

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text 'PHARMAC' in a large, bold, sans-serif font, with 'TE PĀTAKA WHAIORANGA' in a smaller, all-caps, sans-serif font below it. The background of the entire page is a complex, abstract pattern of white and grey lines that form a series of overlapping, concentric, and spiraling shapes, resembling a stylized 'P' or a series of interlocking loops.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

September 2019

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Summary of PHARMAC decisions

EFFECTIVE 1 SEPTEMBER 2019

New listings (pages 26-27)

- Water (Fresenius Kabi) inj 20 ml ampoule – up to 5 inj available on a PSO
- Cilazapril (Zapril) tab 2.5 mg and 5 mg
- Amiodarone hydrochloride (Max Health) inj 50 mg per ml, 3 ml ampoule – up to 6 inj available on a PSO
- Flecainide acetate (Flecainide BNM) tab 50 mg – Retail pharmacy-Specialist
- Raltegravir potassium (Isentress HD) tab 600 mg – Special Authority – Retail pharmacy
- Levodopa with carbidopa (Mylan) tab long-acting 200 mg with carbidopa 50 mg – S29 and wastage claimable
- Carmustine (Bicnu Heritage) inj 100 mg vial – PCT only – Specialist
- Oxaliplatin (Oxaliplatin Accord) inj 5 mg per ml, 20 ml vial – PCT only – Specialist
- Temozolomide (Apo-Temozolomide) cap 20 mg and 100 mg – Special Authority – Retail pharmacy
- Tacrolimus (Tacrolimus Sandoz) cap 0.75 mg – Special Authority – Retail pharmacy
- Pharmacy services (BSF Teva Atazanavir Sulphate, BSF Teva Emtricitabine Tenofovir Disoproxil and BSF Mylan Efavirenz Emtricitabine Tenofovir) brand switch fee – may only be claimed once per patient

Changes to restrictions (pages 28-32)

- Sodium chloride inj 0.9%, bag (Baxter), inj 23.4% (4 mmol/ml), 20 ml ampoule (Biomed), inj 0.9%, 5 ml ampoule (Fresenius Kabi, InterPharma and Multichem), inj 0.9%, 10 ml ampoule (Fresenius Kabi and Pfizer) and inj 0.9%, 20 ml ampoule (Fresenius Kabi, Multichem and InterPharma) – amended note
- Sildenafil (Vedafil) tab 25 mg, 50 mg and 100 mg – amended Special Authority criteria
- Erythromycin (as lactobionate) (Erythrocin IV) inj 1 g vial – amended chemical name and presentation description
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – addition of brand switch fee
- Efavirenz with emtricitabine and tenofovir disoproxil (Mylan) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – addition of brand switch fee
- Atazanavir sulphate (Teva) cap 150 mg and 200 mg – addition of brand switch fee

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

- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and 40 mg per 0.8 ml prefilled syringe (Humira) inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (page 34)

- Sulfasalazine (Salazopyrin EN) tab EC 500 mg
- Povidone iodine (Riodine) antiseptic soln 10%, 100 ml
- Medroxyprogesterone acetate (Depo-Provera) inj 150 mg per ml, 1 ml syringe
- Clarithromycin (Klacid) grans for oral liq 250 mg per 5 ml, 50 ml
- Pyrimethamine (Daraprim) tab 25 mg
- Phenytoin sodium tab 50 mg (Dilantin Infatab) and cap 30 mg and 100 mg (Dilantin)
- Sumatriptan (Clustran) inj 12 mg per ml, 0.5 ml prefilled pen, 2 OP
- Chlorpheniramine maleate (Histafen) oral liq 2 mg per 5 ml, 500 ml

Decreased subsidy (page 34)

- Chlortalidone [chlorthalidone] (Hygroton) tab 25 mg
- Nicorandil (Ikorel) tab 10 mg and 20 mg
- Erythromycin (as lactobionate) (Erythrocin IV) inj 1 g vial
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 1 mg and 5 mg

News Stories – September 2019 Update

New tender listings

- amiodarone hydrochloride (Max Health) inj 50 mg per ml, 3 ml ampoule
- cilazapril (Zapril) tab 2.5 mg and 5 mg
- flecainide acetate (Flecainide BNM) tab 50 mg



New listings

Tacrolimus (Tacrolimus Sandoz) cap 0.75 mg

From 1 September 2019:

- New listing of 0.75 mg caps (pack size 100 caps)
- Price and subsidy reduction for tacrolimus 0.5 mg, 1 mg and 5 mg caps

Water 20 ml ampoules – new brand listing

From 1 September 2019, the Fresenius Kabi brand of 20 ml ampoules will be listed and will replace the Multichem brand and ensure continuity of supply.

Raltegravir potassium (Isentress HD) tab 600 mg

From 1 September 2019, we will be listing a new 600 mg strength of raltegravir potassium (Isentress HD) tablet, an HIV treatment. The current Special Authority criteria will apply to the new strength. The change will mean that people can take one dose per day (instead of twice daily dosing).

Changed listings

Special Authority amendments

We are making changes to Special Authority criteria for widened access to the following medicines, from 1 September 2019:

- Adalimumab – for people with severe or chronic ocular inflammation
- Infliximab - for people with severe ocular inflammation or chronic ocular inflammation where adalimumab was not effective or not tolerated. Infliximab is PCT only, meaning that it can only be dispensed and claimed from a DHB hospital pharmacy.
- Sildenafil – for people with erectile dysfunction as a result of spinal cord injury.

Sodium chloride ampoules – restriction clarification

From 1 September 2019, we are amending the restriction applying to sodium chloride ampoules. This will make it clearer that the restriction applies only to nasal and nebuliser use.

Multiple sclerosis treatments dispensing from community pharmacy – update

All funded treatments for multiple sclerosis are now being dispensed from community pharmacy. This includes the medicines Avonex (interferon beta-1-alpha), Betaferon (interferon beta-1-beta) and Copaxone (glatiramer acetate).

There will be no pharmacy prescription co-payment required for Avonex, Betaferon and Copaxone for the duration of 2019.

People taking Copaxone changed from the 20 mg to the 40 mg strength earlier this year; however only Copaxone 40 mg can be dispensed by community pharmacy.

Pharmacists can contact the supplier directly, if their usual wholesaler does not have these medicines in stock:

Avonex – supplier is Biogen: 0800 852 289

Betaferon – supplier is Bayer: 0800 804 545

Copaxone – supplier is Teva: 0800 800 097

Stock issues

Levodopa with carbidopa – update

We are listing the Mylan brand of levodopa with carbidopa tab long-acting (200 mg/50 mg) from 1 September 2019. This brand is not registered and will be listed under S29, wastage will apply. Stock is expected to be available late August.

Supply of the Mylan brand of levodopa with carbidopa tab long acting (100 mg/25 mg) is expected to be discontinued in early September 2019.

Sinemet CR remains out of stock.

Temozolomide (Apo-Temozolomide) cap 20 mg and 100 mg

Apo-temozolomide 20 mg and 100 mg capsule will be listed temporarily from 1 September 2019 to ensure sufficient stock is available until the new tender brand (Douglas) is listed in December.

Delistings

Nifedipine (Adefin XL)

Adefin XL (nifedipine) 30 mg long acting tablet has been discontinued and will be delisted 1 March 2020. Adefin XL was listed temporarily due to a supply issue. Adalat Oros is now back in stock.

Pyrimethamine (Daraprim)

The supplier, Onelink, has discontinued the 50 tablet pack size of Daraprim 25 mg tablets. This pack size will be delisted 1 March 2020. The 30 tablet pack size remains available.

Amisulpride (Solian)

Solian oral liq 100 mg per ml is being discontinued by the supplier, Sanofi, with stock expected to be exhausted in January 2020 at current usage. This will be delisted from 1 July 2020.

Other

Pharmacy communications from fax to email

We are no longer sending faxes. Thanks to the pharmacies that have been in touch with us to provide their email addresses. Pharmacies can sign up to receive emails at www.pharmac.govt.nz/information-for/#pharmacists

News in brief

- **Carmustine** (Bicnu Heritage) inj 100 mg vial – new temporarily listing (PCT only) via s29.
- **Oxaliplatin** (Oxaliplatin Accord) inj 5 mg per ml, 20 ml vial – new listing (PCT only). Oxaliccord will be delisted 1 February 2020.
- **Atazanavir** – a Brand Switch Fee will apply to dispensings from 1 September 2019 to 30 November 2019.
- **Emtricitabine tenofovir disoproxil** – a Brand Switch Fee will apply to dispensings from 1 September 2019 to 30 November 2019.
- **Efavirenz emtricitabine tenofovir** – a Brand Switch Fee will apply to dispensings from 1 September 2019 to 30 November 2019.
- **Gemcitabine hydrochloride** (Gemzar) inj 200 mg - delist from 1 September 2019. No longer available. Larger vial sizes remain available.



Tender News

Sole Subsidised Supply changes – effective 1 October 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Aciclovir	Tab dispersible 200 mg; 25 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 400 mg; 56 tab	Lovir (Douglas)
Aciclovir	Tab dispersible 800 mg; 35 tab	Lovir (Douglas)
Asprin	Tab dispersible 300 mg; 100 tab	Ethics Aspirin (Multichem)
Calcitriol	Cap 0.5 mcg; 100 cap	Calcitriol-AFT (AFT)
Calcitriol	Cap 0.25 mcg; 100 cap	Calcitriol-AFT (AFT)
Cefaclor monohydrate	Cap 250 mg; 100 cap	Ranbaxy-Cefaclor (Douglas)
Cefaclor monohydrate	Grans for oral liq 125 mg per 5 ml; 100 ml bottle	Ranbaxy-Cefaclor (Douglas)
Clindamycin	Inj phosphate 150 mg per ml, 4 ml ampoule; 10 inj	Dalacin C (Pfizer)
Dihydrocodeine tartrate	Tab long-acting 60 mg; 60 tab	DHC Continus (MundiPharma)
Dimethicone	Crn 5% pump bottle; 500 ml OP	healthE Dimethicone 5% (Jaychem)
Dimethicone	Lotn 4%; 200 ml OP	healthE Dimethicone 4% Lotion (Jaychem)
Dipyridamole	Tab long-acting 150 mg; 60 tab	Pytazen SR (Douglas)
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule; 5 inj	Frusemide-Claris (Bayer)
Haloperidol	Inj 5 mg per ml, 1 ml ampoule; 10 inj	Serenace (Aspen Pharma)
Haloperidol	Oral liq 2 mg per ml; 100 ml bottle	Serenace (Aspen Pharma)
Haloperidol	Tab 500 mcg; 100 tab	Serenace (Aspen Pharma)
Haloperidol	Tab 1.5 mg; 100 tab	Serenace (Aspen Pharma)
Haloperidol	Tab 5 mg; 100 tab	Serenace (Aspen Pharma)
Lamotrigine	Tab dispersible 25 mg; 56 tab	Logem (Mylan)
Lamotrigine	Tab dispersible 50 mg; 56 tab	Logem (Mylan)
Lamotrigine	Tab dispersible 100 mg; 56 tab	Logem (Mylan)
Loperamide hydrochloride	Cap 2 mg; 400 cap	Diamide Relief (Mylan)
Nortriptyline hydrochloride	Tab 10 mg; 100 tab	Norpress (Mylan)
Nortriptyline hydrochloride	Tab 25 mg; 180 tab	Norpress (Mylan)
Omeprazole	Inj 40 mg ampoule with diluent; 5 inj	Dr Reddy's Omeprazole (Dr Reddy's)
Pantoprazole	Tab EC 20 mg; 100 tab	Panzop Relief (Mylan)
Pantoprazole	Tab EC 40 mg; 100 tab	Panzop Relief (Mylan)
Perhexiline maleate	Tab 100 mg; 100 tab	Pexsig (Aspen Pharma)
Pramipexole hydrochloride	Tab 0.25 mg; 100 tab	Ramipex (Deva Holdings)

continued...

Sole Subsidised Supply changes – effective 1 October 2019 (continued)

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Pramipexole hydrochloride	Tab 1 mg; 100 tab	Ramipex (Deva Holdings)
Risedronate sodium	Tab 35 mg; 4 tab	Risedronate Sandoz (Novartis)
Sotalol	Tab 80 mg; 500 tab	Mylan (Mylan)
Sotalol	Tab 160 mg; 100 tab	Mylan (Mylan)
Sumatriptan	Tab 50 mg; 100 tab	Apo-Sumatriptan (Apotex)
Sumatriptan	Tab 100 mg; 100 tab	Apo-Sumatriptan (Apotex)
Tenoxicam	Tab 20 mg; 100 tab	Tilocotil (Mylan)
Tetrabenazine	Tab 25 mg; 112 tab	Motetis (Douglas)
Zoledronic acid	Inj 0.05 mg per ml, 100 ml, vial; 100 ml OP	Aclasta (Novartis)

Looking Forward

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

Decisions for implementation 1 October 2019

- Pharmacy services (BSF Logem) brand switch fee – new listing
- Lamotrigine (Logem) tab dispersible 25 mg, 50 mg and 100 mg – addition of stat dispensing and ‘may dispense stat’ removed
- Condoms (Moments and Gold Knight) assorted sizes and flavours – new listing and PSO quantity change
- Varenicline tartrate – amend Special Authority criteria to allow one 12-week course every 6 months

Possible decisions for future implementation 1 October 2019

- Adalimumab (Humira) inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled pen and syringe – new Special Authority criteria for hidradenitis suppurativa
- Ondansetron (Ondansetron ODT-ORLA) tab disp 4 mg and 8 mg – addition of PSO
- Condoms (Durex) assorted sizes – price increase but not subsidy

Sole Subsidised Supply Products – cumulative to September 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	MycosNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg & 500 mg vial	Alphamox 125 Alphamox 250 Ibiamox	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	Crn	Boucher	2021
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Atazanavir sulphate	Cap 150 mg & 200 mg	Teva	2022
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

*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 September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Baclofen	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Medsurge Pacifen	2021
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crn 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	Crn, 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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
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	Crn BP, 500 g	healthE	2021
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cilzapril	Tab 0.5 mg	Zapril	2022
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	Crn 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
Compound hydroxybenzoate	Soln	Midwest	2022
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone	Tab 0.5 mg & 4 mg	Dexamethsone	2021
Dexamfetamine sulfate	Tab 5 mg	PSM	2021
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crn 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 haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020
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
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2021
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
Efavirenz with emtricitabine and tenofovir disoproxil	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate)	Mylan	2022
Emtricitabine	Cap 200 mg	Emtriva	2022

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	Teva	2022
Emulsifying ointment	Oint BP, 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	2021
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
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ethinylloestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylloestradiol 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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	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 vial	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	Crn 5%, 20 g OP	Efudix	2021
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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Oral liq 20 mg per ml, 200 ml bottle Tab 200 mg	Ethics Relieve	2021 2020
Imatinib mesilate	Cap 100 mg & 400 mg	Imatinib-AFT	2020
Imiquimod	Crn 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 5 mg, 10 mg & 20 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	Tab 250 mg, 500 mg, 750 mg and 1,000 mg Oral liq 100 mg per ml, 300 ml OP	Everet Levetiracetam-AFT	2022 2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020
Levomepromazine maleate	Tab 25 mg & 100 mg	Nozinan	2022
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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2022 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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone (as sodium succinate)	Inj 1 g vial Inj 40 mg, 125 mg & 500 mg vial	Solu-Medrol Solu-Medrol-Act- O-Vial	2021
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2020
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg	Metoprolol IV Mylan Apo-Metoprolol	01/02/2022 2021
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2020
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020
Oil in water emulsion	Crn	O/W Fatty Emulsion Cream	2021
Olanzapine	Inj 210 mg, 300 mg & 405 mg vial Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zyprexa Relprevv Zypine Zypine ODT	2021 2020
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	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	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg 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	Oxycodone Sandoz 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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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 125 mg, 250 mg & 500 mg Oral liq 250 mg per 5 ml Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Gacet Paracare Double Strength Paracare Pharmacare	2021 2020
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2021
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe	Pegasys	2020
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crn 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

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2022

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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 25 mg, 50 mg & 100 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2020
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium fusidate [fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP Tab 250 mg	Foban Fucidin	2021 2020
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sulfadiazine silver	Crn 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 cypionate	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	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020

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Sole Subsidised Supply Products – cumulative to September 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	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
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, 40 mg, 60 mg & 80 mg	Zusdone	2021
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic acid Mylan	2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

September changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 September 2019

46	WATER 1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or 2) On a bulk supply order; or 3) When used in the extemporaneous compounding of eye drops; or 4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only. Inj 20 ml ampoule – Up to 5 inj available on a PSO.....	5.00	20	✓ Fresenius Kabi
47	CILAZAPRIL * Tab 2.5 mg * Tab 5 mg	4.80 8.35	90 90	✓ Zapril ✓ Zapril
49	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO	16.37	10	✓ Max Health
49	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Tab 50 mg	19.95	60	✓ Flecainide BNM
107	RALTEGRAVIR POTASSIUM – Special Authority see SA1651 – Retail pharmacy Tab 600 mg	1,090.00	60	✓ Isentress HD
118	LEVODOPA WITH CARBIDOPA * Tab long-acting 200 mg with carbidopa 50 mg Wastage claimable	46.73	100	✓ Mylan S29
155	CARMUSTINE – PCT only – Specialist Inj 100 mg vial	1,387.00	1	✓ Bicnu Heritage S29
159	OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 20 ml vial	46.32	1	✓ Oxaliplatin Accord
163	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy Cap 20 mg Cap 100 mg	18.30 40.20	5 5	✓ Apo-Temozolomide ✓ Apo-Temozolomide
215	TACROLIMUS – Special Authority see SA1745 – Retail pharmacy Cap 0.75 mg	99.30	100	✓ Tacrolimus Sandoz

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

230	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... 4.50 * Brand switch fee..... 4.50 * Brand switch fee..... 4.50	 1 fee 1 fee 1 fee	 ✓ BSF Teva Atazanavir Sulphate ✓ BSF Teva Emtricitabine Tenofovir Disoproxil ✓ BSF Mylan Efavirenz Emtricitabine Tenofovir
	a) The Pharmacode for BSF Teva Atazanavir Sulphate is 2573857 b) The Pharmacode for BSF Teva Emtricitabine Tenofovir Disoproxil is 2573865 c) The Pharmacode for BSF Mylan Efavirenz Emtricitabine Tenofovir is 2573873		

Effective 1 August 2019

53	FUROSEMIDE [FRUSEMIDE] Tab 40 mg – Up to 30 tab available on a PSO 20.40	 1,000	✓ Milan Laboratories <div style="border: 1px solid black; border-radius: 50%; width: 20px; height: 10px; display: inline-block; text-align: center; line-height: 10px;">S29</div>
	Note: Wastage may only be claimed once on Milan Laboratories.		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

45	SODIUM CHLORIDE (amended note) Not funded for use as a nasal drop. Only Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, bag – Up to 2000 ml available on a PSO.....	1.23 1.26	500 ml 1,000 ml	✓ Baxter ✓ Baxter
	Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)			
	Inj 23.4% (4 mmol/ml), 20 ml ampoule..... For Sodium chloride oral liquid formulation refer Standard Formulae	33.00	5	✓ Biomed
	Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO.....	2.80 7.00	20 50	✓ Fresenius Kabi ✓ InterPharma ✓ Multichem
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO.....	5.40 6.63	50	✓ Fresenius Kabi ✓ Pfizer
	Inj 0.9%, 20 ml ampoule.....	5.00	20	✓ Fresenius Kabi ✓ Multichem ✓ InterPharma
		7.50	30	
58	SILDENAFIL – Special Authority see SA1825 1738 – Retail pharmacy (amended Special Authority – new criteria shown only)			
	Tab 25 mg	0.64	4	✓ Vedafil
	Tab 50 mg	0.64	4	✓ Vedafil
	Tab 100 mg	6.60	12	✓ Vedafil
	SA1825 1738 Special Authority for Subsidy Initial application – (erectile dysfunction due to spinal cord injury) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 Patient has a documented history of traumatic or non-traumatic spinal cord injury; and 2 Patient has erectile dysfunction secondary to spinal cord injury requiring pharmacological treatment. Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from the treatment.			
90	ERYTHROMYCIN (AS LACTOBIONATE) (amended chemical name and presentation description) Inj 1 g vial.....	10.00	1	✓ Erythrocin IV
103	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority – addition of Brand switch fee Brand switch fee payable (Pharmacode 2573865) Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website. Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate).....	61.15	30	✓ Teva

Changes to Restrictions – effective 1 September 2019 (continued)

106	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy – addition of Brand switch fee Brand switch fee payable (Pharmacode 2573873) Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate).....	106.88	30	✓ Mylan
106	ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy – addition of Brand switch fee Brand switch fee payable (Pharmacode 2573857) Cap 150 mg..... Cap 200 mg.....	141.68 188.91	60 60	✓ Teva ✓ Teva
179	ADALIMUMAB – Special Authority see SA1830 4847 – Retail pharmacy (amended Special Authority – new criteria shown only) Inj 20 mg per 0.4 ml prefilled syringe..... Inj 40 mg per 0.8 ml prefilled pen..... Inj 40 mg per 0.8 ml prefilled syringe.....	1,599.96 1,599.96 1,599.96	2 2 2	✓ Humira ✓ HumiraPen ✓ Humira

➔ **SA1830** ~~4847~~ Special Authority for Subsidy

Initial application — (severe ocular inflammation) from any relevant practitioner. 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 infliximab for severe ocular inflammation; and

1.2 Either:

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

1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for severe ocular inflammation; or

2 Both:

2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and

2.2 Any of the following:

2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or

2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Renewal — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both

1 Any of the following:

1.1 The patient has had a good clinical response following 3 initial doses; or

1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or

1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and

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

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

continued...

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

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

Changes to Restrictions – effective 1 September 2019 (continued)

continued...

Initial application — (chronic ocular inflammation) from any relevant practitioner. 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 infliximab for chronic ocular inflammation; and

1.2 **Either:**

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

1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for chronic ocular inflammation; or

2 Both:

2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and

2.2 **Any of the following:**

2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or

2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or

2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Renewal — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both

1 Any of the following:

1.1 The patient has had a good clinical response following 12 weeks' initial treatment; or

1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or

1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and

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

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

Changes to Restrictions – effective 1 September 2019 (continued)

188 INFLIXIMAB – PCT only – Special Authority see **SA1831** ~~4778~~ (amended Special Authority criteria – affected criteria shown only)

Inj 100 mg	806.00	1	✓ Remicade
Inj 1 mg for ECP	8.29	1 mg	✓ Baxter

▶ **SA1831** ~~4778~~ Special Authority for Subsidy

Initial application — (severe ocular inflammation) from any relevant practitioner. 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 ocular inflammation; 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 ocular inflammation; or

2 Both:

2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and

2.2 Any of the following:

2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or

2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Renewal — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

1 The patient has had a good clinical response following 3 initial doses; or

2 Following each 12 month treatment period, ~~the~~ the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < 1/2+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), ~~following 12 months' treatment; or~~

3 Following each 12 month treatment period, ~~the~~ the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old, ~~following 12 months' treatment.~~

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Initial application — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for chronic ocular inflammation; 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 chronic ocular inflammation; or

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 September 2019 (continued)

continued...

2 Both:

- 2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
- 2.2 Any of the following:
 - 2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
 - 2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or
 - 2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate

Renewal — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Any of the following:

- 1 The patient has had a good clinical response following 3 initial doses; or
- 2 **Following each 12 month treatment period,** the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema), ~~following 12 months' treatment;~~ or
- 3 **Following each 12 month treatment period,** the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; ~~following 12 months' treatment.~~

Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if infliximab is withdrawn.

Effective 1 August 2019

- 14 INSULIN PEN NEEDLES – ~~Maximum of 100 dev per prescription~~ (amended maximum quantity, addition of OP and stat removed)

a) Maximum of 200 dev per prescription

b) Maximum of 100 dev per dispensing

29 g × 12.7 mm.....	10.50	100 OP	✓B-D Micro-Fine
31 g × 5 mm.....	11.75	100 OP	✓B-D Micro-Fine
31 g × 6 mm.....	9.50	100 OP	✓Berpu
31 g × 8 mm.....	10.50	100 OP	✓B-D Micro-Fine
32 g × 4 mm.....	10.50	100 OP	✓B-D Micro-Fine

Changes to Restrictions – effective 1 August 2019 (continued)

14	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription (amended maximum quantity, addition of OP and stat removed)			
	a) Maximum of 200 dev per prescription			
	b) Maximum of 100 dev per dispensing			
	Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100 OP	✓ B-D Ultra Fine
		1.30	10 OP	
		(1.99)		B-D Ultra Fine
	Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100 OP	✓ B-D Ultra Fine II
		1.30	10 OP	
		(1.99)		B-D Ultra Fine II
	Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100 OP	✓ B-D Ultra Fine
		1.30	10 OP	
		(1.99)		B-D Ultra Fine
	Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100 OP	✓ B-D Ultra Fine II
		1.30	10 OP	
		(1.99)		B-D Ultra Fine II
	Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100 OP	✓ B-D Ultra Fine
		1.30	10 OP	
		(1.99)		B-D Ultra Fine
	Syringe 1 ml with 31 g × 8 mm needle	13.00	100 OP	✓ B-D Ultra Fine II
		1.30	10 OP	
		(1.99)		B-D Ultra Fine II

▲ 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 September 2019

7	SULFASALAZINE († subsidy) * Tab EC 500 mg	15.53	100	✓ Salazopyrin EN
54	CHLORTALIDONE [CHLORTHALIDONE] († subsidy) * Tab 25 mg	6.50	50	✓ Hygroton
57	NICORANDIL († subsidy) ▲ Tab 10 mg	25.57	60	✓ Ikorel
	▲ Tab 20 mg	32.28	60	✓ Ikorel
66	POVIDONE IODINE († subsidy) Antiseptic soln 10%	2.55	100 ml	✓ Riodine
73	MEDROXYPROGESTERONE ACETATE († subsidy) Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO	7.98	1	✓ Depo-Provera
90	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 († subsidy) Grans for oral liq 250 mg per 5 ml – Wastage claimable	192.00	50 ml	✓ Klacid
90	ERYTHROMYCIN (AS LACTOBIONATE) († subsidy) Inj 1 g vial	10.00	1	✓ Erythrocin IV
94	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy († subsidy) Tab 25 mg	48.00	30	✓ Daraprim S29
127	PHENYTOIN SODIUM († subsidy) * Tab 50 mg	75.00	200	✓ Dilantin Infatab
	Cap 30 mg	74.00	200	✓ Dilantin
	Cap 100 mg	37.00	200	✓ Dilantin
129	SUMATRIPTAN († subsidy) Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per Prescription	81.15	2 OP	✓ Clustran
215	TACROLIMUS – Special Authority see SA1745 – Retail pharmacy († subsidy) Cap 0.5 mg	49.60	100	✓ Tacrolimus Sandoz
	Cap 1 mg	84.30	100	✓ Tacrolimus Sandoz
	Cap 5 mg	248.20	50	✓ Tacrolimus Sandoz
218	CHLORPHENIRAMINE MALEATE († subsidy) * Oral liq 2 mg per 5 ml	9.37	500 ml	✓ Histafen

Delisted Items

Effective 1 September 2019

30	IMIGLUCERASE – Special Authority see SA0473 – Retail pharmacy Inj 40 iu per ml, 400 iu vial	2,144.00	1	✓ Cerezyme
32	BENZYLAMINE HYDROCHLORIDE Soln 0.15% – Higher subsidy of \$17.01 per 500 ml with Endorsement	3.60 (8.50)	200 ml	Difflam
	Additional subsidy by endorsement for a patient who has oral mucositis as a result of treatment for cancer, and the prescription is endorsed accordingly.			
34	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental)	2.07	10	✓ Calsource
90	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Tab 250 mg	3.98	14	✓ Apo-Clarithromycin
	Note – this delist applies to Pharmacode 2557231.			
103	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1714 below 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 (190.02)	30	Truvada
106	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 (237.52)	30	Atripla
106	ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy Cap 150 mg	141.68 (568.34)	60	Reyataz
	Cap 200 mg	188.91 (757.79)	60	Reyataz
150	MODAFINIL – Special Authority see SA1126 – Retail pharmacy Tab 100 mg	32.00	30	✓ Modavigil
	Note – this delist applies to the 30 tab pack.			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 September 2019 (continued)

157	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist Inj 200 mg	78.00	1	✓ Gemzar
159	ARSENIC TRIOXIDE – PCT only – Specialist Inj 10 mg	4,817.00	10	✓ AFT S29
171	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg	16.50	30	✓ Flutamide Mylan S29
Note – this delist applies to the 30 tab pack.				

Effective 1 August 2019

33	VITAMIN A WITH VITAMINS D AND G * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✓ Vitadol-G
Note – delist delayed until 1 December 2019.				

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2019

33	VITAMIN A WITH VITAMINS D AND C * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✓ Vitadol C
230	PHARMACY SERVICES May only be claimed once per patient.			
	* Brand switch fee.....	4.50	1 fee	✓ BSF Teva Atazanavir Sulphate
	* Brand switch fee.....	4.50	1 fee	✓ BSF Teva Emtricitabine Tenofovir Disoproxil
	* Brand switch fee.....	4.50	1 fee	✓ BSF Mylan Efavirenz Emtricitabine Tenofovir
	a) The Pharmacode for BSF Teva Atazanavir Sulphate is 2573857			
	b) The Pharmacode for BSF Teva Emtricitabine Tenofovir Disoproxil is 2573865			
	c) The Pharmacode for BSF Mylan Efavirenz Emtricitabine Tenofovir is 2573873			

Effective 1 February 2020

47	CILAZAPRIL * Tab 2.5 mg	7.20	200	✓ Apo-Cilazapril
	* Tab 5 mg	12.00	200	✓ Apo-Cilazapril
49	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 6 inj available on a PSO	9.98 11.98	5 6	✓ Lodi ✓ Cordarone-X
49	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Tab 50 mg	38.95	60	✓ Tambocor
156	OXALIPLATIN – PCT only – Specialist Inj 5 mg per ml, 20 ml vial	46.32	1	✓ Oxaliccord

Effective 1 March 2020

52	NIFEDIPINE * Tab long-acting 30 mg	3.14	30	✓ Adefin XL
94	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy Tab 25 mg	36.95	50	✓ Daraprim S29

Effective 1 July 2020

131	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Oral liq 100 mg per ml	65.53	60 ml	✓ Solian
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber or pharmacist

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New Zealand
Permit No. 478



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Te Kāwanatanga o [Aotearoa](#) [New Zealand](#) Government

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