Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 July 2019

Cumulative for May, June and July 2019

New Zealand Government

PHARMAC
Pharmaceutical Management Agency

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 JULY 2019

New listings (pages 27-28)

- Sodium chloride (Fresenius Kabi) inj 0.9%, 5 ml and 10 ml ampoule – up to 5 inj available on a PSO
- Sodium chloride (Fresenius Kabi) inj 0.9%, 20 ml ampoule
- Amiodarone hydrochloride (Aratac) tab 100 mg and 200 mg – Retail pharmacy-Specialist
- Flecainide acetate (Flecainide Controlled Release Teva) cap long-acting 100 mg and 200 mg – Retail pharmacy-Specialist
- Ethinyloestradiol with levonorgestrel (Femme-Tab ED) tab 20 mg with levonorgestrel 100 mcg and 7 inert tablets and tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – up to 112 tab available on a PSO
- Clozapine (Clozaril) tab 25 mg – safety medicine; prescriber may determine dispensing frequency, Hospital pharmacy [HP4], new Pharmacode
- Methylphenidate hydrochloride extended-release (Methylphenidate ER – Teva) tab extended-release 18 mg, 27 mg, 36 mg and 54 mg – Special Authority – Retail pharmacy, only on a controlled drug form and safety medicine; prescriber may determine dispensing frequency
- Carmustine (BiCNU) inj 100 mg vial – PCT only – Specialist, new Pharmacode
- Docetaxel (Docetaxel Accord) inj 20 mg per ml, 4 ml vial – PCT only – Specialist, S29
- Pembrolizumab (Keytruda) inj 25 mg per ml, 4 ml vial – PCT only – Specialist – Special Authority
- Montelukast (Montelukast Mylan) tab 5 mg

Changes to restrictions (pages 31-39)

- Diltiazem hydrochloride (Apo-Diltiazem CD) cap long-acting 120 mg – stat dispensing removed
- Furosemide [frusemide] (Diurin 40) tab 40 mg – stat dispensing removed
- Ethinyloestradiol with levonorgestrel tab 20 mg with levonorgestrel 100 mcg and 7 inert tablets (Femme-Tab ED and Microgynon 20 ED) and 30 mcg with levonorgestrel 150 mcg and 7 inert tablets (Femme-Tab ED and Levlen ED) – amended PSO quantity
- Glatiramer acetate (Copaxone) inj 40 mg prefilled syringe – amended Special Authority
- Interferon beta-1-alpha inj 6 million iu prefilled syringe (Avonex) and injection 6 million iu per 0.5 ml pen injector (Avonex Pen) – amended Special Authority, addition of no patient co-payment payable and Xpharm removed
- Interferon beta-1-beta (Betaferon) inj 8 million iu per 1 ml – amended Special Authority, addition of no patient co-payment payable and Xpharm removed

- Nitrazepam (Nitrados) tab 5 mg – subsidy by endorsement added
- Etanercept (Enbrel) inj 25 mg, 50 mg autoinjector and 50 mg prefilled syringe – amended Special Authority criteria
- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and 40 mg per 0.8 ml prefilled syringe (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria

Increased subsidy (pages 46-47)

- Cilazapril (Zapril) tab 0.5 mg
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml ampoule
- Aspirin (Ethics Aspirin) tab dispersible 300 mg
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg, lozenge 1 mg and 2 mg and gum 2 mg (fruit and mint) and 4 mg (fruit and mint)
- Carmustine (Baxter) inj 100 mg for ECP, 100 mg OP
- Flutamide (Flutamide Mylan and Flutamin) tab 250 mg
- Salbutamol (Ventolin) inj 500 mcg per ml, 1 ml

Decreased subsidy (pages 46-47)

- Loperamide hydrochloride (Diamide Relief) cap 2 mg
- Pantoprazole (Panzop Relief) tab EC 20 mg and 40 mg
- Calcitriol (Calcitrol-AFT) cap 0.25 mcg and 0.5 mcg
- Dipyridamole (Pytazen SR) tab long-acting 150 mg
- Sotalol (Mylan) tab 80 mg and 160 mg
- Furosemide [frusemide] (Frusemide-Claris) inj 10 mg per ml, 2 ml ampoule
- Dimethicone (healthE Dimethicone 5%) crm 5% pump bottle, 500 ml OP
- Clindamycin (Dalacin C) inj phosphate 150 mg per ml, 4 ml ampoule
- Abacavir sulphate (Ziagen) tab 300 mg
- Abacavir sulphate with lamivudine (Kivexa) tab 600 mg with lamivudine 300 mg
- Tenoxicam (Tilcotil) tab 20 mg
- Risedronate sodium (Risedronate Sandoz) tab 35 mg
- Zoledronic acid (Aclasta) inj 0.05 mg per ml, 100ml, vial
- Pramipexole hydrochloride (Ramipex) tab 0.25 mg and 1 mg
- Dihydrocodeine tartrate (DHC Continus) tab long-acting 60 mg
- Nortriptyline hydrochloride (Norpress) tab 10 mg and 25 mg
- Chloramphenicol (Chlorafast) eye drops 0.5%, 10 ml OP

News Stories – July 2019 Update

New tender listings

- Sodium chloride (Fresenius Kabi) inj 0.9%, 5 ml, 10 ml and 20 ml ampoules
- Amiodarone hydrochloride (Aratac) tab 100 mg and 200 mg
- Flecainide acetate (Flecainide Controlled Release Teva) Cap long-acting 100 mg and 200 mg

Flecainide acetate

We're listing new brands of flecainide acetate from 1 July 2019. These will replace the Tambocor brand as follows:

For long-acting 100 mg and 200 mg capsules:

- **From 1 July 2019**, Flecainide Controlled Release Teva will be fully funded.
- **From 1 December 2019**, Tambocor CR will no longer be funded. A Brand Switch Fee will apply until 1 March 2020.

For short-acting 50 mg tablets:

- **From 1 September 2019**, Flecainide BNM will be fully funded.
- **From 1 February 2020**, Tambocor will no longer be funded. A Brand Switch Fee will apply until 1 May 2020.

There will be no subsidy reduction of the current brands during the five-month transition period.

We have let cardiologists and GPs know about the change.

Our Cardiovascular Subcommittee of PTAC advised that plasma monitoring would not be needed for most patients. Individual clinicians can choose whether to do plasma monitoring for each patient.

To help prescribers and pharmacists support patients changing brands, we will have leaflets that pharmacists can download for their patients. You can find this information on our My Medicine Has Changed webpage for flecainide. www.pharmac.govt.nz/flecainide

Atomoxetine (Generic Partners) – delayed listing and sole supply

The listing of the Generic Partners brand of atomoxetine capsules (all strengths) has been delayed and will now be listed from 1 November 2019. The subsidy reduction for Stratterra will now occur from 1 January 2020. Generic Partners will be the sole subsidised brand from 1 April 2020. The Special Authority for atomoxetine will now be removed from 1 November 2019.

New listings

Methylphenidate hydrochloride extended-release – Teva brand

From 1 July 2019, we are listing an additional brand, Methylphenidate ER-Teva, of methylphenidate hydrochloride extended release tablets (18 mg, 27 mg, 36 mg, 54 mg). The current Special Authority and hospital restrictions will apply.

Changed listings

MS treatments – update on changes

We are making changes to the distribution arrangements for three treatments for Multiple Sclerosis - interferon beta-1-apha (Avonex), interferon beta-1- beta (Betaferon) and glatiramer acetate (Copaxone). We have started moving to regular community pharmacy distribution. In February 2019, we listed the 40 mg Copaxone (glatiramir acetate) syringe for patients with Multiple Sclerosis meeting Special Authority criteria.

From 1 July 2019:

- All people taking Avonex, Betaferon or Copaxone will get these medicines dispensed from their community pharmacy. These products will be dispensed monthly.
- Patient co-payments for Avonex, Betaferon and Copaxone will be waived for all of 2019.
- XPHARM will be removed from Avonex and Betaferon.
- Copaxone 20 mg syringe (listed as XPHARM) will be delisted.

Etanercept and adalimumab – change to Special Authorities

We are making changes to the Special Authorities that apply to adalimumab and etanercept for chronic plaque psoriasis. The changes include lowering the PASI entry score and including a patient-centric measure of treatment response. As a result, more people with plaque psoriasis can now access these treatments.

Stock issues

Ethinyloestradiol with levonorgestrel

From 1 July 2019, we are temporarily listing the Femme-Tab ED brand of ethinyloestradiol with levonorgestrel tab 20/100 mcg and 30/150 mcg due to a supply issue with the Levlen ED and Microgynon 20 ED brands. The Femme-Tab ED brand is supplied in a 112 tablet pack (4 blisters of 28 tabs).

Levlen ED and Microgynon 20 ED is expected to be unavailable from late July 2019 until early September 2019. During this time Femme-Tab ED stock will be available, we will advise when Femme-Tab ED stock is available.

We are also amending the PSO quantity temporarily for this product to be up to 112 tablets on a PSO to match the new pack size.

Furosemide tab 40 mg

We are removing stat (three months all-at-once) dispensing from furosemide [frusemide] 40 mg tablets due to a supply issue with Diurin 40.

On 27 May 2019, we asked pharmacies to dispense monthly to help manage the available supply. We are working with the incoming supplier, Apotex, to have the new brand available as soon as possible.

Metoclopramide hydrochloride inj – listing from 27 May 2019

We listed Link Healthcare's brand of metoclopramide hydrochloride injections 5 mg per ml, 2 ml ampoules from 27 May 2019. This brand is supplied via Section 29 of the Medicines Act 1981, so wastage applies.

Diltiazem long-acting cap 120 mg

We are removing stat (three month all-at-once) dispensing from diltiazem long-acting 120 mg capsule due to a supply issue with Apo-Diltiazem CD. There is sufficient stock of Apo-Diltiazem CD 180 mg and 240 mg capsule.

Delistings

Nitrazepam tablets – restriction and discontinuation

The supplier is discontinuing supply of nitrazepam (Nitrados) 5 mg tablets. There are no other registered brands.

We are adding an endorsement to the listing from 1 July limiting funding to existing patients, so that new patients don't start on this treatment.

Supplies are expected to be exhausted by mid-2020.

We have communicated with prescribers (including GPs and specialists) and pharmacists about the discontinuation and clinically appropriate alternatives. We have asked them to start transitioning patients currently on nitrazepam to alternative treatments.

Other sedatives and hypnotics continue to be funded. We received expert advice from the Mental Health Subcommittee. For patients who use nitrazepam chronically, prescribers should consider transitioning them onto diazepam as it has a long half-life, so is less likely to cause withdrawal symptoms. Then on a case-by-case basis, consider these patients for a very slow withdrawal but only where this is clinically appropriate.

Paracetamol (Pharmacy Health) tab 500 mg, 1,000 tab pack

The Pharmacy Health brand of 500 mg paracetamol tablets (1,000 tablet pack size) was listed temporarily late last year due to the supply issue. The supply issue has now been resolved so this product will be delisted 1 January 2020.

Polyvinyl alcohol (Vistil and Vistil Forte) eye drops

AFT is discontinuing supply of Vistil and Vistil Forte eye drops. These products are no longer being manufactured and there are no other registered brands.

Supply of Vistil is expected to be exhausted soon and it will be delisted 1 January 2020. Supply of Vistil Forte is expected to be exhausted by late 2019 and will be delisted 1 March 2020.

Alternative funded eye drops are available. This includes Poly-Tears, which is expected to be available again soon.

Efavirenz (Stocrin) tablets and oral liquid

MSD is discontinuing supply of efavirenz (Stocrin) 50 mg tablets (September 2019) and 30 mg per ml oral liquid (January 2020). There are no other registered brands.

These products will be delisted on 1 April 2020 for the 50 mg tablet, and 1 August 2020 for the oral liquid.

Stocrin 200 mg and 600 mg tablets will continue to be available. Prescribers can also consider other antiretrovirals, including combination products which include efavirenz.

Various PSM products

PSM is no longer manufacturing the products listed below. These will be delisted, allowing longer stock-holding times for pharmacies:

- Paraffin white soft (PSM) 500 g – delist 1 May 2020
- Calamine Lotn, BP (PSM) 2,000 ml – delist 1 July 2020
- Magnesium hydroxide paste 29% (PSM) 500 g – delist 1 July 2020
- Hydrogen peroxide soln 3% (10vol) (Pharmacy Health) 100 ml – delist 1 July 2020

Other

Pharmacy communications from fax to email

We are changing how we update pharmacists. Currently we use a fax system to send faxes and/or emails to pharmacists when putting out notifications, consultations, tender notifications and other updates. This has proven, on occasion, to be unreliable.

We have decided to move to another system that will mean we will send emails only. This will commence on Monday, 8 July 2019. More information will be sent through on Monday, 24 June 2019 to the current fax distribution list. Email us at PharmacInfo@pharmac.govt.nz if you are not already receiving this information regularly from us.

News in brief

- **Clozapine** (Clozaril) tab 25 mg – new Pharmacode listing.
- **Celecoxib** (Celebrex) 100 mg capsules – delist amended until 1 January 2020 to maintain continuity of supply until Celecoxib (Pfizer) available again.
- **Ethinyloestradiol with norethisterone** (Brevinor 21) tab 35 mcg/500 mcg – delisting delayed until 1 July 2020.
- **Pembrolizumab (Keytruda)** – we are listing a 100 mg injection that will replace the discontinued 50 mg injection.

Tender News

Sole Subsidised Supply changes – effective 1 August 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Compound hydroxybenzoate	Soln; 100 ml bottle	Midwest (Midwest)
Filgrastim	Inj 300 mcg per 0.5 ml prefilled syringe; 10 inj	Nivestim (Pfizer)
Filgrastim	Inj 480 mcg per 0.5 ml prefilled syringe; 10 inj	Nivestim (Pfizer)
Ibuprofen	Oral liq 20 mg per ml; 200 ml bottle	Ethics (Multichem)
Levetiracetam	Tab 250 mg; 60 tab	Everet (Rex Medical)
Levetiracetam	Tab 500 mg; 60 tab	Everet (Rex Medical)
Levetiracetam	Tab 750 mg; 60 tab	Everet (Rex Medical)
Levetiracetam	Tab 1,000 mg; 60 tab	Everet (Rex Medical)
Oxycodone hydrochloride	Tab controlled-release 5 mg; 20 tab	Oxycodone Sandoz (Novartis)
Oxycodone hydrochloride	Tab controlled-release 10 mg; 20 tab	Oxycodone Sandoz (Novartis)
Oxycodone hydrochloride	Tab controlled-release 20 mg; 20 tab	Oxycodone Sandoz (Novartis)
Oxycodone hydrochloride	Tab controlled-release 40 mg; 20 tab	Oxycodone Sandoz (Novartis)
Oxycodone hydrochloride	Tab controlled-release 80 mg; 20 tab	Oxycodone Sandoz (Novartis)
Sodium fusidate [fusidic acid]	Crm 2%; 5 g OP	Foban (AFT)
Sodium fusidate [fusidic acid]	Oint 2%; 5 g OP	Foban (AFT)
Valganciclovir	Tab 450 mg; 60 tab	Valganciclovir Mylan (Mylan)
Zoledronic acid	Inj 4 mg per 5 ml, vial; 1 inj	Zoledronic acid Mylan (Mylan)

Looking Forward

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

Decisions for implementation 1 August 2019

- Montelukast (Montelukast Mylan) tab 4 mg and 10 mg – new listing

Possible decisions for future implementation 1 August 2019

- Adalimumab (Humira and HumiraPen) inj 20 mg per 0.4 ml, 40 mg per 0.8 ml prefilled syringe and 20 mg per 0.8 ml prefilled pen – amended Special Authority criteria
- Insulin pen needles and insulin syringes, disposable with attached needle – amended maximum quantity per prescription
- Rituximab (Mabthera) inj 100 mg per 10 ml vial, 500 mg per 50 ml vial and 1 mg for ECP – amended Special Authority criteria

Sole Subsidised Supply Products – cumulative to July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	**Tab 300 mg**	**Ziagen**	**2022**
Abacavir sulphate with lamivudine	**Tab 600 mg with lamivudine 300 mg**	**Kivexa**	**2022**
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
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
Alendronate sodium	Tab 70 mg	Fosamax	2022
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600	Fosamax Plus	2022
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
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycoNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP	Alphamox 125 Alphamox 250	2020
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2020
Anastrozole	Tab 1 mg	Rolin	2020
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
Aqueous cream	Crm	Boucher	2021
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2021
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2021 2020
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2021
Baclofen	**Inj 2 mg per ml, 5 ml ampoule** Tab 10 mg	**Medsurge** Pacifen	**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
Bicalutamide	Tab 50 mg	Binarex	2020
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2020
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2021
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
Budesonide	Metered aqueous nasal spray, 50 mcg per dose & 100 mcg per dose, 200 dose OP	SteroClear	2020
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Calamine	Crm, aqueous, BP	healthE Calamine Aqueous Cream BP	2021
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
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

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin Sandoz	2021
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetomacrogol	Crm BP, 500 g	healthE	2021
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cinacalcet	Tab 30 mg	Sensipar	2021
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2020
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
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
Clotrimazole	Crm 1%; 20 g OP	Clomazol	2020
Colchicine	Tab 500 mcg	Colgout	2021
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2020
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021
Crotamiton	Crm 10%, 20 g OP	Itch-soothe	2021
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
Desferrioxamine mesilate	Inj 500 mg vial	DBL Desferrioxamine Mesylate for Injection BP	2021
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-Ph&T	2020
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

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crm 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2021
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	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
Emtricitabine	**Cap 200 mg**	**Emtriva**	**2022**
Emulsifying ointment	Oint BP; 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa	**Inj 1,000 iu in 0.5 ml, syringe** **Inj 2,000 iu in 1 ml, syringe** **Inj 3,000 iu in 0.3 ml, syringe** **Inj 4,000 iu in 0.4 ml, syringe** **Inj 5,000 iu in 0.5 ml, syringe** **Inj 6,000 iu in 0.6 ml, syringe** **Inj 8,000 iu in 0.8 ml, syringe** **Inj 10,000 iu in 1 ml, syringe** **Inj 40,000 iu in 1 ml, syringe**	**Binocrit**	**2022**
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Ethinyloestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinyloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Microgynon 20 ED Levlen ED	2020
Etoposide	**Cap 50 mg & 100 mg**	**Vepesid**	**2022**
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 Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2021 2020
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental)	Ferrograd	2021
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg Inj 1 g vial Inj 250 mg & 500 mg vials	AFT Staphlex Flucil Flucloxin	2021 2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2021

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Glibenclamide	Tab 5 mg	Daonil	2021
Gliclazide	Tab 80 mg	Glizide	2020
Glipizide	Tab 5 mg	Minidiab	2021
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerin with sodium saccharin	**Suspension**	**Ora-Sweet SF**	**2022**
Glycerin with sucrose	**Suspension**	**Ora-Sweet**	**2022**
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2021 2020
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
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	Douglas ABM	2021 2020
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	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Ibuprofen	Tab 200 mg	Relieve	2020
Imatinib mesilate	Cap 100 mg & 400 mg	Imatinib-AFT	2020
Imiquimod	Crm 5%, 250 mg sachet	Perrigo	2020
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP	Univent	2020
Isoniazid	Tab 100 mg	PSM	2021
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg Tab long-acting 60 mg	Ismo 20 Duride	2020
Isotretinoin	Cap 10 mg & 20 mg Cap 5 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lamivudine	Tab 100 mg	Zetlam	2020
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Latanoprost	**Eye drops 0.005%, 2.5 ml OP**	**Teva**	**2021**
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Oral liq 100 mg per ml, 300 ml OP	Levetiracetam-AFT	2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	2020
Lidocaine [lignocaine] hydrochloride	**Inj 1% & 2%, 20 ml vial** Oral (gel) soln 2%	**Lidocaine-Claris** Mucosoothe	**2022** 2020
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2020
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12. 5 mg	Arrow-Losartan & Hydrochlorothiazide	2021
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2020
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2020

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2020
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
Mercaptopurine	**Tab 50 mg**	**Puri-nethol**	**2022**
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2021
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	Trexate Methotrexate Ebewe	2021 2020
Methylcellulose	**Powder** **Suspension**	**Midwest** **Ora Plus**	**2022**
Methylcellulose with glycerin and sodium saccharin	**Suspension**	**Ora Blend SF**	**2022**
Methylcellulose with glycerin and sucrose	**Suspension**	**Ora Blend**	**2022**
Methyl hydroxybenzoate	**Powder**	**Midwest**	**2022**
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2021
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2021
Methylprednisolone (as sodium succinate)	Inj 1 g vial Inj 40 mg, 125 mg & 500 mg vial	Solu-Medrol Solu-Medrol-Act-O-Vial	2021
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2020
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg	Metoprolol IV Mylan Apo-Metoprolol	01/02/2022 2021
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Crm 2%; 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2020

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	**Tab 150 mg & 300 mg**	**Aurorix**	**2021**
Mometasone furoate	Crm 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
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	Sevredol DBL Morphine Sulphate	2020
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
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 valerate	Tab 1 mg & 2 mg	Progynova	2021
Oestriol	Crm 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Oil in water emulsion	Crm	O/W Fatty Emulsion Cream	2021
Olanzapine	Inj 210 mg, 300 mg & 405 mg vial Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zyprexa Relprevv Zypine Zypine ODT	2021 2020
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2020
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT-DRLA	2020
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxycodone hydrochloride	Cap immediate-release 5 mg, 10 mg & 20 mg Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	OxyNorm	2021
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2021
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2020
Paracetamol	Suppos 500 mg Suppos 125 mg & 250 mg Oral liq 250 mg per 5 ml Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Gacet Gacet Paracare Double Strength Paracare Pharmacare	2021 2021 2020
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2021
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe	Pegasys	2020

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crm 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Tab 50 mg Inj 50 mg per ml, 1 ml & 2 ml ampoules	PSM DBL Pethidine Hydrochloride	2021 2020
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2021
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2021
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2021
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2020
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020
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
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
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml	Actavis Risperon	2020
Ritonavir	**Tab 100 mg**	**Norvir**	**2022**
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2020
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
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 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

**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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sulfadiazine silver	Crm 1%, 50 g OP	Flamazine	2020
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2020
Temazepam	Tab 10 mg	Normison	2020
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
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
Thiamine hydrochloride	Tab 50 mg	Max Health	2020
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP	Arrow-Timolol	2020
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
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
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crm 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim	Tab 300 mg	TMP	2021
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Vancomycin	Inj 500 mg vial	Mylan	2020
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2021
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
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	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 July 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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

July changes are in bold type

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

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

New Listings

Effective 1 July 2019

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%, 5 ml ampoule – Up to 5 inj available on a PSO	2.80	20	✔ **Fresenius Kabi**
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	5.40	50	✔ **Fresenius Kabi**
	Inj 0.9%, 20 ml ampoule	5.00	20	✔ **Fresenius Kabi**
48	AMIODARONE HYDROCHLORIDE			
	▲Tab 100 mg – Retail pharmacy-Specialist	3.80	30	✔ **Aratac**
	▲Tab 200 mg – Retail pharmacy-Specialist	5.25	30	✔ **Aratac**
48	FLECAINIDE ACETATE – Retail pharmacy-Specialist			
	▲Cap long-acting 100 mg	39.51	90	✔ **Flecainide Controlled Release Teva**
	▲Cap long-acting 200 mg	61.06	90	✔ **Flecainide Controlled Release Teva**
71	ETHINYLOESTRADIOL WITH LEVONORGESTREL			
	❋Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 112 tab available on a PSO	6.45	112	✔ **Femme-Tab ED**
	❋Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 112 tab available on a PSO	6.45	112	✔ **Femme-Tab ED**
131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	11.36	100	✔ **Clozaril**
	Note – this is a new Pharmacode listing, 2534851.			
146	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA1151 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency			
	Tab extended-release 18 mg	18.20	30	✔ **Methylphenidate ER - Teva**
	Tab extended-release 27 mg	22.00	30	✔ **Methylphenidate ER - Teva**
	Tab extended-release 36 mg	22.40	30	✔ **Methylphenidate ER - Teva**
	Tab extended-release 54 mg	26.40	30	✔ **Methylphenidate ER - Teva**
152	CARMUSTINE – PCT only – Specialist			
	Inj 100 mg vial	1,387.00	1	✔ **BiCNU**
158	DOCETAXEL – PCT only – Specialist			
	Inj 20 mg per ml, 4 ml vial	47.60	1	✔ **Docetaxel Accord** S29

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

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

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

New Listings – effective 1 July 2019 (continued)

209 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1657
Inj 25 mg per ml, 4 ml vial ..... 4,680.00 — 1 — ✔ **Keytruda**

217 MONTELUKAST
✻ Tab 5 mg ..... 4.25 — 28 — ✔ **Montelukast Mylan**

Effective 13 June 2019

253 INFLUENZA VACCINE
Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 90.00 — 10 — ✔ **Afluria Quad**
a) Only on a prescription
b) No patient co-payment payable
c) Access criteria apply

Effective 1 June 2019

11 ACARBOSE
✻ Tab 100 mg ..... 20.23 — 90 — ✔ **Accarb**

43 HEPARIN SODIUM
Inj 25,000 iu per ml, 0.2 ml ..... 190.00 — 50 — ✔ **Pfizer** S29
Wastage claimable

49 LABETALOL
Tab 100 mg ..... 11.36 — 100 — ✔ **Presolol** S29
Tab 200 mg ..... 29.74 — 100 — ✔ **Presolol** S29
Wastage claimable

51 METHYLDOPA
✻ Tab 250 mg ..... 52.85 — 500 — ✔ **Methyldopa Mylan** S29
Wastage claimable

122 METHADONE HYDROCHLORIDE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency
d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).
e) For methadone hydrochloride oral liquid refer Standard Formulae
Tab 5 mg ..... 1.40 — 10 — ✔ **Methatabs**
Note – this is a new blister pack presentationNew Listings – effective 1 June 2019 (continued)

130 METOCLOPRAMIDE HYDROCHLORIDE
✻ Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO ..... 13.56 — 10 — ✔ **Link Healthcare** S29
Wastage claimable

156 ARSENIC TRIOXIDE – PCT only – Specialist
Inj 10 mg for ECP ..... 481.70 — 10 mg OP — ✔ **Baxter**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

New Listings – effective 27 May 2019

130 METOCLOPRAMIDE HYDROCHLORIDE

✻ Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO ..... 13.56 | 10 | ✔ **Link Healthcare** S29

Wastage claimable

Effective 1 May 2019

11 ACARBOSE

✻ Tab 50 mg ..... 10.47 | 90 | ✔ **Accarb** S29

Wastage claimable

39 EFTRENONACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm]

For patients with haemophilia B receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial	612.50	1	✔ **Alprolix**
Inj 500 iu vial	1,225.00	1	✔ **Alprolix**
Inj 1,000 iu vial	2,450.00	1	✔ **Alprolix**
Inj 2,000 iu vial	4,900.00	1	✔ **Alprolix**
Inj 3,000 iu vial	7,350.00	1	✔ **Alprolix**

40 RURIOCTOCOG ALFA PEGOL [RECOMBINANT FACTOR VIII] – [Xpharm]

For patients with haemophilia A receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial	300.00	1	✔ **Adynovate**
Inj 500 iu vial	600.00	1	✔ **Adynovate**
Inj 1,000 iu vial	1,200.00	1	✔ **Adynovate**
Inj 2,000 iu vial	2,400.00	1	✔ **Adynovate**

43 HEPARIN SODIUM

Inj 5,000 iu per ml, 1 ml ..... 28.40 | 5 | ✔ **Pfizer**

78 TETRACOSACTRIN

✻ Inj 250 mcg per ml, 1 ml ampoule ..... 75.00 | 1 | ✔ **AU Synacthen S29** S29

Wastage claimable

Note – this is a new Pharmacode listing, 2566494.

94 DOXYCYCLINE

✻ Tab 100 mg – Up to 30 tab available on a PSO ..... 64.43 | 500 | ✔ **Doxine**

97 CYCLOSERINE – 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.

Cap 250 mg ..... 344.00 | 60 | ✔ **Cyclorin** S29

Wastage claimable

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

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

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

New Listings – effective 1 May 2019 (continued)

109	CELECOXIB			
	Cap 200 mg	2.30	30	✔ **Celebrex**
122	LEVODOPA WITH CARBIDOPA			
	✻ Tab long-acting 100 mg with carbidopa 25 mg	23.84	100	✔ **Mylan** S29
	Wastage claimable			
123	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 25 mg	4.73	50	✔ **Apo-Clomipramine**
124	PHENELZINE SULPHATE			
	✻ Tab 15 mg	70.80	60	✔ **Nardil S29** S29
	Wastage claimable			
155	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist			
	Inj 20 mg per ml, 5 ml vial	71.44	1	✔ **Irinotecan Accord** S29

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 July 2019

51 DILTIAZEM HYDROCHLORIDE (remove stat dispensing)

Cap long-acting 120 mg	33.42	500	✔**Apo-Diltiazem CD**

51 FUROSEMIDE [FRUSEMIDE] (remove stat dispensing)

Tab 40 mg – Up to 30 tab available on a PSO	8.00	1,000	✔**Diurin 40**

71 ETHINYLOESTRADIOL WITH LEVONORGESTREL (amend PSO quantity)

✻ Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets			
– Up to ~~84~~ **112** tab available on a PSO	2.18	84	✔**Microgynon 20 ED**
	6.45	112	✔**Femme-Tab ED**
✻ Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets			
– Up to ~~84~~ **112** tab available on a PSO	1.77	84	✔**Levlen ED**
	6.45	112	✔**Femme-Tab ED**

140 Other Multiple Sclerosis Treatments (Special Authority moved to chemical level)
➽ ~~SA1564 Special Authority for Subsidy~~

142 GLATIRAMER ACETATE – Special Authority see SA**1808** ~~1564~~ – Retail pharmacy (amended Special Authority)

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

➽ **SA1808** ~~1564~~ 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 (below).
Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

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

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.
Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).
~~Only glatiramer acetate inj 40 mg prefilled syringe will be subsidised if dispensed from a community pharmacy. The other 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, ~~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. As a new Special Authority approval number is required the MSTAC coordinator should be notified of the change and a new prescription provided.

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

Entry Criteria

1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
3) patients must have:
   a) EDSS score 0 - 4.0 and:
      • Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
      • Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
         i) a gadolinium enhancing lesion; or
         ii) a Diffusion Weighted Imaging positive lesion; or
         iii) a T2 lesion with associated local swelling; or
         iv) a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
         v) new T2 lesions compared with a previous MR scan; and
4) A significant relapse must:
   a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
   b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
   c) last at least one week;
   d) start at least one month after the onset of a previous relapse;
   e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
   f) be distinguishable from the effects of general fatigue; and
   g) not be associated with a fever (T> 37.5°C); and
5) applications must be made by the patient's neurologist; and
6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
7) patients must have either:
   a) intolerance to both natalizumab and fingolimod; or
   b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
8) patient will not be co-prescribed natalizumab or fingolimod.

Stopping Criteria

Any of the following:

1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following EDDSS Points:
   a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; or
   b) 1.0 to 3.0; or
   c) 1.5 to 3.5; or
   d) 2.0 to 4.0; or
   e) 2.5 to 4.5; or
   f) 3.0 to 4.5; or
   g) 3.5 to 4.5; or
   h) 4.0 to 4.5.
2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
3) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
4) non-compliance with treatment, including refusal to undergo annual assessment.

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

Note: Treatment with interferon beta -1-beta, interferon beta-1-alpha and glatiramer acetate, is permitted only if treatment with both natalizumab and fingolimod is not tolerated or treatment with both would be clinically inappropriate. Beta-interferon or glatiramer acetate will not be funded as second line treatments if EDSS progression has occurred on treatment with natalizumab or fingolimod. Patients who have an increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet the EDSS Stopping Criteria at annual review may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa. Patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa for increased relapses only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to increasing relapse rate over 12 months of treatment). If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur. In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

142 INTERFERON BETA-1-ALPHA – ~~[Xpharm]~~ – Special Authority see SA**1809** ~~1564~~ – **No patient co-payment payable**
(amended Special Authority, addition of no patient co-payment payable and Xpharm removed)

Inj 6 million iu prefilled syringe	1,170.00	4	✔**Avonex**
Injection 6 million iu per 0.5 ml pen injector	1,170.00	4	✔**Avonex Pen**

➽ **SA1809** ~~1564~~ 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 (below).

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

The coordinator
Multiple Sclerosis Treatment Assessment Committee
PHARMAC PO Box 10
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 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, ~~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. As a new Special Authority approval number is required the MSTAC coordinator should be notified of the change and a new prescription provided.

Entry Criteria

1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
3) patients must have:
   a) EDSS score 0 - 4.0 and:
      • Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

- Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
  i) a gadolinium enhancing lesion; or
  ii) a Diffusion Weighted Imaging positive lesion; or
  iii) a T2 lesion with associated local swelling; or
  iv) a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
  v) new T2 lesions compared with a previous MR scan; and

4) A significant relapse must:
   a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
   b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
   c) last at least one week;
   d) start at least one month after the onset of a previous relapse;
   e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
   f) be distinguishable from the effects of general fatigue; and
   g) not be associated with a fever (T> 37.5°C); and
5) applications must be made by the patient's neurologist; and
6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
7) patients must have either:
   a) intolerance to both natalizumab and fingolimod; or
   b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
8) patient will not be co-prescribed natalizumab or fingolimod.

Stopping Criteria
Any of the following:
1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following EDDSS Points:
   a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; or
   b) 1.0 to 3.0; or
   c) 1.5 to 3.5; or
   d) 2.0 to 4.0; or
   e) 2.5 to 4.5; or
   f) 3.0 to 4.5; or
   g) 3.5 to 4.5; or
   h) 4.0 to 4.5.
2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
3) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
4) non-compliance with treatment, including refusal to undergo annual assessment.

Note: Treatment with interferon beta -1-beta, interferon beta-1-alpha and glatiramer acetate, is permitted only if treatment with both natalizumab and fingolimod is not tolerated or treatment with both would be clinically inappropriate. Beta-interferon or glatiramer acetate will not be funded as second line treatments if EDSS progression has occurred on treatment with natalizumab or fingolimod. Patients who have an increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet the EDSS Stopping Criteria at annual review may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa. Patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa for increased relapses only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to increasing relapse rate over 12 months of treatment).

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur. In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

142 INTERFERON BETA-1-BETA – ~~[Xpharm] –~~ Special Authority see SA**1810** ~~1564~~ – **No patient co-payment payable**
(amended Special Authority, addition of no patient co-payment payable and Xpharm removed)

Inj 8 million iu per 1 ml	1,322.89	15	✔**Betaferon**

➽ **SA1810** ~~1564~~ 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 (below).

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

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

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.

Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

~~Only glatiramer acetate inj 40 mg prefilled syringe will be subsidised if dispensed from a community pharmacy. The other 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, ~~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. As a new Special Authority approval number is required the MSTAC coordinator should be notified of the change and a new prescription provided.

Entry Criteria

1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
3) patients must have:
   a) EDSS score 0 - 4.0 and:
      - Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
      - Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
        i) a gadolinium enhancing lesion; or
        ii) a Diffusion Weighted Imaging positive lesion; or
        iii) a T2 lesion with associated local swelling; or
        iv) a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
        v) new T2 lesions compared with a previous MR scan; and
4) A significant relapse must:
   a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
   b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

c) last at least one week;
d) start at least one month after the onset of a previous relapse;
e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
f) be distinguishable from the effects of general fatigue; and
g) not be associated with a fever (T> 37.5°C); and

5) applications must be made by the patient's neurologist; and
6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
7) patients must have either:
   a) intolerance to both natalizumab and fingolimod; or
   b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
8) patient will not be co-prescribed natalizumab or fingolimod.

Stopping Criteria
Any of the following:
1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following EDDSS Points:
   a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; or
   b) 1.0 to 3.0; or
   c) 1.5 to 3.5; or
   d) 2.0 to 4.0; or
   e) 2.5 to 4.5; or
   f) 3.0 to 4.5; or
   g) 3.5 to 4.5; or
   h) 4.0 to 4.5.
2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
3) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
4) non-compliance with treatment, including refusal to undergo annual assessment.

Note: Treatment with interferon beta -1-beta, interferon beta-1-alpha and glatiramer acetate, is permitted only if treatment with both natalizumab and fingolimod is not tolerated or treatment with both would be clinically inappropriate. Beta-interferon or glatiramer acetate will not be funded as second line treatments if EDSS progression has occurred on treatment with natalizumab or fingolimod. Patients who have an increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet the EDSS Stopping Criteria at annual review may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa. Patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa for increased relapses only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to increasing relapse rate over 12 months of treatment). If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur. In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

143 NITRAZEPAM – **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 nitrazepam prior to 1 August 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of nitrazepam in the preceding 12 months.

Tab 5 mg ..... 5.22 100 ✔**Nitrados**

Changes to Restrictions – effective 1 July 2019 (continued)

170 ETANERCEPT – Special Authority see SA**1812** ~~1620~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

Inj 25 mg	799.96	4	✔**Enbrel**
Inj 50 mg autoinjector	1,599.96	4	✔**Enbrel**
Inj 50 mg prefilled syringe	1,599.96	4	✔**Enbrel**

➽ **SA1812** ~~1620~~ Special Authority for Subsidy

Initial application — (severe chronic plaque psoriasis) only from a dermatologist. 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 adalimumab for severe chronic plaque psoriasis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from adalimumab; or
  - 1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab 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~~ **greater than 10**, 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 **or Dermatology Quality of Life Index (DLQI) 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 **or DLQI** assessment is no more than 1 month old at the time of application.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of ~~greater than 15~~ **greater than 10**, as assessed preferably while still on treatment but no longer than 1 month following cessation 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 — (severe chronic 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:

All of the following:

1 Either:
- 1.1 Applicant is a dermatologist; or
- 1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and

2 Either:
- 2.1 Both:
  - 2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

2.1.2 **Either**

2.1.2.1 Following each prior etanercept 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-treatment baseline value; or

2.1.2.2 Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or

2.2 Both:

2.2.1 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

2.2.2 Either:

2.2.2.1 Following each prior etanercept 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

2.2.2.2 Following each prior etanercept 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-treatment baseline value; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Note: A treatment course is defined as a minimum of 12 weeks of etanercept treatment.

176 ADALIMUMAB – Special Authority see SA**1813** ~~1742~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2	✔**Humira**
Inj 40 mg per 0.8 ml prefilled pen	1,599.96	2	✔**HumiraPen**
Inj 40 mg per 0.8 ml prefilled syringe	1,599.96	2	✔**Humira**

➽ **SA1813** ~~1742~~ Special Authority for Subsidy

Initial application — (severe chronic plaque psoriasis) only from a dermatologist. 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 etanercept for severe chronic plaque psoriasis; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for 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~~ **10**, 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 **or Dermatology Quality of Life Index (DLQI) 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 **or DLQI** assessment is no more than 1 month old at the time of application.

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than ~~15~~ **10**, as assessed preferably while still on treatment but no longer than 1 month following cessation 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 — (severe chronic 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:
All of the following:

1 Either:
- 1.1 Applicant is a dermatologist; or
- 1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:
- 2.1 Both:
  - 2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
  - 2.1.2 **Either:**
    - **2.1.2.1** Following each prior adalimumab 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-adalimumab treatment baseline value; or
    - **2.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or**
- 2.2 Both:
  - 2.2.1 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
  - 2.2.2 Either:
    - 2.2.2.1 Following each prior adalimumab 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
    - 2.2.2.2 Following each prior adalimumab 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-adalimumab treatment baseline value; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Note: A treatment course is defined as a minimum of 12 weeks adalimumab treatment

Changes to Restrictions – effective 13 June 2019

253 INFLUENZA VACCINE (amended restriction 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;
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) INFLUENZA VACCINE – pregnant women
a. are pregnant.

C) 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.

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

Changes to Restrictions – effective 1 June 2019

11 ACARBOSE (S29 and wastage claimable removed)

❋ Tab 50 mg	10.47	90	✔ **Accarb** ~~S29~~
~~Wastage claimable~~			

14 INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (amended brand name)

❋ 31 g × 6 mm	9.50	100	✔ ~~**ABM**~~ **Berpu**

31 TALIGLUCERASE ALFA – Special Authority see SA1734 – Retail pharmacy (Brand switch fee removed)

~~Brand switch fee payable (Pharmacode 2561972)~~			
Inj 200 unit vial	1,072.00	1	✔ **Elelyso**

98 PARA-AMINO SALICYLIC ACID – Retail pharmacy-Specialist (amended note)

a) No patient co-payment payable

b) **Prescriptions must be written by, or on the recommendation of,** ~~Specialist must be~~ an infectious disease specialist, clinical microbiologist or respiratory specialist.

Grans for oral liq 4 g sachet	280.00	30	✔ **Paser** S29

98 PROTIONAMIDE – Retail pharmacy-Specialist (amended note)

a) No patient co-payment payable

b) **Prescriptions must be written by, or on the recommendation of,** ~~Specialist must be~~ an infectious disease specialist, clinical microbiologist or respiratory specialist.

Tab 250 mg	305.00	100	✔ **Peteha** S29

121 PARACETAMOL (restrictions removed and stat dispensing reinstated)

❋ Tab 500 mg - blister pack	0.71	100	✔ **Priceline**
	7.12	1,000	✔ **Paracetamol Pharmacare**
			✔ **Pharmacare**
			✔ **Pharmacy Health**

~~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.~~

122 METHADONE HYDROCHLORIDE (amended presentation description)

a) Only on a controlled drug form

b) No patient co-payment payable

c) Safety medicine; prescriber may determine dispensing frequency

d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).

e) For methadone hydrochloride oral liquid refer Standard Formulae

Tab 5 mg – **bottle pack**	1.40	10	✔ **Methatabs**

Note – this applies to Pharmacode 765503.

▲ 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 June 2019 (continued)

124 DOSULEPIN [DOTHIEPIN] 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 dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.

Tab 75 mg	11.19	100	✔**Dopress**
Cap 25 mg	6.45	100	✔**Dopress**

162 DASATINIB ~~– [Xpharm]~~ – Special Authority see **SA1805** ~~0976~~ – **Retail pharmacy**
(amended Special Authority, removal of Xpharm and addition of wastage claimable)

Tab 20 mg	3,774.06	60	✔**Sprycel**
Tab 50 mg	6,214.20	60	✔**Sprycel**
Tab 70 mg	7,692.58	60	✔**Sprycel**

Wastage claimable

➽ **SA1805** ~~0976~~ Special Authority for Subsidy

~~Special Authority approved by the CML/GIST Co-ordinator~~
~~Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz, and prescriptions should be sent to:~~

~~The CML/GIST Co-ordinator~~
~~PHARMAC~~
~~PO Box 10-254~~
~~Wellington~~

~~Phone: (04) 460 4990~~
~~Facsimile: (04) 916 7571~~
~~Email: cmlgistcoordinator@pharmac.govt.nz~~

~~Special Authority criteria for CML - access by application~~

~~a) Funded for patients with diagnosis (confirmed by a haematologist) of a chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase.~~
~~b) Maximum dose of 140 mg/day for accelerated or blast phase, and 100 mg/day for chronic phase CML.~~
~~c) Subsidised for use as monotherapy only.~~
~~d) Initial approvals valid seven months.~~
~~e) Subsequent approval(s) are granted on application and are valid for six months. The first reapplication (after seven months) should provide details of the haematological response. The third reapplication should provide details of the cytogenetic response after 14-18 months from initiating therapy. All other reapplications should provide details of haematological response, and cytogenetic response if such data is available. Applications to be made and subsequent prescriptions can be written by a haematologist or an oncologist.~~

~~Note: Dasatinib is indicated for the treatment of adults with chronic, accelerated or blast phase CML with resistance or intolerance to prior therapy including imatinib.~~

~~Guideline on discontinuation of treatment for patients with CML~~

~~a) Prescribers should consider discontinuation of treatment if, after 6 months from initiating therapy, a patient did not obtain a haematological response as defined as any one of the following three levels of response:~~
~~1) complete haematologic response (as characterised by an absolute neutrophil count (ANC) > 1.5 × 109/L, platelets > 100 × 109/L, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts < 5% (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or~~
~~2) no evidence of leukaemia (as characterised by an absolute neutrophil count (ANC) > 1.0 × 109/L, platelets > 20 × 109/L, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts < 5% (or FISH Ph+ 0-35% metaphases), and absence of extramedullary disease); or~~
~~3) return to chronic phase (as characterised by BM and PB blasts < 15%, BM and PB blasts and promyelocytes < 30%, PB basophils < 20% and absence of extramedullary disease other than spleen and liver).~~

~~b) Prescribers should consider discontinuation of treatment if, after 18 months from initiating therapy, a patient did not obtain a major cytogenetic response defined as 0-35% Ph+ metaphases.~~

continued...

Changes to Restrictions – effective 1 June 2019 (continued)

continued...

Initial application only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:
Any of the following:
1 Both:
1.1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; and
1.2 Maximum dose of 140 mg/day; or
2 Both:
2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); and
2.2 Maximum dose of 140 mg/day; or
3 All of the following:
3.1 The patient has a diagnosis of CML in chronic phase; and
3.2 Maximum dose of 100 mg/day; and
3.3 Any of the following:
3.3.1 Patient has documented treatment failure* with imatinib; or
3.3.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or
3.3.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system; or
3.3.4 Patients is enrolled in the KISS study and requires dasatinib treatment according to the study protocol.**

Renewal only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Lack of treatment failure while on dasatinib*; and
2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment; and
3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.
Note: *treatment failure for CML as defined by Leukaemia Net Guidelines. **Kinase-Inhibition Study with Sprycel Start-up https://www.cancertrialsnz.ac.nz/kiss/

228 CHLOROFORM (note added)
a) Only in combination
b) Maximum of 100 ml per prescription
c) Only in aspirin and chloroform application.
d) Note: This product is no longer being manufactured by the supplier and will be delisted from the Schedule at a date to be determined.
Chloroform BP ..... 25.50 500 ml ✔**PSM**

228 COLLODION FLEXIBLE (note added)
Note: This product is no longer being manufactured by the supplier and will be delisted from the Schedule at a date to be determined.
Collodion flexible ..... 19.30 100 ml ✔**PSM**

Changes to Restrictions – effective 1 May 2019

14 INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy (amended presentation description)
a) Maximum of 1 dev per prescription
b) Only on a prescription
c) Maximum of 1 insulin pump per patient each four year period.

Min basal rate ~~0.001~~ **0.1** U/h	4,500.00	1	✔**Tandem t:slim X2**

39 EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – [Xpharm] (amended restriction)
~~For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 1 mg syringe	1,178.30	1	✔**NovoSeven RT**
Inj 2 mg syringe	2,356.60	1	✔**NovoSeven RT**
Inj 5 mg syringe	5,891.50	1	✔**NovoSeven RT**
Inj 8 mg syringe	9,426.40	1	✔**NovoSeven RT**

39 FACTOR EIGHT INHIBITOR BYPASSING FRACTION – [Xpharm] (amended restriction)
~~For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 500 U	1,315.50	1	✔**FEIBA NF**
Inj 1,000 U	2,630.00	1	✔**FEIBA NF**
Inj 2,500 U	6,575.00	1	✔**FEIBA NF**

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

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

40 NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm] (amended restriction)
~~For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.~~
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 500 iu vial	435.00	1	✔**RIXUBIS**
Inj 1,000 iu vial	870.00	1	✔**RIXUBIS**
Inj 2,000 iu vial	1,740.00	1	✔**RIXUBIS**
Inj 3,000 iu vial	2,610.00	1	✔**RIXUBIS**

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 May 2019 (continued)

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

~~Rare Clinical Circumstances Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016. 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~~ ~~Phone: 0800 023 588 Option 2~~
~~PHARMAC PO Box 10 254~~ ~~Facsimile: (04) 974 4881~~
~~Wellington~~ ~~Email: haemophilia@pharmac.govt.nz~~

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial	210.00	1	✔**Advate**
Inj 500 iu vial	420.00	1	✔**Advate**
Inj 1,000 iu vial	840.00	1	✔**Advate**
Inj 1,500 iu vial	1,260.00	1	✔**Advate**
Inj 2,000 iu vial	1,680.00	1	✔**Advate**
Inj 3,000 iu vial	2,520.00	1	✔**Advate**

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

~~Second Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016. 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~~ ~~Phone: 0800 023 588 Option 2~~
~~PHARMAC PO Box 10 254~~ ~~Facsimile: (04) 974 4881~~
~~Wellington~~ ~~Email: haemophilia@pharmac.govt.nz~~

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

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**

43 RIVAROXABAN (PSO restriction added)

Tab 15 mg – **Up to 14 tab available on a PSO**	77.56	28	✔**Xarelto**

112 DICLOFENAC SODIUM (reinstate stat dispensing)

❋ Tab long-acting 75 mg	22.80	500	✔**Apo-Diclo SR**

129 PIZOTIFEN (removal of S29 and wastage)

❋ Tab 500 mcg	23.21	100	✔**Sandomigran ~~S29~~** ~~S29~~

~~Wastage claimable~~

▲ 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 Subsidy and Manufacturer's Price

Effective 1 July 2019

6	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO (↓ subsidy)			
	✻ Cap 2 mg	6.25	400	✔ **Diamide Relief**
9	PANTOPRAZOLE (↓ subsidy)			
	✻ Tab EC 20 mg	2.02	100	✔ **Panzop Relief**
	✻ Tab EC 40 mg	2.85	100	✔ **Panzop Relief**
33	CALCITRIOL (↓ subsidy)			
	✻ Cap 0.25 mcg	7.95	100	✔ **Calcitriol-AFT**
	✻ Cap 0.5 mcg	13.75	100	✔ **Calcitriol-AFT**
41	DIPYRIDAMOLE (↓ subsidy)			
	✻ Tab long-acting 150 mg	10.90	60	✔ **Pytazen SR**
46	CILAZAPRIL (↑ subsidy)			
	✻ Tab 0.5 mg	2.09	90	✔ **Zapril**
50	SOTALOL (↓ subsidy)			
	✻ Tab 80 mg	32.58	500	✔ **Mylan**
	✻ Tab 160 mg	10.98	100	✔ **Mylan**
51	FUROSEMIDE [FRUSEMIDE] (↓ subsidy)			
	✻ Inj 10 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO	1.15	5	✔ **Frusemide-Claris**
63	DIMETHICONE (↓ subsidy)			
	✻ Crm 5% pump bottle	4.48	500 ml OP	✔ **healthE Dimethicone 5%**
92	CLINDAMYCIN (↓ subsidy)			
	Inj phosphate 150 mg per ml, 4 ml ampoule – Retail pharmacy-Specialist	39.00	10	✔ **Dalacin C**
92	GENTAMICIN SULPHATE (↑ subsidy)			
	Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.	17.50	10	✔ **Pfizer**
104	ABACAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy)			
	Tab 300 mg	180.00	60	✔ **Ziagen**
104	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy) Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.			
	Tab 600 mg with lamivudine 300 mg	63.00	30	✔ **Kivexa**
109	TENOXICAM (↓ subsidy)			
	✻ Tab 20 mg	9.15	100	✔ **Tilcotil**

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

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

112	RISEDRONATE SODIUM (↓ subsidy)			
	Tab 35 mg	3.10	4	✔ **Risedronate Sandoz**
113	ZOLEDRONIC ACID (↓ subsidy)			
	Inj 0.05 mg per ml, 100 ml, vial – Special Authority see SA1780			
	– Retail pharmacy	60.00	100 ml OP	✔ **Aclasta**
118	PRAMIPEXOLE HYDROCHLORIDE (↓ subsidy)			
	▲Tab 0.25 mg	6.12	100	✔ **Ramipex**
	▲Tab 1 mg	20.73	100	✔ **Ramipex**
120	ASPIRIN (↑ subsidy)			
	❋ Tab dispersible 300 mg – Up to 30 tab available on a PSO	4.50	100	✔ **Ethics Aspirin**
121	DIHYDROCODEINE TARTRATE (↓ subsidy)			
	Tab long-acting 60 mg	8.60	60	✔ **DHC Continus**
124	NORTRIPTYLINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 10 mg	2.44	100	✔ **Norpress**
	Tab 25 mg	5.98	180	✔ **Norpress**
149	NICOTINE (↑ subsidy)			
	a) Nicotine will not be funded in amounts less than 4 weeks of treatment.			
	b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.			
	Patch 7 mg – Up to 28 patch available on a PSO	17.28	28	✔ **Habitrol**
	Patch 14 mg – Up to 28 patch available on a PSO	19.00	28	✔ **Habitrol**
	Patch 21 mg – Up to 28 patch available on a PSO	21.77	28	✔ **Habitrol**
	Lozenge 1 mg – Up to 216 loz available on a PSO	18.27	216	✔ **Habitrol**
	Lozenge 2 mg – Up to 216 loz available on a PSO	20.02	216	✔ **Habitrol**
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	36.39	384	✔ **Habitrol**
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	36.39	384	✔ **Habitrol**
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	42.07	384	✔ **Habitrol**
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	42.07	384	✔ **Habitrol**
152	CARMUSTINE – PCT only – Specialist (↑ subsidy)			
	Inj 100 mg for ECP	1,387.00	100 mg OP	✔ **Baxter**
168	FLUTAMIDE – Retail pharmacy-Specialist (↑ subsidy)			
	Tab 250 mg	100.38	84	✔ **Flutamide Mylan** S29
		119.50	100	✔ **Flutamin**
215	SALBUTAMOL (↑ subsidy)			
	Inj 500 mcg per ml, 1 ml – Up to 5 inj available on a PSO	53.00	5	✔ **Ventolin**
215	SALBUTAMOL (↓ price)			
	Infusion 1 mg per ml, 5 ml	118.38	10	✔ **Ventolin**
220	CHLORAMPHENICOL (↓ subsidy)			
	Eye drops 0.5%	1.54	10 ml OP	✔ **Chlorafast**
	Funded for use in the ear*. Indications marked with * 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

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

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

14 INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (↓ subsidy)

✱31 g × 6 mm	9.50	100	✔**Berpu**

39 FACTOR EIGHT INHIBITOR BYPASSING FRACTION – [Xpharm] (↓ subsidy)

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 500 U	1,315.00	1	✔**FEIBA NF**

89 ROXITHROMYCIN (↑ subsidy)

Tab 150 mg	8.28	50	✔**Arrow-Roxithromycin**
Tab 300 mg	16.33	50	✔**Arrow-Roxithromycin**

102 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1714 (↓ subsidy)

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 mg as a fumarate)	61.15	30	
	(190.02)		Truvada

105 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see – Retail pharmacy (↓ subsidy)

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 fumarate)	106.88	30	
	(237.52)		Atripla

105 ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy)

Cap 150 mg	141.68	60	
	(568.34)		Reyataz
Cap 200 mg	188.91	60	
	(757.79)		Reyataz

119 LIDOCAINE [LIGNOCAINE] (↓ subsidy)

Gel 2%, 10 ml urethral syringe – Subsidy by endorsement	105.00	25	✔**Cathejell**

a) Up to 5 each available on a PSO

b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

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

122 METHADONE HYDROCHLORIDE (↓ subsidy)
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency
d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).
e) For methadone hydrochloride oral liquid refer Standard Formulae

Tab 5 mg – bottle pack	1.40	10	✔**Methatabs**

131 LEVOMEPROMAZINE MALEATE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)

Tab 25 mg	16.10	100	✔**Nozinan**
Tab 100 mg	41.75	100	✔**Nozinan**

152 CARBOPLATIN – PCT only – Specialist (↑ subsidy)

Inj 1 mg for ECP	0.10	1 mg	✔**Baxter**

Effective 1 May 2019

39 FACTOR EIGHT INHIBITOR BYPASSING FRACTION – [Xpharm] (↓ subsidy)
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 500 U	1,315.50	1	✔**FEIBA NF**
Inj 1,000 U	2,630.00	1	✔**FEIBA NF**
Inj 2,500 U	6,575.00	1	✔**FEIBA NF**

40 NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm] (↓ subsidy)
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 500 iu vial	435.00	1	✔**RIXUBIS**
Inj 1,000 iu vial	870.00	1	✔**RIXUBIS**
Inj 2,000 iu vial	1,740.00	1	✔**RIXUBIS**
Inj 3,000 iu vial	2,610.00	1	✔**RIXUBIS**

40 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – [Xpharm] (↓ subsidy)
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial	210.00	1	✔**Advate**
Inj 500 iu vial	420.00	1	✔**Advate**
Inj 1,000 iu vial	840.00	1	✔**Advate**
Inj 1,500 iu vial	1,260.00	1	✔**Advate**
Inj 2,000 iu vial	1,680.00	1	✔**Advate**
Inj 3,000 iu vial	2,520.00	1	✔**Advate**

44 FILGRASTIM – Special Authority see SA1259 – Retail pharmacy (↓ subsidy)

Inj 300 mcg per 0.5 ml prefilled syringe	48.11	5	
	(270.00)		Zarzio
Inj 480 mcg per 0.5 ml prefilled syringe	80.75	5	
	(432.00)		Zarzio

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

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

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

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

76	ZOLEDRONIC ACID (↓ subsidy)			
	Inj 4 mg per 5 ml, vial – Special Authority see SA1687 –			
	Retail pharmacy	38.03	1	
		(550.00)		Zometa
94	TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] (↑ subsidy)			
	❋ Tab trimethoprim 80 mg and sulphamethoxazole 400 mg			
	– Up to 30 tab available on a PSO	53.96	500	✔ **Trisul**
100	VALGANCICLOVIR – Special Authority see SA1404 – Retail pharmacy (↓ subsidy)			
	Tab 450 mg	225.00	60	
		(1,050.00)		Valcyte
109	IBUPROFEN (↓ subsidy)			
	❋ Oral liq 20 mg per ml	1.88	200 ml	✔ **Fenpaed**
123	OXYCODONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab controlled-release 5 mg	2.15	20	
		(2.63)		BNM
	Tab controlled-release 10 mg	2.15	20	
		(2.76)		BNM
	Tab controlled-release 20 mg	2.15	20	
		(4.72)		BNM
	Tab controlled-release 40 mg	3.20	20	
		(7.69)		BNM
	Tab controlled-release 80 mg	10.98	20	
		(14.11)		BNM
127	LAMOTRIGINE (↓ subsidy)			
	▲ Tab dispersible 25 mg	2.76	56	✔ **Logem**
	▲ Tab dispersible 50 mg	3.31	56	✔ **Logem**
	▲ Tab dispersible 100 mg	4.40	56	✔ **Logem**
127	LEVETIRACETAM (↓ subsidy)			
	Tab 250 mg	4.99	60	✔ **Everet**
	Tab 500 mg	8.79	60	✔ **Everet**
	Tab 750 mg	14.39	60	✔ **Everet**
	Tab 1,000 mg	18.59	60	✔ **Everet**
162	VINORELBINE – PCT only – Specialist (↑ subsidy)			
	Inj 1 mg for ECP	1.25	1 mg	✔ **Baxter**

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

Delisted Items

Effective 1 July 2019

34 CALCIUM GLUCOSE

❋ 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.

51 VERAPAMIL HYDROCHLORIDE

❋ Tab 80 mg	11.74	100	✔Isoptin

Note – this delist applies to Pharmacode 253502. A new Pharmacode was listed 1 August 2018.

71 ~~ETHINYLOESTRADIOL WITH NORETHISTERONE~~

~~❋ Tab 35 mcg with norethisterone 500 mcg – Up to 63 tab available on a PSO~~	~~6.62~~	~~63~~	~~✔Brevinor 21~~

Note – delisting delayed until 1 July 2020.

73 ERGOMETRINE MALEATE

Inj 250 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	454.00	5	✔Ergonovine S29

116 BACLOFEN

Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement	74.60	1	
	(209.29)		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.

124 MOCLOBEMIDE

❋ Tab 150 mg	53.33	500	
	(85.10)		Apo-Moclobemide
❋ Tab 300 mg	16.33	100	
	(30.70)		Apo-Moclobemide

131 CLOZAPINE – Hospital pharmacy [HP4]

Safety medicine; prescriber may determine dispensing frequency

Tab 100 mg	14.73	50	✔Clozaril
	29.45	100	✔Clozaril

Note – this delist applies to Pharmacode 454699 (50 tab pack) and 2317338 (100 tab pack). New Pharmacodes were listed from 1 January 2019.

142 GLATIRAMER ACETATE – Special Authority see SA1564 – Retail pharmacy

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

152 CARMUSTINE – PCT only – Specialist

Inj 100 mg vial	532.00	1	✔BiCNU

Note – this delist applies to Pharmacode 332801.

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
Delisted Items – effective 1 July 2019 (continued)				
223	LATANOPROST			
	✻ Eye drops 0.005%	1.50	2.5 ml OP	✔ Hysite
253	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 June 2019				
48	PROPAFENONE HYDROCHLORIDE – Retail pharmacy-Specialist			
	▲ Tab 150 mg	40.90	50	✔ Rytmonorm
	Note – this delist applies to Pharmacode 791326. A new Pharmacode was listed 1 December 2018.			
53	CHOLESTYRAMINE			
	Powder for oral liq 4 g	19.25	50	
		(52.68)		Questran-Lite
		(52.68)		Questran-Lite S29
				S29
59	~~HYDROGEN PEROXIDE~~			
	~~✻ Crm 1%~~	~~8.56~~	~~10 g OP~~	~~✔ Crystaderm~~
	Note – delisting delayed until further notice.			
65	POVIDONE IODINE			
	Skin preparation, povidone iodine 10% with 70% alcohol	1.63	100 ml	
		(6.04)		Orion
		8.13	500 ml	
		(18.63)		Orion
88	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.			
127	LAMOTRIGINE			
	▲ Tab dispersible 25 mg	2.76	56	✔ Logem
	▲ Tab dispersible 50 mg	3.31	56	✔ Logem
	▲ Tab dispersible 100 mg	4.40	56	✔ Logem
	Note – this delist applies to Pharmacodes 2271761, tab dispersible 25 mg; 2271788, tab dispersible 50 mg and 2271796, tab dispersible 100 mg. New Pharmacodes were listed 1 December 2018.			
130	DOMPERIDONE			
	✻ Tab 10 mg	2.25	100	
		(3.20)		Prokinex

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Delisted Items – effective 1 June 2019 (continued)

131 CLOZAPINE – Hospital pharmacy [HP4]
Safety medicine; prescriber may determine dispensing frequency
Tab 25 mg ..... 5.69 50 ✔Clozaril
Note – this delist applies to Pharmacode 454680. A new Pharmacode was listed 1 December 2018.

133 PIPOTHIAZINE PALMITATE – Subsidy by endorsement
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidised for patients who were taking pipothiazine palmitate prior to 1 August 2014 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of pipothiazine palmitate.
Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO ..... 178.48 10 ✔Piportil
Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO ..... 353.32 10 ✔Piportil

143 PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy
Inj 200 mg per ml, 1 ml ampoule ..... 46.20 10 ✔Martindale S29

149 VARENICLINE TARTRATE – Special Authority see SA1771 – Retail pharmacy
a) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack
b) Varenicline will not be funded in amounts less than 4 weeks of treatment.
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

154 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist
Inj 200 mg ..... 8.36 1 ✔Gemcitabine Ebewe

158 EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist
Inj 2 mg per ml, 50 ml vial ..... 32.50 1 ✔Epirubicin Ebewe

162 DASATINIB – Retail pharmacy-Specialist – Special Authority see SA0976
Tab 100 mg ..... 6,214.20 30 ✔Sprycel

222 LEVOBUNOLOL
❋ Eye drops 0.5% ..... 7.00 5 ml OP ✔Betagan

224 PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN
❋ Eye oint with soft white paraffin ..... 3.63 3.5 g OP ✔Refresh Night Time

225 PHARMACY SERVICES
May only be claimed once per patient.
❋ Brand switch fee ..... 4.50 1 fee ✔BSF Elelyso
The Pharmacode for BSF Elelyso is 2561972

226 DESFERRIOXAMINE MESILATE
❋ Inj 500 mg vial ..... 51.52 10 ✔Desferal

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

Delisted Items – 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

25 PANCREATIC ENZYME

Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	34.93	100	✔Creon 10000

Note – this delist applies to Pharmacode 954322. A new Pharmacode was listed 1 December 2018.

40 NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm]

For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial	287.50	1	✔RIXUBIS

45 PHOSPHORUS

Tab eff 500 mg (16 mmol)	82.50	100	✔Phosphate-Sandoz

88 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131

Grans for oral liq 250 mg per 5 ml – Wastage claimable	23.12	50 ml	✔Klacid

Note – this delist applies to Pharmacode 2494973. A new Pharmacode was listed 1 November 2018.

106 INTERFERON ALFA-2B – PCT – Retail pharmacy-Specialist

a) See prescribing guideline
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

110 ALENDRONATE SODIUM – Special Authority see SA0949 – Retail pharmacy

✻ Tab 40 mg	133.00	30	✔Fosamax

121 PARACETAMOL

✻ Suppos 500 mg	12.40	50	
	(12.60)		Paracare

223 BIMATOPROST

✻ Eye drops 0.03%	3.30	3 ml OP	
	(3.65)		Bimatoprost Actavis

246 ~~AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]~~

~~Powder~~	~~53.00~~	~~400 g OP~~	~~✔Neocate LCP~~

Note – this delist has been delayed until 1 August 2019.

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted

Effective 1 August 2019

44	FILGRASTIM – Special Authority see SA1259 – Retail pharmacy			
	Inj 300 mcg per 0.5 ml prefilled syringe	48.11	5	
		(270.00)		Zarzio
	Inj 480 mcg per 0.5 ml prefilled syringe	80.75	5	
		(432.00)		Zarzio
76	ZOLEDRONIC ACID			
	Inj 4 mg per 5 ml, vial – Special Authority see SA1687 – Retail pharmacy	38.03	1	
		(550.00)		Zometa
79	~~MEDROXYPROGESTERONE ACETATE – See prescribing guideline~~			
	~~✻ Tab 2.5 mg~~	~~7.00~~	~~56~~	~~✔ **Provera**~~
	Note – delisting delayed until 1 December 2019.			
100	VALGANCICLOVIR – Special Authority see SA1404 – Retail pharmacy			
	Tab 450 mg	225.00	60	
		(1,050.00)		Valcyte
109	IBUPROFEN			
	✻ Oral liq 20 mg per ml	1.88	200 ml	✔ **Fenpaed**
123	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	
		(2.63)		BNM
	Tab controlled-release 10 mg	2.15	20	
		(2.76)		BNM
	Tab controlled-release 20 mg	2.15	20	
		(4.72)		BNM
	Tab controlled-release 40 mg	3.20	20	
		(7.69)		BNM
	Tab controlled-release 80 mg	10.98	20	
		(14.11)		BNM
228	COMPOUND HYDROXYBENZOATE – Only in combination			
	Only in extemporaneously compounded oral mixtures.			
	Soln	34.18	100 ml	✔ **David Craig**
246	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]			
	Powder	53.00	400 g OP	✔ **Neocate LCP**

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

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

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

Items to be Delisted – effective 1 September 2019

102 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 mg as a fumarate) 61.15 30
(190.02) Truvada

105 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 fumarate) 106.88 30
(237.52) Atripla

105 ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy

Cap 150 mg 141.68 60
(568.34) Reyataz
Cap 200 mg 188.91 60
(757.79) Reyataz

109 ~~CELECOXIB~~

~~Cap 100 mg ..... 3.63 60 ✔Celebrex~~

Note – delisting delayed until 1 January 2020.

168 FLUTAMIDE – Retail pharmacy-Specialist

Tab 250 mg ..... 16.50 30 ✔**Flutamide Mylan** S29

Effective 1 October 2019

127 LAMOTRIGINE

▲Tab dispersible 25 mg ..... 20.40 56 ✔**Arrow-Lamotrigine**
29.09 ✔**Lamictal**
▲Tab dispersible 50 mg ..... 34.70 56 ✔**Arrow-Lamotrigine**
47.89 ✔**Lamictal**
▲Tab dispersible 100 mg ..... 59.90 56 ✔**Arrow-Lamotrigine**
79.16 ✔**Lamictal**

152 CARMUSTINE – PCT only – Specialist

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

209 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1657

Inj 50 mg vial ..... 2,340.00 1 ✔**Keytruda**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted – effective 1 November 2019

40 NONACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm]

For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.

Inj 250 iu vial	310.00	1	✔ **BeneFIX**
Inj 500 iu vial	620.00	1	✔ **BeneFIX**
Inj 1,000 iu vial	1,240.00	1	✔ **BeneFIX**
Inj 2,000 iu vial	2,480.00	1	✔ **BeneFIX**
Inj 3,000 iu vial	3,720.00	1	✔ **BeneFIX**

91 DOXYCYCLINE

❋ Tab 100 mg – Up to 30 tab available on a PSO	6.75	250	✔ **Doxine**

Note – this delist applies to the 250 tab pack

97 CYCLOSERINE – 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.

Cap 250 mg	1,294.50	100	✔ **King** S29

119 LIDOCAINE [LIGNOCAINE]

Gel 2%, 10 ml urethral syringe – Subsidy by endorsement	81.50	10	✔ **Pfizer**

a) Up to 5 each available on a PSO
b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.

129 PIZOTIFEN

❋ Tab 500 mcg	23.21	100	✔ **Sandomigran**

Note – this delist applies to Pharmacode 251666. Pharmacode 2492954 remains listed.

Effective 1 December 2019

45 SODIUM CHLORIDE

Not funded for useas a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use.

Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	7.00	50	✔ **InterPharma** ✔ **Multichem**
Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	6.63	50	✔ **Pfizer**
Inj 0.9%, 20 ml ampoule	5.00	20	✔ **Multichem**
	7.50	30	✔ **InterPharma**

48 AMIODARONE HYDROCHLORIDE

▲ Tab 100 mg – Retail pharmacy-Specialist	4.66	30	✔ **Cordarone-X**
▲ Tab 200 mg – Retail pharmacy-Specialist	7.63	30	✔ **Cordarone-X**

48 FLECAINIDE ACETATE – Retail pharmacy-Specialist

▲ Cap long-acting 100 mg	38.95	30	✔ **Tambocor CR**
▲ Cap long-acting 200 mg	68.78	30	✔ **Tambocor CR**

79 MEDROXYPROGESTERONE ACETATE – See prescribing guideline

❋ Tab 2.5 mg	7.00	56	✔ **Provera**

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

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

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

Items to be Delisted – effective 1 December 2019 (continued)

122 METHADONE HYDROCHLORIDE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency
d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).
e) For methadone hydrochloride oral liquid refer Standard Formulae

Tab 5 mg – bottle pack	1.40	10	✔ **Methatabs**

131 CLOZAPINE – Hospital pharmacy [HP4]
Safety medicine; prescriber may determine dispensing frequency

Tab 25 mg	11.36	100	✔ **Clozaril**

Note – this delist applies to Pharmacode 2317346. A new Pharmacode was listed 1 July 2019.

Effective 1 January 2020

71 ETHINYLOESTRADIOL WITH NORETHISTERONE

✻ Tab 35 mcg with norethisterone 1 mg – Up to 63 tab available on a PSO	6.62	63	✔ **Brevinor 1/21**

78 TETRACOSACTRIN

✻ Inj 250 mcg per ml, 1 ml ampoule	75.00	1	✔ **Synacthen S29** S29

Note – this delist applies to Pharmacode 2564300.

109 CELECOXIB

Cap 100 mg	3.63	60	✔ **Celebrex**

124 DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.

Cap 25 mg	6.45	100	✔ **Dopress**

121 PARACETAMOL

✻ Tab 500 mg - blister pack	7.12	1,000	✔ **Pharmacy Health**

224 POLYVINYL ALCOHOL

✻ Eye drops 1.4%	2.62	15 ml OP	✔ **Vistil**

Effective 1 March 2020

110 SODIUM AUROTHIOMALATE

Inj 10 mg in 0.5 ml ampoule	76.87	10	✔ **Myocrisin**
Inj 20 mg in 0.5 ml ampoule	113.17	10	✔ **Myocrisin**
Inj 50 mg in 0.5 ml ampoule	217.23	10	✔ **Myocrisin**

224 POLYVINYL ALCOHOL

✻ Eye drops 3%	3.68	15 ml OP	✔ **Vistil Forte**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted – effective 1 April 2020

104 EFAVIRENZ – Special Authority see SA1651 – Retail pharmacy
Tab 50 mg ..... 63.38 30 ✔**Stocrin** S29

Effective 1 May 2020

64 PARAFFIN
White soft – Only in combination ..... 3.58 500 g
(8.69) PSM
Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.

Effective 1 July 2020

33 HYDROGEN PEROXIDE
✻ Soln 3% (10 vol) – Maximum of 200 ml per prescription ..... 1.40 100 ml ✔**Pharmacy Health**

61 CALAMINE
a) Only on a prescription
b) Not in combination
Lotn, BP ..... 12.94 2,000 ml ✔**PSM**

71 ETHINYLOESTRADIOL WITH NORETHISTERONE
✻ Tab 35 mcg with norethisterone 500 mcg – Up to 63 tab available on a PSO ..... 6.62 63 ✔**Brevinor 21**

228 MAGNESIUM HYDROXIDE
Paste 29% ..... 22.61 500 g ✔**PSM**

Effective 1 August 2020

104 EFAVIRENZ – Special Authority see SA1651 – Retail pharmacy
Oral liq 30 mg per ml ..... 145.79 180 ml OP ✔**Stocrin** S29

124 DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.
Tab 75 mg ..... 11.19 100 ✔**Dopress**

Effective 1 January 2021

143 NITRAZEPAM – subsidy by endorsement
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – subsidised for patients who were taking nitrazepam prior to 1 August 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of nitrazepam in the preceding 12 months.
Tab 5 mg ..... 5.22 100 ✔**Nitrados**

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

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

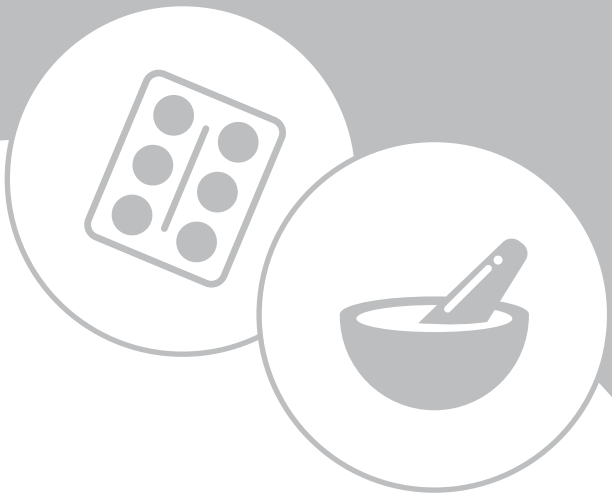
Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

Index
Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit



Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990
Fax: 64 4 460 4995
Website: www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

ISSN 1172-9376 (Print)
ISSN 1179-3686 (Online)

If Undelivered, Return To: PO Box 10254, Wellington 6143, New Zealand