo-Provera	2019

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2021
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2020
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	2020
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2021
Methotrexate	Inj 100 mg per ml, 50 ml vial Inj 25 mg per ml, 2 ml & 20 ml vials	Methotrexate Ebewe DBL Methotrexate Onco-Vial	2020 2019
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2021
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2021
Methylprednisolone (as sodium succinate)	Inj 1 g vial Inj 40 mg, 125 mg & 500 mg vial	Solu-Medrol Solu-Medrol-Act-O-Vial	2021
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2020
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg	Metoprolol IV Mylan Apo-Metoprolol	01/02/2022 2021
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Crm 2%; 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2020
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Misoprostol	Tab 200 mcg	Cytotec	2019
Mitomycin C	Inj 5 mg vial	Arrow	2019
Mometasone furoate	Crm 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
Montelukast	Tab 4 mg, 5 mg & 10 mg	Apo-Montelukast	2019
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2021
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 Tab long-acting 10 mg, 30 mg, 60 mg & 100 mg	Sevredol DBL Morphine Sulphate Arrow-Morphine LA	2020 2019

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine tartrate	Inj 80 mg per ml, 1.5 ml ampoule	DBL Morphine Tartrate	2019
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2021
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2021
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
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	2021
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021
Nicotine	Gum 2 mg & 4 mg (Fruit & Mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only Lozenge 1 mg & 2 mg for direct distribution only Patch 7 mg, 14 mg & 21 mg for direct distribution only	Habitrol	2020
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 60 mg	Adalat Oros	2020
Norethisterone	Tab 350 mcg	Noriday 28	2021
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2019
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2020
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 Octreotide	2020
Oestradiol	Patch 25 mcg per day Patch 50 mcg per day Patch 75 mcg per day Patch 100 mcg per day	Estradot Estradot 50 mcg Estradot Estradot	2019
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oestriol	Crm 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Oil in water emulsion	Crm	O/W Fatty Emulsion Cream	2021
Olanzapine	Inj 210 mg, 300 mg & 405 mg vial Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zyprexa Relprevv Zypine Zypine ODT	2021 2020

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Cap 10 mg	Omeprazole actavis 10	2020
	Cap 20 mg	Omeprazole actavis 20	
	Cap 40 mg	Omeprazole actavis 40	
	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2019
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT-DRLA	2020
	Tab 4 mg & 8 mg	Apo-Ondansetron	2019
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2019
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxybutynin	Oral liq 5 mg per 5 ml Tab 5 mg	Apo-Oxybutynin	2019
Oxycodone hydrochloride	Cap immediate-release 5 mg, 10 mg & 20 mg Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	OxyNorm	2021
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2021
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2020
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2019
Paracetamol	Suppos 125 mg & 250 mg Oral liq 250 mg per 5 ml Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Gacet Paracare Double Strength Paracare Pharmacare	2021 2020
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2021

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Paroxetine	Tab 20 mg	Apo-Paroxetine	2019
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe	Pegasys	2020
Perhexiline maleate	Tab 100 mg	Pexsig	2019
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crm 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Tab 50 mg Inj 50 mg per ml, 1 ml & 2 ml ampoules	PSM DBL Pethidine Hydrochloride	2021 2020
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT	2021 2019
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2021
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2021
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2020
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020
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 (8 mmol)	Span-K	2021
Potassium citrate	Oral liq 3 mmol per ml, 200 ml OP	Biomed	2021
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2019
Pravastatin	Tab 20 mg and 40 mg	Apo-Pravastatin	2020
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Pregabalin	Cap 25 mg,75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Pregnancy tests - HCG urine	Cassette, 40 test OP	Smith BioMed Rapid Pregnancy Test	2020

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Prochlorperazine	Tab 5 mg	Nausafix	2020
Progesterone	Cap 100 mg	Ultrogestan	2019
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml Inj 25 mg per ml, 2 ml ampoule	Allersoothe Hospira	2021 2019
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2019
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2020
Rifabutin	Cap 150 mg	Mycobutin	2019
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2020
Rifaximin	Tab 550 mg	Xifaxan	2020
Riluzole	Tab 50 mg	Rilutek	2021
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2019
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml	Actavis Risperon	2020
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2020
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Apo-Ropinirole	2019
Rotavirus vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2020
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2021
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Sertraline	Tab 50 mg & 100 mg	Arrow-Sertraline	2019
Sildenafil	Tab 100 mg Tab 25 mg & 50 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg and 80 mg	Simvastatin Mylan	2020
Sodium chloride	Inj 0.9%, 10 ml ampoule Inj 23.4% (4 mmol/ml), 20 ml ampoule Inj 0.9%, bag; 500 ml & 1,000 ml	Pfizer Biomed Baxter	2019
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium fusidate [fusidic acid]	Tab 250 mg	Fucidin	2020
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	**Tab 5 mg & 10 mg**	**Solifenacin Mylan**	**2021**
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sotalol	Tab 80 mg & 160 mg	Mylan	2019
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crm 1%, 50 g OP	Flamazine	2020
Sulfasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2019
Taliglucerase alfa	**Inj 200 unit vial**	**Elelyso**	**2023**
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2019
Temazepam	Tab 10 mg	Normison	2020
Temozolomide	Cap 5 mg, 20 mg, 100 mg & 250 mg	Orion Temozolomide	2019
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
Tenoxicam	Tab 20 mg	Tilcotil	2019
Terazosin	Tab 1 mg Tab 2 mg & 5 mg	Actavis Apo-Terazosin	2019
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cipionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Tetrabenazine	Tab 25 mg	Motelis	2019
Thiamine hydrochloride	Tab 50 mg	Max Health	2020
Thymol glycerin	Compound, BPC	PSM	2019

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP Eye drops 0.25%, gel forming, 2.5 ml OP Eye drops 0.5%, gel forming, 2.5 ml OP	Arrow-Timolol Timoptol XE	2020 2019
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
Tolcapone	Tab 100 mg	Tasmar	2019
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020
Tranexamic acid	Tab 500 mg	Cyklolapron	2019
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crm 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim	Tab 300 mg	TMP	2021
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Urea	Crm 10%, 100 g OP	healthE Urea Cream	2019
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Vancomycin	Inj 500 mg vial	Mylan	2020
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Vitamin B complex	Tab, strong, BPC	Bplex	2019
Vitamins	Tab (BPC cap strength)	Mvite	2019
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	2021
Water	Inj 5 ml ampoule Inj 10 ml ampoule	InterPharma Pfizer	2019
Zidovudine [AZT]	Cap 100 mg Oral liq 10 mg per ml, 200 ml OP	Retrovir	2019
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2020

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Sole Subsidised Supply Products – cumulative to March 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Zinc and castor oil	Oint, 500 g	Boucher	2020
Ziprasidone	**Cap 20 mg** Cap 40 mg, 60 mg & 80 mg	**Zusdone**	**2021**
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

March changes are in bold type

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

New Listings

Effective 1 March 2019

44	FILGRASTIM – Special Authority see SA1259 – Retail pharmacy			
	Inj 300 mcg per 0.5 ml prefilled syringe	96.22	10	✔ **Nivestim**
	Inj 480 mcg per 0.5 ml prefilled syringe	161.50	10	✔ **Nivestim**
49	AMIODARONE HYDROCHLORIDE			
	Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO	11.98	6	✔ **Cordarone X**
62	SODIUM FUSIDATE [FUSIDIC ACID]			
	Crm 2% a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination	1.59	5 g OP	✔ **Foban**
	Oint 2% a) Maximum of 15 g per prescription b) Only on a prescription c) Not in combination	1.59	5 g OP	✔ **Foban**
103	VALGANCICLOVIR – Special Authority see SA1404 – Retail pharmacy			
	Tab 450 mg	225.00	60	✔ **Valganciclovir Mylan**
112	IBUPROFEN			
	❋ Oral liq 20 mg per ml	1.88	200 ml	✔ **Ethics**
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 10 mg	2.15	20	✔ **Oxycodone Sandoz**
	Tab controlled-release 20 mg	2.15	20	✔ **Oxycodone Sandoz**
	Tab controlled-release 40 mg	3.20	20	✔ **Oxycodone Sandoz**
	Tab controlled-release 80 mg	10.98	20	✔ **Oxycodone Sandoz**
160	ARSENIC TRIOXIDE – PCT only – Specialist			
	Inj 1 mg per ml, 10 ml vial	4,817.00	10	✔ **Phenasen**
180	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer.			
	Inj 40 mg per ml, vial	162.70	3	✔ **SII-Onco-BCG** S29
210	FLUOROMETHOLONE			
	❋ Eye drops 0.1%	5.20	5 ml OP	✔ **Flucon**
213	PHARMACY SERVICES May only be claimed once per patient.			
	❋ Brand switch fee a) The Pharmacode for BSF Elelyso is 2561972.	4.50	1 fee	✔ **BSF Elelyso**

▲ 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 11 February 2019

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	2.15	20	✔ **Oxycodone Sandoz**

156 CARMUSTINE – PCT only – Specialist

Inj 100 mg vial	1,380.00	1	✔ **Emcure** S29

Effective 1 February 2019

11 ACARBOSE

❋ Tab 100 mg	11.24	50	✔ **Acarbose Mylan** S29

Wastage claimable

38 EPOETIN ALFA – Special Authority see SA1775 – Retail pharmacy
Wastage claimable

Inj 1,000 iu in 0.5 ml, syringe	250.00	6	✔ **Binocrit**
Inj 2,000 iu in 1 ml, syringe	100.00	6	✔ **Binocrit**
Inj 3,000 iu in 0.3 ml, syringe	150.00	6	✔ **Binocrit**
Inj 4,000 iu in 0.4 ml, syringe	96.50	6	✔ **Binocrit**
Inj 5,000 iu in 0.5 ml, syringe	125.00	6	✔ **Binocrit**
Inj 6,000 iu in 0.6 ml, syringe	145.00	6	✔ **Binocrit**
Inj 8,000 iu in 0.8 ml, syringe	175.00	6	✔ **Binocrit**
Inj 10,000 iu in 1 ml, syringe	197.50	6	✔ **Binocrit**
Inj 40,000 iu in 1 ml, syringe	250.00	1	✔ **Binocrit**

70 COAL TAR WITH SALICYLIC ACID AND SULPHUR

Soln 12% with salicylic acid 2% and sulphur 4% oint	4.97	25 g OP	✔ **Coco-Scalp**

80 TETRACOSACTRIN

❋ Inj 1 mg per ml, 1 ml ampoule	690.00	1	✔ **Synacthene Retard** S29

Wastage claimable

104 GLECAPREVIR WITH PIBRENTASVIR – [Xpharm]
Note the supply of treatment is via PHARMAC's approved direct distribution supply. Further details can be found on PHARMAC's website https://www.pharmac.govt.nz/hepatitis-c-treatments/

Tab 100 mg with pibrentasvir 40 mg	24,750.00	84 OP	✔ **Maviret**

112 CELECOXIB

Cap 100 mg	3.63	60	✔ **Celebrex**

121 BACLOFEN

Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement	372.98	5	✔ **Medsurge**

Subsidised only for use in a programmable pump in patients where oral antispastic agents have been ineffective or have caused intolerable side effects and the prescription is endorsed accordingly.

128 MOCLOBEMIDE

❋ Tab 150 mg	6.40	60	✔ **Aurorix**
❋ Tab 300 mg	9.80	60	✔ **Aurorix**

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

New Listings – effective 1 February 2019 (continued)

146 GLATIRAMER ACETATE – Special Authority see SA1564

Inj 40 mg prefilled syringe			
– No patient co-payment payable	2,275.00	12	✔**Copaxone**

150 MODAFINIL – Special Authority see SA1126 – Retail pharmacy

Tab 100 mg	64.00	60	✔**Modavigil**

189 INFLIXIMAB – PCT only – Special Authority see SA1778

Inj 100 mg	806.00	1	✔**Remicade**
Inj 1 mg for ECP	8.29	1 mg	✔**Baxter**

SA1778 Special Authority for Subsidy

Initial application – (Graft vs host disease) from any relevant practitioner. Approvals valid without further renewal unless notified where patient has steroid-refractory acute graft vs. host disease of the gut.

Initial application – (Pulmonary sarcoidosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications where patient has life-threatening pulmonary sarcoidosis diagnosed by a multidisciplinary team that is refractory to other treatments.

Initial application – (previous use) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Patient was being treated with infliximab prior to 1 February 2019; and
2 Any of the following:
- 2.1 Rheumatoid arthritis; or
- 2.2 Ankylosing spondylitis; or
- 2.3 Psoriatic arthritis; or
- 2.4 Severe ocular inflammation; or
- 2.5 Chronic ocular inflammation; or
- 2.6 Crohn's disease (adults); or
- 2.7 Crohn's disease (children); or
- 2.8 Fistulising Crohn's disease; or
- 2.9 Severe fulminant ulcerative colitis; or
- 2.10 Severe ulcerative colitis; or
- 2.11 Plaque psoriasis; or
- 2.12 Neurosarcoidosis; or
- 2.13 Severe Behcet's disease.

Initial application – (rheumatoid arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2 Either:
- 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
- 2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept; and

3 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance.

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New Listings – effective 1 February 2019 (continued)

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Renewal – (rheumatoid arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
  2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
3 Infliximab to be administered at doses no greater than 3 mg/kg every 8 weeks.

Initial application – (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Renewal – (ankylosing spondylitis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Following 12 weeks of infliximab treatment, BASDAI has improved by 4 or more points from pre-infliximab baseline on a 10 point scale, or by 50%, whichever is less; and
2 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
3 Infliximab to be administered at doses no greater than 5 mg/kg every 6-8 weeks.

Initial application – (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
Both:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for psoriatic arthritis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  2.2 Following 3-4 months' initial treatment with adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for psoriatic arthritis.

Renewal – (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
  1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior infliximab treatment in the opinion of the treating physician; and
2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

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New Listings – effective 1 February 2019 (continued)

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Initial application – (severe ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Both:
1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
2 Any of the following:
  2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
  2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
  2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Renewal – (severe ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Any of the following:
1 The patient has had a good clinical response following 3 initial doses; or
2 The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months' treatment; or
3 The patient has a sustained steroid sparing effect, allowing reduction in prednisone to <10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months' treatment.
Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Initial application – (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Both:
1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
2 Any of the following:
  2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
  2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or
  2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Renewal – (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Any of the following:
1 The patient has had a good clinical response following 3 initial doses; or
2 The patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), following 12 months' treatment; or
3 The patient has a sustained steroid sparing effect, allowing reduction in prednisone to <10mg daily, or steroid drops less than twice daily if under 18 years old, following 12 months' treatment.
Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Initial application – (Crohn's disease (adults)) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient has severe active Crohn's disease; and

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New Listings – effective 1 February 2019 (continued)

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2 Any of the following:
  2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or
  2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate; and
5 Patient must be reassessed for continuation after 3 months of therapy.

Renewal – (Crohn's disease (adults)) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Any of the following:
  1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on infliximab; or
  1.2 CDAI score is 150 or less; or
  1.3 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (Crohn's disease (children)) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Paediatric patient has severe active Crohn's disease; and
2 Either:
  2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
  2.2 Patient has extensive small intestine disease; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses (unless contraindicated) and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate; and
5 Patient must be reassessed for continuation after 3 months of therapy.

Renewal – (Crohn's disease (children)) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Any of the following:
  1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on infliximab; or
  1.2 PCDAI score is 15 or less; or
  1.3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and

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New Listings – effective 1 February 2019 (continued)

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2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (fistulising Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 4 months for applications meeting the following criteria:
Both:
1 Patient has confirmed Crohn's disease; and
2 Either:
  2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
  2.2 Patient has one or more rectovaginal fistula(e).

Renewal – (fistulising Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
  1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
  1.2 There has been a marked reduction in drainage of all fistula(e) from baseline (in the case of adult patients, as demonstrated by a reduction in the Fistula Assessment score), together with less induration and patient reported pain; and
2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (acute severe fulminant ulcerative colitis) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 weeks for applications meeting the following criteria:
Both:
1 Patient has acute, severe fulminant ulcerative colitis; and
2 Treatment with intravenous or high dose oral corticosteroids has not been successful.

Renewal – (severe fulminant ulcerative colitis) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Where maintenance treatment is considered appropriate, infliximab should be used in combination with immunomodulators and reassessed every 6 months; and
2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (severe ulcerative colitis) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient has histologically confirmed ulcerative colitis; and

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New Listings – effective 1 February 2019 (continued)

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2 Either:
- 2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is greater than or equal to 4; or
- 2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is greater than or equal to 65; and

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) and corticosteroids; and

4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal – (severe ulcerative colitis) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and

2 Either:
- 2.1 Patient is 18 years or older and the SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
- 2.2 Patient is under 18 years and the PUCAI score has reduced by 30 points or more from the PUCAI score when the patient was initiated on infliximab; and

3 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 3 months for applications meeting the following criteria:
Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
  - 1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:
- 2.1 Either:
  - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 15, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
- 2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 15, as assessed preferably while still on treatment but no longer than 1 month following cessation

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New Listings – effective 1 February 2019 (continued)

continued...

of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Renewal – (plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
  1.1 Both:
    1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
    1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or
  1.2 Both:
    1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
    1.2.2 Either:
      1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
      1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; and
2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Initial application – (neurosarcoidosis) only from a neurologist or Practitioner on the recommendation of a neurologist. Approvals valid for 18 months for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with neurosarcoiosis by a multidisciplinary team; and
2 Patient has CNS involvement; and
3 Patient has steroid-refractory disease; and
4 Either:
  4.1 IV cyclophosphamide has been tried; or
  4.2 Treatment with IV cyclophosphamide is clinically inappropriate.

Renewal – (neurosarcoidosis) only from a neurologist or Practitioner on the recommendation of a neurologist. Approvals valid for 18 months for applications meeting the following criteria:
Either:
1 A withdrawal period has been tried and the patient has relapsed; or
2 All of the following:
  2.1 A withdrawal period has been considered but would not be clinically appropriate; and
  2.2 There has been a marked reduction in prednisone dose; and
  2.3 Either:
    2.3.1 There has been an improvement in MRI appearances; or
    2.3.2 Marked improvement in other symptomology.

Initial application – (severe Behcet's disease) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 The patient has severe Behcet's disease which is significantly impacting the patient's quality of life (see Notes); and

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New Listings – effective 1 February 2019 (continued)

continued...

2 Either:
- 2.1 The patient has severe ocular, neurological and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s) (see Notes); or
- 2.2 The patient has severe gastrointestinal, rheumatologic and/or mucocutaneous symptoms and has not responded adequately to two or more treatment appropriate for the particular symptom(s) (see Notes); and

3 The patient is experiencing significant loss of quality of life.

Note:

1 Behcet's disease diagnosed according to the International Study Group for Behcet's Disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al J Rheumatol. 2004;31:931-7.
2 Treatments appropriate for the particular symptoms are those that are considered standard conventional treatments for these symptoms, for example intravenous/oral steroids and other immunosuppressants for ocular symptoms; azathioprine, steroids, thalidomide, interferon alpha and ciclosporin for mucocutaneous symptoms; and colchicine, steroids and methotrexate for rheumatological symptoms.

Renewal – (severe Behcet's disease) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

196 TOCILIZUMAB – PCT only – Special Authority see SA1781

Inj 20 mg per ml, 4 ml vial	220.00	1	✔**Actemra**
Inj 20 mg per ml, 10 ml vial	550.00	1	✔**Actemra**
Inj 20 mg per ml, 20 ml vial	1,100.00	1	✔**Actemra**
Inj 1 mg for ECP	2.85	1 mg	✔**Baxter**

SA1781 Special Authority for Subsidy

Initial application – (cytokine release syndrome) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 All of the following:
- 1.1 The patient is enrolled in the Children's Oncology Group AALL1331 trial; and
- 1.2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
- 1.3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses; or

2 All of the following:
- 2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and
- 2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and
- 2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

Initial application – (previous use) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient was being treated with tocilizumab prior to 1 February 2019; and
2 Any of the following:
- 2.1 rheumatoid arthritis; or
- 2.2 systemic juvenile idiopathic arthritis; or

continued...

New Listings – effective 1 February 2019 (continued)

continued...

2.3 adult-onset Still's disease; or
2.4 polyarticular juvenile idiopathic arthritis; or
2.5 idiopathic multicentric Castleman's disease.

Initial application – (Rheumatoid Arthritis (patients previously treated with adalimumab or etanercept)) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
2 Either:
  2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
  2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
3 Either:
  3.1 The patient is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
  3.2 Both:
    3.2.1 The patient has been started on rituximab for rheumatoid arthritis in a DHB hospital in accordance with the Section H rules; and
    3.2.2 Either:
      3.2.2.1 The patient has experienced intolerable side effects from rituximab; or
      3.2.2.2 At four months following the initial course of rituximab the patient has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis; or

Initial application – (Rheumatoid Arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
2 Tocilizumab is to be used as monotherapy; and
3 Either:
  3.1 Treatment with methotrexate is contraindicated; or
  3.2 Patient has tried and did not tolerate oral and/or parenteral methotrexate; and
4 Either:
  4.1 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of ciclosporin alone or in combination with another agent; or
  4.2 Patient has tried and not responded to at least three months therapy at the maximum tolerated dose of leflunomide alone or in combination with another agent; and
5 Either:
  5.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 active, swollen, tender joints; or
  5.2 Patient has persistent symptoms of poorly controlled and active disease in at least four active joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
6 Either:
  6.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  6.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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New Listings – effective 1 February 2019 (continued)

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Renewal – (Rheumatoid Arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:

1 Following 6 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

Initial application – (systemic juvenile idiopathic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:

1 Patient diagnosed with systemic juvenile idiopathic arthritis; and
2 Patient has tried and not responded to a reasonable trial of all of the following, either alone or in combination: oral or parenteral methotrexate; non-steroidal anti-inflammatory drugs (NSAIDs); and systemic corticosteroids.

Renewal – (systemic juvenile idiopathic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:

1 Following up to 6 months' initial treatment, the patient has achieved at least an American College of Rheumatology paediatric 30% improvement criteria (ACR Pedi 30) response from baseline; or
2 On subsequent reapplications, the patient demonstrates at least a continuing ACR Pedi 30 response from baseline.

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

1 Both:
  1.1 Either:
    1.1.1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for adult-onset Still's disease (AOSD); or
    1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the General Rules of the Pharmaceutical Schedule; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept; or
    1.2.2 The patient has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for AOSD; or
2 All of the following:
  2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and
  2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal antiinflammatory drugs (NSAIDs) and methotrexate; and
  2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Renewal – (adult-onset Still's disease) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months where the patient has a sustained improvement in inflammatory markers and functional status.

Initial application – (polyarticular juvenile idiopathic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
Either:

1 Both:
  1.1 The patient has had an initial Special Authority approval for both etanercept and adalimumab for juvenile idiopathic arthritis (JIA); and
  1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or

continued...

New Listings – effective 1 February 2019 (continued)

continued...

2 All of the following:
- 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
- 2.2 Patient has had severe active polyarticular course JIA for 6 months duration or longer; and
- 2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m^2 weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and
- 2.4 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.5 Both:
  - 2.5.1 Either:
    - 2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or
    - 2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and
  - 2.5.2 Physician's global assessment indicating severe disease.

Renewal – (polyarticular juvenile idiopathic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
- 2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
- 2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initial application – (idiopathic multicentric Castleman's disease) only from a haematologist, rheumatologist or Practitioner on the recommendation of 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 Tocilizumab to be administered at doses no greater than 8 mg/kg IV every 3-4 weeks.

Renewal – (idiopathic multicentric Castleman's disease) only from a haematologist, rheumatologist or Practitioner on the recommendation of a haematologist or rheumatologist. Approvals valid for 12 months where the treatment remains appropriate and the patient has a sustained improvement in inflammatory markers and functional status.

211 LATANOPROST

✻ Eye drops 0.005%	1.57	2.5 ml OP	✔**Teva**

233 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]

Powder (vanilla) 36 g sachet	393.00	30	✔**PKU Anamix Junior Vanilla**
Powder (chocolate) 36 g sachet	393.00	30	✔**PKU Anamix Junior Chocolate**

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings – effective 1 January 2019

34 COLECALCIFEROL
❋ Oral liq 188 mcg per ml (7,500 iu per ml) ..... 9.00 — 4.8 ml OP — ✔**Puria**

35 CALCIUM GLUCONATE
❋ Inj 10%, 10 ml ampoule ..... 64.00 — 20 — ✔**Max Health** S29
Wastage claimable

36 IRON POLYMALTOSE
❋ Inj 50 mg per ml, 2 ml ampoule ..... 34.50 — 5 — ✔**Ferrosig**

81 MEDROXYPROGESTERONE ACETATE – See prescribing guideline
Tab 2.5 mg ..... 7.00 — 56 — ✔**Provera S29** S29
Wastage claimable
Tab 5 mg ..... 7.84 — 56 — ✔**Provera S29** S29
Wastage claimable

125 PARACETAMOL
Tab 500 mg - blister pack ..... 7.12 — 1,000 — ✔**Pharmacy Health**
7.12 — 1,000 — ✔**Paracetamol Pharmacare**

a) Maximum of 300 tab per prescription; can be waived by endorsement
b) Up to 30 tab available on a PSO
c)
1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater who do not use compliance packaging, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.
2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.

134 DOMPERIDONE
❋ Tab 10 mg ..... 2.25 — 100 — ✔**Pharmacy Health**

135 CLOZAPINE – Hospital pharmacy [HP4]
Safety medicine; prescriber may determine dispensing frequency
Tab 100 mg ..... 14.73 — 50 — ✔**Clozaril**
29.45 — 100 — ✔**Clozaril**
Note – new Pharmacode listings tab 100 mg, 50 tab pack, 2534878 and 100 tab pack 2534886.

147 PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy
Inj 200 mg per ml, 1 ml ampoule ..... 23.10 — 5 — ✔**Aspen** S29
Wastage claimable

153 VARENICLINE TARTRATE – Special Authority see SA1771 – Retail pharmacy
a) Varenicline will not be funded in amounts less than 4 weeks of treatment.
b) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack
Tab 1 mg ..... 27.10 — 56 — ✔**Varenicline Pfizer**
Tab 0.5 mg × 11 and 1 mg × 42 ..... 25.64 — 53 OP — ✔**Varenicline Pfizer**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

New Listings – effective 1 January 2019 (continued)

213 PHARMACY SERVICES
May only be claimed once per patient.
✻ Brand switch fee ..... 4.50 1 fee ✔**BSF Entecavir Sandoz**

a) The Pharmacode for BSF Entecavir Sandoz is 2559420.

214 DESFERRIOXAMINE MESILATE
✻ Inj 500 mg vial ..... 84.53 10 ✔**DBL Desferrioxamine Mesylate for Injection BP**

223 PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]
Liquid (unflavoured) ..... 1.60 200 ml OP ✔**Fortini Multi Fibre**

▲ 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, Chemical Names and Presentations

Effective 1 March 2019

11 ACARBOSE (stat dispensing reinstated)

❋Tab 50 mg	3.50	90	✔**Glucobay**
❋Tab 100 mg	6.40	90	✔**Glucobay**
	11.24	50	✔**Acarbose Mylan** S29

30 IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy (amended Special Authority criteria)

Inj 40 iu per ml, 400 iu vial	2,144.00	1	✔**Cerezyme**

SA0473 Special Authority for Subsidy
Special Authority approved by the ~~Gaucher's~~ **Gaucher** Treatment Panel
Notes: Subject to a budgetary cap. Applications will be considered and approved subject to funding availability. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The Co-ordinator, ~~Gaucher's~~ **Gaucher** Treatment Panel	Phone: (04) 460 4990
PHARMAC, PO Box 10 254	Facsimile: (04) 916 7571
Wellington	Email: gaucherpanel@pharmac.govt.nz

31 TALIGLUCERASE ALFA – Special Authority see SA1734 – Retail pharmacy – **Brand Switch fee payable (Pharmacode 2561972)** (addition of Brand switch fee and amended Special Authority criteria)

Inj 200 unit vial	1,072.00	1	✔**Elelyso**

Special Authority approved by the ~~Gaucher's~~ **Gaucher** Treatment Panel
Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The Co-ordinator, ~~Gaucher's~~ **Gaucher** Treatment Panel	Phone: 04 460 4990
PHARMAC PO Box 10 254	Facsimile: 04 916 7571
Wellington	Email: gaucherpanel@pharmac.govt.nz

Completed application forms must be sent to the coordinator for ~~Gaucher's~~ **the Gaucher** Treatment Panel and will be considered by ~~Gaucher's~~ **the Gaucher** Treatment Panel at the next practicable opportunity. Notification of ~~Gaucher's~~ **the Gaucher** Treatment Panel's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

39 MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] (amended note)
Preferred Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016 ~~until 28 February 2019~~. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu prefilled syringe	210.00	1	✔**Xyntha**
Inj 500 iu prefilled syringe	420.00	1	✔**Xyntha**
Inj 1,000 iu prefilled syringe	840.00	1	✔**Xyntha**
Inj 2,000 iu prefilled syringe	1,680.00	1	✔**Xyntha**
Inj 3,000 iu prefilled syringe	2,520.00	1	✔**Xyntha**

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 March 2019 (continued)

40 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – [Xpharm] (amended note)

Rare Clinical Circumstances Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016 ~~until 28 February 2019~~. Access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel
PHARMAC PO Box 10 254
Wellington

Phone: 0800 023 588 Option 2
Facsimile: (04) 974 4881
Email: haemophilia@pharmac.govt.nz

Inj 250 iu vial	287.50	1	✔ **Advate**
Inj 500 iu vial	575.00	1	✔ **Advate**
Inj 1,000 iu vial	1,150.00	1	✔ **Advate**
Inj 1,500 iu vial	1,725.00	1	✔ **Advate**
Inj 2,000 iu vial	2,300.00	1	✔ **Advate**
Inj 3,000 iu vial	3,450.00	1	✔ **Advate**

40 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (KOGENATE FS) – [Xpharm] (amended note)

Second Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016 ~~until 28 February 2019~~. Access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The Co-ordinator, Haemophilia Treatments Panel
PHARMAC PO Box 10 254
Wellington

Phone: 0800 023 588 Option 2
Facsimile: (04) 974 4881
Email: haemophilia@pharmac.govt.nz

Inj 250 iu vial	237.50	1	✔ **Kogenate FS**
Inj 500 iu vial	475.00	1	✔ **Kogenate FS**
Inj 1,000 iu vial	950.00	1	✔ **Kogenate FS**
Inj 2,000 iu vial	1,900.00	1	✔ **Kogenate FS**
Inj 3,000 iu vial	2,850.00	1	✔ **Kogenate FS**

49 AMIODARONE HYDROCHLORIDE (amended PSO quantity)

Inj 50 mg per ml, 3 ml ampoule – Up to ~~5~~ **6** inj available on a PSO	11.98	6	✔ **Cordarone X**
	9.98	5	✔ **Lodi**

50 LABETALOL (remove stat dispensing)

Tab 50 mg	8.99	100	✔ **Hybloc**
Tab 100 mg	11.36	100	✔ **Hybloc**
Tab 200 mg	29.74	100	✔ **Hybloc**

81 MEDROXYPROGESTERONE ACETATE – See prescribing guideline (removal of Section 29 and wastage claimable)

❋ Tab 2.5 mg ~~Wastage claimable~~	7.00	56	✔ **Provera ~~$29~~** ~~S29~~
❋ Tab 5 mg ~~Wastage claimable~~	7.84	56	✔ **Provera ~~$29~~** ~~S29~~

76 OXYBUTYNIN (removal of Section 29 and wastage claimable)

❋ Tab 5 mg ~~Wastage claimable~~	8.85	500	✔ **Apo-Oxybutynin** ~~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

Changes to Restrictions – effective 1 March 2019 (continued)

103 TENOFOVIR DISOPROXIL (addition of wastage rule)

Tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA1651.

✳ Tab 245 mg (300.6 mg as a succinate) ..... 38.10 30 ✔ **Tenofovir Disoproxil Teva**

Wastage claimable

114 ZOLEDRONIC ACID (amended Special Authority – affected criteria shown only)

Inj 0.05 mg per ml, 100 ml, vial – Special Authority see SA1780 – Retail pharmacy ..... 600.00 100 ml OP ✔ **Aclasta**

➽ SA1780 Special Authority for Subsidy

Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause - osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Any of the following:
   - 1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
   - 1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
   - 1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
   - 1.4 Documented T-Score less than or equal to -3.0 (see Note); or
   - 1.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
   - 1.6 The patient has had a Special Authority approval for alendronate (Underlying was glucocorticosteroid therapy but patient now meets the 'Underlying cause - Osteoporosis' criteria) prior to 1 February **2019** ~~2010~~ or has had a Special Authority approval for raloxifene; and
2 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

Changes to Restrictions – effective 1 March 2019 (continued)

191 RITUXIMAB – PCT only – Specialist – Special Authority see SA1783 (amended Special Authority – affected criteria shown only)

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

➽ SA1783 Special Authority for Subsidy

Renewal — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for **immune thrombocytopenic purpura*** ~~warm autoimmune haemolytic anaemia*~~; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

239 HEPATITIS B RECOMBINANT VACCINE – [Xpharm] (amended criteria)

Inj 20 mcg per 1 ml prefilled syringe	0.00	1	✔**Engerix-B**

Funded for patients meeting any of the following criteria:

1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4) for HIV positive patients; or
5) for hepatitis C positive patients; or
6) for patients following non-consensual sexual intercourse; or
7) for patients following immunosuppression; or
8) for solid organ transplant patients; or
9) for post-haematopoietic stem cell transplant (HSCT) patients; or
10) following needle stick injury~~.~~**; or**
11) for dialysis patients; or
12) for liver or kidney transplant patients.

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions – effective 1 March 2019 (continued)

241 INFLUENZA VACCINE (amended criteria)

Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) –

[Xpharm] ..... 9.00 1 ✔**Fluarix Tetra**

A) INFLUENZA VACCINE – child aged 6 months to 35 months is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by PHARMAC:

i) have any of the following cardiovascular diseases
   a) ischaemic heart disease, or
   b) congestive heart failure, or
   c) rheumatic heart disease, or
   d) congenital heart disease, or
   e) cerebo-vascular disease; or

ii) have either of the following chronic respiratory diseases:
   a) asthma, if on a regular preventative therapy, or
   b) other chronic respiratory disease with impaired lung function; or

iii) have diabetes; or

iv) have chronic renal disease; or

v) have any cancer, excluding basal and squamous skin cancers if not invasive; or

vi) have any of the following other conditions:
   a) autoimmune disease, or
   b) immune suppression or immune deficiency, or
   c) HIV, or
   d) transplant recipients, or
   e) neuromuscular and CNS diseases/disorders, or
   f) haemoglobinopathies, or
   g) on long term aspirin, or
   h) have a cochlear implant, or
   i) errors of metabolism at risk of major metabolic decompensation, or
   j) pre and post splenectomy, or
   k) down syndrome, or

vii) have been hospitalised for respiratory illness or have a history of significant respiratory illness;

viii) are living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board);

~~ix) have been displaced from their homes in Edgecumbe and the surrounding region;~~

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

a) asthma not requiring regular preventative therapy,

b) hypertension and/or dyslipidaemia without evidence of end-organ disease.

B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

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 March 2019 (continued)

continued...

Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....90.00 10 ✔**Influvac Tetra**

a) Only on a prescription
b) No patient co-payment payable
c)

A) INFLUENZA VACCINE – people 3 years and over
is available each year for patients aged 3 years and over who meet the following criteria, as set by PHARMAC:

a) all people 65 years of age and over; or
b) people under 65 years of age who:
  i) have any of the following cardiovascular diseases:
    a) ischaemic heart disease, or
    b) congestive heart failure, or
    c) rheumatic heart disease, or
    d) congenital heart disease, or
    e) cerebo-vascular disease; or
  ii) have either of the following chronic respiratory diseases:
    a) asthma, if on a regular preventative therapy, or
    b) other chronic respiratory disease with impaired lung function; or
  iii) have diabetes; or
  iv) have chronic renal disease; or
  v) have any cancer, excluding basal and squamous skin cancers if not invasive; or
  vi) have any of the following other conditions:
    a) autoimmune disease, or
    b) immune suppression or immune deficiency, or
    c) HIV, or
    d) transplant recipients, or
    e) neuromuscular and CNS diseases/disorders, or
    f) haemoglobinopathies, or
    g) are children on long term aspirin, or
    h) have a cochlear implant, or
    i) errors of metabolism at risk of major metabolic decompensation, or
    j) pre and post splenectomy, or
    k) down syndrome, or
  vii) are pregnant; or
c) children aged four years or less (but over three years) who have been hospitalised for respiratory illness or have a history of significant respiratory illness;
d) people under 18 years of age living in the Seddon/Ward and rural Eastern Marlborough region (within the Nelson Marlborough District Health Board) and Kaikoura and Hurunui areas (within the Canterbury District Health Board);
~~e) People under 18 years of age who have been displaced from their homes in Edgecumbe and the surrounding region;~~

Unless meeting the criteria set out above, the following conditions are excluded from funding:
a) asthma not requiring regular preventative therapy,
b) hypertension and/or dyslipidaemia without evidence of end-organ disease.

B) Contractors will be entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Changes to Restrictions – effective 1 February 2019

11 ACARBOSE (stat dispensing removed)

Tab 50 mg	3.50	90	✔ **Glucobay**
Tab 100 mg	6.40	90	✔ **Glucobay**
	11.24	50	✔ **Acarbose Mylan** S29

38 EPOETIN ALFA ~~[ERYTHROPOIETIN ALFA]~~ – Special Authority see **SA1775** ~~1469~~ – Retail pharmacy
(amended chemical name and Special Authority criteria)

Wastage claimable

Inj 1,000 iu in 0.5 ml, syringe	48.68	6	✔ **Eprex**
	250.00		✔ **Binocrit**
Inj 2,000 iu in 0.5 ml, syringe	120.18	6	✔ **Eprex**
Inj 2,000 iu in 1 ml, syringe	100.00		✔ **Binocrit**
Inj 3,000 iu in 0.3 ml, syringe	166.87	6	✔ **Eprex**
	150.00		✔ **Binocrit**
Inj 4,000 iu in 0.4 ml, syringe	193.13	6	✔ **Eprex**
	96.50		✔ **Binocrit**
Inj 5,000 iu in 0.5 ml, syringe	243.26	6	✔ **Eprex**
	125.00		✔ **Binocrit**
Inj 6,000 iu in 0.6 ml, syringe	291.92	6	✔ **Eprex**
	145.00		✔ **Binocrit**
Inj 8,000 iu in 0.8 ml, syringe	352.69	6	✔ **Eprex**
	175.00		✔ **Binocrit**
Inj 10,000 iu in 1 ml, syringe	395.18	6	✔ **Eprex**
	197.50		✔ **Binocrit**
Inj 40,000 iu in 1 ml, syringe	263.45	1	✔ **Eprex**
	250.00		✔ **Binocrit**

➽ **SA1775** ~~1469~~ Special Authority for Subsidy

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

All of the following:

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

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

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

All of the following:

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

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

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

Renewal — (chronic renal failure) from any specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.
Note: ~~Erythropoietin alfa~~ **Epoetin alfa** is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.

Renewal — (myelodysplasia) from any specialist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient's transfusion requirement continues to be reduced with erythropoietin treatment; and
2 Transformation to acute myeloid leukaemia has not occurred; and
3 The minimum necessary dose of ~~erythropoietin~~ **epoetin** would be used and will not exceed 80,000 iu per week.
Note: Indication marked with * is an unapproved indication

66 EMULSIFYING OINTMENT (reinstate stat dispensing)

❋ Oint BP	3.59	500 g	✔	**AFT**

73 ETHINYLOESTRADIOL WITH LEVONORGESTREL (stat dispensing removed, note added and PSO quantity amended)
Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets –

Up to ~~84~~ **28** tab available on a PSO	1.77	84	✔	**Levlen ED**

Note – Ethinyloestradiol with levonorgestrel (Levlen ED) tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets to be dispensed in 28 day lots only.

81 MEDROXYPROGESTERONE ACETATE – See prescribing guideline above (reinstate stat dispensing)

❋ Tab 2.5 mg	3.75	30	✔	**Provera**
	7.00	56	✔	**Provera S29**
❋ Tab 5 mg	14.00	100	✔	**Provera**
	7.84	56	✔	**Provera S29**

103 TENOFOVIR DISOPROXIL – ~~Brand switch fee payable (Pharmacode 2556642)~~ (brand switch fee removed)
Tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA1651

❋ Tab 245 mg (300.6 mg as a succinate)	38.10	30	✔	**Tenofovir Disoproxil Teva**

114 ALENDRONATE SODIUM – ~~Special Authority see SA1039 – Retail pharmacy~~ (Special Authority removed)

❋ Tab 70 mg	2.44	4	✔	**Fosamax**

114 ALENDRONATE SODIUM WITH COLECALCIFEROL – ~~Special Authority see SA1039 – Retail pharmacy~~ (Special Authority removed)

❋ Tab 70 mg with colecalciferol 5,600 iu	1.51	4	✔	**Fosamax Plus**

Changes to Restrictions – effective 1 February 2019 (continued)

115 DENOSUMAB – Special Authority see **SA1777** ~~1730~~ – Retail pharmacy (amended Special Authority criteria)
Inj 60 mg prefilled syringe.....326.00 1 ✔**Prolia**

➽ **SA1777** ~~1730~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

1 The patient has severe, established osteoporosis; and
2 Either:
  2.1 The patient is female and postmenopausal; or
  2.2 The patient is male or non-binary; and
3 Any of the following:
  3.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
  3.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or
  3.3 History of two significant osteoporotic fractures demonstrated radiologically; or
  3.4 Documented T-Score less than or equal to -3.0 (see Note); or
  3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
  3.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis) **prior to 1 February 2019** or **has had a Special Authority approval for** raloxifene; and
4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and
6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

Notes:

a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable
b) Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab
c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less
d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body
e) Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy

Changes to Restrictions – effective 1 February 2019 (continued)

116 RALOXIFENE HYDROCHLORIDE – Special Authority see **SA1779** ~~1138~~ – Retail pharmacy (amended Special Authority criteria)

✻ Tab 60 mg ..... 53.76 28 ✔**Evista**

➽ **SA1779** ~~1138~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Notes); or
2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
3 History of two significant osteoporotic fractures demonstrated radiologically; or
4 Documented T-Score less than or equal to -3.0 (see Notes); or
5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Notes); or
6 Patient has had a ~~prior~~ Special Authority approval for zoledronic acid (Underlying cause – Osteoporosis) or **has had a Special Authority approval for** alendronate (Underlying cause – Osteoporosis) **prior to 1 February 2019**.

Notes:

a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable.
b) Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for raloxifene funding.
c) Osteoporotic fractures are the incident events for severe (established) osteoporosis, and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less.
d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body.

117 ZOLEDRONIC ACID (amended Special Authority criteria – affected criteria shown only)

Inj 0.05 mg per ml, 100 ml, vial – Special Authority see **SA1780** ~~1187~~ – Retail pharmacy ..... 600.00 100 ml OP ✔**Aclasta**

➽ **SA1780** ~~1187~~ Special Authority for Subsidy

Initial application — (Underlying cause – Osteoporosis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Any of the following:
   1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
   1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
   1.3 History of two significant osteoporotic fractures demonstrated radiologically; or

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

1.4 Documented T-Score less than or equal to -3.0 (see Note); or
1.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
1.6 Patient has had a Special Authority approval for alendronate (Underlying cause – Osteoporosis) **prior to 1 February 2019** or **has had a Special Authority approval for** raloxifene; and
2 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

Initial application — (Underlying cause – glucocorticosteroid therapy) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
All of the following:
1 The patient is receiving systemic glucocorticosteroid therapy (greater than or equal to 5 mg per day prednisone equivalents) and has already received or is expected to receive therapy for at least three months; and
2 Any of the following:
2.1 The patient has documented BMD greater than or equal to 1.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -1.5) (see Note); or
2.2 The patient has a history of one significant osteoporotic fracture demonstrated radiologically; or
2.3 The patient has had a Special Authority approval for alendronate (Underlying cause – glucocorticosteroid therapy) **prior to 1 February 2019** or **has had a Special Authority approval for** raloxifene; and
3 The patient will not be prescribed more than 5 mg of zoledronic acid in the 12-month approval period.

Renewal — (Underlying cause was glucocorticosteroid therapy but patient now meets the 'Underlying cause – osteoporosis' criteria) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 Any of the following:
1.1 History of one significant osteoporotic fracture demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to 2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
1.2 History of one significant osteoporotic fracture demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons. It is unlikely that this provision would apply to many patients under 75 years of age; or
1.3 History of two significant osteoporotic fractures demonstrated radiologically; or
1.4 Documented T-Score less than or equal to -3.0 (see Note); or
1.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
1.6 The patient has had a Special Authority approval for alendronate (Underlying was glucocorticosteroid therapy but patient now meets the 'Underlying cause – Osteoporosis' criteria) **prior to 1 February 2010** or **has had a Special Authority approval for** raloxifene; and
2 The patient will not be prescribed more than 5 mg of zoledronic acid in a 12-month period.

122 LEVODOPA WITH CARBIDOPA (reinstate stat dispensing)
❋Tab 250 mg with carbidopa 25 mg ..... 32.67 100 ✔**Sinemet**

128 DOXEPIN HYDROCHLORIDE – Subsidy by endorsement (subsidy by endorsement added)
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking doxepin hydrochloride prior to 1 March 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of doxepin hydrochloride.

Cap 10 mg ..... 6.30 100 ✔**Anten**
Cap 25 mg ..... 6.86 100 ✔**Anten**
Cap 50 mg ..... 8.55 100 ✔**Anten**

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Restrictions – effective 1 February 2019 (continued)

130 GABAPENTIN – ~~Brand switch fee payable (Pharmacode 2556626)~~ (brand switch fee removed)
Note: Not subsidised in combination with subsidised pregabalin

✻ Cap 100 mg	2.65	100	✔**Apo-Gabapentin**
✻ Cap 300 mg	4.07	100	✔**Apo-Gabapentin**
✻ Cap 400 mg	5.64	100	✔**Apo-Gabapentin**

135 ARIPIPRAZOLE (brand switch fee removed)
~~a) Brand switch fee payable (Pharmacode 2556634)~~
~~b)~~ Safety medicine; prescriber may determine dispensing frequency

Tab 5 mg	17.50	30	✔**Aripiprazole Sandoz**
Tab 10 mg	17.50	30	✔**Aripiprazole Sandoz**
Tab 15 mg	17.50	30	✔**Aripiprazole Sandoz**
Tab 20 mg	17.50	30	✔**Aripiprazole Sandoz**
Tab 30 mg	17.50	30	✔**Aripiprazole Sandoz**

144 Other Multiple Sclerosis Treatments (amended Special Authority criteria – affected criteria only shown)

SA1564 Special Authority for Subsidy
Special Authority approved by the Multiple Sclerosis Treatment Committee
Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria.
Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The coordinator	Phone: 04 460 4990
Multiple Sclerosis Treatment Assessment Committee	Facsimile: 04 916 7571
PHARMAC PO Box 10 254	Email: mstaccoordinator@pharmac.govt.nz
Wellington	

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.
Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).
Only glatiramer acetate inj 40 mg prefilled syringe will be subsidised if dispensed from a community pharmacy. The other ~~These~~ agents will NOT be subsidised if dispensed from a community or hospital pharmacy.
Regular supplies will be distributed to all approved patients or their clinicians by courier.
Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.
Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, ~~or~~ 20 mg glatiramer acetate daily **or 40 mg glatiramer acetate 3 times weekly** will be subsidised.
Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. The MSTAC coordinator should be notified of the change and a new prescription provided.

146 GLATIRAMER ACETATE – Special Authority see SA1564 ~~– [Xpharm]~~
([Xpharm] moved from chemical to presentation)

Inj 20 mg prefilled syringe – **[Xpharm]**	2,250.00	28	✔**Copaxone**

▲ 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 February 2019 (continued)

191 RITUXIMAB – PCT only – Specialist – Special Authority see **SA1783** ~~1686~~
(new replacement Special Authority criteria)

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

➽ **SA1783** ~~1686~~ Special Authority for Subsidy

Initial application – (Antibody-mediated renal transplant rejection) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid without further renewal unless notified where patient has been diagnosed with antibody-mediated renal transplant rejection*.
Note: Indications marked with * are unapproved indications.

Initial application – (ABO-incompatible renal transplant) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid without further renewal unless notified where patient is to undergo an ABO-incompatible renal transplant*.
Note: Indications marked with * are unapproved indications.

Initial application – (previous use) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Patient was being treated with rituximab prior to 1 February 2019; and
2 Any of the following:
  2.1 haemophilia with inhibitors; or
  2.2 rheumatoid arthritis; or
  2.3 severe cold haemagglutinin disease (CHAD); or
  2.4 warm autoimmune haemolytic anaemia (warm AIHA); or
  2.5 immune thrombocytopenic purpura (ITP); or
  2.6 thrombotic thrombocytopenic purpura (TTP); or
  2.7 pure red cell aplasia (PRCA); or
  2.8 ANCA associated vasculitis; or
  2.9 treatment refractory systemic lupus erythematosus (SLE); or
  2.10 steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS).

Initial application – (haemophilia with inhibitors) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 months for applications meeting the following criteria:
Any of the following:
1 Patient has mild congenital haemophilia complicated by inhibitors; or
2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or
3 Patient has acquired haemophilia.

Renewal – (haemophilia with inhibitors) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment.

Initial application – (post-transplant) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has B-cell post-transplant lymphoproliferative disorder*; and
2 To be used for a maximum of 8 treatment cycles.
Note: Indications marked with * are unapproved indications.

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

Renewal – (post-transplant) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:
1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
3 To be used for no more than 6 treatment cycles.
Note: Indications marked with * are unapproved indications.

Initial application – (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:
Either:
1 Both:
  1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
  1.2 To be used for a maximum of 6 treatment cycles; or
2 Both:
  2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy; and
  2.2 To be used for a maximum of 6 treatment cycles.
Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Renewal – (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:
1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
3 To be used for no more than 6 treatment cycles.
Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Initial application – (aggressive CD20 positive NHL) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1 All of the following:
  1.1 The patient has treatment naive aggressive CD20 positive NHL; and
  1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
  1.3 To be used for a maximum of 8 treatment cycles; or
2 Both:
  2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
  2.2 To be used for a maximum of 6 treatment cycles.
Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

Renewal – (aggressive CD20 positive NHL) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
4 To be used for a maximum of 4 treatment cycles.
Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia.

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Changes to Restrictions – effective 1 February 2019 (continued)

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Initial application – (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2 The patient is rituximab treatment naive; and
3 Either:
  3.1 The patient is chemotherapy treatment naive; or
  3.2 Both:
    3.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and
    3.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; and
4 The patient has good performance status; and
5 The patient does not have chromosome 17p deletion CLL; and
6 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of 6 treatment cycles; and
7 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with rituximab is expected to improve symptoms and improve ECOG score to <2.

Renewal – (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and
2 The patient has had an interval of 36 months or more since the commencement of initial rituximab treatment; and
3 The patient does not have chromosome 17p deletion CLL; and
4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and
5 Rituximab to be administered in combination with fludarabine and cyclophosphamide or bendamustine for a maximum of 6 treatment cycles.

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

Initial application – (rheumatoid arthritis – prior TNF inhibitor use) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Both:
  1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
    1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

2 Either:
  2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initial application – (rheumatoid arthritis – TNF inhibitors contraindicated) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
5 Any of the following:
  5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
6 Either:
  6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
7 Either:
  7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and
8 Either:
  8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Renewal – (rheumatoid arthritis – re-treatment in 'partial responders' to rituximab) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Any of the following:
  1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:

3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or

3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Renewal – (rheumatoid arthritis – re-treatment in 'responders' to rituximab) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:

3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or

3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initial application – (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

1 Patient has cold haemagglutinin disease*; and

2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are unapproved indications.

Renewal – (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application – (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

1 Patient has warm autoimmune haemolytic anaemia*; and

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to >5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin.

Note: Indications marked with * are unapproved indications.

Renewal – (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application – (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Both:

1 Either:
  1.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
  1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and
2 Any of the following:
  2.1 Treatment with steroids and splenectomy have been ineffective; or
  2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
  2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

Note: Indications marked with * are unapproved indications.

Renewal – (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application – (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Either:

1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

Renewal – (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment.
Note: Indications marked with * are unapproved indications.

Initial application – (pure red cell aplasia (PRCA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks where patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder
Note: Indications marked with * are unapproved indications.

Renewal – (pure red cell aplasia (PRCA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks where patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months
Note: Indications marked with * are unapproved indications.

Initial application – (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks; and
3 Any of the following:
  3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
  3.2 Patient has previously had a cumulative dose of cyclophosphamide >15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose >15 g; or
  3.3 Cyclophosphamide and methotrexate are contraindicated; or
  3.4 Patient is a female of child-bearing potential; or
  3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.
Note: Indications marked with * are unapproved indications.

Renewal – (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks.
Note: Indications marked with * are unapproved indications.

Initial application – (treatment refractory systemic lupus erythematosus (SLE)) only from a rheumatologist, nephrologist or Practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid for 7 months for applications meeting the following criteria:
All of the following:
1 The patient has severe, immediately life- or organ-threatening SLE*; and
2 The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

3 The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
4 Maximum of four 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Renewal – (treatment refractory systemic lupus erythematosus (SLE)) only from a rheumatologist, nephrologist or Practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2 The disease has subsequently relapsed; and
3 Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Initial application – (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient is a child with SDNS* or FRNS*; and
2 Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
5 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

Renewal – (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

Initial application – (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
2 Treatment with tacrolimus for at least 3 months has been ineffective; and
3 Genetic causes of nephrotic syndrome have been excluded; and
4 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

Renewal – (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:

1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

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

Changes to Restrictions – effective 1 January 2019

36 FERROUS SULPHATE (reinstate stat dispensing)

❋ Tab long-acting 325 mg (105 mg elemental)	2.06	30	✔ **Ferrograd**

51 PROPRANOLOL (reinstate stat dispensing)

❋ Cap long-acting 160 mg	18.17	100	✔ **Cardinol LA**

53 METOLAZONE ~~– Special Authority see SA1678 – Retail pharmacy~~ (Special Authority removed)

Tab 5 mg	CBS	1	✔ **Metolazone** S29
		50	✔ **Zaroxolyn** S29

➽ SA1678 ~~Special Authority for Subsidy~~

~~Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~

~~Either:~~

~~1 Patient has refractory heart failure and is intolerant or has not responded to loop diuretics and/or loop-thiazide combination therapy; or~~

~~2 Paediatric patient has oedema secondary to nephrotic syndrome that has not responded to loop diuretics.~~

81 MEDROXYPROGESTERONE ACETATE – See prescribing guideline (remove stat dispensing)

Tab 2.5 mg	3.75	30	✔ **Provera**
	7.00	56	✔ **Provera S29** S29
Tab 5 mg	14.00	100	✔ **Provera**
	7.84	56	✔ **Provera S29** S29

103 ENTECAVIR – **Brand Switch Fee payable (Pharmacode 2559420)**

❋ Tab 0.5 mg	52.00	30	✔ **Entecavir Sandoz**

122 LEVODOPA WITH CARBIDOPA (remove stat dispensing)

Tab 250 mg with carbidopa 25 mg	32.67	100	✔ **Sinemet**

131 PHENYTOIN SODIUM (reinstate stat dispensing)

❋ Oral liq 30 mg per 5 ml	22.03	500 ml	✔ **Dilantin**

153 VARENICLINE TARTRATE – Special Authority see **SA1771**~~1575~~ – Retail pharmacy
(amended note and Special Authority criteria)

a) Varenicline will not be funded in amounts less than ~~2~~ **4** weeks of treatment.

b) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack

Tab 1 mg	67.74	28	✔ **Champix**
	135.48	56	✔ **Champix**
	27.10		✔ **Varenicline Pfizer**
Tab 0.5 mg × 11 and 1 mg × 14	60.48	25 OP	✔ **Champix**
Tab 0.5 mg × 11 and 1 mg × 42	25.64	53 OP	✔ **Varenicline Pfizer**

➽ **SA1771** ~~1575~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 5 months for applications meeting the following criteria:

All of the following:

1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and

2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and

continued...

Changes to Restrictions – effective 1 January 2019 (continued)

continued...

3 Either:
- 3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
- 3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and

4 The patient has not used funded varenicline in the last 12 months; and
5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
6 The patient is not pregnant; and
7 The patient will not be prescribed more than 12 weeks' funded varenicline (see note).

Renewal from any relevant practitioner. Approvals valid for 5 months for applications meeting the following criteria:
All of the following:
1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
3 The patient has not used funded varenicline in the last 12 months; and
4 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
5 The patient is not pregnant; and
6 The patient will not be prescribed more than 12 weeks' funded varenicline (see note).
The patient must not have had an approval in the past 12 months.
Notes: a maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval.
This includes the ~~2-week~~ **4-week** 'starter' pack.

187 AFLIBERCEPT – Special Authority see **SA1772**~~1726~~ – Retail pharmacy
(amended Special Authority criteria – affected criteria shown only)
Inj 40 mg per ml, 0.1 ml vial ..... 1,250.00 1 ✔**Eylea**

➽ **SA1772** ~~1726~~ Special Authority for Subsidy
Initial application — (wet age related macular degeneration) only from an ophthalmologist. Approvals valid for 3 months for applications meeting the following criteria:
Either:
1 All of the following:
- 1.1 Any of the following:
  - 1.1.1 Wet age-related macular degeneration (wet AMD); or
  - 1.1.2 Polypoidal choroidal vasculopathy; or
  - 1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
- 1.2 Either:
  - 1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
  - 1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
- 1.3 There is no structural damage to the central fovea of the treated eye; and
- 1.4 Patient has not previously been treated with ranibizumab for longer than 3 months; or

2 ~~Any of the following~~ **Either**:
- 2.1 Patient has current approval to use ranibizumab for treatment of wAMD and was found to be intolerant to ranibizumab within 3 months; or
- 2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment~~; or~~

continued...

Changes to Restrictions – effective 1 January 2019 (continued)

continued...

~~2.3 Patient has current approval to use ranibizumab for treatment of wAMD; or~~

~~2.4 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab~~.

~~Note: Criteria 2.3 and 2.4 will be removed from 1 January 2019.~~

Initial application — (diabetic macular oedema) only from an ophthalmologist. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1~~ All of the following:

~~1.~~1 Patient has centre involving diabetic macular oedema (DMO); and

~~1.~~2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and

~~1.~~3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and

~~1.~~4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and

~~1.~~5 There is no centre-involving sub-retinal fibrosis or foveal atrophy~~; or~~

~~2 Patient is currently receiving treatment with aflibercept and has documented previous poor response to bevacizumab~~.

~~Note: Criterion 2 will be removed from 1 January 2019.~~

Effective 1 December 2018

90 CEFTRIAXONE – Subsidy by endorsement (amended PSO quantity and subsidy by endorsement restriction)

a) Up to ~~5~~ **10** inj available on a PSO

b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected **meningococcal disease,** ~~meningitis in patients who have a known allergy to penicillin~~, and the prescription or PSO is endorsed accordingly.

Inj 500 mg vial	1.20	1	✔**DEVA**
Inj 1 g vial	0.84	1	✔**DEVA**

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 March 2019

47	ENALAPRIL MALEATE (↑ subsidy)			
	❋ Tab 5 mg	3.84	100	✔ **Ethics Enalapril**
	❋ Tab 10 mg	4.96	100	✔ **Ethics Enalapril**
	❋ Tab 20 mg	7.12	100	✔ **Ethics Enalapril**
78	ZOLEDRONIC ACID (↓ subsidy)			
	Inj 4 mg per 5 ml, vial – Special Authority see SA1687 – Retail pharmacy	38.03	1	✔ **Zoledronic acid Mylan**
134	DOMPERIDONE (↓ subsidy)			
	❋ Tab 10 mg	2.25	100	
		(3.20)		Prokinex
153	VARENICLINE TARTRATE – Special Authority see SA1575 – Retail pharmacy (↓ subsidy) a) Varenicline will not be funded in amounts less than 4 weeks of treatment. b) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack			
	Tab 1 mg	13.55	28	
		(67.74)		Champix
		27.10	56	
		(135.48)		Champix
	Tab 0.5 mg × 11 and 1 mg × 14	12.09	25 OP	
		(60.48)		Champix
156	CARMUSTINE – PCT only – Specialist (↑ subsidy)			
	Inj 100 mg for ECP	1,380.00	100 mg OP	✔ **Baxter**
166	VINORELBINE – PCT only – Specialist (↑ subsidy)			
	Inj 10 mg per ml, 1 ml vial	12.00	1	✔ **Navelbine**
	Inj 10 mg per ml, 5 ml vial	56.00	1	✔ **Navelbine**
211	LATANOPROST (↓ price)			
	❋ Eye drops 0.005%	1.50	2.5 ml OP	✔ **Hysite**

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 February 2019

11	METFORMIN HYDROCHLORIDE (↓ subsidy)			
	✻ Tab immediate-release 500 mg	8.63	1,000	
		(9.59)		Metchek
	✻ Tab immediate-release 850 mg	7.04	500	
		(7.82)		Metformin Mylan
32	BENZYDAMINE HYDROCHLORIDE (↑ price)			
	Soln 0.15% – Higher subsidy of up to $17.01 per 500 ml with Endorsement	9.00	500 ml	
		(20.31)		Difflam
	Additional subsidy by endorsement for a patient who has oral mucositis as a result of treatment for cancer, and the prescription is endorsed accordingly.			
114	ALENDRONATE SODIUM (↓ subsidy)			
	✻ Tab 70 mg	2.44	4	✔ **Fosamax**
114	ALENDRONATE SODIUM WITH COLECALCIFEROL (↓ subsidy)			
	✻ Tab 70 mg with colecalciferol 5,600 iu	1.51	4	✔ **Fosamax Plus**
125	PARACETAMOL (↓ subsidy)			
	✻ Suppos 500 mg	12.40	50	
		(12.60)		Paracare
150	MODAFINIL – Special Authority see SA1126 – Retail pharmacy (↓ subsidy)			
	Tab 100 mg	32.00	30	✔ **Modavigil**
152	DISULFIRAM (↑ subsidy)			
	Tab 200 mg	75.57	100	✔ **Antabuse**
159	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy)			
	Inj 20 mg per ml, 5 ml vial	71.44	1	✔ **Irinotecan Actavis 100**
162	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy)			
	Inj 2 mg per ml, 100 ml vial	85.00	1	✔ **Epirubicin Ebewe**
164	PROCARBAZINE HYDROCHLORIDE – PCT – Retail pharmacy-Specialist (↑ subsidy)			
	Cap 50 mg	980.00	50	✔ **Natulan** S29
211	BIMATOPROST (↓ subsidy)			
	✻ Eye drops 0.03%	3.30	3 ml OP	
		(3.65)		Bimatoprost Actavis
211	LATANOPROST (↑ price)			
	✻ Eye drops 0.005%	1.50	2.5 ml OP	
		(1.84)		Hysite

▲ 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

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Subsidy and Manufacturer's Price – effective 1 January 2019

38 FOLIC ACID (↑ subsidy)
Oral liq 50 mcg per ml — 26.00 — 25 ml OP — ✔**Biomed**

64 HYDROCORTISONE BUTYRATE (↑ subsidy)
Oint 0.1% — 13.70 — 100 g OP — ✔**Locoid**
Milky emul 0.1% — 13.70 — 100 ml OP — ✔**Locoid Crelo**

65 HYDROCORTISONE WITH NATAMYCIN AND NEOMYCIN – Only on a prescription (↑ subsidy)
Crm 1% with natamycin 1% and neomycin sulphate 0.5% — 3.35 — 15 g OP — ✔**Pimafucort**
Oint 1% with natamycin 1% and neomycin sulphate 0.5% — 3.35 — 15 g OP — ✔**Pimafucort**

70 HYDROCORTISONE BUTYRATE (↑ subsidy)
Scalp lotn 0.1% — 7.30 — 100 ml OP — ✔**Locoid**

134 HYOSCINE HYDROBROMIDE (↑ subsidy)
Patch 1.5 mg – Special Authority see SA1387
– Retail pharmacy — 14.11 — 2 — ✔**Scopoderm TTS**

157 OXALIPLATIN – PCT only – Specialist (↑ subsidy)
Inj 1 mg for ECP — 0.48 — 1 mg — ✔**Baxter**

157 AZACITIDINE – PCT only – Specialist – Special Authority see SA1467 (↓ subsidy)
Inj 1 mg for ECP — 1.53 — 1 mg — ✔**Baxter**

159 METHOTREXATE (↓ subsidy)
✻ Tab 2.5 mg – PCT – Retail pharmacy-Specialist — 2.68 (3.18) — 30 — Trexate
✻ Tab 10 mg – PCT – Retail pharmacy-Specialist — 17.64 (21.00) — 50 — Trexate

162 DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy)
Inj 1 mg for ECP — 0.29 — 1 mg — ✔**Baxter**

173 TAMOXIFEN CITRATE (↓ subsidy)
✻ Tab 20 mg — 9.33 — 100 — ✔**Genox**

208 CHLORAMPHENICOL (↑ subsidy)
Eye drops 0.5% — 1.95 — 10 ml OP — ✔**Chlorafast**
Funded for use in the ear*. Indications marked with an * are unapproved indications.

210 DORZOLAMIDE WITH TIMOLOL (↓ subsidy)
✻ Eye drops 2% with timolol 0.5% — 2.87 (3.45) — 5 ml OP — Arrow-Dortim

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

Changes to General rules

Effective 1 February 2019

Part 3 – Dispensing and Giving

3.1.2 DHB Hospital Contractors: Contractors with an agreement to claim DHB Hospital Pharmaceutical**s** ~~Cancer Treatments~~ can dispense and claim for Community Pharmaceuticals marked as "PCT" or "PCT only".

Part 6 – Funding

6.5 Wastage and DHB Hospital Contractors: Wastage may be claimed by DHB Hospital Contractors as it applies to Pharmaceutical**s marked as "PCT" or "PCT only".** ~~Cancer Treatment identified as PCTs. The claim does not have to be linked to a specific patient dispensing.~~

~~6.7 DHB Hospital Funding: The default funding arrangement for Pharmaceuticals administered, provided or dispensed by DHB Hospitals is that they are to be funded by the relevant DHB Hospital from its own budget, with the exception of:~~

~~6.7.1 Pharmaceutical Cancer Treatments which are funded through a Subsidy claim~~

~~6.7.2 Community Pharmaceuticals that have been brought to the DHB Hospital by the patient who is being treated by outpatient services or who is admitted as an inpatient~~

~~6.7.3 Community Pharmaceuticals that have been dispensed to a mental health day clinic under a PSO~~

~~6.7.4 Unlisted Pharmaceuticals that have been brought to the DHB Hospital by the patient who is admitted as an inpatient~~

~~6.7.5 non-seasonal vaccines, and~~

~~6.7.6 haemophilia treatments.~~

Part 8 – Funding Exceptions

8.1b **Paediatric Oncology** ~~Pharmaceutical Cancer Treatments in Paediatrics~~: DHB Hospitals may Give (and will be eligible to receive a Subsidy for) any pharmaceutical for use within a paediatric oncology/ haematology service for the treatment of cancer.

Part 10 – Definitions

Community Pharmaceutical means a Pharmaceutical listed in Sections B to D or I of the Schedule that is Subsidised by the Funder from the Combined Pharmaceutical Budget ~~and includes Pharmaceutical Cancer Treatments~~.

DHB Hospital Contractors means Contractors with an agreement to ~~claim DHB Hospital Pharmaceutical Cancer Treatments who can~~ dispense and claim for Community Pharmaceuticals marked as "PCT" or "PCT only".

PCT only is a designation which, when applied to a specific Community Pharmaceutical, means a Pharmaceutical ~~Cancer Treatment~~ of which only a DHB Hospital Pharmacy can claim a subsidy.

PCT means a Pharmaceutical listed in Section B of the Schedule that a DHB Hospital Contractor may claim a subsidy payment for, and identified therein as a "PCT" or "PCT only" Pharmaceutical.

~~Pharmaceutical Cancer Treatment means a Pharmaceutical for the treatment of cancer, listed in Section B of the Schedule and identified therein as a "PCT" or "PCT only" Pharmaceutical~~.

	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Delisted Items

Effective 1 March 2019

26 ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription

✻ Powder for oral soln	6.05	500 g OP	✔Bonvit

31 IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy

Inj 40 iu per ml, 200 iu vial	1,072.00	1	✔Cerezyme
~~Inj 40 iu per ml, 400 iu vial~~	~~2,144.00~~	~~1~~	~~✔Cerezyme~~

Note – Cerezyme inj 40 iu per ml, 400 iu vial delist has been amended until 1 September 2019.

43 HEPARINISED SALINE

Inj 10 iu per ml, 5 ml	53.40	30	✔BD PosiFlush S29

43 RIVAROXABAN

Tab 10 mg – No more than 1 tab per day	41.55	15	✔Xarelto

Note – this delist applies to the 15 tab pack. The 30 tab pack remains listed.

51 FELODIPINE

✻ Tab long-acting 5 mg	1.31	30	
	(1.55)		Plendil ER
✻ Tab long-acting 10 mg	1.44	30	
	(2.30)		Plendil ER

52 VERAPAMIL HYDROCHLORIDE

✻ Inj 2.5 mg per ml, 2 ml ampoule			
– Up to 5 inj available on a PSO	25.00	5	✔Isoptin

Note – this delist applies to Pharmacode 253480. A new Pharmacode was listed 1 September 2018.

56 GLYCERYL TRINITRATE

✻ Tab 600 mcg – Up to 100 tab available on a PSO	8.00	100 OP	✔Lycinate

58 BOSENTAN – Special Authority see SA1712 – Retail pharmacy

Tab 62.5 mg	141.00	60	✔Bosentan-Mylan
Tab 125 mg	141.00	60	
	(401.79)		Bosentan-Mylan

66 AQUEOUS CREAM

✻ Crm	1.92	500 g	
	(1.99)		AFT SLS-free

69 BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

Gel 500 mcg with calcipotriol 50 mcg per g	26.12	30 g OP	✔Daivobet

Note – the 60 g OP pack was listed 1 October 2018.

77 SOLIFENACIN SUCCINATE

Tablet 5 mg	3.00	30	
	(37.50)		Vesicare
Tablet 10 mg	5.50	30	
	(37.50)		Vesicare

S29 Unapproved medicine supplied under Section 29
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 March 2019 (continued)

78	CALCITONIN			
	✻ Inj 100 iu per ml, 1 ml ampoule	121.00	5	✔ Miacalcic
	Note – this delist applies to Pharmacode 259012. A new Pharmacode was listed 1 September 2018.			
80	CYPROTERONE ACETATE – Retail pharmacy-Specialist			
	Tab 50 mg	13.17	50	
		(15.87)		Procur
	Tab 100 mg	26.75	50	
		(30.40)		Procur
89	CLOMIFENE CITRATE			
	Tab 50 mg	29.84	10	✔ Serophene
131	PHENYTOIN SODIUM			
	Cap 30 mg	22.00	200	✔ Dilantin
	Cap 100 mg	19.79	200	✔ Dilantin
	Note – this delist applies to Pharmacodes 258571 and 258598. New Pharmacodes were listed 1 August 2018.			
134	PROMETHAZINE THEOCLATE			
	✻ Tab 25 mg	1.20	10	
		(5.59)		Avomine
136	LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 400 mg	12.83	100	✔ Lithicarb FC
136	ZIPRASIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Cap 20 mg	14.56	60	✔ Zeldox
146	LORMETAZEPAM – Safety medicine; prescriber may determine dispensing frequency			
	Tab 1 mg	3.11	30	
		(23.50)		Noctamid
156	CARBOPLATIN – PCT only – Specialist			
	Inj 10 mg per ml, 5 ml vial	15.07	1	✔ DBL Carboplatin
		20.00		✔ Carboplatin Ebewe
	Inj 10 mg per ml, 15 ml vial	14.05	1	✔ DBL Carboplatin
		19.50		✔ Carbaccord
		22.50		✔ Carboplatin Ebewe
158	FLUOROURACIL			
	Inj 50 mg per ml, 50 ml vial – PCT only – Specialist	17.00	1	✔ Fluorouracil Ebewe
241	INFLUENZA VACCINE			
	Inj 45 mcg in 0.5 ml syringe (trivalent vaccine)	90.00	10	✔ Influvac
	a) Only on a prescription			
	b) No patient co-payment payable			
	c) Indication restrictions apply			

▲ 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 February 2019

11 SODIUM NITROPRUSSIDE – Maximum of 50 strip per prescription

✻ Test strip – Not on a BSO	22.00	50 strip OP	✔ Ketostix

33 THIAMINE HYDROCHLORIDE – Only on a prescription

✻ Tab 50 mg	4.89	100	
	(5.62)		Apo-Thiamine

36 FERROUS SULPHATE

Tab long-acting 325 mg (105 mg elemental)	2.06	30	✔ Ferrograd

Note – this delist applies to Pharmacode 604321. A new Pharmacode was listed 1 August 2018.

43 HEPARIN SODIUM

Inj 1,000 iu per ml, 35 ml vial	14.53	1	✔ Hospira
Inj 1,000 iu per ml, 5 ml ampoule	11.71	10	
	(13.36)		Hospira
	58.57	50	
	(66.80)		Hospira

50 METOPROLOL TARTRATE

✻ Inj 1 mg per ml, 5 ml vial	24.00	5	✔ Lopresor

52 ISRADIPINE

✻ Cap long-acting 2.5 mg	7.50	30	✔ Dynacirc-SRO
✻ Cap long-acting 5 mg	7.85	30	✔ Dynacirc-SRO

63 CALAMINE

a) Only on a prescription
b) Not in combination

Crm, aqueous, BP	1.26	100 g	
	(1.49)		Pharmacy Health

76 OXYBUTYNIN

✻ Tab 5 mg	1.77	100	✔ Ditropan S29

83 LEVOTHYROXINE

✻ Tab 25 mcg	3.89	90	✔ Synthroid

Note – this delist applies to Pharmacode 2390019. A new Pharmacode was listed 1 July 2018.

101 ETHAMBUTOL HYDROCHLORIDE – Retail pharmacy-Specialist

a) No patient co-payment payable
b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician

Tab 100 mg	48.01	56	✔ Myambutol S29

101 PYRAZINAMIDE – Retail pharmacy-Specialist

a) No patient co-payment payable
b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician

✻ Tab 500 mg	59.00	100	✔ AFT-Pyrazinamide S29

S29 Unapproved medicine supplied under Section 29
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 February 2019 (continued)

104 PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR – [Xpharm]
a) No patient co-payment payable
b) 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/hepatitis-c-treatments
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

104 PARITAPREVIR, RITONAVIR AND OMBITASVIR WITH DASABUVIR AND RIBAVIRIN – [Xpharm]
a) No patient co-payment payable
b) 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/hepatitis-c-treatments
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

124 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE
Inj 1%, 20 ml ampoule – Up to 5 inj available on a PSO ..... 2.40 — 1 — ✔Lidocaine-Claris
Inj 2%, 20 ml ampoule – Up to 5 inj available on a PSO ..... 2.40 — 1 — ✔Lidocaine-Claris

128 IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency
Tab 10 mg ..... 6.58 — 60 — ✔Tofranil s29 S29

159 IRINOTECAN HYDROCHLORIDE – PCT only – Specialist
Inj 20 mg per ml, 2 ml vial ..... 41.00 — 1 — ✔Camptosar
Inj 20 mg per ml, 5 ml vial ..... 100.00 — 1 — ✔Camptosar

201 TRIMEPRAZINE TARTRATE
Oral liq 30 mg per 5 ml ..... 2.79 (8.06) — 100 ml OP — Vallergan Forte

213 PHARMACY SERVICES
May only be claimed once per patient.
✻ Brand switch fee ..... 4.50 — 1 fee — ✔BSF Apo-Gabapentin; ✔BSF Aripiprazole Sandoz; ✔BSF Tenofovir Disproxil Teva

a) The Pharmacode for BSF Aripiprazole Sandoz is 2556634
b) The Pharmacode for BSF Tenofovir Disproxil Teva is 2556642
c) The Pharmacode for BSF Apo-Gabapentin is 2556626

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

Delisted Items – effective 1 January 2019

49	ATROPINE SULPHATE			
	❋ Inj 600 mcg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO	60.35	50	
		(71.00)		AstraZeneca
52	CLONIDINE HYDROCHLORIDE			
	Inj 150 mcg per ml, 1 ml ampoule	12.98	5	
		(16.07)		Catapres
53	AMILORIDE HYDROCHLORIDE			
	❋ Tab 5 mg	15.00	100	✔ Apo-Amiloride
61	ISOTRETINOIN – Special Authority see SA1475 – Retail pharmacy			
	Cap 10 mg	11.12	100	
		(12.47)		Isotane 10
	Cap 20 mg	17.08	100	✔ Isotane 20
83	LEVOTHYROXINE			
	❋ Tab 50 mcg	4.05	90	✔ Synthroid
	Note – this delist applies to Pharmacode 2390000. A new Pharmacode was listed 1 July 2018.			
116	ETIDRONATE DISODIUM – See prescribing guideline			
	❋ Tab 200 mg	13.50	100	✔ Arrow-Etidronate
103	ENTECAVIR			
	❋ Tab 0.5 mg	52.00	30	
		(400.00)		Baraclude
157	OXALIPLATIN – PCT only – Specialist			
	Inj 5 mg per ml, 10 ml vial	13.32	1	✔ Oxaliccord
	Inj 50 mg vial	15.32	1	✔ Oxaliplatin Actavis 50
		55.00		✔ Oxaliplatin Ebewe
159	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist			
	Inj 20 mg per ml, 2 ml vial	11.50	1	✔ Irinotecan Actavis 40
		41.00		✔ Irinotecan-Rex
				✔ Camptosar
207	BUDESONIDE			
	Metered aqueous nasal spray, 50 mcg per dose	2.35	200 dose OP	
		(5.26)		Butacort Aqueous
	Metered aqueous nasal spray, 100 mcg per dose	2.61	200 dose OP	
		(6.00)		Butacort Aqueous
216	METHYL HYDROXYBENZOATE			
	Powder	8.00	25 g	✔ PSM

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 April 2019

36	~~IRON POLYMALTOSE~~			
	~~✻ Inj 50 mg per ml, 2 ml ampoule~~	~~15.22~~	~~5~~	~~✔ **Ferrum H**~~
	Note – delisting delayed until 1 July 2019.			
38	EPOETIN ALFA – Special Authority see SA1775– Retail pharmacy			
	Wastage claimable			
	Inj 1,000 iu in 0.5 ml, syringe	48.68	6	✔ **Eprex**
	Inj 2,000 iu in 0.5 ml, syringe	120.18	6	✔ **Eprex**
	Inj 3,000 iu in 0.3 ml, syringe	166.87	6	✔ **Eprex**
	Inj 4,000 iu in 0.4 ml, syringe	193.13	6	✔ **Eprex**
	Inj 5,000 iu in 0.5 ml, syringe	243.26	6	✔ **Eprex**
	Inj 6,000 iu in 0.6 ml, syringe	291.92	6	✔ **Eprex**
	Inj 8,000 iu in 0.8 ml, syringe	352.69	6	✔ **Eprex**
	Inj 10,000 iu in 1 ml, syringe	395.18	6	✔ **Eprex**
	Inj 40,000 iu in 1 ml, syringe	263.45	1	✔ **Eprex**
	Note – Delist brought forward from 1 July 2019.			
80	METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE]			
	Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	9.25	1	✔ **Depo-Medrol with Lidocaine**
159	METHOTREXATE			
	✻ Tab 2.5 mg – PCT – Retail pharmacy-Specialist	2.68	30	
		(3.18)		Trexate
	✻ Tab 10 mg – PCT – Retail pharmacy-Specialist	17.64	50	
		(21.00)		Trexate
	Note – this delist applies to pack size 30 tab and 50 tab pack.			
173	TAMOXIFEN CITRATE			
	✻ Tab 10 mg	19.50	100	✔ **Genox**
	✻ Tab 20 mg	2.63	30	✔ **Genox**
		9.33	100	✔ **Genox**
210	DORZOLAMIDE WITH TIMOLOL			
	✻ Eye drops 2% with timolol 0.5%	2.87	5 ml OP	
		(3.45)		Arrow-Dortim
213	PHARMACY SERVICES			
	May only be claimed once per patient.			
	✻ Brand switch fee	4.50	1 fee	✔ **BSF Entecavir Sandoz**

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

Items to be Delisted – effective 1 May 2019

11	METFORMIN HYDROCHLORIDE			
	❋ Tab immediate-release 500 mg	8.63	1,000	
		(9.59)		Metchek
	❋ Tab immediate-release 850 mg	7.04	500	
		(7.82)		Metformin Mylan
109	INTERFERON ALFA-2B – PCT – Retail pharmacy-Specialist			
	a) See prescribing guideline above			
	b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist			
	Inj 18 m iu, 1.2 ml multidose pen	206.71	1	✔ **Intron-A**
	Inj 30 m iu, 1.2 ml multidose pen	344.52	1	✔ **Intron-A**
	Inj 60 m iu, 1.2 ml multidose pen	689.04	1	✔ **Intron-A**
125	PARACETAMOL			
	❋ Suppos 500 mg	12.40	50	
		(12.60)		Paracare
211	BIMATOPROST			
	❋ Eye drops 0.03%	3.30	3 ml OP	
		(3.65)		Bimatoprost Actavis

Effective 1 June 2019

91	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see SA1683. A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority.			
	Tab 250 mg	8.50	6	✔ **Zithromax**
	Tab 500 mg – Up to 8 tab available on a PSO	0.93	2	✔ **Apo-Azithromycin**
	Note – the delist for Apo-Azithromycin tab 500 mg applies to Pharmacode 2550059.			
134	DOMPERIDONE			
	❋ Tab 10 mg	2.25	100	
		(3.20)		Prokinex
147	PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy			
	Inj 200 mg per ml, 1 ml ampoule	46.20	10	✔ **Martindale**
153	VARENICLINE TARTRATE – Special Authority see SA1575 – Retail pharmacy			
	a) Varenicline will not be funded in amounts less than 4 weeks of treatment.			
	b) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack			
	Tab 1 mg	13.55	28	
		(67.74)		Champix
		27.10	56	
		(135.48)		Champix
	Tab 0.5 mg × 11 and 1 mg × 14	12.09	25 OP	
		(60.48)		Champix
158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist			
	Inj 200 mg	8.36	1	✔ **Gemcitabine Ebewe**

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 June 2019 (continued)

162	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist			
	Inj 2 mg per ml, 50 ml vial	32.50	1	✔ **Epirubicin Ebewe**
210	LEVOBUNOLOL			
	❋ Eye drops 0.5%	7.00	5 ml OP	✔ **Betagan**
212	PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN			
	❋ Eye oint with soft white paraffin	3.63	3.5 g OP	✔ **Refresh Night Time**
213	PHARMACY SERVICES			
	May only be claimed once per patient.			
	❋ Brand switch fee	4.50	1 fee	✔ **BSF Elelyso**
	a) The Pharmacode for BSF Elelyso is 2561972.			
214	DESFERRIOXAMINE MESILATE			
	❋ Inj 500 mg vial	51.52	10	✔ **Desferal**

Effective 1 July 2019

35	CALCIUM GLUCONATE			
	❋ Inj 10%, 10 ml ampoule	34.24	10	✔ **Hospira**
36	IRON POLYMALTOSE			
	❋ Inj 50 mg per ml, 2 ml ampoule	15.22	5	✔ **Ferrum H**
45	SODIUM CHLORIDE			
	Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.			
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✔ **Pfizer**
	Note – this delist applies to Pharmacode 2549484. Pharmacode 691968 remains subsidised.			
52	VERAPAMIL HYDROCHLORIDE			
	❋ Tab 80 mg	11.74	100	✔ **Isoptin**
	Note – this delist applies to Pharmacode 253502. A new Pharmacode was listed 1 August 2018.			
135	CLOZAPINE – Hospital pharmacy [HP4]			
	Safety medicine; prescriber may determine dispensing frequency			
	Tab 100 mg	14.73	50	✔ **Clozaril**
		29.45	100	✔ **Clozaril**
	Note – this delist applies to Pharmacodes 454699 (50 tab pack) and 2317338 (100 tab pack). New Pharmacodes were listed from 1 January 2019.			
146	GLATIRAMER ACETATE – Special Authority see SA1564			
	Inj 20 mg prefilled syringe – [Xpharm]	2,250.00	28	✔ **Copaxone**
156	CARMUSTINE – PCT only – Specialist			
	Inj 100 mg vial	532.00	1	✔ **BiCNU**
211	LATANOPROST			
	❋ Eye drops 0.005%	1.50	2.5 ml OP	✔ **Hysite**

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

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

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

Items to be Delisted – effective 1 August 2019

50 LABETALOL
Tab 50 mg ..... 8.99 | 100 | ✔**Hybloc**

62 SODIUM FUSIDATE [FUSIDIC ACID]
Crm 2% ..... 2.52 | 15 g OP | ✔**DP Fusidic Acid Cream**
a) Maximum of 15 g per prescription
b) Only on a prescription
c) Not in combination
Oint 2% ..... 3.45 | 15 g OP | ✔**Foban**
a) Maximum of 15 g per prescription
b) Only on a prescription
c) Not in combination
Note – this delist applies for the 15 g OP pack.

81 MEDROXYPROGESTERONE ACETATE – See prescribing guideline
✻Tab 2.5 mg ..... 7.00 | 56 | ✔**Provera**
✻Tab 5 mg ..... 7.84 | 56 | ✔**Provera**
Note – this delist applies to the 56 tab pack.

Effective 1 September 2019

31 IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy
Inj 40 iu per ml, 400 iu vial ..... 2,144.00 | 1 | ✔**Cerezyme**
Note – Cerezyme inj 40 iu per ml, 400 iu vial delist has been extended from 1 March 2019 until 1 September 2019.

32 BENZYDAMINE HYDROCHLORIDE
Soln 0.15% – Higher subsidy of up to $17.01 per 500 ml
with Endorsement ..... 3.60 (8.50) | 200 ml | Difflam
Additional subsidy by endorsement for a patient who has oral mucositis as a result of treatment for cancer, and the prescription is endorsed accordingly.

112 CELECOXIB
Cap 100 mg ..... 3.63 | 60 | ✔**Celebrex**

150 MODAFINIL – Special Authority see SA1126 – Retail pharmacy
Tab 100 mg ..... 32.00 | 30 | ✔**Modavigil**
Note – the 60 tab pack was listed 1 February 2019.

160 ARSENIC TRIOXIDE – PCT only – Specialist
Inj 10 mg ..... 4,817.00 | 10 | ✔**AFT** S29

Effective 1 October 2019

11 ACARBOSE
✻Tab 100 mg ..... 11.24 | 50 | ✔**Acarbose Mylan** S29

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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 2019

50	LABETALOL			
	Tab 100 mg	11.36	100	✔ **Hybloc**

Effective 1 January 2020

73	ETHINYLOESTRADIOL WITH NORETHISTERONE			
	Tab 35 mcg with norethisterone 1 mg			
	– Up to 63 tab available on a PSO	6.62	63	✔ **Brevinor 1/21**
94	DOXYCYCLINE			
	✻ Tab 50 mg – Up to 30 tab available on a PSO	2.90	30	
		(6.00)		Doxy-50
128	DOXEPIN HYDROCHLORIDE			
	a) Safety medicine; prescriber may determine dispensing frequency			
	b) Subsidy by endorsement – Subsidised for patients who were taking doxepin hydrochloride prior to 1 March 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of doxepin hydrochloride.			
	Cap 10 mg	6.30	100	✔ **Anten**
180	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist			
	Subsidised only for bladder cancer.			
	Inj 40 mg per ml, vial	162.70	3	✔ **SII-Onco-BCG** S29
206	BECLOMETHASONE DIPROPIONATE			
	Metered aqueous nasal spray, 50 mcg per dose	2.35	200 dose OP	
		(5.26)		Alanase
	Metered aqueous nasal spray, 100 mcg per dose	2.46	200 dose OP	
		(6.00)		Alanase

Effective 1 February 2020

50	LABETALOL			
	Tab 200 mg	29.74	100	✔ **Hybloc**

Effective 1 April 2020

128	DOXEPIN HYDROCHLORIDE			
	a) Safety medicine; prescriber may determine dispensing frequency			
	b) Subsidy by endorsement – Subsidised for patients who were taking doxepin hydrochloride prior to 1 March 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of doxepin hydrochloride.			
	Cap 25 mg	6.86	100	✔ **Anten**

▲ 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 May 2020

128 DOXEPIN HYDROCHLORIDE

a) Safety medicine; prescriber may determine dispensing frequency

b) Subsidy by endorsement – Subsidised for patients who were taking doxepin hydrochloride prior to 1 March 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of doxepin hydrochloride.

Cap 50 mg ..... 8.55 100 ✔**Anten**

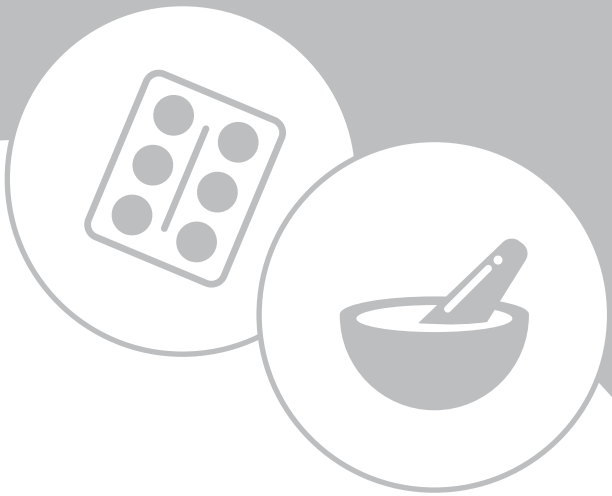
Index

Pharmaceuticals and brands

Index
Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit



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