



PHARMAC
TE PĀTAKA WHAIORANGA



Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

November 2019

Cumulative for September, October and November 2019

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Summary of PHARMAC decisions

EFFECTIVE 1 NOVEMBER 2019

New listings (pages 25-26)

- Compound electrolytes (Electral) powder for oral soln – up to 10 sach available on a PSO
- Paraffin (healthE) white soft, 450 g and 2,500 g – only in combination
- Levonorgestrel (Jaydess) intra-uterine device 13.5 mg
- Amoxicillin (Alphamox) cap 250 mg and 500 mg – up to 30 cap available on a PSO and up to 10 x the maximum PSO quantity for RFPP
- Benzylpenicillin sodium [penicillin G] (Pan-Penicillin G Sodium) inj 600 mg (1 million units) vial – up to 5 inj available on a PSO, S29 and wastage claimable
- Fluoxetine hydrochloride (Fluox) tab dispersible 20 mg, scored – subsidy by endorsement and cap 20 mg
- Ondansetron (Onrex) tab 4 mg and 8 mg
- Levomepromazine hydrochloride (Nozinan) inj 25 mg per ml, 1 ml ampoule – safety medicine; prescriber may determine dispensing frequency
- Buprenorphine with naloxone (Buprenorphine Naloxone BNM) tab sublingual 2 mg with naloxone 0.5 mg and 8 mg with naloxone 2 mg – Special Authority – Retail pharmacy, no patient no-payment payable and safety medicine; prescriber may determine dispensing frequency
- Enteral feed 2kcal/ml (Nutrison Concentrated) liquid, 500 ml OP – Special Authority - Hospital pharmacy [HP3]
- Extensively hydrolysed formula (Allerpro 1 and Allerpro 2) powder, 900 g OP – Special Authority – Hospital pharmacy [HP3]
- Measles, mumps and rubella (MMR II) inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – restrictions apply

Changes to restrictions (pages 31-37)

- Ranitidine tab 150 mg and 300 mg (Ranitidine Relief), oral liq 150 mg per 10 ml (Peptisoothe) and inj 25 mg per ml, 2 ml (Zantac) – addition of subsidy by endorsement
- Eptacog alfa [recombinant factor VIIA] (NovoSeven RT) inj 1 mg, 2 mg, 5 mg and 8 mg syringe – amended note
- Factor eight inhibitor bypassing fraction (FEIBA NF) inj 500 U, 1,000 U and 2,500 U – amended note
- Moroctocog alfa [recombinant factor VIII] (Xyntha) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu prefilled syringe – amended note
- Octocog alfa [recombinant factor VIII] (Advate) inj 250 iu, 500 iu, 1,000 iu, 1,500 iu, 2,000 iu and 3,000 vial – amended note

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

- Octocog alfa [recombinant factor VIII] (Kogenate FS) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 vial – amended note
- Adrenaline (DBL Adrenaline) inj 1 in 1,000, 1 ml ampoule – amended brand name
- Levonorgestrel (Mirena) intra-uterine device 52 mg – Special Authority removed and amended presentation description
- Cefalexin (Cefalexin Sandoz) grans for oral liq 25 mg per ml and 50 mg per ml – note removed
- Clarithromycin tab 250 mg (Apo-Clarithromycin) and grans for oral liq 250 mg per 5 ml (Klacid) – amended Special Authority criteria
- Tocilizumab inj 20 mg per ml, 4 ml vial, 10 ml vial and 20 ml vial (Actemra) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Standard supplements – amended Special Authority criteria
- Measles, mumps and rubella vaccine (Priorix and MMR II) inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml – Xpharm removed, amended restriction and sole supply suspended

Increased subsidy (page 50)

- Moroctocog alfa [recombinant factor VIII] (Xyntha) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu and 3,000 iu prefilled syringe
- Amisulpride (Sulprix) tab 400 mg
- Disulfiram (Antabuse) tab 200 mg
- Bacillus Calmette-guerin (BCG) vaccine (SII-Onco-BCG) inj 40 mg per ml, vial
- Loratadine (Lorafix) tab 10 mg
- Measles, mumps and rubella vaccine (Priorix) inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml

News Stories – November 2019 Update

New tender listings for 1 November 2019

- Amoxicillin (Alphamox) cap 250 mg and 500 mg
- Buprenorphine with naloxone (Buprenorphine Naloxone BNM) tab sublingual 2 mg with naloxone 0.5 mg and 8 mg with naloxone 2 mg
- Compound electrolytes (Electral) powder for oral soln, 50 sach
- Fluoxetine (Fluox) tab dispersible 20 mg, scored and cap 20 mg
- Levomepromazine hydrochloride (Nozinan) inj 25 mg per ml, 1 ml ampoule
- Ondansetron (Onrex) tab 4 mg and 8 mg
- Paraffin (healthE) white soft, 450 g and 2,500 g pack



New listings

Fluoxetine – brand change

The funded brand of fluoxetine is changing from Arrow-Fluoxetine to Fluox. Fluox will be funded from 1 November 2019. Arrow-Fluoxetine will no longer be funded from 1 April 2020. Fluox is a brand that PHARMAC has previously funded. Both Arrow-Fluoxetine and Fluox are generic brands. More information is available on the PHARMAC website.

Mirena and Jaydess – Special Authority removed and new listing

Mirena and Jaydess will be fully funded without any restrictions from 1 November 2019. Current Special Authority criteria will be removed from 1 November 2019. PHARMAC is widening funded access to Mirena, as well as listing a new long-acting reversible contraceptive option, Jaydess, which will benefit around 21,000 New Zealand women.

The Mirena and Jaydess are both levonorgestrel intrauterine systems (LIUS), supplied by Bayer Group who will have sole supply until October 2022.

Measles Mumps and Rubella Vaccine – New listing and restriction changes

We are listing an additional brand of the measles mumps and rubella vaccine, MMR II, from 1 November 2019. We have also amended the restrictions and are removing the Xpharm restriction to allow pharmacists to provide the vaccine in the future. The Ministry of Health will announce details of when pharmacists will be able to access the vaccine supplies.

Allerpro 1 and Allerpro 2 – new listings

From 1 November 2019, we are listing two additional extensively hydrolysed powder formulations. Special Authority will also apply to these listings.

Changed listings

Atomoxetine – delay in change of funded brand and open access

The listing of the Generic Partners' brand of atomoxetine capsules (10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, and 100 mg) has been further delayed and will now be listed from 1 January 2020. The restrictions will be removed from atomoxetine from that date as well. The current funded brand, Strattera, will remain listed until 1 June 2020.

Electrolyte Sachets – change of product

Electral brand sachets will be funded from 1 November in place of Enerlyte. Electral sachets are in pack sizes of 50 sachets and made up to a total volume 1 litre of fluid, instead of 200 ml. Pharmacists will need to advise patients regarding wastage. Electral brand product does not have a measuring device.

Special foods – Standard supplements – Special Authority criteria amended

The Special Authority criteria has been amended to allow Nurse Practitioners to apply for Standard Supplements in the Special Foods group from 1 November 2019.

Clarithromycin tab 250 mg and oral liq 250 mg per 5 ml – Special Authority amendment

From 1 November 2019 the Special Authority criteria for clarithromycin 250 mg tablets and the 250 mg per 5 ml oral liquid will be amended to allow funded prescribing for *Helicobacter pylori* infection, prophylaxis of infective endocarditis infection, and patients who are unable to swallow tablets.

Ranitidine – Listing changes

We are adding an endorsement to the listing from 1 November 2019, limiting funding to the existing patients, so that new patients don't start on this treatment. This will apply to all presentations of ranitidine.

For more information, please refer to the Medsafe website at: www.medsafe.govt.nz/Safety/Alerts/MedicinesAndNDMA.asp

Stock issues

Lithium carbonate (Lithicarb FC) 250 mg and 400 mg tablets – discontinuation

The supplier of Lithicarb FC 250 mg and 400 mg film-coated tablets has informed PHARMAC it will no longer be able to supply these tablets in New Zealand. Lithicarb FC 400 mg tablets are no longer available, and stock of Lithicarb FC 250 mg tablets is expected to run out in April 2020.

There are no changes to the availability of lithium carbonate 400 mg LA tablets (Priadel) or lithium carbonate 250 mg capsules (Douglas) – these both remain funded. Information on how to transition patients to these funded alternatives has been provided to prescribers and DHB hospital pharmacies.

More information can be found on our website at:

www.pharmac.govt.nz/medicines/my-medicine-has-changed/lithium-carbonate/

Delistings

Celebrex 100 mg caps

Celecoxib (Celebrex) 100 mg capsules delisting has been delayed from 1 January 2020 until 1 September 2020.



Tender News

Sole Subsidised Supply changes – effective 1 December 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amiodarone hydrochloride	Tab 100 mg; 30 tab	Aratac (Mylan)
Amiodarone hydrochloride	Tab 200 mg; 30 tab	Aratac (Mylan)
Chlorthalidone [chlorthalidone]	Tab 25 mg; 50 tab	Hygroton (AFT)
Erythromycin (as lactobionate)	Inj 1 g vial; 1 inj	Erythrocin IV (AFT)
Flecainide acetate	Cap long-acting 100 mg; 90 cap	Flecainide Controlled Release Teva (Teva)
Flecainide acetate	Cap long-acting 200 mg; 90 cap	Flecainide Controlled Release Teva (Teva)
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe; 1 inj	Depo-Provera (Pfizer)
Nicorandil	Tab 10 mg; 60 tab	Ikorel (Sanofi)
Nicorandil	Tab 20 mg; 60 tab	Ikorel (Sanofi)
Sodium chloride	Inj 0.9%, 5 ml ampoule; 20 inj	Fresenius Kabi (Fresenius Kabi)
Sodium chloride	Inj 0.9%, 10 ml ampoule; 50 inj	Fresenius Kabi (Fresenius Kabi)
Sodium chloride	Inj 0.9%, 20 ml ampoule; 20 inj	Fresenius Kabi (Fresenius Kabi)
Sulfasalazine	Tab EC 500 mg; 100 tab	Salazopyrin EN (Pfizer)
Zinc sulphate	Cap 137.4 mg (50 mg elemental); 100 cap	Zincaps (Arrow)

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 December 2019

- Alectinib (Alecensa) cap 150 mg – new listing with Special Authority
- Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial – new listing with Special Authority approved by MSTAC
- Pharmacy services (BSF Flecainide Teva) brand switch fee – new listing
- Pirfenidone (Esbriet) tab 801 mg – new presentation listing and amended Special Authority
- Trastuzumab emtansine inj 100 mg and 160 mg vial (Kadcyla) and inj 1 mg for ECP (Baxter) – new listing with Special Authority

Possible decisions for future implementation 1 December 2019

- Meningococcal (groups A,C, Y and W-135) conjugate vaccine (Menactra) inj – amend restriction criteria
- Venetoclax (Venclexta) tab 10 mg, 50 mg, 100 mg and tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg – new listing with Special Authority

Sole Subsidised Supply Products – cumulative to November 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
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2022
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
Amisulpride	Tab 100 mg & 200 mg	Sulprix	2022
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycoNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg & 500 mg 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
Asprin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2022
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

*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 November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2021 2020
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
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Bethahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP 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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Caffeine citrate	Oral liq 20 mg per ml (10 mg base per ml), 25 ml OP	Biomed	2022
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous Cream BP	2021
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2022
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
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2022
Cefalexin	Cap 250 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin ABM Cefalexin Sandoz	2022 2021
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetirizine hydrochloride	Tab 10 mg	Zista	2022
Cetomacrogol	Crn BP, 500 g	healthE	2021
Chloramphenicol	Eye drops 0.5%, 10 ml OP	Chlorofast	2022
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cilazapril	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
Clindamycin	Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	2022
Clobetasol propionate	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022
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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Coal tar	Soln BP	Midwest	2022
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
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2021
Dexamfetamine sulfate	Tab 5 mg	PSM	2021
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Digoxin	Tab 62.5 mcg Tab 240 mcg	Lanoxin PG Lanoxin	2022
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2022
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crn 5% pump bottle, 500 ml OP	healthE Dimethicone 5%	2022
	Lotn 4%, 200 ml OP	healthE Dimethicone 4%	
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	
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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
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
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	Inspira	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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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 sulfate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2022
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental)	Ferrograd	2021
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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2021
Furosemide [frusemide]	Inj 10 mg per ml, 2 ml ampoule Tab 500 mg	Frusemide-Claris Urex Forte	2022 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
Haloperidol	Inj 5 mg per ml, 1 ml ampoule Oral liq 2 mg per ml Tab 500 mcg, 1.5 mg & 5 mg	Serenace	2022
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	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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2022
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
Itraconazole	Cap 100 mg	Itrazole	2022
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2022
Lamivudine	Tab 100 mg	Zetlam	2020
Lamotrigine	Tab dispersible 25 mg, 50 mg & 100 mg	Logem	2022
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	Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg Subdermal implant (2 x 75 mg rods)	Mirena Jaydess Jadelle	31/10/2022 2020
Lidocaine [Lignocaine]	Gel 2%, 10 ml urethral syringe	Cathejell	2022

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Lidocaine [lignocaine] hydrochloride	Inj 2%, 5 ml ampoule Inj 1% & 2%, 20 ml vial Oral (gel) soln 2%	Lidocaine-Claris Lidocaine-Claris Mucosoothe	2022 2020
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2022
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
Mesna	Tab 400 mg & 600 mg	Uromitexan	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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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	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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Nicotine	Gum 2 mg & 4 mg (Fruit & Mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only Lozenge 1 mg & 2 mg for direct distribution only Patch 7 mg, 14 mg & 21 mg for direct distribution only	Habitrol	2020
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 60 mg	Adalat Oros	2020
Norethisterone	Tab 350 mcg	Noriday 28	2021
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2022
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	Inj 40 mg ampoule with diluent Cap 10 mg Cap 20 mg Cap 40 mg	Dr Reddy's Omeprazole Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2022 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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2021
	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	
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
	Inj 10 iu per ml, 1 ml ampoule		
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)	Creon 10000	2021
	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial	Pamisol	2020
	Inj 6 mg per ml, 10 ml vial		
	Inj 9 mg per ml, 10 ml vial		
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
	Oral liq 250 mg per 5 ml	Paracare Double Strength	2020
	Oral liq 120 mg per 5 ml	Paracare Pharmacare	
	Tab 500 mg – bottle pack Tab 500 mg – blister pack		
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
Perhexiline maleate	Tab 100 mg	Pexsig	2022
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crn 5%, 30 g OP	Lyderm A-Scabies	2020
	Lotn 5%, 30 ml OP		
Pethidine hydrochloride	Tab 50 mg	PSM	2021
	Inj 50 mg per ml, 1 ml & 2 ml ampoules	DBL Pethidine Hydrochloride	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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2022
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
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2021
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
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
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2022
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg	Actavis	2020
	Oral liq 1 mg per ml	Risperon	
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
Salbutamol	Oral liq 400 mcg per ml	Ventolin Asthalin	2021
	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule		
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule		
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 chloride	Nebuliser soln, 7%, 90 ml OP	Biomed	2022
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2022
Sodium fusidate [fusidic acid]	Crn 2%, 5 g OP	Foban	2021
	Oint 2%, 5 g OP		
	Tab 250 mg	Fucidin	2020
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sotalol	Tab 80 mg & 160 mg	Mylan	2022

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Generic Name	Presentation	Brand Name	Expiry Date*
Spironolactone	Oral liq 5 mg per ml, 25 ml OP	Biomed	2022
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2022
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
Tenoxicam	Tab 20 mg	Tilocolil	2022
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cipionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Tetrabenazine	Tab 25 mg	Motetis	2022
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
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

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Sole Subsidised Supply Products – cumulative to November 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Voriconazole	Powder for oral suspension 40 mg per ml	Vfend	2021
	Tab 50 mg & 200 mg	Vttack	
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 0.05 mg per ml, 100 ml, vial, 100 ml OP	Aclasta	2022
	Inj 4 mg per 5 ml, vial	Zoledronic acid Mylan	2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

November 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 November 2019

46	COMPOUND ELECTROLYTES Powder for oral soln – Up to 10 sach available on a PSO.....	9.77	50	✓ Electral
66	PARAFFIN White soft – Only in combination	4.99 19.99	450 g 2,500 g	✓ healthE ✓ healthE
	Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.			
81	LEVONORGESTREL * Intra-uterine device 13.5 mg	215.60	1	✓ Jaydess
91	AMOXICILLIN Cap 250 mg	22.50	500	✓ Alphamox
	a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP			
	Cap 500 mg	36.98	500	✓ Alphamox
	a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP			
91	BENZYL PENICILLIN SODIUM [PENICILLIN G] Inj 600 mg (1 million units) vial – Up to 5 inj available on a PSO	25.88	25	✓ Pan-Pencillin G Sodium S29
	Wastage claimable			
125	FLUOXETINE HYDROCHLORIDE * Tab dispersible 20 mg, scored – Subsidy by endorsement	1.98	30	✓ Fluox
	Subsidised by endorsement			
	1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or			
	2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.			
	* Cap 20 mg	2.91	84	✓ Fluox
131	ONDANSETRON * Tab 4 mg	2.68	50	✓ Onrex
	* Tab 8 mg	4.57	50	✓ Onrex
132	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule	33.50	10	✓ Nozinan

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

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

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Subsidy
(Mnfr's price)
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Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 November 2019 (continued)

151	BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy			
	a) No patient co-payment payable			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab sublingual 2 mg with naloxone 0.5 mg	18.37	28	✓ Buprenorphine Naloxone BNM
	Tab sublingual 8 mg with naloxone 2 mg	53.12	28	✓ Buprenorphine Naloxone BNM
247	ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3]			
	Liquid.....	5.50	500 ml OP	✓ Nutrison Concentrated
	Note – this is a new Pharmacode listing, 2572966.			
252	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1557 – Hospital pharmacy [HP3]			
	Powder	30.42	900 g OP	✓ Allerpro 1
	Powder	30.42	900 g OP	✓ Allerpro 2
259	MEASLES, MUMPS AND RUBELLA VACCINE			
	A. Measles, mumps and rubella vaccine			
	A maximum of two doses for any patient meeting the following criteria:			
	1) For primary vaccination in children; or			
	2) For revaccination following immunosuppression; or			
	3) For any individual susceptible to measles, mumps or rubella; or			
	4) A maximum of three doses for children who have had their first dose prior to 12 months.			
	Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.			
	Although a price is listed for the vaccine, doctors can still order measles, mumps and rubella vaccine free of charge, as with other Schedule vaccines.			
	B. Contractors will be entitled to claim payment from the Funder for the supply of measles, mumps and rubella vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect to the measles, mumps and rubella vaccine listed in the Pharmaceutical Schedule.			
	C. Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.			
	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	112.50	5	✓ MMR II

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New Listings – effective 1 October 2019

43	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml Wastage claimable.	122.00	10	✓ Wockhardt S29
52	VERAPAMIL HYDROCHLORIDE * Tab long-acting 120 mg	36.02	100	✓ Isoptin SR
65	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%.....	2.35 3.10	500 ml OP 1,000 ml OP	✓ Boucher ✓ Boucher
66	POVIDONE IODINE Antiseptic soln 10%.....	3.83	15 ml	✓ Riodine
66	POVIDONE IODINE Antiseptic soln 10%.....	0.19 (7.41) 1.28 (13.27)	15 ml 100 ml	 Betadine Betadine
Note – these are new Pharmacode listings, 2573946 and 2573954.				
69	SALICYLIC ACID Powder – Only in combination 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or colloidion flexible 2) With or without other dermatological galenicals.	18.88	250 g	✓ Midwest
71	CONDOMS * 49 mm – Up to 144 dev available on a PSO * 53 mm, 0.05 mm thickness..... a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription * 53 mm a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription * 53 mm, strawberry, red..... a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription * 53 mm, chocolate, brown..... a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription * 56 mm..... a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription	11.42 0.95 11.42 0.95 11.64 0.95 11.64 0.95 11.64 0.95 11.64 0.97 11.64	144 10 144 10 144 10 144 10 144 10 144 10 144	✓ Moments ✓ Moments ✓ Moments ✓ Moments ✓ Moments ✓ Moments ✓ Moments ✓ Moments ✓ Moments ✓ Moments ✓ Moments

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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 Listings – effective 1 October 2019 (continued)

continued...

	* 56 mm, 0.08 mm thickness.....	0.97	10	✓ Moments
		11.64	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, 0.08 mm thickness, red.....	0.97	10	✓ Moments
		11.64	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, 0.05 mm thickness.....	1.30	12	✓ Gold Knight
		15.57	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, chocolate	1.30	12	✓ Gold Knight
		15.57	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, strawberry.....	1.30	12	✓ Gold Knight
		15.57	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
93	CLINDAMYCIN Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist	4.61	24	✓ Dalacin C
118	ROPINIROLE HYDROCHLORIDE ▲ Tab 0.25 mg	2.85	84	✓ Ropin
	▲ Tab 1 mg	3.95	84	✓ Ropin
	▲ Tab 2 mg	5.48	84	✓ Ropin
	▲ Tab 5 mg	12.50	84	✓ Ropin
124	TRANLYCYPROMINE SULPHATE * Tab 10 mg	12.85	28	✓ Parnate S29
	Wastage claimable.			S29
125	PAROXETINE * Tab 20 mg	3.61	90	✓ Loxamine
125	SERTRALINE * Tab 50 mg	0.92	30	✓ Setrona
	* Tab 100 mg	1.61	30	✓ Setrona
163	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy Cap 20 mg	16.38	5	✓ Temaccord
	Cap 100 mg	35.98	5	✓ Temaccord
	Cap 140 mg	50.12	5	✓ Temaccord
	Cap 250 mg	86.34	5	✓ Temaccord

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 October 2019 (continued)

230	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... 4.50	1 fee	✓ BSF Logem
	a) The Pharmacode for BSF Logem is 2575949.		
251	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (vanilla) 53.00	400 g OP	✓ Neocate Junior Vanilla
	Note – this is a new Pharmacode listing, 2573008.		

Effective 1 September 2019

36	MAGNESIUM HYDROXIDE Suspension 8% 72.20 Wastage claimable	500 ml	✓ T&R S29
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 4.80 * Tab 5 mg 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 46.73 Wastage claimable	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

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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)

163	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy Cap 20 mg 18.30 Cap 100 mg 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
227	SODIUM CROMOGLICATE Eye drops 2% 1.79 Wastage claimable	5 ml OP	✓ Cromal S29
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 August 2019

53	FUROSEMIDE [FRUSEMIDE] Tab 40 mg – Up to 30 tab available on a PSO 20.40	1,000	✓ Milan Laboratories S29
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Note: Wastage may only be claimed once on Milan Laboratories.

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

8	RANITIDINE – Subsidy by endorsement (addition of subsidy by endorsement)			
	a) Only on a prescription			
	b) Subsidy by endorsement – Subsidised for patients who were taking ranitidine prior to 1 November 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ranitidine.			
	* Tab 150 mg	12.91	500	✓ Ranitidine Relief
	* Tab 300 mg	18.21	500	✓ Ranitidine Relief
	* Oral liq 150 mg per 10 ml	5.14	300 ml	✓ Peptisoothe
	* Inj 25 mg per ml, 2 ml	13.40	5	✓ Zantac
39	EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – [Xpharm] (amended note)			
	For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Rare Clinical Circumstances Brand of bypassing agent for >14 days predicted use. Access to funded treatment for >14 days predicted use is by named patient application to the Haemophilia Treaters Group, subject to access criteria.			
	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 note)			
	For patients with haemophilia. Preferred Brand of bypassing agent for >14 days predicted use. 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
	Inj 1,000 U	2,630.00	1	✓ FEIBA NF
	Inj 2,500 U	6,575.00	1	✓ FEIBA NF
40	MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] (amended note)			
	For patients with haemophilia. Rare Clinical Circumstances Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group, subject to criteria.			
	Inj 250 iu prefilled syringe	287.50	1	✓ Xyntha
	Inj 500 iu prefilled syringe	575.00	1	✓ Xyntha
	Inj 1,000 iu prefilled syringe	1,150.00	1	✓ Xyntha
	Inj 2,000 iu prefilled syringe	2,300.00	1	✓ Xyntha
	Inj 3,000 iu prefilled syringe	3,450.00	1	✓ Xyntha

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Changes to Restrictions – effective 1 November 2019 (continued)

40	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – [Xpharm] (amended note) For patients with haemophilia. Preferred Brand of short half-life recombinant factor VIII. 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 note) For patients with haemophilia. Rare Clinical Circumstances Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group, subject to criteria.			
	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
56	ADRENALINE (amended brand name) Inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO 5.25		5	✓ Hospira DBL Adrenaline
81	LEVONORGESTREL (Special Authority removed and amended presentation description) * Intra-uterine device 52 mg system 20 mcg per day —Special Authority see SA1608—Retail pharmacy 269.50		1	✓ <u>Mirena</u>
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> SA1608 Special Authority for Subsidy </div> Initial application — (No previous use) only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria: All of the following: 1— The patient has a clinical diagnosis of heavy menstrual bleeding; and 2— The patient has failed to respond to or is unable to tolerate other appropriate pharmaceutical therapies as per the Heavy Menstrual Bleeding Guidelines; and 3— Either: 3.1— serum ferritin level < 16 mcg/l (within the last 12 months); or 3.2— haemoglobin level < 120 g/l. Note: Applications are not to be made for use in patients as contraception except where they meet the above criteria. Renewal only from a relevant specialist or general practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both: 1— Either: 1.1— Patient demonstrated clinical improvement of heavy menstrual bleeding; or 1.2— Previous insertion was removed or expelled within 3 months of insertion; and 2— Applicant to state date of the previous insertion.			

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Changes to Restrictions – effective 1 November 2019 (continued)

88	CEFALEXIN (note removed)			
	Grans for oral liq 25 mg per ml – Wastage claimable.....	8.75	100 ml	✓ Cefalexin Sandoz
	Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing.			
	Grans for oral liq 50 mg per ml – Wastage claimable.....	11.75	100 ml	✓ Cefalexin Sandoz
	Note: Cefalexin grans for oral liq will not be funded in amounts more than 14 days treatment per dispensing.			

90	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1857 †††† (amended Special Authority – new criteria shown only)			
	Tab 250 mg	3.98	14	✓ Apo-Clarithromycin
	Grans for oral liq 250 mg per 5 ml – Wastage claimable.....	23.12	50 ml	✓ Klacid

▶ SA1857 †††† Special Authority for Waiver of rule

Initial application — (Helicobacter pylori eradication) from any relevant practitioner.

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

Both:

- 1 For the eradication of helicobacter pylori in a patient unable to swallow tablets; and
- 2 For use only in combination with omeprazole and amoxicillin as part of a triple therapy regimen.

Initial application — (Prophylaxis of infective endocarditis) from any relevant practitioner.

Approvals valid for 3 months where prophylaxis of infective endocarditis associated with surgical or dental procedures if amoxicillin is contra-indicated.

208	TOCILIZUMAB – PCT only – Special Authority see SA1858 †††† (amended Special Authority – affected criteria shown only)			
	Inj 20 mg per ml, 4 ml vial	220.00	1	✓ Actemra
	Inj 20 mg per ml, 10 ml vial	550.00	1	✓ Actemra
	Inj 20 mg per ml, 20 ml vial	1,100.00	1	✓ Actemra
	Inj 1 mg for ECP	2.85	1 mg	✓ Baxter

▶ SA1858 †††† Special Authority for Subsidy

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

Either:

- 1 All of the following:
 - 1.1 The patient is enrolled in the Children's Oncology Group AALL1731 trial; and
 - 1.2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and
 - 1.3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses (**if less than 30kg, maximum of 12 mg/kg**); or
- 2 All of the following:
 - 2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial; and
 - 2.2 The patient has developed CRS or CAR T-Cell Related Encephalopathy Syndrome (CRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non Hodgkin lymphoma; and
 - 2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS and CRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47-62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

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Changes to Restrictions – effective 1 November 2019 (continued)

242 Standard Supplements (amended Special Authority criteria)

▶ **SA1859 1554** Special Authority for Subsidy

Initial application — (Children - indications other than exclusive enteral nutrition for Crohn's disease) **from any relevant practitioner** ~~only from a dietitian, relevant specialist or vocationally registered general practitioner.~~

Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 Any of the following:
 - 2.1 The patient has a condition causing malabsorption; or
 - 2.2 The patient has failure to thrive; or
 - 2.3 The patient has increased nutritional requirements; and
- 3 Nutrition goal has been set (eg reach a specific weight or BMI).

Renewal — (Children - indications other than exclusive enteral nutrition for Crohn's disease) **from any relevant practitioner** ~~only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner.~~ Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 The treatment remains appropriate and the patient is benefiting from treatment; and
- 3 A nutrition goal has been set (eg reach a specific weight or BMI).

Initial application — (Children - exclusive enteral nutrition for Crohn's disease) only from a gastroenterologist or dietitian on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 It is to be used as exclusive enteral nutrition for the treatment of Crohn's disease; and
- 3 Dietitians must include the name of the gastroenterologist recommending treatment and the date the gastroenterologist was contacted.

Renewal — (Children - exclusive enteral nutrition for Crohn's disease) **from any relevant practitioner on the recommendation of a gastroenterologist** ~~only from a gastroenterologist, dietitian on the recommendation of a gastroenterologist or vocationally registered general practitioner on the recommendation of a gastroenterologist.~~ Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 The patient is under 18 years of age; and
- 2 It is to be used as exclusive enteral nutrition for the treatment of Crohn's disease; and
- 3 General Practitioners and dietitians must include the name of the gastroenterologist recommending treatment and the date the gastroenterologist was contacted.

Initial application — (Adults) **from any relevant practitioner** ~~only from a dietitian, relevant specialist or vocationally registered general practitioner.~~ Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Any of the following:

Patient is Malnourished

 - 1.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 1.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 1.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months; and

continued...

Changes to Restrictions – effective 1 November 2019 (continued)

continued...

- 2 Any of the following:
 - Patient has not responded to first-line dietary measures over a 4 week period by:
 - 2.1 Increasing their food intake frequency (eg snacks between meals); or
 - 2.2 Using high-energy foods (e.g. milkshakes, full fat milk, butter, cream, cheese, sugar etc); or
 - 2.3 Using over the counter supplements (e.g. Complan); and
- 3 A nutrition goal has been set (e.g. to reach a specific weight or BMI).

Renewal — (Adults) **from any relevant practitioner** ~~only from a dietitian, relevant specialist, vocationally-registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally-registered general practitioner.~~ Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 A nutrition goal has been set (eg reach a specific weight or BMI); and
- 2 Any of the following:
 - Patient is Malnourished
 - 2.1 Patient has a body mass index (BMI) of less than 18.5 kg/m²; or
 - 2.2 Patient has unintentional weight loss greater than 10% within the last 3-6 months; or
 - 2.3 Patient has a BMI of less than 20 kg/m² and unintentional weight loss greater than 5% within the last 3-6 months.

Initial application — (Short-term medical condition) **from any relevant practitioner** ~~only from a dietitian, relevant specialist or vocationally-registered general practitioner.~~ Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a nasogastric tube or a nasogastric tube is to be inserted for feeding; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Is undergoing a bone marrow transplant; or
- 4 Tempomandibular surgery or glossectomy; or
- 5 Both:
 - 5.1 Pregnant; and
 - 5.2 Any of the following:
 - 5.2.1 Patient is in early pregnancy (< 13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or
 - 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre-pregnancy weight; or
 - 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being met.

Renewal — (Short-term medical condition) **from any relevant practitioner** ~~only from a dietitian, relevant specialist, vocationally-registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally-registered general practitioner.~~ Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a nasogastric tube; or
- 2 Malignancy and is considered likely to develop malnutrition as a result; or
- 3 Has undergone a bone marrow transplant; or
- 4 Tempomandibular surgery or glossectomy; or

continued...

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Changes to Restrictions – effective 1 November 2019 (continued)

continued...

5 Both:

5.1 Pregnant; and

5.2 Any of the following:

- 5.2.1 Patient is in early pregnancy (< 13 weeks) and has severe clinical hyperemesis gravidarum requiring admission to hospital and is unlikely to meet her nutritional requirements due to continuing hyperemesis gravidarum; or
- 5.2.2 Patient has clinical hyperemesis gravidarum continuing past 13 weeks and either there is concern that the patient is unlikely to meet the Institute of Medicine's (1990) recommended weight gain guidelines for pregnancy or the patient's weight has not increased past her booking/pre-pregnancy weight; or
- 5.2.3 Patient is having multiple births and is under the care of an obstetric team who consider the nutritional needs of the patient are not being met.

Initial application — (Long-term medical condition) **from any relevant practitioner only** ~~from a dietitian, relevant specialist or vocationally registered general practitioner.~~ Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or
- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or
- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions; or
- 10 Epidermolysis bullosa; or
- 11 AIDS (CD4 count < 200 cells/mm³); or
- 12 Chronic pancreatitis.

Renewal — (Chronic disease OR tube feeding for patients who have previously been funded under Special Authority forms SA0702 or SA0583) **from any relevant practitioner only** ~~from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner.~~ Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Is being fed via a tube or a tube is to be inserted for the purpose of feeding (not nasogastric tube - refer to specific medical condition criteria); or
- 2 Cystic Fibrosis; or
- 3 Liver disease; or
- 4 Chronic Renal failure; or
- 5 Inflammatory bowel disease; or
- 6 Chronic obstructive pulmonary disease with hypercapnia; or
- 7 Short bowel syndrome; or
- 8 Bowel fistula; or
- 9 Severe chronic neurological conditions.

Changes to Restrictions – effective 1 November 2019 (continued)

259 MEASLES, MUMPS AND RUBELLA VACCINE – [~~Xpharm~~] (amended restrictions, Xpharm removed and Sole supply suspended)

A. Measles, mumps and rubella vaccine

A maximum of two doses for any patient meeting the following criteria:

- 1) For primary vaccination in children; or
- 2) For revaccination following immunosuppression; or
- 3) For any individual susceptible to measles, mumps or rubella; or
- 4) A maximum of three doses for children who have had their first dose prior to 12 months.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

Although a price is listed for the vaccine, doctors can still order measles, mumps and rubella vaccine free of charge, as with other Schedule vaccines.

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

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

Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50,

Rubella virus 1,000 CCID50; prefilled syringe/ampoule of

diluent 0.5 ml	250.00	10	✓ Priorix
	112.50	5	✓ MMR 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 Restrictions – effective 1 October 2019

6	CALCIUM CARBONATE (amended endorsement criteria) Oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml) – Subsidy by endorsement 39.00 500 ml ✓Roxane		
	Only when prescribed for children under 12 years of age for use as a phosphate-binding agent patients unable to swallow calcium carbonate tablets or when calcium carbonate tablets are inappropriate and the prescription is endorsed accordingly.		
14	INSULIN PEN NEEDLES (removal of maximum quantity per dispensing and OP and addition of stat dispensing) 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		
14	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE (removal of maximum quantity per dispensing and OP and addition of stat dispensing) 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		
35	FERRIC CARBOXYMALTOSE – Special Authority see SA1840 1675 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only) Inj 50 mg per ml, 10 ml 150.00 1 ✓Ferinject		
	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> SA1840 1675 </div> Special Authority for Subsidy Initial application — (serum ferritin less than or equal to 20 mcg/L) from any medical relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria: Both: 1 Patient has been diagnosed with iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and		

continued...

Changes to Restrictions – effective 1 October 2019 (continued)

continued...

2 Any of the following:

- 2.1 Patient has been compliant with oral iron treatment and treatment has proven ineffective; or
- 2.2 Treatment with oral iron has resulted in dose-limiting intolerance; or
- 2.3 Rapid correction of anaemia is required.

Renewal — (serum ferritin less than or equal to 20 mcg/L) from any **medical relevant** practitioner. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 Patient continues to have iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and
- 2 A re-trial with oral iron is clinically inappropriate.

71 CONDOMS (amended PSO quantity and addition of maximum quantity on a prescription)

* 53 mm	1.11	12	✓ Gold Knight
			✓ Shield Blue
	13.36	144	✓ Shield Blue
	0.95	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm, 0.05 mm thickness.....	0.95	10	✓ Moments
	11.42	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm (chocolate).....	1.11	12	✓ Gold Knight
	13.36	144	✓ Gold Knight
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm, chocolate, brown.....	0.95	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm (strawberry)	1.11	12	✓ Gold Knight
	13.36	144	✓ Gold Knight
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 53 mm, strawberry, red.....	0.95	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm	1.11	12	✓ Gold Knight
	13.36	144	✓ Durex Extra Safe
			✓ Gold Knight
	0.97	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, 0.08 mm thickness.....	0.97	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, 0.08 mm thickness, red.....	0.97	10	✓ Moments
	11.64	144	✓ Moments
a) Up to 144 60 dev available on a PSO			

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 October 2019 (continued)

continued...

b) Maximum of 60 dev per prescription			
* 56 mm, 0.05 mm thickness.....	1.30	12	✓ Gold Knight
	15.57	144	✓ Gold Knight
a) Up to 444 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, chocolate.....	1.30	12	✓ Gold Knight
	15.57	144	✓ Gold Knight
a) Up to 444 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, strawberry.....	1.30	12	✓ Gold Knight
	15.57	144	✓ Gold Knight
a) Up to 444 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			
* 56 mm, shaped.....	1.11	12	
	(1.34)		Durex Confidence
	13.36	144	
	(16.08)		Durex Confidence
a) Up to 444 60 dev available on a PSO			
b) Maximum of 60 dev per prescription			

103 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1842 ~~4714~~ (amended Special Authority criteria)

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**

► SA1842 ~~4714~~ Special Authority for Waiver of Rule

Initial application only from a ~~named specialist or medical practitioner on the recommendation of a named specialist~~ **any relevant practitioner**. Approvals valid for 3 months for applications meeting the following criteria:

All of the following Both:

- 1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or <https://ashm.org.au/HIV/PrEP/> for training materials); and
 - 2 Patient has undergone testing for HIV, syphilis, Hep B if not immune and a full STI screen in the previous two weeks; and
 - 3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 3 months and is not contraindicated for treatment; and
 - 4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
- 5 + Patient has tested HIV negative and is not at risk of HIV seroconversion; and
6 ± Either:

6.1 ~~2+~~ All of the following:

6.1.1 ~~2+1~~ Patient is male or transgender; and

6.1.2 ~~2+2~~ Patient has sex with men; and

6.1.3 ~~2+3~~ Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

6.1.4 ~~2+4~~ Any of the following:

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 October 2019 (continued)

continued...

6.1.4.1 ~~2-1-4-1~~ Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

6.1.4.2 ~~2-1-4-2~~ A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

6.1.4.3 ~~2-1-4-3~~ Patient has used methamphetamine in the last three months; or

6.2 ~~2-2~~ All of the following:

6.2.1 ~~2-2-1~~ Patient has a regular partner who has HIV infection; and

6.2.2 ~~2-2-2~~ Partner is either not on treatment or has a detectable viral load; and

6.2.3 ~~2-2-3~~ Condoms have not been consistently used.

Renewal from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (**refer to local health pathways or <https://ashm.org.au/HIV/PrEP/> for training materials**); and
- 2 Patient has undergone testing for HIV, syphilis, **Hep B if not immune** and a full STI screen in the previous two weeks; and
- 3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months **and is not contraindicated for treatment**; and
- 4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
- 5 Patient has tested HIV negative **and is not at risk of HIV seroconversion**; and
- 6 Either:

6.1 All of the following:

6.1.1 Patient is male or transgender; and

6.1.2 Patient has sex with men; and

6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

6.1.4 Any of the following:

6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or

6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or

6.1.4.3 Patient has used methamphetamine in the last three months; or

6.2 All of the following:

6.2.1 Patient has a regular partner who has HIV infection; and

6.2.2 Partner is either not on treatment or has a detectable viral load; and

6.2.3 Condoms have not been consistently used.

127 LAMOTRIGINE (addition of brand switch fee, stat dispensing and removal of may dispense all-at-once)

* Tab dispersible 25 mg

– **Brand Switch Fee payable (Pharmacode 2575949)** 2.76 56 ✓ **Logem**

* Tab dispersible 50 mg

– **Brand Switch Fee payable (Pharmacode 2575949)** 3.31 56 ✓ **Logem**

* Tab dispersible 100 mg

– **Brand Switch Fee payable (Pharmacode 2575949)** 4.40 56 ✓ **Logem**

131 ONDANSETRON (addition of PSO)

* Tab disp 4 mg – **Up to 10 tab available on a PSO** 0.95 10 ✓ **Ondansetron ODT-ORLA**

* Tab disp 8 mg – **Up to 10 tab available on a PSO** 1.43 10 ✓ **Ondansetron ODT-DRLA**

▲ 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 October 2019 (continued)

154 VARENICLINE TARTRATE – Special Authority see SA1845 4774 – Retail pharmacy (amended Special Authority criteria and addition of note)

- 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.
- c) **The 6-month time period in which a patient can receive a funded 12-week course of varenicline tartrate starts from the date the Special Authority is approved.**

Tab 0.5 mg × 11 and 1 mg × 42	25.64	53 OP	✓ Varenicline Pfizer
Tab 1 mg	27.10	56	✓ Varenicline Pfizer

➔ **SA1845 4774** Special Authority for Subsidy

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

All of the following:

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 Either:
 - 3.1 The patient has tried but failed to quit smoking after at least two separate trials of nicotine replacement therapy, at least one of which included the patient receiving comprehensive advice on the optimal use of nicotine replacement therapy; or
 - 3.2 The patient has tried but failed to quit smoking using bupropion or nortriptyline; and
- 4 ~~The patient has not used funded varenicline in the last 12 months~~ **The patient has not had a Special Authority for varenicline approved in the last 6 months;** and
- 5 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
- 6 The patient is not pregnant; and
- 7 The patient will not be prescribed more than 12 weeks' funded varenicline (see note).

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

All of the following:

- 1 Short-term therapy as an aid to achieving abstinence in a patient who has indicated that they are ready to cease smoking; and
- 2 The patient is part of, or is about to enrol in, a comprehensive support and counselling smoking cessation programme, which includes prescriber or nurse monitoring; and
- 3 ~~The patient has not used funded varenicline in the last 12 months~~ **It has been 6 months since the patient's previous Special Authority was approved;** and
- 4 Varenicline is not to be used in combination with other pharmacological smoking cessation treatments and the patient has agreed to this; and
- 5 The patient is not pregnant; and
- 6 The patient will not be prescribed more than 12 weeks' funded varenicline (see note).

The patient must not have had an approval in the past ~~12~~ **6** months.

Notes: a maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval. This includes the 4-week 'starter' pack.

Changes to Restrictions – effective 1 October 2019 (continued)

179	ADALIMUMAB – Special Authority see SA1847 1830 – Retail pharmacy (amended Special Authority – new 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

► SA1847 ~~1830~~ Special Authority for Subsidy

Initial application – (hidradenitis suppurativa) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas; and
- 2 Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or patient has demonstrated intolerance to or has contraindications for systemic antibiotics; and
- 3 The patient has 3 or more active lesions (e.g. inflammatory nodules, abscesses, draining fistulae); and
- 4 The patient has a Dermatology Quality of Life Index of 10 or more and the assessment is no more than 1 month old at time of application; and
- 5 Following the initial loading doses, adalimumab is to be administered at doses no greater than 40mg every 7 days.

Renewal – (hidradenitis suppurativa) 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 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; and
- 2 The patient has a Dermatology Quality of Life Index improvement of 4 or more from baseline; and
- 3 Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered.

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 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	500 ml
		1.26	1,000 ml
	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.....	33.00	5
	For Sodium chloride oral liquid formulation refer Standard Formulae		
	Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	2.80	20
		7.00	50
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	5.40	50
		6.63	
	Inj 0.9%, 20 ml ampoule.....	5.00	20
		7.50	30
			✓ Baxter
			✓ Baxter
			✓ Biomed
			✓ Fresenius Kabi
			✓ InterPharma
			✓ Multichem
			✓ Fresenius Kabi
			✓ Pfizer
			✓ Fresenius Kabi
			✓ Multichem
			✓ InterPharma
58	SILDENAFIL – Special Authority see SA1825 1738 – Retail pharmacy (amended Special Authority – new criteria shown only)		
	Tab 25 mg	0.64	4
	Tab 50 mg	0.64	4
	Tab 100 mg	6.60	12
	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 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 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

Changes to Subsidy and Manufacturer's Price

Effective 1 November 2019

40	MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] († subsidy) For patients with haemophilia. Rare Clinical Circumstances Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu prefilled syringe.....	287.50	1	✓ Xyntha
	Inj 500 iu prefilled syringe.....	575.00	1	✓ Xyntha
	Inj 1,000 iu prefilled syringe.....	1,150.00	1	✓ Xyntha
	Inj 2,000 iu prefilled syringe.....	2,300.00	1	✓ Xyntha
	Inj 3,000 iu prefilled syringe.....	3,450.00	1	✓ Xyntha
131	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 400 mg	29.78	60	✓ Sulprix
152	DISULFIRAM († subsidy)			
	Tab 200 mg	153.00	100	✓ Antabuse
179	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist († subsidy) Subsidised only for bladder cancer.			
	Inj 40 mg per ml, vial	176.90	3	✓ SII-Onco-BCG S29
218	LORATADINE († subsidy)			
	* Tab 10 mg	1.69	100	✓ Lorafix
259	MEASLES, MUMPS AND RUBELLA VACCINE († subsidy)			
	A. Measles, mumps and rubella vaccine A maximum of two doses for any patient meeting the following criteria: 1) For primary vaccination in children; or 2) For revaccination following immunosuppression; or 3) For any individual susceptible to measles, mumps or rubella; or 4) A maximum of three doses for children who have had their first dose prior to 12 months. Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes. Although a price is listed for the vaccine, doctors can still order measles, mumps and rubella vaccine free of charge, as with other Schedule vaccines.			
	B. Contractors will be entitled to claim payment from the Funder for the supply of measles, mumps and rubella vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect to the measles, mumps and rubella vaccine listed in the Pharmaceutical Schedule.			
	C. Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.			
	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	250.00	10	✓ Priorix

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

59	ILOPROST – Special Authority see SA1705 – Retail pharmacy (↓ subsidy) Nebuliser soln 10 mcg per ml, 2 ml	740.10	30	✓ Ventavis
66	POVIDONE IODINE (↓ subsidy) Antiseptic soln 10%	5.40	500 ml	✓ Riodine
71	CONDOMS (↑ price but not subsidy) * 56 mm, shaped	1.11 (1.34) 13.36 (16.08)	12 144	 Durex Confidence Durex Confidence
	a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription			
72	ETHINYLOESTRADIOL WITH NORETHISTERONE (↑ subsidy) * Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO	6.95	84	✓ Brevinor 1/28
74	CLOTRIMAZOLE (↑ subsidy) * Vaginal crm 1% with applicators	2.50	35 g OP	✓ Clomazol
	* Vaginal crm 2% with applicators	3.00	20 g OP	✓ Clomazol
75	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy (↑ subsidy) * Cap 400 mcg	17.73	100	✓ Tamsulosin-Rex
92	PHENOXYMETHYLPENICILLIN (PENICILLIN V) (↑ subsidy) Grans for oral liq 125 mg per 5 ml	2.99	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO b) Wastage claimable			
	Grans for oral liq 250 mg per 5 ml	3.99	100 ml	✓ AFT
	a) Up to 300 ml available on a PSO b) Up to 2 x the maximum PSO quantity for RFPP c) Wastage claimable			
122	MORPHINE SULPHATE (↑ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Cap long-acting 10 mg	2.05	10	✓ m-Eslon
	Cap long-acting 30 mg	3.00	10	✓ m-Eslon
	Cap long-acting 60 mg	6.12	10	✓ m-Eslon
	Cap long-acting 100 mg	7.13	10	✓ m-Eslon
130	METOCLOPRAMIDE HYDROCHLORIDE (↓ subsidy) * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	9.50	10	✓ Pfizer

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

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Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2019 (continued)

157	CALCIUM FOLINATE (↑ subsidy) Inj 10 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist ... 7.28	1	✓ Calcium Folate Sandoz
	Inj 10 mg per ml, 100 ml vial – PCT only – Specialist..... 72.00	1	✓ Calcium Folate Sandoz

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 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
53	FUROSEMIDE [FRUSEMIDE] Tab 40 mg – Up to 30 tab available on a PSO	20.40	1,000	✓ Milan Laboratories S29
	Note: Wastage may only be claimed once on Milan Laboratories.			
92	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.			
98	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.			
130	PIZOTIFEN * Tab 500 mcg.....	23.21	100	✓ Sandomigran
	Note – this delist applies to Pharmacode 251666.			

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Check your Schedule for full details
Schedule page ref

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Delisted Items – effective 1 October 2019

19	INSULIN PUMP ACCESSORIES – Special Authority see SA1604 – Retail pharmacy a) Maximum of 1 cap per prescription b) Only on a prescription c) Maximum of 1 prescription per 180 days. Battery cap.....	32.00	1	✓Animas Battery Cap
20	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1604 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 infusion sets will be funded per year. 6 mm steel cannula; straight insertion; 60 cm grey line × 10 with 10 needles 8 mm steel cannula; straight insertion; 110 cm grey line × 10 with 10 needles 8 mm steel cannula; straight insertion; 60 cm grey line × 10 with 10 needles	130.00 130.00 130.00 130.00	1 OP 1 OP 1 OP	✓Contact-D ✓Contact-D ✓Contact-D
21	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA1604 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 infusion sets will be funded per year. 13 mm teflon cannula; angle insertion; insertion device; 110 cm grey line × 10 with 10 needles 13 mm teflon cannula; angle insertion; insertion device; 60 cm grey line × 10 with 10 needles	140.00 140.00 140.00	1 OP 1 OP	✓Inset 30 ✓Inset 30
23	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA1604 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 infusion sets will be funded per year. 6 mm teflon cannula; straight insertion; insertion device; 110 cm grey line × 10 with 10 needles..... 6 mm teflon cannula; straight insertion; insertion device; 60 cm grey line × 10 with 10 needles..... 9 mm teflon cannula; straight insertion; insertion device; 110 cm grey line × 10 with 10 needles..... 9 mm teflon cannula; straight insertion; insertion device; 60 cm grey line × 10 with 10 needles.....	140.00 140.00 140.00 140.00 140.00	1 OP 1 OP 1 OP 1 OP	✓Inset II ✓Inset II ✓Inset II ✓Inset II
25	INSULIN PUMP RESERVOIR – Special Authority see SA1604 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 packs of reservoir sets will be funded per year. Cartridge 200 U, luer lock × 10..... Syringe and cartridge for 50X pump, 3.0 ml × 10.....	50.00 50.00	1 OP 1 OP	✓Animas Cartridge ✓50X 3.0 Reservoir

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

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
155	CARMUSTINE – PCT only – Specialist			
	Inj 100 mg vial	1,380.00	1	✓ Emcure S29
213	PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1657			
	Inj 50 mg vial	2,340.00	1	✓ Keytruda

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	200 ml	
		(8.50)		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	30	
		(190.02)		Truvada

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

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Delisted Items – effective 1 September 2019 (continued)

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.				
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.				

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 January 2020

111	CELECOXIB Cap 100 mg.....	3.63	60	✓ Celebrex
	Note – delist delayed until 1 September 2020.			
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
179	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer. Inj 40 mg per ml, vial	162.70	3	✓ SII-Onco-BCG S29
	Note – delist delayed until 1 April 2021.			
230	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Logem

Check your Schedule for full details
Schedule page ref

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Items to be Delisted – effective 1 February 2020

36	IRON POLYMALTOSE * Inj 50 mg per ml, 2 ml ampoule	15.22	5	✓ Ferrum H
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	5	✓ Lodi
		11.98	6	✓ Cordarone-X
49	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Tab 50 mg	38.95	60	✓ Tambocor
66	POVIDONE IODINE Antiseptic soln 10%	1.28 (13.27)	100 ml	Betadine
	Note – this applies to Pharamcodes 536970 and 2573946.			
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
65	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%	2.82	500 ml OP	✓ Pharmacy Health Sorbolene with Glycerin
		3.87	1,000 ml OP	✓ Pharmacy Health Sorbolene with Glycerin
69	SUNSCREENS, PROPRIETARY – Subsidy by endorsement Only if prescribed for a patient with severe photosensitivity secondary to a defined clinical condition and the prescription is endorsed accordingly. Crm	3.30 (5.89)	100 g OP	Hamilton Sunscreen
	Lotn	3.30	100 g OP	✓ Marine Blue Lotion SPF 50+

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Schedule page ref

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Items to be Delisted – effective 1 March 2020 (continued)

71	CONDOMS				
	* 49 mm – Up to 144 dev available on a PSO	13.36	144	✓ Shield 49	
	* 53 mm	1.11	12	✓ Gold Knight	
		13.36	144	✓ Shield Blue	
	a) Up to 60 dev available on a PSO			✓ Shield Blue	
	b) Maximum of 60 dev per prescription				
	* 53 mm (chocolate)	1.11	12	✓ Gold Knight	
		13.36	144	✓ Gold Knight	
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				
	* 53 mm (strawberry)	1.11	12	✓ Gold Knight	
		13.36	144	✓ Gold Knight	
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				
	* 56 mm	1.11	12	✓ Gold Knight	
		13.36	144	✓ Durex Extra Safe	
				✓ Gold Knight	
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				
	* 56 mm, shaped	1.16	12		
		(1.34)			Durex Confidence
		11.64	144		
		(16.08)			Durex Confidence
	a) Up to 60 dev available on a PSO				
	b) Maximum of 60 dev per prescription				
76	TOLTERODINE – Special Authority see SA1272 – Retail pharmacy				
	Tab 1 mg	14.56	56	✓ Arrow-Tolterodine	
94	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy				
	Tab 25 mg	36.95	50	✓ Daraprim S29	
118	ROPINIROLE HYDROCHLORIDE				
	▲ Tab 0.25 mg	2.78	100	✓ Apo-Ropinirole	
	▲ Tab 1 mg	5.00	100	✓ Apo-Ropinirole	
	▲ Tab 2 mg	7.72	100	✓ Apo-Ropinirole	
	▲ Tab 5 mg	16.51	100	✓ Apo-Ropinirole	
125	PAROXETINE				
	* Tab 20 mg	4.02	90	✓ Apo-Paroxetine	
125	SERTRALINE				
	* Tab 50 mg	3.05	90	✓ Arrow-Sertraline	
	* Tab 100 mg	5.25	90	✓ Arrow-Sertraline	
157	CALCIUM FOLINATE				
	Inj 50 mg – PCT – Retail pharmacy-Specialist.....	18.25	5	✓ Calcium Folate Ebewe	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 March 2020 (continued)

233	BENZOIN				
	Tincture compound BP	24.42	500 ml		
		(39.90)			Pharmacy Health
		2.44	50 ml		
		(5.10)			Pharmacy Health

Effective 1 April 2020

46	COMPOUND ELECTROLYTES				
	Powder for oral soln – Up to 10 sach available on a PSO.....	2.30	10		✓Enerlyte
66	PARAFFIN				
	White soft – Only in combination	20.20	2,500 g		✓IPW
		3.58	500 g		
		(7.78)			IPW
	Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.				
91	AMOXICILLIN				
	Cap 250 mg	14.97	500		✓Apo-Amoxi
	a) Up to 30 cap available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP				
	Cap 500 mg	16.75	500		✓Apo-Amoxi
	a) Up to 30 cap available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP				
93	CLINDAMYCIN				
	Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist	4.10	16		✓Clindamycin ABM
125	FLUOXETINE HYDROCHLORIDE				
	* Tab dispersible 20 mg, scored – Subsidy by endorsement.....	2.47	30		✓Arrow-Fluoxetine
	Subsidised by endorsement				
	1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or				
	2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.				
	* Cap 20 mg	1.99	90		✓Arrow-Fluoxetine
131	ONDANSETRON				
	* Tab 4 mg	3.36	50		✓Apo-Ondansetron
	* Tab 8 mg	4.77	50		✓Apo-Ondansetron
132	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency				
	Inj 25 mg per ml, 1 ml ampoule	47.89	10		✓Wockhardt

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 April 2020 (continued)

151	BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy a) No patient co-payment payable b) Safety medicine; prescriber may determine dispensing frequency Tab sublingual 2 mg with naloxone 0.5 mg 57.40 Tab sublingual 8 mg with naloxone 2 mg 166.00	28 28	✓ Suboxone ✓ Suboxone
251	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (vanilla) 53.00	400 g OP	✓ Neocate Junior Vanilla

Note – this delist applies to Pharmacode, 2530260.

Effective 1 May 2020

52	VERAPAMIL HYDROCHLORIDE * Tab long-acting 120 mg 15.20	250	✓ Verpamil SR
54	GLYCERYL TRINITRATE * Oral spray, 400 mcg per dose – Up to 200 dose available on a PSO 4.45	200 dose OP	✓ Glytrin
247	ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Liquid 5.50	500 ml OP	✓ Nutrison Concentrated

Note – this delist applies to Pharmacode 2057808, a new Pharmacode was listed 1 November 2019.

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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Effective 1 September 2020

111	CELECOXIB Cap 100 mg 3.63	60	✓ Celebrex
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Effective 1 April 2021

179	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist Subsidised only for bladder cancer. Inj 40 mg per ml, vial 162.70	3	✓ SII-Onco-BCG S29
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber or pharmacist

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

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