

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 April 2019

Cumulative for January, February, March and April 2019



Contents

Summary of PHARMAC decisions effective 1 April 2019	3
News Stories – April 2019 Update	5
New tender listings for 1 April 2019	5
Changed listings.....	5
Ethinylloestradiol with levonorgestrel (Levlen ED) tablets – reinstatement of stat dispensing and amended PSO quantity	5
Stock issues	6
Magnesium sulphate injection	6
Clarithromycin 250 mg tablets – change to restriction.....	6
Paracetamol shortage – update.....	6
Flutamide (Flutamide Mylan) 250 mg tablets.....	6
Tetracosactrin (Synacthen S29) inj 250 mcg per ml, 1 ml ampoule	6
Morphine hydrochloride oral liquid (RA-Morph)	7
Gentamicin sulphate injection.....	7
News in brief.....	7
Tender News.....	8
Looking Forward	8
Sole Subsidised Supply Products cumulative to April 2019	9
New Listings.....	25
Changes to Restrictions, Chemical Names and Presentations	42
Changes to Subsidy and Manufacturer’s Price.....	69
Changes to General rules	73
Delisted Items	74
Items to be Delisted	81
Index	87

Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2019

New listings (pages 25-26)

- Tetracosactrin (Synacthen S29) inj 250 mcg per ml, 1 ml ampoule – S29 and wastage claimable
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml ampoule, 50 inj pack – subsidy by endorsement
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – subsidy by endorsement; can be waived by Special Authority
- Efavirenz with emtricitabine and tenofovir disoproxil (Mylan) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – Special Authority – Retail pharmacy
- Atazanavir sulphate (Teva) cap 150 mg and 200 mg – Special Authority – Retail pharmacy
- Morphine hydrochloride (Ordine) oral liq 5 mg per ml, 200 ml and 10 mg per ml, 200 ml – only on a controlled drug form, no patient co-payment payable, safety medicine, S29 and wastage claimable
- Flutamide (Flutamide Mylan) tab 250 mg – Retail pharmacy-Specialist, S29 and wastage claimable
- Influenza vaccine (Influvac Tetra) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – only on a prescription, no patient co-payment available (Pharmacode change)

Changes to restrictions (pages 42-44)

- Clarithromycin (Apo-Clarithromycin) tab 250 mg – amended restriction
- Entecavir (Entecavir Sandoz) tab 0.5 mg – Brand switch fee removed
- Emtricitabine with tenofovir disoproxil tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate) (Truvada) and tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) (Teva) – amended chemical and presentation name, endorsement and note
- Efavirenz with emtricitabine and tenofovir disoproxil tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) (Atripla) and tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) (Mylan) – amended chemical and presentation name and note
- 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

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

Increased subsidy (page 69)

- Hydrocortisone butyrate (Locoid Lipocream) lipocream 0.1%, 30 g OP
- Phenelzine sulphate (Nardil) tab 15 mg
- Metoclopramide hydrochloride (Pfizer) inj 5 mg per ml, 2 ml ampoule
- Irinotecan hydrochloride (Baxter) inj 1 mg for ECP
- Epirubicin hydrochloride (Baxter) inj 1 mg for ECP

Decreased subsidy (pages 69-70)

- Baclofen (Lioresal Intrathecal) inj 2 mg per ml, 5 ml ampoule
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Clarix) inj 1% and 2%, 20 ml vial
- Moclobemide (Apo-Moclobemide) tab 150 mg and 300 mg
- Carboplatin (Carboplatin Ebewe) inj 10 mg per ml, 45 ml vial
- Mercaptopurine (Puri-methol) tab 50 mg
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension
- Glycerin with sucrose (Ora-Sweet) suspension
- Methylcellulose (Ora-Plus) suspension
- Methylcellulose with glycerin and sodium saccharin (Ora-Blend SF) suspension
- Methylcellulose with glycerin and sucrose (Ora-Blend) suspension

News Stories – April 2019 Update

New tender listings for 1 April 2019

- Atazanavir sulphate (Teva) cap 150 mg and 200 mg
- Efavirenz with emtricitabine and tenofovir disoproxil (Mylan) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate)*
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)*



*Please note that the salts will change for the tenofovir disoproxil components as follows:

- efavirenz with emtricitabine and tenofovir disoproxil – tenofovir disoproxil changes from a fumarate to a maleate.
- emtricitabine with tenofovir disoproxil – the tenofovir disoproxil component changes from a fumarate to a succinate.

The equivalent tenofovir disoproxil remains the same for both products. A new prescription will not be required for patients to change to the new products. Repeats can be dispensed using the new products.

Changed listings

Ethinylestradiol with levonorgestrel (Levlen ED) tablets – reinstatement of stat dispensing and amended PSO quantity

Stat dispensing (dispense 6 months all at once) was reinstated for ethinylestradiol with levonorgestrel (Levlen ED) tablets from 1 March 2019. The PSO quantity was also increased from 28 tab to 84 tab. These changes appeared in the pharmacy software and the Ministry of Health claims system from 1 March 2019, but were not reflected in the March 2019 Pharmaceutical Schedule Update as this was a late decision.



Stock issues

Magnesium sulphate injection

An alternative brand of magnesium sulphate (DBL S29) inj 2 mmol per ml, 5 ml ampoule was listed fully subsidised from 4 March 2019. This product will be supplied via Section 29 of the Medicines Act, 1981. We have been advised by Pfizer that the DBL S29 brand has the same labelling and packaging as its registered DBL brand.

Clarithromycin 250 mg tablets – change to restriction

The stock issue for 500 mg clarithromycin tablets has now resolved. From 1 April 2019, the restriction applying to the 250 mg tablet strength will return to a maximum of 500 mg per prescription (waived by Special Authority).

Paracetamol shortage – update

Stock of 500 mg tablets is continuing to arrive into New Zealand to meet the current demand for paracetamol. The Priceline brand was listed temporarily and will be delisted from 1 August 2019. This brand is no longer being supplied.

Thank you for your continued patience and cooperation with the restrictions currently in place. We will remove the restrictions once we are confident that there is sufficient stock.

Flutamide (Flutamide Mylan) 250 mg tablets

From 1 April 2019, an 84 tablet pack size will be listed fully subsidised to ensure continuity of supply of flutamide 250 mg tablets. This will replace the 30 tablet pack size which is no longer available. The new pack size will be supplied via section 29 of the Medicines Act, 1981.

Tetracosactrin (Synacthen S29) inj 250 mcg per ml, 1 ml ampoule

The Synacthen S29 brand of 250 mcg injection will be listed temporarily to cover a potential stock issue for the registered brand from 1 April 2019. This product will be supplied, at least initially, via Section 29 of the Medicines Act, 1981.

Morphine hydrochloride oral liquid (RA-Morph)

On 7 March 2019, we notified healthcare professionals of a supply issue with morphine hydrochloride oral liquid (RA-Morph) 5 mg per ml and 10 mg per ml. We asked healthcare professionals to take the following actions when dispensing:

- Reduce prescribed quantities of both strengths to 7 days at a time
- Patients on the 5 mg strength be switched to the 2 mg strength, where clinically appropriate

From 1 April 2019, the Ordine brand will be listed in both the 5 mg per ml and 10 mg per ml strengths in 200 ml bottles. This brand is supplied via Section 29 of the Medicines Act, 1981.

New stock of RA-Morph is expected from mid-April (5 mg) and end-May (10 mg). The supply issue does not affect the 1 mg per ml or 2 mg per ml strengths.

Gentamicin sulphate injection

From 1 April 2019, the Pfizer brand of gentamicin sulphate injection 40 mg per ml, 2 ml amp –50 injection pack size will be listed due to a supply issue with the current pack.

News in brief

- **Calcium carbonate** (Calsource) tab eff 1.75 g (1 g elemental) – delisting delayed from July until September 2019 to allow remaining stock in the market to be used.
- **Influenza vaccine** – removal of funding for children living in the Seddon/Ward and rural Eastern Marlborough region, and the Kaikoura and Hurunui areas.
- **Influenza vaccine (Influvac Tetra)** inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – Pharmacode change from 2538466 to 2558483.



Tender News

Sole Subsidised Supply changes – effective 1 May 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Alendronate sodium	Tab 70 mg; 4 tab	Fosamax (Merck Sharp & Dohme)
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600 iu; 4 tab	Fosamax Plus (Merck Sharp & Dohme)
Metformin hydrochloride	Tab immediate-release 500 mg; 1,000 tab	Apotex (Apotex)
Metformin hydrochloride	Tab immediate-release 850 mg; 500 tab	Apotex (Apotex)
Paracetamol	Suppos 500 mg; 50 suppos	Gacet (AFT)

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 May 2019

- Oxycodone hydrochloride (BNM) tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg and 80 mg – subsidy decrease
- Zoledronic acid (Zometa) inj 4 mg per ml, 5 ml vial – subsidy decrease
- Filgrastim (Zarzio) inj 300 mcg and 480 mcg prefilled syringe – subsidy decrease
- Rurioctocog alfa pegol (Adynovate) inj 250 iu vial, 500 iu vial, 1,000 iu vial and 2,000 iu vial – new listing with Xpharm rule and restrictions
- Eftrenonacog alfa (Alprolix) inj 250 iu vial, 500 iu vial, 1,000 iu vial, 2,000 iu vial and 3,000 iu vial – new listing with Xpharm and restrictions
- Octocog alfa (Advate) inj 250 iu vial, 500 iu vial, 1,000 iu vial, 1,500 iu vial, 2,000 iu vial and 3,000 iu vial – price and subsidy decrease and amend restrictions
- Nonacog gamma (RIXUBIS) inj 500 iu vial, 1,000 iu vial, 2,000 iu vial and 3,000 iu vial – price and subsidy decrease and amend restrictions
- Factor eight inhibitor bypassing fraction (FEIBA NF) inj 500 U vial, 1,000 U vial and 2,500 U vial – price and subsidy decrease and amend restrictions
- Eptacog alfa [recombinant factor VIIa] (NovoSeven RT) inj syringe 1 mg, 2 mg, 5 mg and 8 mg – amend restrictions

Sole Subsidised Supply Products – cumulative to April 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	VirusPOS 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	MycosNail	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	Crn	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 April 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
Bethahistine 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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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Calamine	Crn, 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	Crn BP, 500 g	healthE	2021
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Pharmacy Health Sorbolene with Glycerin	2019
Chloramphenicol	Eye oint 1%, 4 g OP	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 Cipiflox	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	Crn 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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Sole Subsidised Supply Products – cumulative to April 2019

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	Crn 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	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	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

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Dimethicone	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2021
	Lotn 4%, 200 ml OP	healthE Dimethicone 4% Lotion	2019
	Crn 5%, pump bottle, 500 ml OP	healthE Dimethicone 5%	
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	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 haemagglutinin, 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 haemagglutinin, 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
Ethinylestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets	Microgynon 20 ED	2020
	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Levlen ED	

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule Inj 50 mcg per ml, 10 ml ampoule	Boucher and Muir	2021
	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	Fentanyl Sandoz	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)	Ferrograd	2021
	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2019
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Grans for oral liq 25 mg per ml	AFT	2021
	Grans for oral liq 50 mg per ml		
	Cap 250 mg & 500 mg Inj 1 g vial Inj 250 mg & 500 mg vials	Staphlex Flucil Flucloxin	2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crn 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]	Tab 500 mg	Urex Forte	2021
	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	Biomed	2020
	Inj 50%, 90 ml bottle		

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 Crn 1%, 30 g OP Crn 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 butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	Crn 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	Crn 5%, 250 mg sachet	Perrigo	2020
Indapamide	Tab 2.5 mg	Dapa-Tabs	2019

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP	Univent	2020
	Nebuliser soln, 250 mcg per ml, 1 ml ampoule		2019
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule		
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	Ismo 20	2020
	Tab long-acting 60 mg Tab long-acting 40 mg	Duride Ismo 40 Retard	2019
Isotretinoin	Cap 10 mg & 20 mg	Oratane	2021
	Cap 5 mg		
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020
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	Sinemet Sinemet CR	2020
	Tab long-acting 200 mg with carbidopa 50 mg		
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2019
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle Postinor-1 Mirena	2020
	Tab 1.5 mg		2019
	Intra-uterine system 20 mcg per day		
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	Nodia Diamide Relief	2019
	Cap 2 mg		
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Loratadine	Oral liq 1 mg per ml, 120 ml	Lorfast Lorafix	2019
	Tab 10 mg		
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

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; 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
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	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial Inj 25 mg per ml, 2 ml & 20 ml vials	Trexate Methotrexate Ebewe DBL Methotrexate Onco-Vial	2021 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	Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2020

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 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
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

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Oil in water emulsion	Crn	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
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg Inj 40 mg ampoule with diluent	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40 Dr Reddy's Omeprazole	2020 2019
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Ondansetron ODT- DRLA Apo-Ondansetron	2020 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

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2021
	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
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	Gacet	2021
	Oral liq 250 mg per 5 ml	Paracare Double Strength	2020
	Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Paracare Pharmacare	
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
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	Crn 5%, 30 g OP	Lyderm A-Scabies	2020
	Lotn 5%, 30 ml OP		
Pethidine hydrochloride	Tab 50 mg	PSM DBL Pethidine Hydrochloride	2021
	Inj 50 mg per ml, 1 ml & 2 ml ampoules		2020
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxyethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK AFT	2021
	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml		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	Pinetarso	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

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2020
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
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

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2019
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sulfasalazine	Tab 500 mg Tab EC 500 mg	Salazopyrin Salazopyrin EN	2019

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2019
Taliglucerase alfa	Inj 200 unit vial	Eleyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2020
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
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	Crn 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 Crn 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

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Sole Subsidised Supply Products – cumulative to April 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Urea	Crn 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
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

April changes are in bold type

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New Listings

Effective 1 April 2019

80	TETRACOSACTRIN * Inj 250 mcg per ml, 1 ml ampoule75.00 Wastage claimable	1	✓ Synacthen S29 S29
95	GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement 30.00 Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.	50	✓ Pfizer
105	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1714 Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website. Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate).....61.15	30	✓ Teva
107	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) 106.88	30	✓ Mylan
108	ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy Cap 150 mg 141.68 Cap 200 mg 188.91	60 60	✓ Teva ✓ Teva
126	MORPHINE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Oral liq 5 mg per ml19.44 Oral liq 10 mg per ml27.74 Wastage claimable	200 ml 200 ml	✓ Ordine S29 ✓ Ordine S29
172	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg46.20 Wastage claimable	84	✓ Flutamide Mylan S29

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 April 2019 (continued)

241	INFLUENZA VACCINE 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) Access criteria apply			
	Note – this is a new Pharmacode listing, 2558483			

Effective 4 March 2019

36	MAGNESIUM SULPHATE * Inj 2 mmol per ml, 5 ml ampoule	10.21	10	✓ DBL S29 S29
	Wastage claimable			

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%	1.59	5 g OP	✓ Foban
	a) Maximum of 15 g per prescription			
	b) Only on a prescription			
	c) Not in combination			
	Oint 2%	1.59	5 g OP	✓ Foban
	a) Maximum of 15 g per prescription			
	b) Only on a prescription			
	c) Not in combination			
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

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New Listings – effective 1 March 2019 (continued)

127	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 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	4.50	1 fee	✓ BSF Elelyso
	a) The Pharmacode for BSF Elelyso is 2561972.			

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

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

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

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New Listings – effective 1 February 2019

11	ACARBOSE * Tab 100 mg 11.24 Wastage claimable	50	✓ Acarbose Mylan S29
38	EPOETIN ALFA – Special Authority see SA1775 – Retail pharmacy Wastage claimable Inj 1,000 iu in 0.5 ml, syringe 250.00 Inj 2,000 iu in 1 ml, syringe 100.00 Inj 3,000 iu in 0.3 ml, syringe 150.00 Inj 4,000 iu in 0.4 ml, syringe 96.50 Inj 5,000 iu in 0.5 ml, syringe 125.00 Inj 6,000 iu in 0.6 ml, syringe 145.00 Inj 8,000 iu in 0.8 ml, syringe 175.00 Inj 10,000 iu in 1 ml, syringe 197.50 Inj 40,000 iu in 1 ml, syringe 250.00	6 6 6 6 6 6 6 6 6 1	✓ Binocrit ✓ Binocrit ✓ Binocrit ✓ Binocrit ✓ Binocrit ✓ Binocrit ✓ Binocrit ✓ Binocrit ✓ Binocrit ✓ 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 Wastage claimable	1	✓ Synacthene Retard S29
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 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.	5	✓ Medsurge
128	MOCLOBEMIDE * Tab 150 mg 6.40 * Tab 300 mg 9.80	60 60	✓ Aurorix ✓ Aurorix
146	GLATIRAMER ACETATE – Special Authority see SA1564 Inj 40 mg prefilled syringe – No patient co-payment payable 2,275.00	12	✓ Copaxone

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New Listings – effective 1 February 2019 (continued)

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.

continued...

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

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

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New Listings – effective 1 February 2019 (continued)

continued...

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.

continued...

New Listings – effective 1 February 2019 (continued)

continued...

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

continued...

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

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New Listings – effective 1 February 2019 (continued)

continued...

- 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

continued...

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 neurosarcoidosis 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

continued...

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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.

continued...

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

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

New Listings – effective 1 February 2019 (continued)

continued...

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 anti-inflammatory drugs (NSAIDs) and methotrexate; and
 - 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Renewal – (adult-onset Still's disease) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months 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/m² 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

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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..... Wastage claimable	64.00	20	✓ Max Health S29
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..... Wastage claimable	23.10	5	✓ Aspen S29
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

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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	DEFERRIOXAMINE 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

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Changes to Restrictions, Chemical Names and Presentations Effective 1 April 2019

91	CLARITHROMYCIN (amended restrictions) Tab 250 mg – Maximum of 500 mg 28-tab per prescription; can be waived by Special Authority see SA1131	3.98	14	✓ Apo-Clarithromycin
103	ENTECAVIR – Brand switch fee payable (Pharmacode 2559420) (Brand switch fee removed) * Tab 0.5 mg	52.00	30	✓ Entecavir Sandoz
105	EMTRICITABINE WITH TENOFOVIR DISOPROXIL FUMARATE – Subsidy by endorsement; can be waived by Special Authority see SA1714 (amended chemical and presentation name, endorsement and note) Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil fumarate is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil fumarate prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website. Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate).....	190.02	30	✓ Truvada
	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate).....	61.15	30	✓ Teva
107	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL FUMARATE – Special Authority see SA1651 – Retail pharmacy (amended chemical and presentation name and note) Note: Efavirenz with emtricitabine and tenofovir disoproxil fumarate counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate).....	237.52	30	✓ Atripla
	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate).....	106.88	30	✓ Mylan

Changes to Restrictions – effective 1 April 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);

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
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Changes to Restrictions – effective 1 April 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);			
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.			

Check your Schedule for full details
Schedule page ref

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Changes to Restrictions – 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
	<p>▶ 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</p>			
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
	<p>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</p> <p>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).</p>			
39	MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] (amended note)			
	<p>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.</p>			
	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

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

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

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Changes to Restrictions – effective 1 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	✓ <u>Lodi</u>
50	LABELALOL (remove stat dispensing) Tab 50 mg Tab 100 mg Tab 200 mg	8.99 11.36 29.74	100 100 100	✓ Hybloc ✓ Hybloc ✓ Hybloc
73	ETHINYLOESTRADIOL WITH LEVONORGESTREL (reinstate stat dispensing, PSO quantity amended and note removed) Note: Ethinyloestradiol with levonorgestrel (Levlen ED) tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets is to be dispensed in 28 days lots only * Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 28 84 tab available on a PSO.....	1.77	84	✓ <u>Levlen ED</u>
76	OXYBUTYNIN (removal of Section 29 and wastage claimable) * Tab 5 mg Wastage claimable	8.85	500	✓ Apo-Oxybutynin S29

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 March 2019 (continued)

81	MEDROXYPROGESTERONE ACETATE – See prescribing guideline (removal of Section 29 and wastage claimable) * Tab 2.5 mg 7.00	56	✓ Provera \$29 \$29 Wastage claimable
	* Tab 5 mg 7.84	56	✓ Provera \$29 \$29 Wastage claimable
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 <u>Teva</u> 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 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.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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/m² 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.			

Changes to Restrictions – effective 1 March 2019 (continued)

241	<p>INFLUENZA VACCINE (amended criteria)</p> <p>Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm] 9.00 1 ✓ Fluarix Tetra</p> <p>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:</p> <ul style="list-style-type: none"> i) have any of the following cardiovascular diseases <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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: <ul style="list-style-type: none"> 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; <p>Unless meeting the criteria set out above, the following conditions are excluded from funding:</p> <ul style="list-style-type: none"> a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease. <p>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.</p>
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continued...

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

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

Changes to Restrictions – effective 1 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.

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 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 **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	ETHINYLLOESTRADIOL 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 – Ethinylloestradiol 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 4730 – Retail pharmacy (amended Special Authority criteria) Inj 60 mg prefilled syringe.....	326.00	1	✓ Prolia
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► **SA1777 4730** 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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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...

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 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

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 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	ARIPIRAZOLE (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 : The coordinator Multiple Sclerosis Treatment Assessment Committee PHARMAC PO Box 10 254 Wellington Phone: 04 460 4990 Facsimile: 04 916 7571 Email: mstaccoordinator@pharmac.govt.nz			
	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

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...

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

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

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Changes to Restrictions – effective 1 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.

continued...

Changes to Restrictions – effective 1 February 2019 (continued)

continued...

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/m² 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...

▲ 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)

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/m² 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/m² 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/m² 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/m² 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...

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

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

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Changes to Restrictions – effective 1 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/m² 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/m² 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/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

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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/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with a * are unapproved indications.

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

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

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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 50	✓ Metolazone S29 ✓ Zaroxolyn S29
<p>➔ 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.</p>				
81	MEDROXYPROGESTERONE ACETATE – See prescribing guideline (remove stat dispensing) Tab 2.5 mg	3.75	30	✓ Provera
	Tab 5 mg	7.00 14.00	56 100	✓ Provera S29 S29 ✓ 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+575 – 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	67.74 135.48 27.10	28 56	✓ Champix ✓ Champix ✓ 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 +575** 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+726** – Retail pharmacy
(amended Special Authority criteria – affected criteria shown only)

Inj 40 mg per ml, 0.1 ml vial	1,250.00	1	✓ Eylea
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▶ **SA1772 +726** 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...

▲ 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
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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:

‡ All of the following:

‡-1 Patient has centre involving diabetic macular oedema (DMO); and

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

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

‡-4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and

‡-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

Changes to Subsidy and Manufacturer's Price

Effective 1 April 2019

64	HYDROCORTISONE BUTYRATE (↑ subsidy) Lipocream 0.1%	3.42	30 g OP	✓ Locoid Lipocream
121	BACLOFEN (↓ subsidy) Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement	74.60 (209.29)	1	Liorezal Intrathecal 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.
124	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↓ subsidy) Inj 1%, 20 ml vial – Up to 5 inj available on a PSO	6.20	5	✓ Lidocaine-Claris
	Inj 2%, 20 ml vial – Up to 5 inj available on a PSO	6.45	5	✓ Lidocaine-Claris
128	PHENELZINE SULPHATE (↑ subsidy) * Tab 15 mg	118.00	100	✓ Nardil
128	MOCLOBEMIDE (↓ subsidy) * Tab 150 mg	53.33 (85.10)	500	Apo-Moclobemide
	* Tab 300 mg	16.33 (30.70)	100	Apo-Moclobemide
134	METOCLOPRAMIDE HYDROCHLORIDE (↑ subsidy) * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	13.56	10	✓ Pfizer
156	CARBOPLATIN – PCT only – Specialist (↓ subsidy) Inj 10 mg per ml, 45 ml vial	45.20	1	✓ Carboplatin Ebewe
159	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	0.75	1 mg	✓ Baxter
159	MERCAPTOPYRINE (↓ subsidy) Tab 50 mg – PCT – Retail pharmacy-Specialist.....	37.00	25	✓ Puri-nethol
162	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	0.37	1 mg	✓ Baxter
216	GLYCERIN WITH SODIUM SACCHARIN – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension	30.95	473 ml	✓ Ora-Sweet SF
216	GLYCERIN WITH SUCROSE – Only in combination (↓ subsidy) Only in combination with Ora-Plus. Suspension	30.95	473 ml	✓ Ora-Sweet
216	METHYLCELLULOSE (↓ subsidy) Suspension – Only in combination	30.95	473 ml	✓ Ora-Plus

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“certified exemption” by the prescriber or pharmacist

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Subsidy
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Changes to Subsidy and Manufacturer's Price – effective 1 April 2019 (continued)

216	METHYLCELLULOSE WITH GLYCERIN AND SODIUM SACCHARIN – Only in combination (↓ subsidy) Suspension	30.95	473 ml	✓ Ora-Blend SF
217	METHYLCELLULOSE WITH GLYCERIN AND SUCROSE – Only in combination (↓ subsidy) Suspension	30.95	473 ml	✓ Ora-Blend

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 (3.20)	100	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	13.55 (67.74) 27.10 (135.48)	28 56	Champix Champix
	Tab 0.5 mg × 11 and 1 mg × 14	12.09 (60.48)	25 OP	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

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

11	METFORMIN HYDROCHLORIDE (↓ subsidy) * Tab immediate-release 500 mg.....	8.63 (9.59)	1,000	
	* Tab immediate-release 850 mg.....	7.04 (7.82)	500	Metckek Metformin Mylan
32	BENZYLAMINE HYDROCHLORIDE (↑ price) Soln 0.15% – Higher subsidy of up to \$17.01 per 500 ml with Endorsement.....	9.00 (20.31)	500 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.			
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 (12.60)	50	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 (3.65)	3 ml OP	Bimatoprost Actavis
211	LATANOPROST (↑ price) * Eye drops 0.005%.....	1.50 (1.84)	2.5 ml OP	Hysite

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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

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 Pharmaceuticals ~~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 Pharmaceuticals **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.

Check your Schedule for full details
Schedule page ref

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Generic Mnfr
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Delisted Items

Effective 1 April 2019

25	PANCREATIC ENZYME Cap pancreatin 300 mg (amylase 18,000 Ph Eur U, lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U).....	94.38	100	✓ Creon 25000
	Note – this delist applies to Pharmacode 2451042. A new Pharmacode was listed 1 November 2018.			
26	DOCUSATE SODIUM – Only on a prescription * Enema conc 18%	5.40	100 ml OP	✓ Coloxyl
38	EPOETIN ALFA [ERYTHROPOIETIN ALFA] – Special Authority see SA1469 – 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
80	METHYLPREDNISOLONE ACETATE WITH LIDOCAINE [LIGNOCAINE] Inj 40 mg per ml with lidocaine [lignocaine] 1 ml vial	9.25	1	✓ Depo-Medrol with Lidocaine
83	LEVOTHYROXINE * Tab 100 mcg.....	4.21	90	✓ Synthroid
	Note – this delist applies to Pharmacode 2389460. A new Pharmacode was listed 1 July 2018.			
95	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml – Subsidy by endorsement	62.00 175.10	5 25	✓ Wockhardt S29 ✓ APP Pharmaceuticals S29
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
134	CYCLIZINE HYDROCHLORIDE Tab 50 mg	0.59	20	✓ Nausea

Check your Schedule for full details
Schedule page ref

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Delisted Items – effective 1 April 2019 (continued)

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 – the 90 tab packs remain listed.				
173	TAMOXIFEN CITRATE				
	* Tab 10 mg	19.50	100	✓	Genox
	* Tab 20 mg	2.63	30	✓	Genox
		9.33	100	✓	Genox
202	EFORMOTEROL FUMARATE				
	Powder for inhalation, 6 mcg per dose, breath activated.....	10.32	60 dose OP		
		(16.90)			Oxis Turbuhaler
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
233	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]				
	Powder (orange)	221.00	500 g OP	✓	XP Maxamaid
	Powder (unflavoured)	221.00	500 g OP	✓	XP Maxamaid

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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 (1.55)	30	Plendil ER
	* Tab long-acting 10 mg	1.44 (2.30)	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 (401.79)	60	Bosentan-Mylan
66	AQUEOUS CREAM * Crm	1.92 (1.99)	500 g	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 (37.50)	30	Vesicare
	Tablet 10 mg	5.50 (37.50)	30	Vesicare

Check your Schedule for full details
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Delisted Items – effective 1 March 2019 (continued)

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

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“certified exemption” by the prescriber or pharmacist

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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 (5.62)	100	Apo-Thiamine
36	FERROUS SULPHATE Tab long-acting 325 mg (105 mg elemental)..... Note – this delist applies to Pharmacode 604321. A new Pharmacode was listed 1 August 2018.	2.06	30	✓Ferrograd
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 (13.36)	10	Hospira
		58.57 (66.80)	50	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 (1.49)	100 g	Pharmacy Health
76	OXYBUTYNIN * Tab 5 mg	1.77	100	✓Ditropan S29
83	LEVOTHYROXINE * Tab 25 mcg..... Note – this delist applies to Pharmacode 2390019. A new Pharmacode was listed 1 July 2018.	3.89	90	✓Synthroid
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

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

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

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

Check your Schedule for full details
Schedule page ref

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Brand or
Generic Mnfr
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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 (71.00)	50		AstraZeneca
52	CLONIDINE HYDROCHLORIDE Inj 150 mcg per ml, 1 ml ampoule	12.98 (16.07)	5		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 (12.47)	100		Isotane 10
	Cap 20 mg	17.08	100	✓	Isotane 20
83	LEVOTHYROXINE * Tab 50 mcg..... Note – this delist applies to Pharmacode 2390000. A new Pharmacode was listed 1 July 2018.	4.05	90	✓	Synthroid
116	ETIDRONATE DISODIUM – See prescribing guideline * Tab 200 mg	13.50	100	✓	Arrow-Etidronate
103	ENTECAVIR * Tab 0.5 mg	52.00 (400.00)	30		Baraclude
157	OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 10 ml vial..... Inj 50 mg vial	13.32 15.32 55.00	1 1	✓ ✓ ✓	Oxaliccord Oxaliplatin Actavis 50 Oxaliplatin Ebewe
159	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist Inj 20 mg per ml, 2 ml vial.....	11.50 41.00	1	✓ ✓ ✓	Irinotecan Actavis 40 Irinotecan-Rex Camptosar
207	BUDESONIDE Metered aqueous nasal spray, 50 mcg per dose	2.35 (5.26)	200 dose OP		Butacort Aqueous
	Metered aqueous nasal spray, 100 mcg per dose	2.61 (6.00)	200 dose OP		Butacort Aqueous
216	METHYL HYDROXYBENZOATE Powder	8.00	25 g	✓	PSM

Check your Schedule for full details
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(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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 June 2019 (continued)

158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist Inj 200 mg	8.36	1	✓ Gemcitabine Ebewe
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 Eleyso
	a) The Pharmacode for BSF Eleyso is 2561972.			
214	DEFERRIOXAMINE MESILATE * Inj 500 mg vial	51.52	10	✓ Desferal

Effective 1 July 2019

35	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental)	2.07	10	✓ Calsource
	Note – delisting delayed until 1 September 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.			
121	BACLOFEN Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement	74.60 (209.29)	1	Lioresal Intrathecal
	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.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 July 2019 (continued)

128	MOCLOBEMIDE			
	* Tab 150 mg	53.33 (85.10)	500	Apo-Moclobemide
	* Tab 300 mg	16.33 (30.70)	100	Apo-Moclobemide
135	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency			
	Tab 100 mg	14.73 29.45	50 100	✓ Clozaril ✓ 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
241	INFLUENZA VACCINE			
	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) Access criteria apply			
	Note – this delist applies to Pharmacode 2538466			

Effective 1 August 2019

50	LABELALOL			
	Tab 50 mg	8.99	100	✓ Hybloc
62	SODIUM FUSIDATE [FUSIDIC ACID]			
	Crn 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.			

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Generic Mnfr
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Items to be Delisted – effective 1 August 2019 (continued)

125	PARACETAMOL Tab 500 mg - blister pack.....	0.71	100	✓ Priceline
	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.			

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	BENZDAMINE 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.			
35	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental).....	2.07	10	✓ Calsource
91	CLARITHROMYCIN Tab 250 mg – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131	3.98	14	✓ Apo-Clarithromycin
	Note – this delist applies to Pharmacode 2557231.			
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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 October 2019

11	ACARBOSE * Tab 100 mg	11.24	50	✓ Acarbose Mylan S29
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Effective 1 December 2019

50	LABETALOL Tab 100 mg	11.36	100	✓ Hybloc
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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 (6.00)	30	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 (5.26)	200 dose OP	Alanase
	Metered aqueous nasal spray, 100 mcg per dose	2.46 (6.00)	200 dose OP	Alanase

Effective 1 February 2020

50	LABETALOL Tab 200 mg	29.74	100	✓ Hybloc
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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
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* Three months or six months, as applicable, dispensed all-at-once

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Generic Mnfr
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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

A

Acarbose	28, 45, 51, 85
Acarbose Mylan	28, 45, 51, 85
Aclasta	47, 54
Actemra	36
Advate	46
Aflibercept	67
AFT-Pyrazinamide S29	78
AFT SLS-free	76
Alanase	85
Alendronate sodium	52, 71
Alendronate sodium with colecalciferol	52, 71
Amiloride hydrochloride	80
Aminoacid formula without phenylalanine	39, 75
Amiodarone hydrochloride	26, 46
Antabuse	71
Anten	55, 85, 86
Apo-Amiloride	80
Apo-Azithromycin	81
Apo-Clarithromycin	42, 84
Apo-Gabapentin	56
Apo-Moclobemide	69, 83
Apo-Oxybutynin	46
Apo-Thiamine	78
Aqueous cream	76
Aripiprazole	56
Aripiprazole Sandoz	56
Arrow-Dortim	72, 75
Arrow-Etidronate	80
Arsenic trioxide	27, 84
Atazanavir sulphate	25
Atripla	42
Atropine sulphate	80
Aurorix	28
Avomine	77
Azacididine	72
Azithromycin	81

B

Bacillus calmette-guerin (BCG) vaccine	27, 85
Baclofen	28, 69, 82
Baraclude	80
BD PosiFlush	76
Beclomethasone dipropionate	85
Benzydamine hydrochloride	71, 84
Betagan	82
Betamethasone dipropionate with calcipotriol	76
BiCNU	83
Bimatoprost	71, 81
Bimatoprost Actavis	71, 81
Binocrit	28, 51
Bonvit	76

Bosentan	76
Bosentan-Mylan	76
Brevinor 1/21	85
BSF Apo-Gabapentin	79
BSF Aripiprazole Sandoz	79
BSF Elelyso	27, 82
BSF Entecavir Sandoz	41, 75
BSF Tenofovir Disproxil Teva	79
Budesonide	80
Butacort Aqueous	80

C

Calamine	78
Calcitonin	77
Calcium carbonate	82, 84
Calcium gluconate	40, 82
Calsource	82, 84
Camptosar	79, 80
Carbaccord	77
Carboplatin	69, 77
Carboplatin Ebewe	69, 77
Cardinol LA	66
Carmustine	27, 70, 83
Catapres	80
Ceftriaxone	68
Celebrex	28, 84
Celecoxib	28, 84
Cerezyme	45, 76, 84
Champix	66, 70, 81
Chlorafast	72
Chloramphenicol	72
Clarithromycin	42, 84
Clomifene citrate	77
Clonidine hydrochloride	80
Clozapine	40, 83
Clozaril	40, 83
Coal tar with salicylic acid and sulphur	28
Coco-Scalp	28
Colecalciferol	40
Coloxyl	74
Copaxone	28, 56, 83
Cordarone X	26, 46
Creon 25000	74
Cyclizine hydrochloride	74
Cyproterone acetate	77

D

Daivobet	76
DBL Carboplatin	77
DBL Desferrioxamine Mesylate for Injection BP	41
Denosumab	53
Depo-Medrol with Lidocaine	74
Desferal	82

Index

Pharmaceuticals and brands

Desferrioxamine mesilate	41, 82	Fluorometholone	27
Diffiam	71, 84	Fluorouracil	77
Dilantin	66, 77	Fluorouracil Ebewe	77
Disulfiram	71	Flutamide	25
Ditropan	78	Flutamide Mylan	25
Docusate sodium	74	Foban	26, 83
Domperidone	40, 70, 81	Folic acid	72
Dorzolamide with timolol	72, 75	Fortini Multi Fibre	41
Doxepin hydrochloride	55, 85, 86	Fosamax	52, 71
Doxorubicin hydrochloride	72	Fosamax Plus	52, 71
Doxy-50	85	Fusidic acid	26, 83
Doxycycline	85	G	
DP Fusidic Acid Cream	83	Gabapentin	56
Dynacirc-SRO	78	Gemcitabine Ebewe	82
E		Gemcitabine hydrochloride	82
Efavirenz with emtricitabine and tenofovir disoproxil	25, 42	Genox	72, 75
Efavirenz with emtricitabine and tenofovir disoproxil fumarate	42	Gentamicin sulphate	25, 74
Eformoterol fumarate	75	Glatiramer acetate	28, 56, 83
Elelyso	45	Glecaprevir with pibrentasvir	28
Emcure	27	Glucobay	45, 51
Emtricitabine with tenofovir disoproxil	25, 42	Glycerin with sodium saccharin	69
Emtricitabine with tenofovir disoproxil fumarate ..	42	Glycerin with sucrose	69
Emulsifying ointment	52	Glyceryl trinitrate	76
Enalapril maleate	70	H	
Engerix-B	48	Heparinised saline	76
Entecavir	42, 66, 80	Heparin sodium	78
Entecavir Sandoz	42, 66	Hepatitis B recombinant vaccine	48
Epirubicin Ebewe	71, 82	Hybloc	46, 83, 85
Epirubicin hydrochloride	69, 71, 82	Hydrocortisone butyrate	69, 72
Epoetin alfa	28	Hydrocortisone with natamycin and neomycin	72
Epoetin alfa [Erythropoietin alfa]	51, 74	Hyoscine hydrobromide	72
Eprex	51, 74	Hysite	70, 71, 83
Erythropoietin alfa	51, 74	I	
Ethambutol hydrochloride	78	Ibuprofen	26
Ethics Enalapril	70	Imiglucerase	45, 76, 84
Ethinylloestradiol with levonorgestrel	46, 52	Imipramine hydrochloride	79
Ethinylloestradiol with norethisterone	85	Infliximab	29
Etidronate disodium	80	Influenza vaccine	26, 43, 49, 77, 83
Evista	54	Influvac	77
Eylea	67	Influvac Tetra	26, 44, 50, 83
F		Interferon alfa-2b	81
Felodipine	76	Intron-A	81
Ferrograd	66, 78	Irinotecan Actavis 40	80
Ferrosig	40	Irinotecan Actavis 100	71
Ferrous sulphate	66, 78	Irinotecan hydrochloride	69, 71, 79, 80
Ferrum H	82	Irinotecan-Rex	80
Filgrastim	26	Iron polymaltose	40, 82
Fluarix Tetra	43, 49	Isoptin	76, 82
Flucon	27	Isotane 10	80
		Isotane 20	80
		Isotretinoin	80

Index

Pharmaceuticals and brands

Ispaghula (psyllium) husk.....	76	Myambutol.....	78
Isradipine.....	78	N	
K		Nardil.....	69
Ketostix.....	78	Natulan.....	71
Kogenate FS.....	46	Nauzene.....	74
L		Navelbine.....	70
Labetalol.....	46, 83, 85	Nivestim.....	26
Latanoprost.....	39, 70, 71, 83	Noctamid.....	77
Levlen ED.....	46, 52	O	
Levobunolol.....	82	Octocog alfa [Recombinant factor VIII] (Advate).....	46
Levodopa with carbidopa.....	55, 66	Octocog alfa [Recombinant factor VIII] (Kogenate FS).....	46
Levothyroxine.....	74, 78, 80	Ora-Blend.....	70
Lidocaine-Claris.....	69, 79	Ora-Blend SF.....	70
Lidocaine [Lignocaine] hydrochloride.....	69, 79	Ora-Plus.....	69
Lignocaine.....	69, 74, 79	Ora-Sweet.....	69
Lioresal Intrathecal.....	69, 82	Ora-Sweet SF.....	69
Lithicarb FC.....	77	Ordine.....	25
Lithium carbonate.....	77	Oxallicord.....	80
Locoid.....	72	Oxaliplatin.....	72, 80
Locoid Crelo.....	72	Oxaliplatin Actavis 50.....	80
Locoid Lipocream.....	69	Oxaliplatin Ebewe.....	80
Lodi.....	46	Oxis Turbuhaler.....	75
Lopresor.....	78	Oxybutynin.....	46, 78
Lormetazepam.....	77	Oxycodone hydrochloride.....	27
Lycinate.....	76	Oxycodone Sandoz.....	27
M		P	
Mabthera.....	48, 57	Paediatric oral feed with fibre 1.5kcal/ml.....	41
Magnesium sulphate.....	26	Pancreatic enzyme.....	74
Maviret.....	28	Paracare.....	71, 81
Medroxyprogesterone acetate.....	40, 47, 52, 66, 83	Paracetamol.....	40, 71, 81, 84
Mercaptopurine.....	69	Paracetamol Pharmacare.....	40
Metcek.....	71, 81	Paraffin liquid with soft white paraffin.....	82
Metformin hydrochloride.....	71, 81	Paritaprevir, ritonavir and ombitasvir with dasabuvir.....	79
Metformin Mylan.....	71, 81	Paritaprevir, ritonavir and ombitasvir with dasabuvir and ribavirin.....	79
Methotrexate.....	72, 75	Pharmacy services.....	27, 41, 75, 79
Methylcellulose.....	69	Phenasen.....	27
Methylcellulose with glycerin and sodium saccharin.....	70	Phenelzine sulphate.....	69
Methylcellulose with glycerin and sucrose.....	70	Phenobarbitone sodium.....	40, 81
Methyl hydroxybenzoate.....	80	Phenytoin sodium.....	66, 77
Methylprednisolone acetate with lidocaine [Lignocaine].....	74	Pimafucort.....	72
Metoclopramide hydrochloride.....	69	PKU Anamix Junior Chocolate.....	39
Metolazone.....	66	PKU Anamix Junior Vanilla.....	39
Metoprolol tartrate.....	78	Plendil ER.....	76
Miacalcic.....	77	Procarbazine hydrochloride.....	71
Moclobemide.....	28, 69, 83	Procur.....	77
Modafinil.....	29, 71, 84	Prokinex.....	70, 81
Modavigil.....	29, 71, 84	Prolia.....	53
Moroctocog alfa [Recombinant factor VIII].....	45		
Morphine hydrochloride.....	25		

Index

Pharmaceuticals and brands

Promethazine theoclate	77	Tenofovir Disoproxil Teva	47, 52
Propranolol	66	Tetracosactrin	25, 28
Provera	47, 52, 66, 83	Thiamine hydrochloride	78
Provera S29	40, 47, 52, 66	Tocilizumab	36
Puria	40	Tofranil s29	79
Puri-nethol	69	Trexate	72, 75
Pyrazinamide	78	Trimeprazine tartrate	79
R		V	
Raloxifene hydrochloride	54	Valganciclovir	26
Recombinant factor VIII	45, 46	Valganciclovir Mylan	26
Refresh Night Time	82	Vallergan Forte	79
Remicade	29	Varenicline Pfizer	40, 66
Rituximab	48, 57	Varenicline tartrate	40, 66, 70, 81
Rivaroxaban	76	Verapamil hydrochloride	76, 82
S		Vesicare	76
Scopoderm TTS	72	Viekira Pak	79
Serophene	77	Viekira Pak-RBV	79
SII-Onco-BCG	27, 85	Vinorelbine	70
Sinemet	55, 66	X	
Sodium chloride	82	Xarelto	76
Sodium fusidate [fusidic acid]	26, 83	XP Maxamaid	75
Sodium nitroprusside	78	Xyntha	45
Solifenacin succinate	76	Z	
Synacthene Retard	28	Zaroxolyn	66
Synacthen S29	25	Zeldox	77
Synthroid	74, 78, 80	Ziprasidone	77
T		Zithromax	81
Taliglucerase alfa	45	Zoledronic acid	47, 54, 70
Tamoxifen citrate	72, 75	Zoledronic acid Mylan	70
Tenofovir disoproxil	47, 52		



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