PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

# Update

**December 2019**
Cumulative for September, October, November and December 2019

# Contents

# Summary of PHARMAC decisions
## EFFECTIVE 1 DECEMBER 2019

**New listings (pages 27-31)**

- Tranexamic acid (Mercury Pharma) tab 500 mg
- Clopidogrel (Clopidogrel Multichem) tab 75 mg
- Potassium chloride (Potassium Chloride Aguettant) inj 75 mg per ml, 10 ml – S29 and wastage claimable
- Verapamil hydrochloride (Isoptin Retard) tab long-acting 120 mg – S29 and wastage claimable
- Danazol (Mylan) cap 100 mg – S29 and wastage claimable
- Capsaicin (Rugby Capsaicin Topical Cream) crm 0.025%, 60 g OP – Special authority – Retail pharmacy – S29
- Ropinirole hydrochloride (Ropin) tab 0.25 mg
- Dosulepin [dothiepin] hydrochloride (Dosulepin Mylan) cap 25 mg – Subsidy by endorsement, safety medicine; prescriber may determine dispensing frequency – S29 and wastage claimable
- Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial – Special Authority – Retail pharmacy
- Amsacrine (Amsidine) inj 50 mg per ml, 1.5 ml ampoule – PCT only – Specialist – S29
- Pegaspargase (Oncaspar LYO) inj 750 iu per ml, 5 ml vial – PCT only – Special Authority – S29
- Temozolomide (Temaccord) cap 5 mg – Special Authority – Retail pharmacy
- Venetoclax (Venclexta) tab 10 mg, 14 OP; tab 50 mg, 7 OP; tab 100 mg, wastage claimble and tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg, 42 OP – Retail pharmacy-Special – Special authority
- Alectinib (Alecensa) cap 150 mg – Retail pharmacy-Specialist – Special Authority
- Trastuzumab emtansine inj 100 mg vial and 160 mg vial (Kadcyla) and inj 1 mg for ECP (Baxter) – PCT only – Specialist – Special Authority
- Pirfenidone (Esbriet) cap 801 mg – Retail pharmacy-Specialist – Special Authority
- Chloramphenicol (Devatis) eye oint 1%, 5 g OP
- Pharmacy services (BSF Flecainide Teva) brand switch fee – may only be claimed once per patient
- Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]

**Changes to restrictions (pages 38-45)**

- Flecainide acetate (Flecainide Controlled Release Teva) cap long-acting 100 mg and 200 mg – addition of brand switch fee

**Summary of PHARMAC decisions – effective 1 December 2019** (continued)

- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – removal of brand switch fee
- Efavirenz with emtricitabine and tenofovir disoproxil (Mylan) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – removal of brand switch fee
- Atazanavir sulphate (Teva) cap 150 mg and 200 mg – removal of brand switch fee
- Methenamine (hexamine) hippurate (Hiprex) tab 1 g – amended chemical name
- Dimethyl fumarate (Tecfidera) cap 120 mg and 240 mg – amended note
- Fingolimod (Gilenya) cap 0.5 mg – amended note
- Natalizumab (Tysabri) inj 20 mg per ml, 15 ml vial – amended note
- Teriflunomide (Aubagio) tab 14 mg – amended note
- Rituximab inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pembrolizumab inj 25 per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml vial and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority
- Pirfenidone (Esbriet) cap 267 mg and tab 801 mg – amended Special Authority criteria
- Meningococcal (groups A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – amended restriction
- Varicella zoster virus (oka strain) live attenuated vaccine [shingles vaccine] (Zostavax) inj 19,400 PFU prefilled syringe plus syringe – amended restriction

**Increased subsidy (page 65)**

- Ascorbic acid (Cvite) tab 100 mg
- Vitamins (Mvite) tab (BPC cap strength)
- Flecainide acetate (Tambocor) inj 10 mg per ml, 15 ml ampoule
- Methenamine (hexamine) hippurate (Hiprex) tab 1 g
- Lithium carbonate (Priadel) tab long-acting 400 mg

**Decreased subsidy (page 65)**

- Furosemide [frusemide] (Diurin 40) tab 40 mg
- Povidone iodine (Betadine) antiseptic soln 10%, 500 ml

# News Stories – December 2019 Update

## New tender listings for 1 December 2019

- Chloramphenicol (Devatis) eye oint 1%, 5 g OP
- Clopidogrel (Clopidogrel Multichem) tab 75 mg
- Pirfenidone (Esbriet) tab 801 mg
- Tranexamic acid (Mercury Pharma) tab 500 mg
- Temozolomide (Temaccord) tab 5 mg

# New listings

## Venetoclax (Venclexta)

From 1 December 2019:

- Venetoclax will be funded, in combination with rituximab, for the treatment of CLL that has relapsed within 36 months of previous treatment.
- Venetoclax will be funded as monotherapy for the treatment of previously untreated CLL with a specific genetic mutation (17p deletion or TP53 mutation).
- The funding criteria for rituximab will be amended to allow for its use in combination with venetoclax.

## Alectinib (Alecensa)

From 1 December 2019:

- Alectinib will be funded for the treatment of anaplastic lymphoma kinase (ALK) or metastatic (advanced) non-small cell lung cancer (NSCLC).
- The funding criteria for rituximab will be amended to allow for its use in combination with venetoclax.

## Ocrelizumab (Ocrevus)

- From 1 December 2019, ocrelizumab will be funded via the Multiple Sclerosis Treatment Committee for relapsing remitting Multiple sclerosis.

## Multiple sclerosis treatments – co-payment reinstated 1 January 2020

From 1 January 2020 the pharmaceutical co-payment will be reinstated on dispensings for:

- interferon beta-1-alpha (Avonex and Avonex Pen),
- interferon beta-1- beta (Betaferon), and
- glatiramer acetate (Copaxone).

In July 2019 we made some changes to the distribution arrangements for three treatments for Multiple Sclerosis – interferon beta-1-alpha (Avonex and Avonex Pen), interferon beta-1- beta (Betaferon) and glatiramer acetate (Copaxone). These are now all dispensed from community pharmacy.

During the transition from direct distribution (to patients) to community pharmacy dispensing, the pharmaceutical co-payment was waived. The waiver period ends at the end of December 2019, meaning patients will be charged a co-payment from 1 January 2020.

## Flecainide acetate – brand change

We listed a new brand of flecainide acetate long-acting capsules 100 mg and 200 mg from 1 July 2019.

- From 1 December 2019, Tambocor CR will no longer be funded.
- A Brand Switch Fee will apply until 1 March 2020.

We listed a new brand of flecainide acetate short-acting 50 mg tablet from 1 September 2019.

- From 1 February 2020, Tambocor will no longer be funded.
- A Brand Switch Fee will apply 1 May 2020.

We have let cardiologists and GPs know about the change.

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

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

## Ranitidine recall – supply issue

Mylan have issued a pharmacy level recall of all batches of Ranitidine Relief 150 mg and 300 mg tablets. This means that there is no ranitidine available for collection from community pharmacy. People who have been prescribed ranitidine will need to contact their prescriber for an alternative treatment. There are no other funded H2 antagonists available in New Zealand. PHARMAC is working with suppliers to secure alternative supply of H2 antagonists.

For more information on the recall see information on the Medsafe website (www.medsafe.govt.nz/safety/Alerts/MedicinesAndNDMA.asp) – or contact Mylan on 0800 579 811.

Our clinical advice is that some patients may be able to be transitioned to a proton pump inhibitor. The currently funded proton pump inhibitors include omeprazole, pantoprazole and lansoprazole.

## Temozolomide – supply issue

There is a supply issue for Orion's brand of temozolomide 20 mg, 100 mg, 140 mg and 250 mg capsules. PHARMAC has sourced alternative stock of the Accord brand of temozolomide caps 20 mg, 100 mg, 140 mg, 180 mg and 250 mg from Link Healthcare under section 29, wastage will apply to these listings. These products were listed in Section B of the Pharmaceutical Schedule from 15 November 2019. Douglas's entry to the market has been delayed. So far, PHARMAC have been able to secure a small amount of stock, however we anticipate additional stock arriving shortly.

## Fluoxetine hydrochloride – listing changes

Mylan was awarded sole supply status for the cap 20 mg and tab dispersible 20 mg, scored presentations. This was to be effective from 1 November 2019, however Mylan has had a QA issue and been unable to enter the market. Mylan's Fluox products will be delisted from the Pharmaceutical Schedule from 1 December 2019 and relisted from 1 March 2020. The commencement of sole supply status will be from 1 August 2020. Teva's Arrow-Fluoxetine capsule and dispersible tablet is in stock and will remain listed until 1 August 2019. In order to help with the management of stock, stat dispensing was removed from the cap 20 mg presentation effective 11 November 2019 until further notice.

## Meningococcal ACWY vaccine - Widened access

We're pleased to announce a decision to widen access to funded meningococcal ACWY vaccine (Menactra) for people aged 13 to 25 years in close-living situations, from 1 December 2019.

In summary, vaccination will be funded for people aged from 13 to 25 years living in boarding school hostels, tertiary education halls of residence, military barracks or prisons. After the first year, funding will only be available to people entering their first year of living in such institutions.

We estimate that approximately 35,000 people would be eligible for vaccination during the first-year and approximately 8,000 people in each following year.

This decision will provide vaccination to adolescents and young adults in close-living situations, reducing the carriage of meningococcal bacteria and the risk of these people developing meningococcal disease due to the A, C, W and Y groups. This vaccine does not provide protection against meningococcal group B disease.

## Varicella zoster vaccine (Zostavax)

We have extended the catch-up programme for people aged between 66 and 80 years inclusive until 31 December 2020.

# Tender News

## Sole Subsidised Supply changes – effective 1 January 2020

| Chemical Name | Presentation; Pack size | Sole Subsidised Supply brand (and supplier) |
|---|---|---|
| Azathioprine | Tab 25 mg; 60 tab | Azamun (Douglas) |
| Azathioprine | Tab 50 mg; 100 tab | Azamun (Douglas) |
| Ceftriaxone | Inj 500 mg vial; 1 inj | Ceftriaxone-AFT (AFT) |
| Ceftriaxone | Inj 1 g vial; 5 inj | Ceftriaxone-AFT (AFT) |
| Chlorpromazine hydrochloride | Tab 10 mg; 100 tab | Largactil (Sanofi) |
| Chlorpromazine hydrochloride | Tab 25 mg; 100 tab | Largactil (Sanofi) |
| Chlorpromazine hydrochloride | Tab 100 mg; 100 tab | Largactil (Sanofi) |
| Chlorpromazine hydrochloride | Inj 25 mg per ml, 2 ml; 10 inj | Largactil (Sanofi) |
| Clotrimazole | Vaginal crm 1% with applicators; 35 g OP | Clomazole (Multichem) |
| Clotrimazole | Vaginal crm 2% with applicators; 20 g OP | Clomazole (Multichem) |
| Furosemide [Frusemide] | Inj 10 mg per ml, 25 ml ampoule; 6 inj | Lasix (Sanofi) |
| Furosemide [Frusemide] | Oral liq 10 mg per ml; 30 ml OP | Lasix (Sanofi) |
| Iloprost | Nebuliser soln 10 mcg per ml, 2 ml; 30 neb | Ventavis (Bayer) |
| Ipratropium bromide | Nebuliser soln, 250 mcg per ml, 2 ml ampoule; 20 neb | Univent (Rex) |
| Metoclopramide hydrochloride | Inj 5 mg per ml, 2 ml ampoule; 10 inj | Pfizer (Pfizer) |
| Montelukast | Tab 4 mg; 28 tab | Montelukast Mylan (Mylan) |
| Montelukast | Tab 5 mg; 28 tab | Montelukast Mylan (Mylan) |
| Montelukast | Tab 10 mg; 28 tab | Montelukast Mylan (Mylan) |
| Morphine sulphate | Cap long-acting 10 mg; 10 cap | m-Elson (Multichem) |
| Morphine sulphate | Cap long-acting 30 mg; 10 cap | m-Elson (Multichem) |
| Morphine sulphate | Cap long-acting 60 mg; 10 cap | m-Elson (Multichem) |
| Morphine sulphate | Cap long-acting 100 mg; 10 cap | m-Elson (Multichem) |
| Norethisterone | Tab 5 mg; 100 tab | Primolut N (Bayer) |
| Phenoxymethylpenicillin (Penicillin V) | Grans for oral liq 125 mg per 5 ml; 100 ml | AFT (AFT) |
| Phenoxymethylpenicillin (Penicillin V) | Grans for oral liq 250 mg per 5 ml; 100 ml | AFT (AFT) |
| Sodium bicarbonate | Powder BP; 500 g | Midwest (Midwest) |
| Sodium cromoglicate | Eye drops 2%; 5 ml OP | Rexacrom (Rex) |
| Syrup (pharmaceutical grade) | Liq; 500 ml | Midwest (Midwest) |
| Tamsulosin hydrochloride | Cap 400 mcg; 100 cap | Tamsulosin-Rex (Rex Medical) |
| Theophylline | Oral liq 80 mg per 15 ml; 500 ml | Nuelin (Inova) |
| Theophylline | Tab long-acting 250 mg; 100 tab | Nuelin-SR (Inova) |

# 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 January 2020**

- Atomoxetine (Generic Partners) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg – new listing and Special Authority removed (previously delayed)
- Lamotrigine (Logem) tab dispersible 25 mg, 50 mg and 100 mg – remove Brand Switch Fee
- Multiple Sclerosis treatments (Copaxone, Avonex, Avonex Pen and Betaferon) – remove 'no patient co-payment payable'
- Rivastigamine (Generic Partners) patch 4.6 mg per 24 hours and 9.5 mg per 24 hours – new listing

**Possible decisions for future implementation 1 January 2020**

- Apomorphine hydrochloride (Movapo) inj 10 mg per ml, 2 ml ampoule – price and subsidy decrease
- Lidocaine [lignocaine] hydrochloride (Instillagel Lido) gel 2%, 11 ml urethral syringe – new listing

## Sole Subsidised Supply Products – cumulative to December 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<br>Oral drops 2 mcg per ml, 20 ml OP | One-Alpha | 2020 |
| Allopurinol | Tab 100 mg & 300 mg | DP-Allopurinol | 2020 |
| Aminophylline | Inj 25 mg per ml, 10 ml ampoule | DBL Aminophylline | 2020 |
| **Amiodarone hydrochloride** | **Tab 100 mg & 200 mg** | **Aratac** | **2022** |
| 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<br>Grans for oral liq 250 mg per 5 ml, 100 ml OP<br>Inj 250 mg & 500 mg vial | Alphamox 125<br>Alphamox 250<br>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 | Crm | Boucher | 2021 |
| Aripiprazole | Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg | Aripiprazole Sandoz | 2021 |
| Asprin | Tab 100 mg<br>Tab dispersible 300 mg | Ethics Aspirin EC<br>Ethics Aspirin | 2022 |
| Atazanavir sulphate | Cap 150 mg & 200 mg | Teva | 2022 |
| Atenolol | Tab 50 mg & 100 mg | Mylan Atenolol | 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 December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Atorvastatin | Tab 10 mg, 20 mg, 40 mg & 80 mg | Lorstat | 2021 |
| Atropine sulphate | Inj 600 mcg per ml, 1 ml ampoule<br>Eye drops 1%, 15 ml OP | Martindale<br>Atropt | 2021<br>2020 |
| Azithromycin | Grans for oral liq 200 mg per 5 ml (40 mg per ml)<br>Tab 250 mg & 500 mg | Zithromax<br>Apo-Azithromycin | 2021 |
| Baclofen | Inj 2 mg per ml, 5 ml ampoule<br>Tab 10 mg | Medsurge<br>Pacifen | 2021 |
| Bendroflumethiazide [bendrofluazide] | Tab 2.5 mg & 5 mg | Arrow-Bendrofluazide | 2020 |
| Benzathine benzylpenicillin | Inj 900 mg (1.2 million units) in 2.3 ml syringe | Bicillin LA | 2021 |
| Benzylpenicillin sodium [penicillin G] | Inj 600 mg (1 million units) vial | Sandoz | 2020 |
| Betahistine dihydrochloride | Tab 16 mg | Vergo 16 | 2020 |
| Betamethasone dipropionate with calcipotriol | Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP<br>Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP | Daivobet | 2021 |
| Betamethasone valerate | Lotn 0.1%, 50 ml OP<br>Crm 0.1%, 50 g OP<br>Oint 0.1%, 50 g OP<br>Scalp app 0.1%, 100 ml OP | Betnovate<br>Beta Cream<br>Beta Ointment<br>Beta Scalp | 2021 |
| Bezafibrate | Tab 200 mg<br>Tab long-acting 400 mg | Bezalip<br>Bezalip Retard | 2021 |
| Bicalutamide | Tab 50 mg | Binarex | 2020 |
| Bisacodyl | Tab 5 mg<br>Suppos 10 mg | Lax-Tab<br>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<br>CareSens N POP<br>CareSens N Premier | 2022 |
| Blood glucose diagnostic test strip | Test strips, 50 test OP | CareSens N<br>CareSens PRO | 2022 |
| Blood ketone diagnostic test strip | Test strips, 10 strip OP | KetoSens | 2022 |
| Bosentan | Tab 62.5 mg & 125 mg | Bosentan Dr Reddy's | 2021 |
| Brimonidine tartrate | Eye drops 0.2%, 5 ml OP | Arrow-Brimonidine | 2020 |
| Budesonide | Metered aqueous nasal spray, 50 mcg per dose & 100 mcg per dose, 200 dose OP | SteroClear | 2020 |
| Bupropion hydrochloride | Tab modified-release 150 mg | Zyban | 2020 |
| Buspirone hydrochloride | Tab 5 mg & 10 mg | Orion | 2021 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Cabergoline | Tab 0.5 mg, 2 & 8 tab | Dostinex | 2021 |
| Caffeine citrate | Oral liq 20 mg per ml (10 mg base per ml), 25 ml OP | Biomed | 2022 |
| Calamine | Crm, aqueous, BP | healthE Calamine Aqueous Cream BP | 2021 |
| Calcipotriol | Oint 50 mcg per g, 100 g OP | Daivonex | 2020 |
| Calcitriol | Cap 0.25 mcg & 0.5 mcg | Calcitriol-AFT | 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<br>Grans for oral liq 125 mg per 5 ml | Ranbaxy-Cefaclor | 2022 |
| Cefalexin | Cap 250 mg<br>Grans for oral liq 25 mg per ml<br>Grans for oral liq 50 mg per ml | Cefalexin ABM<br>Cefalexin Sandoz | 2022<br>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 | Crm BP, 500 g | healthE | 2021 |
| Chloramphenicol | Eye drops 0.5%, 10 ml OP | Chlorofast | 2022 |
| **Chlortalidone [chlorthalidone]** | **Tab 25 mg** | **Hygroton** | **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<br>Tab 250 mg, 500 mg & 750 mg | Ciprofloxacin Teva<br>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 | Crm 0.05%, 30 g OP<br>Oint 0.05%, 30 g OP<br>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<br>Patch 5 mg, 200 mcg per day<br>Patch 7.5 mg, 300 mcg per day | Mylan | 2020 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Clonidine hydrochloride | Inj 150 mcg per ml, 1 ml ampoule<br>Tab 25 mcg | Medsurge<br>Clonidine BMN | 2021 |
| Clotrimazole | Crm 1%; 20 g OP | Clomazol | 2020 |
| 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 | Crm 10%, 20 g OP | Itch-soothe | 2021 |
| Cyclizine hydrochloride | Tab 50 mg | Nausicalm | 2021 |
| Cyproterone acetate | Tab 50 mg & 100 mg | Siterone | 2021 |
| Cyproterone acetate with ethinyloestradiol | Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs | Ginet | 2020 |
| Darunavir | Tab 400 mg & 600 mg | Prezista | 2020 |
| Desferrioxamine mesilate | Inj 500 mg vial | DBL Desferrioxamine Mesylate for Injection BP | 2021 |
| Desmopressin acetate | Nasal spray 10 mcg per dose, 6 ml OP | Desmopressin-Ph&T | 2020 |
| Dexamethasone | Tab 0.5 mg & 4 mg | Dexmethsone | 2021 |
| Dexamfetamine sulfate | Tab 5 mg | PSM | 2021 |
| Diazepam | Tab 2 mg & 5 mg | Arrow-Diazepam | 2020 |
| Diclofenac sodium | Tab EC 25 mg & 50 mg<br>Tab long-acting 75 mg & 100 mg | Diclofenac Sandoz<br>Apo-Diclo SR | 2021 |
| Digoxin | Tab 62.5 mcg<br>Tab 240 mcg | Lanoxin PG<br>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 | Crm 5% pump bottle, 500 ml OP<br>Lotn 4%, 200 ml OP<br>Crm 10% pump bottle, 500 ml OP | healthE Dimethicone 5%<br>healthE Dimethicone 4%<br>healthE Dimethicone 10% | 2022<br><br>2021 |
| Diphtheria, tetanus and pertussis vaccine | Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe | Boostrix | 2020 |

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## Sole Subsidised Supply Products – cumulative to December 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 haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe | Infanrix IPV | 2020 |
| Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine | Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe | Infanrix-hexa | 2020 |
| Dipyridamole | Tab long-acting 150 mg | Pytazen SR | 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<br>Tab 25 mg | Inspra | 2021 |
| Epoetin alfa | Inj 1,000 iu in 0.5 ml, syringe<br>Inj 2,000 iu in 1 ml, syringe<br>Inj 3,000 iu in 0.3 ml, syringe<br>Inj 4,000 iu in 0.4 ml, syringe<br>Inj 5,000 iu in 0.5 ml, syringe<br>Inj 6,000 iu in 0.6 ml, syringe<br>Inj 8,000 iu in 0.8 ml, syringe<br>Inj 10,000 iu in 1 ml, syringe<br>Inj 40,000 iu in 1 ml, syringe | Binocrit | 2022 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Ergometrine maleate | Inj 500 mcg per ml, 1 ml ampoule | DBL Ergometrine | 2020 |
| **Erythromycin (as lactobionate)** | **Inj 1 g vial** | **Erythrocin IV** | **2022** |
| Escitalopram | Tab 10 mg & 20 mg | Escitalopram-Apotex | 2020 |
| Etanercept | Inj 25 mg<br>Inj 50 mg autoinjector<br>Inj 50 mg prefilled syringe | Enbrel | 2024 |
| Ethinyloestradiol | Tab 10 mcg | NZ Medical & Scientific | 2021 |
| Ethinyloestradiol with levonorgestrel | Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets<br>Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets | Microgynon 20 ED<br>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<br>Tab long-acting 10 mg<br>Tab long-acting 2.5 mg | Felo 5 ER<br>Felo 10 ER<br>Plendil ER | 2021 |
| Fentanyl | Inj 50 mcg per ml, 2 ml ampoule<br>Inj 50 mcg per ml, 10 ml ampoule<br>Patch 12.5 mcg per hour<br>Patch 25 mcg per hour<br>Patch 50 mcg per hour<br>Patch 75 mcg per hour<br>Patch 100 mcg per hour | Boucher and Muir<br><br>Fentanyl Sandoz | 2021<br><br>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 |
| **Flecainide acetate** | **Cap long-acting 100 mg & 200 mg** | **Flecainide Controlled Release Teva** | **2022** |
| Flucloxacillin | Grans for oral liq 25 mg per ml<br>Grans for oral liq 50 mg per ml<br>Cap 250 mg & 500 mg<br>Inj 1 g vial<br>Inj 250 mg & 500 mg vial | AFT<br><br>Staphlex<br>Flucil<br>Flucloxin | 2021<br><br><br>2020 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Fluconazole | Cap 50 mg, 150 mg and 200 mg | Mylan | 2020 |
| Fludarabine phosphate | Tab 10 mg | Fludara Oral | 2021 |
| Fluorouracil sodium | Crm 5%, 20 g OP | Efudix | 2021 |
| Fluticasone propionate | Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP | Flixonase Hayfever & Allergy | 2021 |
| Folic acid | Tab 0.8 mg & 5 mg | Apo-Folic Acid | 2021 |
| Furosemide [frusemide] | Inj 10 mg per ml, 2 ml ampoule<br>Tab 500 mg | Frusemide-Claris<br>Urex Forte | 2022<br>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<br>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<br>Liquid | PSM<br>healthE Glycerol BP | 2021<br>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<br>Oral liq 2 mg per ml<br>Tab 500 mcg, 1.5 mg & 5 mg | Serenace | 2022 |
| Heparin sodium | Inj 1,000 iu per ml, 5 ml ampoule<br>Inj 5,000 iu per ml, 5 ml ampoule | Pfizer | 2021 |
| Hepatitis A vaccine | Inj 720 ELISA units in 0.5 ml syringe<br>Inj 1440 ELISA units in 1 ml syringe | Havrix Junior<br>Havrix | 2020 |
| Hepatitis B recombinant vaccine | Inj 5 mcg per 0.5 ml vial<br>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<br>Powder | Douglas<br>ABM | 2021<br>2020 |
| Hydrocortisone and paraffin liquid and lanolin | Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml | DP Lotn HC | 2020 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Hydrocortisone butyrate | Milky emul 0.1%, 100 g OP<br>Oint 0.1%, 100 g OP<br>Scalp lotn 0.1%, 100 ml OP | Locoid Crelo<br>Locoid | 2021 |
| Hydrocortisone with miconazole | Crm 1% with miconazole nitrate 2%, 15 g OP | Micreme H | 2021 |
| Hydroxocobalamin | Inj 1 mg per ml, 1 ml ampoule | Neo-B12 | 2021 |
| Hydroxychloroquine | Tab 200 mg | Plaquenil | 2021 |
| Hyoscine butylbromide | Tab 10 mg | Buscopan | 2020 |
| Ibuprofen | Oral liq 20 mg per ml, 200 ml bottle<br>Tab 200 mg | Ethics<br>Relieve | 2021<br>2020 |
| Imatinib mesilate | Cap 100 mg & 400 mg | Imatinib-AFT | 2020 |
| Imiquimod | Crm 5%, 250 mg sachet | Perrigo | 2020 |
| Intra-uterine device | IUD 29.1 mm length x 23.2 mm width<br>IUD 33.6 mm length x 29.9 mm width<br>IUD 35.5 mm length x 19.6 mm width | Choice TT380 Short<br><br>Choice TT380 Standard<br>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<br>Tab long-acting 60 mg | Ismo 20<br>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<br>Oral liq 100 mg per ml, 300 ml OP | Everet<br>Levetiracetam-AFT | 2022<br>2020 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Levodopa with carbidopa | Tab 250 mg with carbidopa 25 mg<br>Tab long-acting 200 mg with carbidopa 50 mg | Sinemet<br>Sinemet CR | 2020 |
| Levomepromazine maleate | Tab 25 mg & 100 mg | Nozinan | 2022 |
| Levonorgestrel | Intra-uterine device system 52 mg<br>Intra-uterine device system 13.5 mg<br>Subdermal implant (2 x 75 mg rods) | Mirena<br>Jaydess<br>Jadelle | 31/10/2022<br><br>2020 |
| Lidocaine [Lignocaine] | Gel 2%, 10 ml urethal syringe | Cathejell | 2022 |
| Lidocaine [lignocaine] hydrochloride | Inj 2%, 5 ml ampoule<br>Inj 1% & 2%, 20 ml vial<br>Oral (gel) soln 2% | Lidocaine-Claris<br>Lidocaine-Claris<br>Mucosoothe | 2022<br><br>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 |
| **Medroxyprogesterone acetate** | **Inj 150 mg per ml, 1 ml syringe** | **Depo-Provera** | **2022** |
| 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 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Methadone hydrochloride | Tab 5 mg<br>Oral liq 2 mg per ml<br>Oral liq 5 mg per ml<br>Oral liq 10 mg per ml | Methatabs<br>Biodone<br>Biodone Forte<br>Biodone Extra Forte | 2022<br>2021 |
| Methotrexate | Tab 2.5 mg & 10 mg<br>Inj 100 mg per ml, 50 ml vial | Trexate<br>Methotrexate Ebewe | 2021<br>2020 |
| Methylcellulose | Powder<br>Suspension | Midwest<br>Ora Plus | 2022 |
| Methylcellulose with glycerin and sodium saccharin | Suspension | Ora Blend SF | 2022 |
| Methylcellulose with glycerin and sucrose | Suspension | Ora Blend | 2022 |
| Methyl hydroxybenzoate | Powder | Midwest | 2022 |
| Methylprednisolone | Tab 4 mg & 100 mg | Medrol | 2021 |
| Methylprednisolone acetate | Inj 40 mg per ml, 1 ml vial | Depo-Medrol | 2021 |
| Methylprednisolone (as sodium succinate) | Inj 1 g vial<br>Inj 40 mg, 125 mg & 500 mg vial | Solu-Medrol<br>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<br>Tab 50 mg & 100 mg | Metoprolol IV Mylan<br>Apo-Metoprolol | 01/02/2022<br>2021 |
| Miconazole | Oral gel 20 mg per g, 40 g OP | Decozol | 2021 |
| Miconazole nitrate | Crm 2%; 15 g OP<br>Vaginal crm 2% with applicator, 40 g OP | Multichem<br>Micreme | 2020 |
| Mirtazapine | Tab 30 mg & 45 mg | Apo-Mirtazapine | 2021 |
| Moclobemide | Tab 150 mg & 300 mg | Aurorix | 2021 |
| Mometasone furoate | Crm 0.1%, 15 g OP & 50 g OP<br>Lotn 0.1%, 30 ml OP<br>Oint 0.1%, 15 g OP & 50 g OP | Elocon Alcohol Free<br>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<br>Inj 5 mg per ml, 1 ml ampoule<br>Inj 10 mg per ml, 1 ml ampoule<br>Inj 15 mg per ml, 1 ml ampoule<br>Inj 30 mg per ml, 1 ml ampoule | Sevredol<br>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 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Naltrexone hydrochloride | Tab 50 mg | Naltraccord | 2020 |
| Naproxen | Tab 250 mg<br>Tab 500 mg<br>Tab long-acting 750 mg<br>Tab long-acting 1 g | Noflam 250<br>Noflam 500<br>Naprosyn SR 750<br>Naprosyn SR 1000 | 2021 |
| Neostigmine metisulfate | Inj 2.5 mg per ml, 1 ml ampoule | AstraZeneca | 2020 |
| Nevirapine | Tab 200 mg | Nevirapine Alphapharm | 2021 |
| **Nicorandil** | **Tab 10 mg & 20 mg** | **Ikorel** | **2022** |
| Nicotine | Gum 2 mg & 4 mg (Fruit & Mint)<br>Lozenge 1 mg & 2 mg<br>Patch 7 mg, 14 mg & 21 mg<br>Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only<br>Lozenge 1 mg & 2 mg for direct distribution only<br>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<br>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<br>Inj 100 mcg per ml, 1 ml vial<br>Inj 500 mcg per ml, 1 ml vial | DBL Octreotide | 2020 |
| Oestradiol valerate | Tab 1 mg & 2 mg | Progynova | 2021 |
| Oestriol | Crm 1 mg per g with applicator, 15 g OP<br>Pessaries 500 mcg | Ovestin | 2020 |
| Oil in water emulsion | Crm | O/W Fatty Emulsion Cream | 2021 |
| Olanzapine | Inj 210 mg, 300 mg & 405 mg vial<br>Tab 2.5 mg, 5 mg & 10 mg<br>Tab orodispersible 5 mg & 10 mg | Zyprexa Relprevv<br>Zypine<br>Zypine ODT | 2021<br>2020 |
| Omeprazole | Inj 40 mg ampoule with diluent | Dr Reddy's Omeprazole | 2022 |
| | Cap 10 mg | Omeprazole actavis 10 | 2020 |
| | Cap 20 mg | Omeprazole actavis 20 | |
| | Cap 40 mg | Omeprazole actavis 40 | |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Ondansetron | Tab disp 4 mg & 8 mg | Ondansetron ODT-DRLA | 2020 |
| Orphenadrine citrate | Tab 100 mg | Norflex | 2021 |
| Oxazepam | Tab 10 mg & 15 mg | Ox-Pam | 2020 |
| Oxycodone hydrochloride | Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg<br>Cap immediate-release 5 mg, 10 mg & 20 mg<br>Inj 10 mg per ml, 1 ml & 2 ml ampoule<br>Inj 50 mg per ml, 1 ml ampoule | Oxycodone Sandoz<br><br>OxyNorm | 2021 |
| Oxytocin | Inj 5 iu per ml, 1 ml ampoule<br>Inj 10 iu per ml, 1 ml ampoule | Oxytocin BNM | 2021 |
| Oxytocin with ergometrine maleate | Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml | Syntometrine | 2021 |
| Pancreatic enzyme | Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)<br>Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U) | Creon 10000<br><br>Creon 25000 | 2021 |
| Pamidronate disodium | Inj 3 mg per ml, 10 ml vial<br>Inj 6 mg per ml, 10 ml vial<br>Inj 9 mg per ml, 10 ml vial | Pamisol | 2020 |
| Pantoprazole | Tab EC 20 mg & 40 mg | Panzop Relief | 2022 |
| Paracetamol | Suppos 125 mg, 250 mg & 500 mg<br>Oral liq 250 mg per 5 ml<br><br>Oral liq 120 mg per 5 ml<br>Tab 500 mg – bottle pack<br>Tab 500 mg – blister pack | Gacet<br>Paracare Double Strength<br>Paracare<br>Pharmacare | 2021<br>2020 |
| Paracetamol with codeine | Tab paracetamol 500 mg with codeine phosphate 8 mg | Paracetamol + Codeine (Relieve) | 2020 |
| Paraffin | Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP | healthE | 2021 |
| Pegylated interferon alpha-2a | Inj 180 mcg prefilled syringe | Pegasys | 2020 |
| Perhexiline maleate | Tab 100 mg | Pexsig | 2022 |
| Perindopril | Tab 2 mg & 4 mg | Apo-Perindopril | 2020 |
| Permethrin | Crm 5%, 30 g OP<br>Lotn 5%, 30 ml OP | Lyderm<br>A-Scabies | 2020 |
| Pethidine hydrochloride | Tab 50 mg<br>Inj 50 mg per ml, 1 ml & 2 ml ampoules | PSM<br>DBL Pethidine Hydrochloride | 2021<br>2020 |
| Phenobarbitone | Tab 15 mg & 30 mg | PSM | 2021 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Phenoxymethylpenicillin (penicillin V) | Cap 250 mg & 500 mg | Cilicaine VK | 2021 |
| Pindolol | Tab 5 mg, 10 mg & 15 mg | Apo-Pindolol | 2021 |
| Pine tar with trolamine laurilsulfate and fluorescein | Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml | Pinetarsol | 2020 |
| Pioglitazone | Tab 15 mg, 30 mg & 45 mg | Vexazone | 2021 |
| Pneumococcal (PCV10) conjugate vaccine | Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe | Synflorix | 2020 |
| Pneumococcal (PPV23) polysaccharide vaccine | Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) | Pneumovax 23 | 2020 |
| Poliomyelitis vaccine | Inj 80D antigen units in 0.5 ml syringe | IPOL | 2020 |
| Poloxamer | Oral drops 10%, 30 ml OP | Coloxyl | 2020 |
| Potassium chloride | Tab long-acting 600 mg (8 mmol) | Span-K | 2021 |
| Potassium citrate | Oral liq 3 mmol per ml, 200 ml OP | Biomed | 2021 |
| Potassium iodate | Tab 253 mcg (150 mcg elemental iodine) | NeuroTabs | 2020 |
| 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<br>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<br>Tab 50 mg | Vitamin B6 25<br>Apo-Pyridoxine | 2020 |
| Quetiapine | Tab 25 mg, 100 mg, 200 mg & 300 mg | Quetapel | 2020 |

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## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| Quinapril | Tab 5 mg<br>Tab 10 mg<br>Tab 20 mg | Arrow-Quinapril 5<br>Arrow-Quinapril 10<br>Arrow-Quinapril 20 | 2021 |
| Quinapril with hydrochlorothiazide | Tab 10 mg with hydrochlorothiazide 12.5 mg<br>Tab 20 mg with hydrochlorothiazide 12.5 mg | Accuretic 10<br>Accuretic 20 | 2021 |
| Ranitidine | Tab 150 mg & 300 mg<br>Oral liq 150 mg per 10 ml | Ranitidine Relief<br>Peptisoothe | 2020 |
| Rifampicin | Cap 150 mg & 300 mg<br>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<br>Oral liq 1 mg per ml | Actavis<br>Risperon | 2020 |
| Ritonavir | Tab 100 mg | Norvir | 2022 |
| Rizatriptan | Tab orodispersible 10 mg | Rizamelt | 2020 |
| Rotavirus vaccine | Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator | Rotarix | 2020 |
| Roxithromycin | Tab 150 mg & 300 mg | Arrow-Roxithromycin | 2022 |
| Salbutamol | Oral liq 400 mcg per ml<br>Nebuliser soln, 1 mg per ml, 2.5 ml ampoule<br>Nebuliser soln, 2 mg per ml, 2.5 ml ampoule | Ventolin<br>Asthalin | 2021 |
| Salbutamol with ipratropium bromide | Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule | Duolin | 2021 |
| Sildenafil | Tab 25 mg, 50 mg & 100 mg | Vedafil | 2021 |
| Simvastatin | Tab 10 mg, 20 mg, 40 mg & 80 mg | Simvastatin Mylan | 2020 |
| **Sodium chloride** | **Inj 0.9%, 5 ml ampoule, 10 ml ampoule & 20 ml ampoule**<br>Nebuliser soln, 7%, 90 ml OP | **Fresenius Kabi**<br>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] | Crm 2%, 5 g OP<br>Oint 2%, 5 g OP<br>Tab 250 mg | Foban<br><br>Fucidin | 2021<br><br>2020 |

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

## Sole Subsidised Supply Products – cumulative to December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| 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 |
| Spironolactone | Oral liq 5 mg per ml, 25 ml OP | Biomed | 2022 |
| Sulfadiazine silver | Crm 1%, 50 g OP | Flamazine | 2020 |
| **Sulfasalazine** | **Tab EC 500 mg** | **Salazopyrin EN** | **2022** |
| 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 | Tilocotil | 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<br>Tab sustained-release 100 mg<br>Tab sustained-release 150 mg<br>Tab sustained-release 200 mg | Arrow-Tramadol<br>Tramal SR 100<br>Tramal SR 150<br>Tramal SR 200 | 2020 |
| Tretinoin | Crm 0.5 mg per g, 50 g OP | ReTrieve | 2021 |
| Triamcinolone acetonide | Inj 10 mg per ml, 1 ml ampoule<br>Inj 40 mg per ml, 1 ml ampoule<br>Crm 0.02%, 100 g OP<br>Oint 0.02%, 100 g OP<br>Paste 0.1%, 5 g OP | Kenacort-A 10<br>Kenacort-A 40<br>Aristocort<br><br>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 |

**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 December 2019

| Generic Name | Presentation | Brand Name | Expiry Date* |
|---|---|---|---|
| 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<br>Tab 1 mg | Varenicline Pfizer | 2021 |
| Varicella vaccine [chickenpox vaccine] | Inj 2000 PFU prefilled syringe plus vial | Varilrix | 2020 |
| Venlafaxine | Cap 37.5 mg, 75 mg & 150 mg | Enlafax XR | 2020 |
| Voriconazole | Powder for oral suspension 40 mg per ml<br>Tab 50 mg & 200 mg | Vfend<br>Vttack | 2021 |
| Zidovudine [AZT] with lamivudine | Tab 300 mg with lamivudine 150 mg | Alphapharm | 2020 |
| Zinc and castor oil | Oint, 500 g | Boucher | 2020 |
| **Zinc sulphate** | **Cap 137.4 mg (50 mg elemental)** | **Zincaps** | **2022** |
| 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<br>Inj 4 mg per 5 ml, vial | Aclasta<br>Zoledronic acid Mylan | 2022<br>2021 |
| Zopiclone | Tab 7.5 mg | Zopiclone Actavis | 2021 |

**December changes are in bold type**

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

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

# New Listings

## Effective 1 December 2019

41 TRANEXAMIC ACID
Tab 500 mg ..... 9.45 | 60 | ✔**Mercury Pharma**

41 CLOPIDOGREL
✻ Tab 75 mg ..... 4.60 | 84 | ✔**Clopidogrel Multichem**

45 POTASSIUM CHLORIDE
✻ Inj 75 mg per ml, 10 ml ..... 55.00 | 50 | ✔**Potassium Chloride Aguettant** S29
Wastage claimable

52 VERAPAMIL HYDROCHLORIDE
✻ Tab long-acting 120 mg ..... 36.02 | 100 | ✔**Isoptin Retard** S29
Wastage claimable

87 DANAZOL
Cap 100 mg ..... 19.13 | 28 | ✔**Mylan** S29
Wastage claimable

111 CAPSAICIN
Crm 0.025% – Special Authority see SA1289
– Retail pharmacy ..... 13.27 | 60 g OP | ✔**Rugby Capsaicin Topical Cream** S29

118 ROPINIROLE HYDROCHLORIDE
▲ Tab 0.25 mg ..... 0.71 | 21 | ✔**Ropin**

124 DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.
Cap 25 mg ..... 7.83 | 50 | ✔**Dosulepin Mylan** S29
Wastage claimable

138 OCRELIZUMAB – Special Authority see SA1867 – Retail pharmacy
Inj 30 mg per ml, 10 ml vial ..... 9,346.00 | 1 | ✔**Ocrevus**

➽ SA1867 Special Authority for Subsidy
Special Authority approved by the Multiple Sclerosis Treatment Committee
Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).
Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The coordinator
Multiple Sclerosis Treatment Assessment Committee
PHARMAC PO Box 10 254
Wellington

Phone: 04 460 4990
Facsimile: 04 916 7571
Email: mstaccoordinator@pharmac.govt.nz

*continued...*

## New Listings – effective 1 December 2019 (continued)

*continued...*

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

Entry Criteria

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

Stopping Criteria

Any of the following:

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

*continued...*

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

## New Listings – effective 1 December 2019 (continued)

*continued...*

Note: Switching between natalizumab, fingolimod, dimethyl fumarate, teriflunomide and ocrelizumab is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate. Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

159 AMSACRINE – PCT only – Specialist

| | | | |
|---|---|---|---|
| Inj 50 mg per ml, 1.5 ml ampoule | 4,736.00 | 6 | ✔**Amsidine** S29 |

162 PEGASPARGASE – PCT only – Special Authority see SA1325

| | | | |
|---|---|---|---|
| Inj 750 iu per ml, 5 ml vial | 3,005.00 | 1 | ✔**Oncaspar LYO** S29 |

163 TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy

| | | | |
|---|---|---|---|
| Cap 5 mg | 9.13 | 5 | ✔**Temaccord** |

164 VENETOCLAX – Retail pharmacy-Specialist – Special Authority see SA1868

| | | | |
|---|---|---|---|
| Tab 10 mg | 95.78 | 14 OP | ✔**Venclexta** |
| Tab 50 mg | 239.44 | 7 OP | ✔**Venclexta** |
| Tab 100 mg – Wastage claimable | 8,209.41 | 120 | ✔**Venclexta** |
| Tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg | 1,771.86 | 42 OP | ✔**Venclexta** |

SA1868 Special Authority for Subsidy

Initial application - (relapsed/refractory chronic lymphocytic leukaemia) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 7 months for applications meeting the following criteria:

All of the following:

1 Patient has chronic lymphocytic leukaemia requiring treatment; and
2 Patient has received at least one prior therapy for chronic lymphocytic leukaemia; and
3 Patient has not previously received funded venetoclax; and
4 The patient's disease has relapsed within 36 months of previous treatment; and
5 Venetoclax to be used in combination with six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax; and
6 Patient has an ECOG performance status of 0-2.

Renewal - (relapsed/refractory chronic lymphocytic leukaemia) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment; and
2 Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity.

Initial application - (previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has previously untreated chronic lymphocytic leukaemia; and
2 There is documentation confirming that patient has 17p deletion by FISH testing or TP53 mutation by sequencing; and
3 Patient has an ECOG performance status of 0-2.

*continued...*

## New Listings – effective 1 December 2019 (continued)

*continued...*

Renewal - (previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months where the treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)* and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

165 ALECTINIB – Retail pharmacy-Specialist – Special Authority see SA1870

| | | | |
|---|---|---|---|
| Cap 150 mg | 7,935.00 | 224 | ✔ **Alecensa** |

➽ SA1870 Special Authority for Subsidy

Initial application - only from a medical oncologist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has locally advanced, or metastatic, unresectable, non-small cell lung cancer; and
2 There is documentation confirming that the patient has an ALK tyrosine kinase gene rearrangement using an appropriate ALK test; and
3 Patient has an ECOG performance score of 0-2.

Renewal application - only from a medical oncologist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 No evidence of progressive disease according to RECIST criteria; and
2 The patient is benefitting from and tolerating treatment.

211 TRASTUZUMAB EMTANSINE – PCT only – Specialist – Special Authority see SA1871

| | | | |
|---|---|---|---|
| Inj 100 mg vial | 2,320.00 | 1 | ✔ **Kadcyla** |
| Inj 160 mg vial | 3,712.00 | 1 | ✔ **Kadcyla** |
| Inj 1 mg for ECP | 23.20 | 1 mg | ✔ **Baxter** |

➽ SA1871 Special Authority for Subsidy

Initial application - only from a relevant specialist or medical practitioner or on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and
3 Either
  3.1 The patient has received prior therapy for metastatic disease*; or
  3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and
4 Patient has a good performance status (ECOG 0-1); and
5 Either:
  5.1 Patient does not have symptomatic brain metastases; or
  5.2 Patient has brain metastases and has received prior local CNS therapy; and
6 Treatment to be discontinued at disease progression.

Renewal – only from a relevant specialist or medical practitioner or on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab emtansine; and
2 Treatment to be discontinued at disease progression.

*Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

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

## New Listings – effective 1 December 2019 (continued)

222 PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA1864
Note: Pirfenidone is not subsidised in combination with subsidised nintedanib.

| | | | |
|---|---|---|---|
| Tab 801 mg | 3,645.00 | 90 | ✔ **Esbriet** |

225 CHLORAMPHENICOL

| | | | |
|---|---|---|---|
| Eye oint 1% | 1.55 | 5 g OP | ✔ **Devatis** |

230 PHARMACY SERVICES
May only be claimed once per patient.

| | | | |
|---|---|---|---|
| ✻ Brand switch fee | 4.50 | 1 fee | ✔ **BSF Flecainide Teva** |

The Pharmacode for BSF Flecainide Teva is 2577003.

245 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3]

| | | | |
|---|---|---|---|
| Liquid | 5.29 | 1,000 ml OP | ✔ **Nutrison 800 Complete Multi Fibre** |

Note – this is a new Pharmacode listing, 2572982.

## Effective 15 November 2019

163 TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy

| | | | |
|---|---|---|---|
| Cap 20 mg<br>Wastage claimable | 136.00 | 14 | ✔ **Accord** S29 |
| Cap 100 mg<br>Wastage claimable | 532.00 | 14 | ✔ **Accord** S29 |
| Cap 140 mg<br>Wastage claimable | 400.00 | 5 | ✔ **Accord** S29 |
| Cap 180 mg<br>Wastage claimable | 620.00 | 14 | ✔ **Accord** S29 |
| Cap 250 mg<br>Wastage claimable | 688.00 | 5 | ✔ **Accord** S29 |

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

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

| Check your Schedule for full details<br>Schedule page ref | Subsidy (Mnfr's price)<br>$ | Per | Brand or Generic Mnfr<br>✔ 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 | 450 g | ✔ **healthE**

19.99 | 2,500 g | ✔ **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 BENZYLPENICILLIN 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 LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency

Inj 25 mg per ml, 1 ml ampoule ..... 33.50 | 10 | ✔ **Nozinan**

| Check your Schedule for full details<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>$ | Per | Brand or<br>Generic Mnfr<br>✔ **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** |

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

## New Listings – effective 1 October 2019

43 HEPARIN SODIUM

| | | | |
|---|---|---|---|
| Inj 25,000 iu per ml, 0.2 ml | 122.00 | 10 | ✔**Wockhardt** S29 |

Wastage claimable.

52 VERAPAMIL HYDROCHLORIDE

| | | | |
|---|---|---|---|
| ✻Tab long-acting 120 mg | 36.02 | 100 | ✔**Isoptin SR** |

65 CETOMACROGOL WITH GLYCEROL

| | | | |
|---|---|---|---|
| Crm 90% with glycerol 10% | 2.35 | 500 ml OP | ✔**Boucher** |
| | 3.10 | 1,000 ml OP | ✔**Boucher** |

66 POVIDONE IODINE

| | | | |
|---|---|---|---|
| Antiseptic soln 10% | 3.83 | 15 ml | ✔**Riodine** |

66 POVIDONE IODINE

| | | | |
|---|---|---|---|
| Antiseptic soln 10% | 0.19 | 15 ml | |
| | (7.41) | | Betadine |
| | 1.28 | 100 ml | |
| | (13.27) | | Betadine |

Note – these are new Pharmacode listings, 2573946 and 2573954.

69 SALICYLIC ACID

| | | | |
|---|---|---|---|
| Powder – Only in combination | 18.88 | 250 g | ✔**Midwest** |

1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible
2) With or without other dermatological galenicals.

71 CONDOMS

| | | | |
|---|---|---|---|
| ✻49 mm – Up to 144 dev available on a PSO | 11.42 | 144 | ✔**Moments** |
| ✻53 mm, 0.05 mm thickness | 0.95 | 10 | ✔**Moments** |
| | 11.42 | 144 | ✔**Moments** |

a) Up to 60 dev available on a PSO
b) Maximum of 60 dev per prescription

| | | | |
|---|---|---|---|
| ✻53 mm | 0.95 | 10 | ✔**Moments** |
| | 11.64 | 144 | ✔**Moments** |

a) Up to 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 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 60 dev available on a PSO
b) Maximum of 60 dev per prescription

| | | | |
|---|---|---|---|
| ✻56 mm | 0.97 | 10 | ✔**Moments** |
| | 11.64 | 144 | ✔**Moments** |

a) Up to 60 dev available on a PSO
b) Maximum of 60 dev per prescription

*continued...*

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

## 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<br>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<br>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<br>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<br>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<br>b) Maximum of 60 dev per prescription | | | |
| 93 CLINDAMYCIN | | | |
| Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement<br>- 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 TRANYLCYPROMINE SULPHATE | | | |
| ❋ Tab 10 mg<br>Wastage claimable. | 12.85 | 28 | ✔ **Parnate S29** 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** |

▲ 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<br>Schedule page ref | Subsidy (Mnfr's price)<br>$ | Per | Brand or Generic Mnfr<br>✔ fully subsidised |
|---|---|---|---|

## 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 — 500 ml — ✔**T&R** S29
Wastage claimable

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 — 90 — ✔**Zapril**
✻ Tab 5 mg ..... 8.35 — 90 — ✔**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 — 100 — ✔**Mylan** S29
Wastage claimable

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**

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

## New Listings – effective 1 September 2019 (continued)

| | | | | |
|---|---|---|---|---|
| 163 | TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy | | | |
| | Cap 20 mg | 18.30 | 5 | ✔**Apo-Temozolomide** |
| | Cap 100 mg | 40.20 | 5 | ✔**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%<br>Wastage claimable | 1.79 | 5 ml OP | ✔**Cromal** S29 |
| 230 | PHARMACY SERVICES<br>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 |

Note: Wastage may only be claimed once on Milan Laboratories.

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

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

# Changes to Restrictions, Chemical Names and Presentations

## Effective 1 December 2019

48 FLECAINIDE ACETATE – Retail pharmacy-Specialist (addition of brand switch fee)

▲Cap long-acting 100 mg
– **Brand switch fee payable (Pharmacode 2577003)** ..... 39.51 90 ✔**Flecainide Controlled Release Teva**

▲Cap long-acting 200 mg
– **Brand switch fee payable (Pharmacode 2577003)** ..... 61.06 90 ✔**Flecainide Controlled Release Teva**

103 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1842 (brand switch fee removed)

~~a) Brand switch fee payable (Pharmacode 2573865)~~

b) 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**

106 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy (brand switch fee removed)

~~a) Brand switch fee payable (Pharmacode 2573873)~~

b) 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**

107 ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy (brand switch fee removed)

~~Brand switch fee payable (Pharmacode 2573857)~~

Cap 150 mg ..... 141.68 60 ✔**Teva**
Cap 200 mg ..... 188.91 60 ✔**Teva**

109 **METHENAMINE (**HEXAMINE**)** HIPPURATE (amended chemical name)

✻Tab 1 g ..... 40.01 100 Hiprex

135 DIMETHYL FUMARATE – Special Authority see SA1559 – Retail pharmacy (amended note)

Wastage claimable
Cap 120 mg ..... 520.00 14 ✔**Tecfidera**
Cap 240 mg ..... 2,000.00 56 ✔**Tecfidera**

Note: Switching between natalizumab, fingolimod, dimethyl fumarate, ~~and~~ teriflunomide **and ocrelizumab** is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate. Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

## Changes to Restrictions – effective 1 December 2019 (continued)

136 FINGOLIMOD – Special Authority see SA1562 – Retail pharmacy (amended note)
Wastage claimable
Cap 0.5 mg ..... 2,200.00 28 ✔**Gilenya**

Note: Switching between natalizumab, fingolimod, dimethyl fumarate, ~~and~~ teriflunomide **and ocrelizumab** is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate. Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

137 NATALIZUMAB – Special Authority see SA1563 – Retail pharmacy (amended note)
Inj 20 mg per ml, 15 ml vial ..... 1,750.00 1 ✔**Tysabri**

Note: Switching between natalizumab, fingolimod, dimethyl fumarate, ~~and~~ teriflunomide **and ocrelizumab** is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate. Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

139 TERIFLUNOMIDE – Special Authority see SA1560 – Retail pharmacy (amended note)
Wastage claimable
Tab 14 mg ..... 1,582.62 28 ✔**Aubagio**

Note: Switching between natalizumab, fingolimod, dimethyl fumarate, ~~and~~ teriflunomide **and ocrelizumab** is permitted provided the EDSS stopping criteria are not met. Switching to interferon or glatiramer acetate is only permitted provided the EDSS stopping criteria are not met and both fingolimod and natalizumab are either not tolerated or treatment with both agents would be clinically inappropriate. Continued relapses on treatment would be expected to lead to a switch of treatment provided the stopping criteria are not met. If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur.

197 RITUXIMAB – PCT only – Specialist – Special Authority see **SA1861**~~1818~~ (amended Special Authority criteria – affected criteria shown only)
Inj 100 mg per 10 ml vial ..... 1,075.50 2 ✔**Mabthera**
Inj 500 mg per 50 ml vial ..... 2,688.30 1 ✔**Mabthera**
Inj 1 mg for ECP ..... 5.64 1 mg ✔**Baxter**

**SA1861** ~~1818~~ Special Authority for Subsidy
Initial application — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
**1** The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and

*continued...*

## Changes to Restrictions – effective 1 December 2019 (continued)

*continued...*

**2 Any of the following:**

2.**1** The patient is rituximab treatment naive; ~~and~~ **or**

**2.2** ~~3~~ Either:

**2.2.1** ~~3.1~~ The patient is chemotherapy treatment naive; or

**2.2.2** ~~3.2~~ Both:

**2.2.2.1** ~~3.2.1~~ The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and

**2.2.2.2** ~~3.2.2~~ The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; ~~and~~ **or**

**2.3 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; and**

**3** ~~5~~ The patient has good performance status; and

**4 Either:**

4.1 The patient does not have chromosome 17p deletion CLL; ~~and~~ **or**

**4.2 Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and**

**5** ~~6~~ Rituximab to be administered in combination with fludarabine and cyclophosphamide**,** ~~or~~ bendamustine **or venetoclax** for a maximum of 6 treatment cycles; and

**6** ~~7~~ It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration)**,** ~~or~~ bendamustine **or venetoclax**.

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

Renewal — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

**Both:**

**1 Either:**

**1.1 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; or**

1.2 All of the following:

**1.2**.1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and

**1.2**.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and

**1.2**.3 The patient does not have chromosome 17p deletion CLL; and

**1.2**.4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and

**2** ~~5~~ Rituximab to be administered in combination with fludarabine and cyclophosphamide**,** ~~or~~ bendamustine **or venetoclax** for a maximum of 6 treatment cycles.

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

## Changes to Restrictions – effective 1 December 2019 (continued)

213 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA1862**~~1657~~
(amended Special Authority criteria)

| | | | |
|---|---|---|---|
| Inj 25 mg per ml, 4 ml vial | 4,680.00 | 1 | ✔**Keytruda** |
| Inj 1 mg for ECP | 49.14 | 1 mg | ✔**Baxter** |

➽ **SA1862** ~~1657~~ Special Authority for Subsidy

Initial application — (unresectable or metastatic melanoma) only from a medical oncologist **or medical practitioner on the recommendation of a medical oncologist**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Patient has metastatic or unresectable melanoma **(excluding uveal)** stage III or IV; and
2 Patient has measurable disease as defined by **RECIST version 1.1** ~~the presence of at least one CT or MRI measurable lesion~~; and
3 The patient has ECOG performance score of 0-2; and
4 Either:
  4.1 Patient has not received funded nivolumab; or
  4.2 Both:
    4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    4.2.2 The cancer did not progress while the patient was on nivolumab; and
5 Pembrolizumab is to be used at a maximum dose of **no greater than the equivalent of** 2 mg/kg every 3 weeks ~~for a maximum of 12 weeks (4 cycles)~~; and
6 Baseline measurement of overall tumour burden is documented (see Note); and
7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of pembrolizumab will not be continued beyond 12 weeks (4 cycles) if their disease progresses during this time.

Renewal — (unresectable or metastatic melanoma) only from a medical oncologist **or medical practitioner on the recommendation of a medical oncologist**. Approvals valid for 4 months for applications meeting the following criteria:

**Either:**

**1** All of the following:
  **1**.1 Any of the following:
    **1.**1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
    **1**.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
    **1**.1.3 Patient has stable disease according to RECIST criteria (see Note); and
  **1.2 Either:**
    **1.2.1** ~~2~~ Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; ~~and~~ **or**
    **1.2.2 Both:**
      **1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and**
      **1.2.2.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and**
  **1**.3 No evidence of progressive disease according to RECIST criteria (see Note); and
  **1**.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and
  **1**.5 Pembrolizumab will be used at a maximum dose of **no greater than the equivalent of** 2 mg/kg every 3 weeks**; or** ~~for a maximum of 12 weeks (4 cycles)~~.
**2 All of the following:**
  **2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and**
  **2.2 Patient has signs of disease progression; and**

*continued...*

## Changes to Restrictions – effective 1 December 2019 (continued)

*continued...*

**2.3 Disease has not progressed during previous treatment with pembrolizumab; and**

**2.4 Pembrolizumab will be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks.**

Notes: **Baseline assessment and d**~~D~~isease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. **Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam.** Target lesion measurements should be assessed using ~~CT or MRI imaging with~~ the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

212 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA1863**~~1656~~ (amended Special Authority criteria)

| | | | |
|---|---|---|---|
| Inj 10 mg per ml, 4 ml vial | 1,051.98 | 1 | ✔**Opdivo** |
| Inj 10 mg per ml, 10 ml vial | 2,629.96 | 1 | ✔**Opdivo** |
| Inj 1 mg for ECP | 27.62 | 1 mg | ✔**Baxter** |

➽ **SA1863** ~~1656~~ Special Authority for Subsidy

Initial application — (unresectable or metastatic melanoma) only from a medical oncologist **or medical practitioner on the recommendation of a medical oncologist**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Patient has metastatic or unresectable melanoma **(excluding uveal)** stage III or IV; and

2 Patient has measurable disease as defined by **RECIST version 1.1** ~~the presence of at least one CT or MRI measurable lesion~~; and

3 The patient has ECOG performance score of 0-2; and

4 Either:

4.1 Patient has not received funded pembrolizumab; or

4.2 Both:

4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and

4.2.2 The cancer did not progress while the patient was on pembrolizumab; and

5 Nivolumab is to be used at a maximum dose of **no greater than the equivalent of** 3 mg/kg every 2 weeks ~~for a maximum of 12 weeks (6 cycles)~~; and

6 Baseline measurement of overall tumour burden is documented (see Note); and

7 Documentation confirming that the patient has been informed and acknowledges that the initial funded treatment period of nivolumab will not be continued beyond 12 weeks (6 cycles) if their disease progresses during this time.

Renewal — (unresectable or metastatic melanoma) only from a medical oncologist **or medical practitioner on the recommendation of a medical oncologist**. Approvals valid for 4 months for applications meeting the following criteria:

*continued...*

## Changes to Restrictions – effective 1 December 2019 (continued)

*continued...*

**Either:**

1 All of the following:

**1.**1 Any of the following:

**1.**1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or

**1.**1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or

**1.**1.3 Patient has stable disease according to RECIST criteria (see Note); and

**1.2 Either:**

**1.2.1** ~~2~~ Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; ~~and~~ **or**

**1.2.2 Both:**

**1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and**

**1.2.2.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and**

**1**.3 No evidence of progressive disease according to RECIST criteria (see Note); and

**1**.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; and

**1**.5 Nivolumab will be used at a maximum dose of **no greater than the equivalent of** 3 mg/kg every 2 weeks**; or** ~~for a maximum of 12 weeks (6 cycles)~~.

**2 All of the following:**

**2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and**

**2.2 Patient has signs of disease progression; and**

**2.3 Disease has not progressed during previous treatment with nivolumab; and**

**2.4 Nivolumab will be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks.**

Notes: **Baseline assessment and d**~~D~~isease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. **Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam.** Target lesion measurements should be assessed using ~~CT or MRI imaging with~~ the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks. Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

## Changes to Restrictions – effective 1 December 2019 (continued)

222 PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see **SA1864**~~1748~~
(amended Special Authority criteria)

Note: Pirfenidone is not subsidised in combination with subsidised nintedanib.

| | | | |
|---|---|---|---|
| Cap 267 mg – Wastage claimable | 3,645.00 | 270 | ✔**Esbriet** |
| Tab 801 mg | 3,645.00 | 90 | ✔**Esbriet** |

➽ **SA1864** ~~1748~~ Special Authority for Subsidy

Initial application — (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Patient has been diagnosed with idiopathic pulmonary fibrosis by a multidisciplinary team including a radiologist; and
2 Forced vital capacity is between 50% and ~~80~~ **90**% predicted; and
3 Pirfenidone is to be discontinued at disease progression (See Note); and
4 Pirfenidone is not to be used in combination with subsidised nintedanib; and
5 Any of the following:
   5.1 The patient has not previously received treatment with nintedanib; or
   5.2 Patient has previously received nintedanib, but discontinued nintedanib within 12 weeks due to intolerance; or
   5.3 Patient has previously received nintedanib, but the patient's disease has not progressed (disease progression defined as 10% or more decline in predicted FVC within any 12 month period since starting treatment with nintedanib).

Renewal — (idiopathic pulmonary fibrosis) only from a respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Treatment remains clinically appropriate and patient is benefitting from and tolerating treatment; and
2 Pirfenidone is not to be used in combination with subsidised nintedanib; and
3 Pirfenidone is to be discontinued at disease progression (See Note).

Note: disease progression is defined as a decline in percent predicted FVC of 10% or more within any 12 month period.

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

## Changes to Restrictions – effective 1 December 2019 (continued)

260 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE – [Xpharm] (amended restriction)

**Either:**

**A)** Any of the following:

1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
2) One dose for close contacts of meningococcal cases; or
3) A maximum of two doses for bone marrow transplant patients; or
4) A maximum of two doses for patients following immunosuppression***; or**

**B) Both:**

**1) Person is aged between 13 and 25 years, inclusive; and**

**2) Either:**

**i) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or**

**ii) One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November 2020.**

Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial ..... 0.00 1 ✔**Menactra**

263 VARICELLA ZOSTER VIRUS (OKA STRAIN) LIVE ATTENUATED VACCINE [SHINGLES VACCINE] – [Xpharm] (amended restriction)

Funded for patients meeting either of the following criteria:

1) One dose for all people aged 65 years; or
2) One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 ~~March~~ **December** 2020.

Inj 19,400 PFU prefilled syringe plus vial ..... 0.00 1 ✔**Zostavax**
10 ✔**Zostavax**

## Effective 11 November 2019

125 FLUOXETINE HYDROCHLORIDE (stat dispensing removed)

Cap 20 mg ..... 1.99 90 ✔**Arrow-Fluoxetine**
2.91 84 ✔**Fluox**

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

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

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

## Changes to Restrictions – 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** |

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** |

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

## Changes to Restrictions – effective 1 November 2019 (continued)

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 | ✔**Mirena** |

~~SA1608 Special Authority for Subsidy~~

~~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.~~

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.~~ | | | |

## Changes to Restrictions – effective 1 November 2019 (continued)

90 CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority
see **SA1857** ~~1131~~ (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** ~~1131~~ 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 SA**1858** ~~1781~~ (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** ~~1781~~ 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.

## 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) f**rom 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/m$^2$; 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/m$^2$ 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/m$^2$; 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/m$^2$ 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...*

## 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/$mm^3$); 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** |

| Check your Schedule for full details<br>Schedule page ref | Subsidy (Mnfr's price)<br>$ | Per | Brand or Generic Mnfr<br>✔ **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 SA**1840** ~~1675~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 50 mg per ml, 10 ml ..... 150.00 1 ✔**Ferinject**

➽ **SA1840** ~~1675~~ 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...*

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

## 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...*



S29 Unapproved medicine supplied under Section 29
**Sole Subsidised Supply**

| Check your Schedule for full details<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>$ | Per | Brand or<br>Generic Mnfr<br>✔ **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 ~~144~~ **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 ~~144~~ **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 ~~144~~ **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 ~~144~~ **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 SA**1842** ~~1714~~ (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** ~~1714~~ 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** ~~1~~ Patient has tested HIV negative **and is not at risk of HIV seroconversion**; and

**6** ~~2~~ Either:

**6.1** ~~2.1~~ All of the following:

**6.1.1** ~~2.1.1~~ Patient is male or transgender; and

**6.1.2** ~~2.1.2~~ Patient has sex with men; and

**6.1.3** ~~2.1.3~~ Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and

**6.1.4** ~~2.1.4~~ Any of the following:

*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 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**

## Changes to Restrictions – effective 1 October 2019 (continued)

154 VARENICLINE TARTRATE – Special Authority see SA**1845** ~~1771~~ – 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** ~~1771~~ 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.

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

## Changes to Restrictions – effective 1 October 2019 (continued)

179 ADALIMUMAB – Special Authority see SA**1847** ~~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.**

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

## 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 | ✔**Baxter** |
| | 1.26 | 1,000 ml | ✔**Baxter** |

Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)

| | | | |
|---|---|---|---|
| Inj 23.4% (4 mmol/ml), 20 ml ampoule | 33.00 | 5 | ✔**Biomed** |

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 | ✔**Fresenius Kabi** |
| | 7.00 | 50 | ✔**InterPharma** |
| | | | ✔**Multichem** |
| Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO | 5.40 | 50 | ✔**Fresenius Kabi** |
| | 6.63 | | ✔**Pfizer** |
| Inj 0.9%, 20 ml ampoule | 5.00 | 20 | ✔**Fresenius Kabi** |
| | | | ✔**Multichem** |
| | 7.50 | 30 | ✔**InterPharma** |

58 SILDENAFIL – Special Authority see **SA1825** ~~1738~~ – Retail pharmacy (amended Special Authority – new criteria shown only)

| | | | |
|---|---|---|---|
| Tab 25 mg | 0.64 | 4 | ✔**Vedafil** |
| Tab 50 mg | 0.64 | 4 | ✔**Vedafil** |
| Tab 100 mg | 6.60 | 12 | ✔**Vedafil** |

➽ **SA1825** ~~1738~~ Special Authority for Subsidy

**Initial application – (erectile dysfunction due to spinal cord injury) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

**1 Patient has a documented history of traumatic or non-traumatic spinal cord injury; and**

**2 Patient has erectile dysfunction secondary to spinal cord injury requiring pharmacological treatment.**

**Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from the treatment.**

90 ERYTHROMYCIN **(AS** LACTOBIONATE**)** (amended chemical name and presentation description)

| | | | |
|---|---|---|---|
| Inj 1 g **vial** | 10.00 | 1 | ✔**Erythrocin IV** |

103 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority – addition of Brand switch fee

**Brand switch fee payable (Pharmacode 2573865)**

Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.

Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website.

| | | | |
|---|---|---|---|
| Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) | 61.15 | 30 | ✔**Teva** |

## Changes to Restrictions – effective 1 September 2019 (continued)

106 EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy – addition of Brand switch fee

**Brand switch fee payable (Pharmacode 2573873)**

Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority

| | | | |
|---|---|---|---|
| Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) | 106.88 | 30 | ✔**Mylan** |

106 ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy – addition of Brand switch fee

**Brand switch fee payable (Pharmacode 2573857)**

| | | | |
|---|---|---|---|
| Cap 150 mg | 141.68 | 60 | ✔**Teva** |
| Cap 200 mg | 188.91 | 60 | ✔**Teva** |

179 ADALIMUMAB – Special Authority see **SA1830** ~~1817~~ – 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** |

➽ **SA1830** ~~1817~~ 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...*

## 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** ~~1778~~ (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** ~~1778~~ 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,** ~~T~~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,** ~~T~~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...*

## 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,** ~~T~~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,** ~~T~~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** |

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

## 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 |

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

# Changes to Subsidy and Manufacturer's Price

## Effective 1 December 2019

| | | | | |
|---|---|---|---|---|
| 33 | ASCORBIC ACID (↑ subsidy)<br>a) No more than 100 mg per dose<br>b) Only on a prescription | | | |
| | ✻ Tab 100 mg | 9.90 | 500 | ✔ **Cvite** |
| 34 | VITAMINS (↑ subsidy) | | | |
| | ✻ Tab (BPC cap strength) | 11.45 | 1,000 | ✔ **Mvite** |
| 49 | FLECAINIDE ACETATE – Retail pharmacy-Specialist (↑ subsidy) | | | |
| | Inj 10 mg per ml, 15 ml ampoule | 100.00 | 5 | ✔ **Tambocor** |
| 53 | FUROSEMIDE [FRUSEMIDE] (↓ subsidy) | | | |
| | Tab 40 mg – Up to 30 tab available on a PSO | 7.24<br>(8.00) | 1,000 | Diurin 40 |
| 66 | POVIDONE IODINE (↓ subsidy) | | | |
| | Antiseptic soln 10% | 5.40<br>(6.20) | 500 ml | Betadine |
| 109 | METHENAMINE (HEXAMINE) HIPPURATE (↑ subsidy but not price) | | | |
| | ✻ Tab 1 g | 40.01 | 100 | ✔ **Hiprex** |
| 132 | LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) | | | |
| | Tab long-acting 400 mg | 72.00 | 100 | ✔ **Priadel** |

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

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

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

## Changes to Subsidy and Manufacturer's Price – effective 1 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** |



S29 Unapproved medicine supplied under Section 29
**Sole Subsidised Supply**

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

## 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 | 12 | |
| | | (1.34) | | Durex Confidence |
| | | 13.36 | 144 | |
| | | (16.08) | | 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

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

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

## 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 Folinate Sandoz** |
| Inj 10 mg per ml, 100 ml vial – PCT only – Specialist | 72.00 | 1 | ✔ **Calcium Folinate 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** |



S29 Unapproved medicine supplied under Section 29
**Sole Subsidised Supply**

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

# Delisted Items

## 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 |

45 SODIUM CHLORIDE

Not funded for use as a nasal drop. Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use.

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

49 AMIODARONE HYDROCHLORIDE

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

49 FLECAINIDE ACETATE – Retail pharmacy-Specialist

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

50 LABETALOL

| | | | |
|---|---|---|---|
| Tab 100 mg | 11.36 | 100 | ✔Hybloc |

80 ~~MEDROXYPROGESTERONE ACETATE – See prescribing guideline~~

| | | | |
|---|---|---|---|
| ~~✻ Tab 2.5 mg~~ | ~~7.00~~ | ~~56~~ | ~~✔Provera~~ |

Note – delist delayed until 1 June 2020.

122 METHADONE HYDROCHLORIDE

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

| | | | |
|---|---|---|---|
| Tab 5 mg - bottle pack | 1.40 | 10 | ✔Methatabs |

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 |

Note – Fluox tab dispersible 20 mg, scored and cap 20 mg is being delisted temporarily.

▲ 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

## Delisted Items – effective 1 December 2019 (continued)

131 CLOZAPINE – Hospital pharmacy [HP4]
Safety medicine; prescriber may determine dispensing frequency
Tab 25 mg ..... 11.36 | 100 | ✔Clozaril
Note – this delist applies to Pharmacode 2317346. A new Pharmacode was listed 1 July 2019.

230 PHARMACY SERVICES
May only be claimed once per patient.
✻ Brand switch fee..... 4.50 | 1 fee | ✔BSF Mylan Efavirenz Emtricitabine Tenofovir; ✔BSF Teva Atazanavir Sulphate; ✔BSF Teva Emtricitabine Tenofovir Disoproxil

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 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.

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

## 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 | 130.00 | 1 OP | ✔Contact-D |
| 8 mm steel cannula; straight insertion; | | | |
| 110 cm grey line ×10 with 10 needles | 130.00 | 1 OP | ✔Contact-D |
| 8 mm steel cannula; straight insertion; | | | |
| 60 cm grey line × 10 with 10 needles | 130.00 | 1 OP | ✔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 | 140.00 | 1 OP | ✔Inset 30 |
| 13 mm teflon cannula; angle insertion; insertion device; | | | |
| 60 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✔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 | 140.00 | 1 OP | ✔Inset II |
| 6 mm teflon cannula; straight insertion; | | | |
| insertion device; 60 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✔Inset II |
| 9 mm teflon cannula; straight insertion; | | | |
| insertion device; 110 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✔Inset II |
| 9 mm teflon cannula; straight insertion; | | | |
| insertion device; 60 cm grey line × 10 with 10 needles | 140.00 | 1 OP | ✔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 | 50.00 | 1 OP | ✔Animas Cartridge |
| Syringe and cartridge for 50X pump, 3.0 ml × 10 | 50.00 | 1 OP | ✔50X 3.0 Reservoir |

▲ 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<br>Schedule page ref | Subsidy (Mnfr's price)<br>$ | Per | Brand or Generic Mnfr<br>✔ **fully subsidised** |
|---|---|---|---|

## 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 BENZYDAMINE 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 |

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

## 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 C~~

~~✻ Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops ..... 4.50 10 ml OP ✔Vitadol C~~

Note – delist delayed until 1 December 2019.

▲ 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

# Items to be Delisted

## 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**

## 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%..... 1.28 100 ml
(13.27) 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**

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

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

| | | | | |
|---|---|---|---|---|
| 53 | FUROSEMIDE [FRUSEMIDE] | | | |
| | Tab 40 mg – Up to 30 tab available on a PSO | 7.24 | 1,000 | |
| | | (8.00) | | Diurin 40 |
| 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** |
| 66 | POVIDONE IODINE | | | |
| | Antiseptic soln 10% | 5.40 | 500 ml | |
| | | (6.20) | | Betadine |
| | | 0.19 | 15 ml | |
| | | (7.41) | | Betadine |
| 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 | 100 g OP | |
| | | (5.89) | | Hamilton Sunscreen |
| | Lotn | 3.30 | 100 g OP | ✔ **Marine Blue Lotion SPF 50+** |
| 71 | CONDOMS | | | |
| | ✻ 49 mm – Up to 144 dev available on a PSO | 13.36 | 144 | ✔ **Shield 49** |
| | ✻ 53 mm | 1.11 | 12 | ✔ **Gold Knight**<br>✔ **Shield Blue** |
| | | 13.36 | 144 | ✔ **Shield Blue** |
| | a) Up to 60 dev available on a PSO<br>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<br>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<br>b) Maximum of 60 dev per prescription | | | |
| | ✻ 56 mm | 1.11 | 12 | ✔ **Gold Knight** |
| | | 13.36 | 144 | ✔ **Durex Extra Safe**<br>✔ **Gold Knight** |
| | a) Up to 60 dev available on a PSO<br>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<br>b) Maximum of 60 dev per prescription | | | |

▲ 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<br>Schedule page ref | Subsidy (Mnfr's price)<br>$ | Per | Brand or Generic Mnfr<br>✔ fully subsidised |
|---|---|---|---|

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

| | | | | |
|---|---|---|---|---|
| 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 Folinate Ebewe** |
| 230 | PHARMACY SERVICES | | | |
| | May only be claimed once per patient. | | | |
| | ❋Brand switch fee | 4.50 | 1 fee | ✔**BSF Flecainide Teva** |
| | The Pharmacode for BSF Flecainide Teva is 2577003. | | | |
| 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. | | | |



S29 Unapproved medicine supplied under Section 29
**Sole Subsidised Supply**

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

## Items to be Delisted – effective 1 April 2020 (continued)

| | | | | |
|---|---|---|---|---|
| 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**~~ |
| | Note – Arrow-Fluoxetine tab dispersible 20 mg, scored and cap 20 mg delisting delayed until 1 August 2020. | | | |
| 131 | ONDANSETRON | | | |
| | ✻ Tab 4 mg | 3.36 | 50 | ✔**Apo-Ondansetron** |
| | ✻ Tab 8 mg | 4.77 | 50 | ✔**Apo-Ondansetron** |
| 132 | LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency | | | |
| | Inj 25 mg per ml, 1 ml ampoule | 47.89 | 10 | ✔**Wockhardt** |
| 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 | 28 | ✔**Suboxone** |
| | Tab sublingual 8 mg with naloxone 2 mg | 166.00 | 28 | ✔**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

| | | | | |
|---|---|---|---|---|
| 41 | TRANEXAMIC ACID | | | |
| | Tab 500 mg | 20.67 | 100 | ✔**Cyklokapron** |
| 41 | CLOPIDOGREL | | | |
| | ✻ Tab 75 mg | 5.44 | 84 | ✔**Arrow - Clopid** |
| 52 | VERAPAMIL HYDROCHLORIDE | | | |
| | ✻ Tab long-acting 120 mg | 15.20 | 250 | ✔**Verpamil SR** |

▲ 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

## Items to be Delisted – effective 1 May 2020 (continued)

54 GLYCERYL TRINITRATE
❋ Oral spray, 400 mcg per dose
– Up to 200 dose available on a PSO ..... 4.45 200 dose OP ✔**Glytrin**

162 PEGASPARGASE – PCT only – Special Authority see SA1325
Inj 3,750 IU per 5 ml..... 3,005.00 1 ✔**Oncaspar** S29

163 TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy
Cap 5 mg ..... 10.20 5 ✔**Orion Temozolomide**
Cap 20 mg ..... 18.30 5 ✔**Orion Temozolomide**
✔**Temizole 20** S29
Cap 100 mg ..... 40.20 5 ✔**Orion Temozolomide**
Cap 140 mg ..... 56.00 5 ✔**Orion Temozolomide**
Cap 250 mg ..... 96.80 5 ✔**Orion Temozolomide**

225 CHLORAMPHENICOL
Eye oint 1% ..... 2.48 4 g OP ✔**Chlorsig**

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 June 2020

80 MEDROXYPROGESTERONE ACETATE – See prescribing guideline
❋ Tab 2.5 mg ..... 7.00 56 ✔**Provera**

87 DANAZOL
Cap 100 mg ..... 68.33 100 ✔**Azol**

245 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1554 – Hospital pharmacy [HP3]
Liquid..... 5.29 1,000 ml OP ✔**Nutrison 800 Complete Multi Fibre**
Note – this delist applies to Pharmacode 2510774. A new Pharmacode was listed 1 December 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**

## Effective 1 August 2020

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**

| Check your Schedule for full details<br>Schedule page ref | Subsidy<br>(Mnfr's price)<br>$ | Per | Brand or<br>Generic Mnfr<br>✔ **fully subsidised** |
|---|---|---|---|
| **Items to be Delisted – effective 1 September 2020** | | | |
| 111 CELECOXIB<br>Cap 100 mg | 3.63 | 60 | ✔**Celebrex** |
| **Effective 1 December 2020** | | | |
| 160 COLASPASE [L-ASPARAGINASE] – PCT only – Specialist<br>Inj 10,000 iu | 102.32 | 1 | ✔**Leunase** |
| **Effective 1 April 2021** | | | |
| 179 BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist<br>Subsidised only for bladder cancer.<br>Inj 40 mg per ml, vial | 162.70 | 3 | ✔**SII-Onco-BCG** S29 |

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

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

# Index
Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

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