PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

April 2020
Cumulative for January, February, March and April 2020

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 APRIL 2020

New listings (pages 26-29)

- Omeprazole (Ocicure) inj 40 mg ampoule with diluent – S29 and wastage claimable
- Enoxaparin sodium inj 20 mg in 0.2 ml, 40 mg in 0.4 ml, 60 mg in 0.6 ml, 80 mg in 0.8 ml and 100 mg in 1 ml syringe (Clexane) and inj 120 mg in 0.8 ml and 150 mg in 1 ml syringe (Clexane Forte) – Special Authority – Retail pharmacy
- Quinapril with hydrochlorothiazide (Accuretic) tab 10 mg with hydrochlorothiazide 12.5 mg
- Labetalol (Trandate) tab 100 mg and 200 mg
- Hydrocortisone (Hydrocortisone PSM) crm 1%, 100 g OP – only on a prescription
- Betamethasone dipropionate with calcipotriol (Enstilar) foam spray 500 mcg with calcipotriol 50 mcg per g, 60 g OP
- Triamcinolone acetonide (Adcortyl) inj 10 mg per ml, 1 ml ampoule – S29 and wastage claimable
- Tetracycline (Accord) tab 250 mg – Special Authority – Retail pharmacy – S29 and wastage claimable
- Sulindac (Sulindac Mylan) tab 200 mg – S29 and wastage claimable
- Dosulepin [dothiepin] hydrochloride (Dosulepin Mylan) tab 75 mg – subsidy by endorsement and safety medicine; prescriber may determine dispensing frequency
- Sumatriptan (Imigran) inj 12 mg per ml, 0.5 ml prefilled pen, 2 OP – maximum of 10 inj per prescription
- Amisulpride (Amisulpride Mylan) tab 100 mg – S29 and wastage claimable
- Phenobarbitone sodium (Max Health) inj 200 mg per ml, 1 ml ampoule – Special Authority – Retail pharmacy – S29 and wastage claimable
- Lenalidomide (Revlimid) cap 5 mg, 10 mg and 15 mg – Retail pharmacy-Specialist – Special Authority – wastage claimable
- Palbociclib (Ibrance) cap 75 mg, 100 mg and 125 mg – Retail pharmacy-Specialist – Special Authority – wastage claimable
- Fulvestrant (Faslodex) inj 50 mg per ml, 5 ml prefilled syringe – Retail pharmacy-Specialist – Special Authority – S29 and wastage claimable
- Octreotide (Octreotide Sun) inj 500 mcg per ml, 1 ml vial – S29 and wastage claimable
- Mepolizumab (Nucala) inj 100 mg vial – Special Authority
- Pharmacy services (BSF Buprenorphine Naloxone BNM) brand switch fee – may only be claimed once per patient

Summary of PHARMAC decisions – effective 1 April 2020 (continued)

Changes to restrictions (pages 44-50)

- Compound electrolytes (Electral) powder for oral soln – amended PSO quantity
- Losartan potassium with hydrochlorothiazide (Arrow- Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – addition of stat dispensing
- Labetalol (Trandate) tab 100 mg and 200 mg – reinstate stat dispensing
- Furosemide [frusemide] (Apo-Furosemide) tab 40 mg – reinstate stat dispensing
- Ethinyloestradiol with norethisterone (Norimin) tab 35 mcg with norethisterone 500 mcg and 7 inert tab – stat dispensing removed
- Norethisterone (Noriday 28) tab 350 mcg – stat dispensing removed
- Primaquine (Primacin) tab 7.5 mg – amended chemical name
- Buprenorphine with naloxone (Buprenorphine Naloxone BNM) tab sublingual 2 mg with naloxone 0.5 mg and 8 mg with naloxone 2 mg – addition of brand switch fee
- Lenalidomide (Revlimid) cap 5 mg, 10 mg, 15 mg and 25 mg – amended Special Authority criteria
- Mitomycin C (Teva) inj 5 mg vial – amended brand name
- Rituximab (mabthera) inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter (Mabthera)) – amended Special Authority criteria
- Rituximab (riximyo) inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Riximyo) and inj 1 mg for ECP (Baxter (Riximyo)) – amended Special Authority criteria

Increased subsidy (page 70)

- Heparin sodium (Hospira) inj 5,000 iu per ml 1 ml
- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml
- Triamcinolone acetonide (Kenalog) inj 40 mg per ml, 1 ml ampoule
- Diazepam (Hospira) inj 5 mg per ml, 2 ml ampoule
- Vinblastine sulphate inj 1 mg per ml, 10 ml vial (Hospira) and inj 1 mg for ECP (Baxter)

Decreased subsidy (page 70)

- Mesalazine (Pentasa) tab long-acting 500 mg
- Hyoscine butylbromide (Buscopan) inj 20 mg, 1 ml
- Mebeverine hydrochloride (Colofac) tab 135 mg
- Warfarin sodium (Marevan) tab 1 mg, 3 mg and 5 mg
- Ibuprofen (Brufen SR) tab long-acting 800 mg
- Rivastigmine (Exelon) patch 4.6 mg and 9.5 mg per 24 hour
- Lenalidomide (Revlimid) cap 10 mg and 15 mg, 21 cap pack

News Stories – April 2020 Update

New tender listings for 1 April 2020

- Betamethasone dipropionate (Enstilar) foam spray 500 mcg with calcipotriol 50 mcg per g, 60 g OP
- Hydrocortisone (Hydrocortisone PSM) crm 1%, 100 g OP
- Labetalol (Trandate) tab 100 mg and 200 mg
- Lenalidomide (Revlimid) cap 5 mg, 10 mg and 15 mg, 28 cap pack
- Pharmacy services (BSF Buprenorphine Naloxone BNM) brand switch fee
- Sumatriptan (Imigran) inj 12 mg per ml, 0.5 ml prefilled pen, 2 OP

Coronavirus (COVID-19): PHARMAC's response

With the outbreak of novel coronavirus, it's inevitable that there will be disruptions to supply chains – quarantines may slow or halt activities in manufacturing plants or they may impact transportation and ports. This is a global issue.

PHARMAC is working closely with the Ministry of Health's National Health Coordination Centre (NHCC) in its response planning process.

Marvelon – discontinuation

Merck Sharp & Dohme (MSD) has informed PHARMAC of their decision to discontinue Marvelon 28 (Pharmacode 327611) from **30 June 2020**. Patients should speak to their doctor about the other funded alternatives, e.g. Levlen ED, Norimin, Brevinor. etc. More information around the discontinuation and subsequent delisting of Marvelon 28 will be available closer to the discontinuation.

Sumatriptan injection – new listing

From **1 April 2020** the Imigran prefilled pen will be listed in the Pharmaceutical Schedule. The Imigran injector device is different from the Clustran and Sun Pharma injector devices.

It is important that patients know how to use the new device. Please ensure your patients are shown how to use the Imigran pre-filled pen. Health Navigator is producing a video which demonstrates how to use the new auto-injector. More information is available on our website, at www.pharmac.govt.nz/sumatriptan.

Furosemide – Reinstating stat dispensing

In July 2019 stat dispensing was removed from furosemide tab 40 mg in order to help manage a supply shortage. This was as a result of Mylan discontinuing its furosemide product and a gap in the market before another supplier was able to enter the market.

Apotex was awarded the 2017/18 Invitation to Tender for this item. PHARMAC staff are not aware of any supply constraints with Apotex's product, which has been listed since 1 August 2019. Therefore, the stat dispensing rule will be reinstated for furosemide tab 40 mg from **1 April 2020**.

Enoxaparin sodium – listing changes

The supplier of enoxaparin sodium (Clexane), Sanofi, has notified PHARMAC of a change in the presentation of the syringe. The syringe will have an addition of a safety lock device. There is no change to the formulation.

- From **1 April 2020** the new presentations of enoxaparin sodium (Clexane) will be listed. This includes all strengths: Inj 20 mg (Pharmacode: 2581868), 40 mg (Pharmacode: 2581876), 60 mg (Pharmacode: 2581884), 80 mg (Pharmacode: 2581892), 100 mg (Pharmacode: 2581906), 120 mg (Pharmacode: 2581914), 150 mg (Pharmacode: 2581922).
- From **1 January 2021** the old presentations of enoxaparin sodium (Clexane) will be delisted. This includes all strengths: Inj 20 mg (Pharmacode: 795615), 40 mg (Pharmacode: 795623), 60 mg (Pharmacode: 416991), 80 mg (Pharmacode: 417009), 100 mg (Pharmacode: 417017), 120 mg (Pharmacode: 389366), 150 mg (Pharmacode: 389390).

Pediasure – delisting revoked

Paediatric oral feed 1kcal/ml (Pediasure) liquid 200 ml OP (chocolate, strawberry and vanilla) were due to be delisted from 1 September 2020, these will no longer be delisted from 1 September 2020.

Norimin and Noriday – Removing stat dispensing

Pfizer have informed PHARMAC of a short-term supply issue affecting Norimin and Noriday oral contraceptive tablets (Pharmacode 410691 and 398322). In order to enable the stock currently in the supply chain to bridge the gap until resupply, PHARMAC is temporarily removing stat dispensing from **1 April 2020**.

Tender News

Sole Subsidised Supply changes – effective 1 May 2020

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Chloramphenicol	Eye oint 1%; 5 g OP	Deva (Deva)
Clopidogrel	Tab 75 mg; 84 tab	Clopidogrel Multichem (Multichem)
Levonorgestrel	Tab 30 mcg; 84 tab	Microlut (Bayer)
Temozolomide	Cap 5 mg; 5 cap	Temaccord (Douglas)
Temozolomide	Cap 20 mg; 5 cap	Temaccord (Douglas)
Temozolomide	Cap 100 mg; 5 cap	Temaccord (Douglas)
Temozolomide	Cap 140 mg; 5 cap	Temaccord (Douglas)
Temozolomide	Cap 250 mg; 5 cap	Temaccord (Douglas)
Tranexamic acid	Tab 500 mg; 60 tab	Boucher (Boucher and Muir)

Looking Forward

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

Decisions for implementation 1 May 2020

- Etanercept (Enbrel) inj 25 mg, 50 mg autoinjector and prefilled syringe – price and subsidy decrease
- Flecainide acetate (Flecainide BNM) tab 50 mg – Brand switch fee removed

Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg	Ziagen	2022
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Kivexa	2022
Acarbose	Tab 50 mg & 100 mg	Glucobay	2021
Acetazolamide	Tab 250 mg	Diamox	2020
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2021
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2022
Acitretin	Cap 10 mg & 25 mg	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alendronate sodium	Tab 70 mg	Fosamax	2022
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600	Fosamax Plus	2022
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2020
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2020
Amiodarone hydrochloride	inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2022
Amisulpride	Tab 400 mg 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	**Cap 250 mg & 500 mg** Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP Inj 250 mg, 500 mg & 1 g vial	**Alphamox** Alphamox 125 Alphamox 250 Ibiamox	**2022** 2020
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2020
Anastrozole	Tab 1 mg	Rolin	2020
Apomorphine hydrochloride	Inj 10 mg per ml, 5 ml ampoule Inj 10 mg per ml, 2 ml ampoule	Movapo	2023
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

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

Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Ascorbic acid	Tab 100 mg	Cvite	2022
Asprin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2022
Atazanavir sulphate	Cap 150 mg & 200 mg	Teva	2022
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2021
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2021 2020
Azathioprine	Tab 25 mg & 50 mg	Azamun	2022
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2021
Baclofen	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Medsurge Pacifen	2021
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
Bicalutamide	Tab 50 mg	Binarex	2020
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2020
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Buprenorphine with naloxone	**Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg**	**Buprenorphine Naloxone BNM**	**2022**
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
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
Calcium folinate	Inj 10 mg per ml, 5 ml vial	Calcium Folinate Sandoz	2022
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2022
Cefalexin	Cap 250 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin ABM Cefalexin Sandoz	2022 2021
Cefazolin	Inj 500 mg & 1 g vial	AFT	2020
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2022
Cefuroxime axetil	Tab 250 mg	Zinnat	2022
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetirizine hydrochloride	Tab 10 mg	Zista	2022
Cetomacrogol	Crm BP, 500 g	healthE	2021
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Boucher	2022
Chloramphenicol	Eye drops 0.5%, 10 ml OP	Chlorofast	2022
Chlorpromazine hydrochloride	Tab 10 mg, 25 mg & 100 mg Inj 25 mg per ml, 2 ml	Largactil	2022
Chlortalidone [chlorthalidone]	Tab 25 mg	Hygroton	2022

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Generic Name	Presentation	Brand Name	Expiry Date*
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cilazapril	Tab 2.5 mg & 5 mg Tab 0.5 mg	Zapril	2022
Cinacalcet	Tab 30 mg	Sensipar	2021
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2020
Clindamycin	**Cap hydrochloride 150 mg** Inj phosphate 150 mg per ml, 4 ml ampoule	**Dalacin C**	**2022**
Clobetasol propionate	Crm 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2020
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Medsurge Clonidine BMN	2021
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crm 1%; 20 g OP	Clomazol	2022 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	**Powder for oral soln**	**Electral**	**2022**
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021
Compound hydroxybenzoate	Soln	Midwest	2022
Condoms	49 mm 53 mm, 0.05 mm thickness 53 mm 53 mm, strawberry, red 53 mm, chocolate, brown 56 mm 56 mm, 0.08 mm thickness 56 mm, 0.08 mm thickness, red 56 mm, 0.05 mm thickness 56 mm, chocolate 56 mm, strawberry	Moments Gold Knight	30/09/2022

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Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Digoxin	Tab 62.5 mcg Tab 240 mcg	Lanoxin PG Lanoxin	2022
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2022
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP Crm 10% pump bottle, 500 ml OP	healthE Dimethicone 5% healthE Dimethicone 4% healthE Dimethicone 10%	2022 2021
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagluttinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2020
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2021
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Dual blood glucose and blood ketone diagnostic test meter	Meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips, 1 OP	CareSens Dual	2022
Efavirenz with emtricitabine and tenofovir disoproxil	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate)	Mylan	2022
Emtricitabine	Cap 200 mg	Emtriva	2022
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	Teva	2022
Emulsifying ointment	Oint BP, 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	2021
Epoetin alfa	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 1 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Binocrit	2022
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Erythromycin (as lactobionate)	Inj 1 g vial	Erythrocin IV	2022
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ethinyloestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinyloestradiol and norethisterone	Tab 35 mcg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	2022

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinyloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Microgynon 20 ED Levlen ED	2020
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg Tab long-acting 2.5 mg	Felo 5 ER Felo 10 ER Plendil ER	2021
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule Inj 50 mcg per ml, 10 ml ampoule Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2021 2020
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous 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	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2022
Flucloxacillin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg Inj 1 g vial Inj 250 mg & 500 mg vial	AFT Staphlex Flucil Flucloxin	2021 2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	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

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Furosemide [frusemide]	Tab 40 mg Inj 10 mg per ml, 25 ml ampoule Oral liq 10 mg per ml, 30 ml OP Inj 10 mg per ml, 2 ml ampoule Tab 500 mg	Apo-Furosemide Lasix Frusemide-Claris Urex Forte	2021 2022 2021
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Glibenclamide	Tab 5 mg	Daonil	2021
Gliclazide	Tab 80 mg	Glizide	2020
Glipizide	Tab 5 mg	Minidiab	2021
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2021 2020
Haemophilus influenzae type B vaccine	Haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	Hiberix	2020
Haloperidol	Inj 5 mg per ml, 1 ml ampoule Oral liq 2 mg per ml Tab 500 mcg, 1.5 mg & 5 mg	Serenace	2022
Heparin sodium	Inj 1,000 iu per ml, 5 ml ampoule Inj 5,000 iu per ml, 5 ml ampoule	Pfizer	2021
Hepatitis A vaccine	Inj 720 ELISA units in 0.5 ml syringe Inj 1440 ELISA units in 1 ml syringe	Havrix Junior Havrix	2020
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2020
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Tab 5 mg & 20 mg Powder	Douglas ABM	2021 2020
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Oral liq 20 mg per ml, 200 ml bottle Tab 200 mg	Ethics Relieve	2021 2020
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Ventavis	2022
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 IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2022
Ipratropium bromide	Nebuliser soln, 250 mcg per ml, 2 ml ampoule Aqueous nasal spray 0.03%, 15 ml OP	Univent	2022 2020
Isoniazid	Tab 100 mg	PSM	2021
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg Tab long-acting 60 mg	Ismo 20 Duride	2020
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020
Itraconazole	Cap 100 mg	Itrazole	2022
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2022
Lamivudine	Tab 100 mg	Zetlam	2020
Lamotrigine	Tab dispersible 25 mg, 50 mg & 100 mg	Logem	2022
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2021
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Tab 250 mg, 500 mg, 750 mg and 1,000 mg Oral liq 100 mg per ml, 300 ml OP	Everet Levetiracetam-AFT	2022 2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Levomepromazine hydrochloride	**Inj 25 mg per ml, 1 ml ampoule**	**Nozinan**	**2022**
Levomepromazine maleate	Tab 25 mg & 100 mg	Nozinan	2022
Levonorgestrel	Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg Subdermal implant (2 x 75 mg rods)	Mirena Jaydess Jadelle	31/10/2022 2020
Lidocaine [Lignocaine]	**Gel 2%, 11 ml urethral syringe** Gel 2%, 10 ml urethal syringe	**Instillagel Lido** Cathejell	**2022**
Lidocaine [lignocaine] hydrochloride	Inj 2%, 5 ml ampoule Inj 1% & 2%, 20 ml vial Oral (gel) soln 2%	Lidocaine-Claris Lidocaine-Claris Mucosoothe	2022 2020
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2022
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Loratadine	Tab 10 mg	Lorafix	2022
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
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
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2022 2021

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2021 2020
Methylcellulose	Powder Suspension	Midwest Ora Plus	2022
Methylcellulose with glycerin and sodium saccharin	Suspension	Ora Blend SF	2022
Methylcellulose with glycerin and sucrose	Suspension	Ora Blend	2022
Methyl hydroxybenzoate	Powder	Midwest	2022
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2021
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2021
Methylprednisolone (as sodium succinate)	Inj 1 g vial Inj 40 mg, 125 mg & 500 mg vial	Solu-Medrol Solu-Medrol-Act-O-Vial	2021
Metoclopramide hydrochloride	Inj 5 mg per ml, 2 ml ampoule Tab 10 mg	Pfizer Metoclopramide Actavis 10	2022 2020
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg	Metoprolol IV Mylan Apo-Metoprolol	01/02/2022 2021
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Crm 2%; 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2020
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crm 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2022
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	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Tab immediate-release 10 mg & 20 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Sevredol DBL Morphine Sulphate	2022 2020
Multivitamins	Tab (BPC cap strength)	Mvite	2022
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2021

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2021
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2021
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021
Nicorandil	Tab 10 mg & 20 mg	Ikorel	2022
Nicotine	Gum 2 mg & 4 mg (Fruit & Mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only Lozenge 1 mg & 2 mg for direct distribution only Patch 7 mg, 14 mg & 21 mg for direct distribution only	Habitrol	2020
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 60 mg	Adalat Oros	2020
Norethisterone	Tab 5 mg Tab 350 mcg	Primolut N Noriday 28	2021
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2022
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2020
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL Octreotide	2020
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oestriol	Crm 1 mg per g with applicator, 15 g OP 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 Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zyprexa Relprevv Zypine Zypine ODT	2021 2020

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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	
Ondansetron	**Tab 4 mg & 8 mg**	**Onrex**	**2022**
	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	Oxycodone Sandoz	2021
	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	
	Inj 10 mg per ml, 1 ml & 2 ml ampoule		
	Inj 50 mg per ml, 1 ml ampoule		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
	Inj 10 iu per ml, 1 ml ampoule		
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2021
	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial	Pamisol	2020
	Inj 6 mg per ml, 10 ml vial		
	Inj 9 mg per ml, 10 ml vial		
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
	Oral liq 250 mg per 5 ml	Paracare Double Strength	2020
	Oral liq 120 mg per 5 ml	Paracare	
	Tab 500 mg – bottle pack	Pharmacare	
	Tab 500 mg – blister pack		
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paraffin	**White soft, 500 g & 2,500 g**	**healthE**	**2022**
	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP		2021

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Paroxetine	Tab 20 mg	Loxamine	2022
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 Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Tab 50 mg Inj 50 mg per ml, 1 ml & 2 ml ampoules	PSM DBL Pethidine Hydrochloride	2021 2020
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxymethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	AFT Cilicaine VK	2022 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
Povidone iodine	Antiseptic soln 10%, 15 ml & 500 ml Antiseptic soln 10%, 100 ml	Riodine	2021 2022
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Pregnancy tests - HCG urine	Cassette, 40 test OP	Smith BioMed Rapid Pregnancy Test	2020
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Prochlorperazine	Tab 5 mg	Nausafix	2020
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisoothe	2020
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2020
Rifaximin	Tab 550 mg	Xifaxan	2020
Riluzole	Tab 50 mg	Rilutek	2021
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2022
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml	Actavis Risperon	2020
Ritonavir	Tab 100 mg	Norvir	2022
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2020
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2022
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 Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2021

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
Sertraline	Tab 50 mg & 100 mg	Setrona	2022
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2020
Sodium bicarbonate	Powder BP	Midwest	2022
Sodium chloride	Inj 0.9%, 5 ml ampoule, 10 ml ampoule & 20 ml ampoule Nebuliser soln, 7%, 90 ml OP	Fresenius Kabi 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 cromoglicate	Eye drops 2%, 5 ml OP	Rexacrom	2022
Sodium fusidate [fusidic acid]	Crm 2%, 5 g OP Oint 2%, 5 g OP Tab 250 mg	Foban Fucidin	2021 2020
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
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
Sunscreen, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF 50+	2022
Syrup (pharmaceutical grade)	Liq	Midwest	2022
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2020
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2022
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

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Tetrabenazine	Tab 25 mg	Motetis	2022
Theophylline	Tab long-acting 250 mg Oral liq 80 mg per 15 ml	Nuelin-SR Nuelin	2022
Thiamine hydrochloride	Tab 50 mg	Max Health	2020
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP	Arrow-Timolol	2020
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crm 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim	Tab 300 mg	TMP	2021
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2021
Vancomycin	Inj 500 mg vial	Mylan	2020
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2021
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	2021
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2020
Zinc and castor oil	Oint, 500 g	Boucher	2020
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2022
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2021

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Sole Subsidised Supply Products – cumulative to April 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Zoledronic acid	Inj 0.05 mg per ml, 100 ml, vial, 100 ml OP	Aclasta	2022
	Inj 4 mg per 5 ml, vial	Zoledronic acid Mylan	2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

April changes are in bold type

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

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

New Listings

Effective 1 April 2020

9 OMEPRAZOLE

✻ Inj 40 mg ampoule with diluent Wastage claimable	33.98	5	✔ **Ocicure** S29

41 ENOXAPARIN SODIUM – Special Authority see SA1646 – Retail pharmacy

Inj 20 mg in 0.2 ml syringe	27.93	10	✔ **Clexane**
Inj 40 mg in 0.4 ml syringe	37.27	10	✔ **Clexane**
Inj 60 mg in 0.6 ml syringe	56.18	10	✔ **Clexane**
Inj 80 mg in 0.8 ml syringe	74.90	10	✔ **Clexane**
Inj 100 mg in 1 ml syringe	93.80	10	✔ **Clexane**
Inj 120 mg in 0.8 ml syringe	116.55	10	✔ **Clexane Forte**
Inj 150 mg in 1 ml syringe	133.20	10	✔ **Clexane Forte**

Note – these are new Pharmacode listings.

46 QUINAPRIL WITH HYDROCHLOROTHIAZIDE

Tab 10 mg with hydrochlorothiazide 12.5 mg	3.57	28	✔ **Accuretic**

48 LABETALOL

✻ Tab 100 mg	14.50	100	✔ **Trandate**
✻ Tab 200 mg	27.00	100	✔ **Trandate**

61 HYDROCORTISONE

✻ Crm 1% – Only on a prescription	3.70	100 g OP	✔ **Hydrocortisone (PSM)**

66 BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL

Foam spray 500 mcg with calcipotriol 50 mcg per g	59.95	60 g OP	✔ **Enstilar**

79 TRIAMCINOLONE ACETONIDE

Inj 10 mg per ml, 1 ml ampoule Wastage claimable	26.62	5	✔ **Adcortyl** S29

92 TETRACYCLINE – Special Authority see SA1332 – Retail pharmacy

Tab 250 mg Wastage claimable	21.42	28	✔ **Accord** S29

109 SULINDAC

✻ Tab 200 mg Wastage claimable	16.91	56	✔ **Sulindac Mylan** S29

123 DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement

a) Safety medicine; prescriber may determine dispensing frequency

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

Tab 75 mg	4.93	30	✔ **Dosulepin Mylan**

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

New Listings – effective 1 April 2020 (continued)

128 SUMATRIPTAN
Inj 12 mg per ml, 0.5 ml prefilled pen
– Maximum of 10 inj per prescription ..... 34.00 2 OP ✔**Imigran**

130 AMISULPRIDE
Tab 100 mg ..... 17.16 100 ✔**Amisulpride Mylan** S29
Wastage claimable

147 PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy
Inj 200 mg per ml, 1 ml ampoule ..... 68.00 10 ✔**Max Health** S29
Wastage claimable

162 LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA1897
Wastage claimable
Cap 5 mg ..... 5,122.76 28 ✔**Revlimid**
Cap 10 mg ..... 6,207.00 28 ✔**Revlimid**
Cap 15 mg ..... 7,239.18 28 ✔**Revlimid**
Note – these are new pack size listings.

170 PALBOCICLIB – Retail pharmacy-Specialist – Special Authority see SA1894
Wastage claimable
Cap 75 mg ..... 4,000.00 21 ✔**Ibrance**
Cap 100 mg ..... 4,000.00 21 ✔**Ibrance**
Cap 125 mg ..... 4,000.00 21 ✔**Ibrance**

SA1894 Special Authority for Subsidy
Initial application - only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has unresectable locally advanced or metastatic breast cancer; and
2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
3 Patient has an ECOG performance score of 0-2; and
4 Either:
second or subsequent line setting
4.1 Disease has relapsed or progressed during prior endocrine therapy; or
4.2 Both:
first-line setting
4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
4.2.2 Either:
4.2.2.1 Patient has not received prior systemic endocrine treatment for metastatic disease; or
4.2.2.2 All of the following:
4.2.2.2.1 Patient commenced treatment with palbociclib in combination with an endocrine agent prior to 1 April 2020; and
4.2.2.2.2 Patient has not received systemic endocrine treatment for metastatic disease prior to commencing treatment with palbociclib; and
4.2.2.2.3 There is no evidence of disease progression; and
5 Treatment must be used in combination with an endocrine partner.

continued...

New Listings – effective 1 April 2020 (continued)

continued...

Renewal - only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 Treatment must be used in combination with an endocrine partner; and
2 There is no evidence of progressive disease; and
3 The treatment remains appropriate and the patient is benefitting from treatment.

173 FULVESTRANT – Retail pharmacy-Specialist – Special Authority see SA1895
Inj 50 mg per ml, 5 ml prefilled syringe ..... 1,068.00 2 ✔ **Faslodex** S29
Wastage claimable

SA1895 Special Authority for Subsidy
Initial application - only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has oestrogen-receptor positive locally advanced or metastatic breast cancer; and
2 Patient has disease progression following prior treatment with an aromatase inhibitor or tamoxifen for their locally advanced or metastatic disease; and
3 Treatment to be given at a dose of 500 mg monthly following loading doses; and
4 Treatment to be discontinued at disease progression.

Renewal – only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Treatment remains appropriate and patient is benefitting from treatment; and
2 Treatment to be given at a dose of 500 mg monthly; and
3 There is no evidence of disease progression.

173 OCTREOTIDE
Inj 500 mcg per ml, 1 ml vial ..... 222.00 5 ✔ **Octreotide (Sun)** S29
Wastage claimable

199 MEPOLIZUMAB – Special Authority see SA1896
Inj 100 mg vial ..... 1,638.00 1 ✔ **Nucala**

SA1896 Special Authority for Subsidy
Initial application – (Severe eosinophilic asthma) only from a respiratory physician or clinical immunologist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following
1 Patient must be aged 12 years or older; and
2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
4 Patient has a blood eosinophil count of greater than 0.5 x 10 ^ 9 cells/L in the last 12 months; and
5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the single maintenance and reliever therapy regimen, unless contraindicated or not tolerated; and
6 Either:
6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or

continued...

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

New Listings – effective 1 April 2020 (continued)

continued...

6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and

7 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment.

Renewal – (Severe eosinophilic asthma) only from a respiratory physician or clinical immunologist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and

2 Either:

2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with mepolizumab; or

2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

234 PHARMACY SERVICES

May only be claimed once per patient

✻ Brand switch fee..... 4.50 1 fee ✔**BSF Buprenorphine Naloxone BNM**

a) The Pharmacode for BSF Buprenorphine Naloxone BNM is 2586258

Effective 9 March 2020

156 MELPHALAN

Inj 50 mg – PCT only – Specialist..... 213.00 1 ✔**Alkeran s29** S29

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

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

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

New Listings – effective 1 March 2020

8 FAMOTIDINE

❋Tab 40 mg	8.48	100	✔**Famotidine Hovid** S29
Wastage claimable			

79 TRIAMCINOLONE ACETONIDE

Inj 40 mg per ml, 1 ml ampoule	56.50	5	✔**Kenalog** S29
Wastage claimable			

88 CEFALEXIN

Cap 250 mg	3.33	20	✔**Ibilex** S29
Wastage claimable			

93 GENTAMICIN SULPHATE

Inj 10 mg per ml, 2 ml ampoule – Subsidy by endorsement ...	144.00	10	✔**Teligent** S29

a) Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.
b) Wastage claimable

117 ROPINIROLE HYDROCHLORIDE

▲Tab 0.25 mg	3.39	100	✔**Mylan** S29
Wastage claimable			
▲Tab 1 mg	4.70	100	✔**Mylan** S29
Wastage claimable			

131 LEVOMEPROMAZINE – Safety medicine; prescriber may determine dispensing frequency

Tab 25 mg (33.8 mg as a maleate)	16.10	100	✔**Nozinan (Swiss)**
Tab 100 mg (135 mg as a maleate)	41.75	100	✔**Nozinan (Swiss)**

Note – these are new Pharmacode listings, 2581760 and 2581779.

181 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1889

Inj 3.5 mg vial	105.00	1	✔**Bortezomib - Dr Reddy's**
Inj 1 mg for ECP	31.20	1 mg	✔**Baxter**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

New Listings – effective 1 March 2020 (continued)

201 RITUXIMAB (RIXIMYO) – PCT only – Specialist – Special Authority see SA1885

Inj 100 mg per 10 ml vial	275.33	2	✔**Riximyo**
Inj 500 mg per 50 ml vial	688.20	1	✔**Riximyo**
Inj 1 mg for ECP	1.38	1 mg	✔**Baxter (Riximyo)**

SA1885 Special Authority for Subsidy

Initial application — (ABO-incompatible organ transplant) from any relevant practitioner. Approvals valid without further renewal unless notified where patient is to undergo an ABO-incompatible solid organ transplant*.
Note: Indications marked with * are unapproved indications.

Initial application — (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks; and
3 Any of the following:
  3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
  3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
  3.3 Cyclophosphamide and methotrexate are contraindicated; or
  3.4 Patient is a female of child-bearing potential; or
  3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.
Note: Indications marked with * are unapproved indications.

Renewal — (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks.
Note: Indications marked with * are unapproved indications.

Initial application — (Antibody-mediated organ transplant rejection) from any relevant practitioner. Approvals valid without further renewal unless notified where patient has been diagnosed with antibody-mediated organ transplant rejection*.
Note: Indications marked with * are unapproved indications.

Initial application — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and
2 Any of the following:
  2.1 The patient is rituximab treatment naive; or
  2.2 Either:
    2.2.1 The patient is chemotherapy treatment naive; or
    2.2.2 Both:
      2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and

continued...

New Listings – effective 1 March 2020 (continued)

continued...

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

4 Either:

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

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

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

6 It is planned that the patient receives full dose fludarabine, cyclophosphamide (orally or dose equivalent intravenous administration) 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 Rituximab to be administered in combination with fludarabine and cyclophosphamide, 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.

Initial application — (Neuromyelitis Optica Spectrum Disorder (NMOSD)) 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 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m^2 administered weekly for four weeks; and

2 Either:

2.1 The patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms and clinical investigations supportive of a severe attack of NMOSD); or

2.2 All of the following:

2.2.1 The patient has experienced a breakthrough attack of NMOSD; and

2.2.2 The patient is receiving treatment with mycophenolate; and

2.2.3 The patient is receiving treatment with corticosteroids.

continued...

New Listings – effective 1 March 2020 (continued)

continued...

Renewal — (Neuromyelitis Optica Spectrum Disorder) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m^2 administered weekly for four weeks; and
2 The patient has responded to the most recent course of rituximab; and
3 The patient has not received rituximab in the previous 6 months.

Initial application — (Post-transplant) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has B-cell post-transplant lymphoproliferative disorder*; and
2 To be used for a maximum of 8 treatment cycles.
Note: Indications marked with * are unapproved indications.

Renewal — (Post-transplant) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:
1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
3 To be used for no more than 6 treatment cycles.
Note: Indications marked with * are unapproved indications.

Initial application — (Severe Refractory Myasthenia Gravis) only from a neurologist or medical practitioner on the recommendation of a neurologist. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 One of the following dose regimens is to be used: 375 mg/m^2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
2 Either:
  2.1 Treatment with corticosteroids and at least one other immunosuppressant for at least a period of 12 months has been ineffective; or
  2.2 Both:
    2.2.1 Treatment with at least one other immunosuppressant for a period of at least 12 months; and
    2.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

Renewal — (Severe Refractory Myasthenia Gravis) only from a neurologist or medical practitioner on the recommendation of a neurologist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 One of the following dose regimens is to be used: 375 mg/m^2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Either:
  3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or
  3.2 Both:
    3.2.1 The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and
    3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

continued...

New Listings – effective 1 March 2020 (continued)

continued...

Initial application — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient is a child with SDNS* or FRNS*; and
2 Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
5 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.
Note: Indications marked with * are unapproved indications.

Renewal — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.
Note: Indications marked with * are unapproved indications.

Initial application — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
2 Treatment with tacrolimus for at least 3 months has been ineffective; and
3 Genetic causes of nephrotic syndrome have been excluded; and
4 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.
Note: Indications marked with * are unapproved indications.

Renewal — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.
Note: Indications marked with * are unapproved indications.

Initial application — (aggressive CD20 positive NHL) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1 All of the following:
  1.1 The patient has treatment naive aggressive CD20 positive NHL; and
  1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and
  1.3 To be used for a maximum of 8 treatment cycles; or

continued...

New Listings – effective 1 March 2020 (continued)

continued...

2 Both:
  2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and
  2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia

Renewal — (aggressive CD20 positive NHL) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
4 To be used for a maximum of 4 treatment cycles.

Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia

Initial application — (haemophilia with inhibitors) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 months for applications meeting the following criteria:
Any of the following:
1 Patient has mild congenital haemophilia complicated by inhibitors; or
2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or
3 Patient has acquired haemophilia.

Renewal — (haemophilia with inhibitors) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment.

Initial application — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Both:
1 Either:
  1.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
  1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and
2 Any of the following:
  2.1 Treatment with steroids and splenectomy have been ineffective; or
  2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
  2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).

Note: Indications marked with * are unapproved indications.

Renewal — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Either:
1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

continued...

New Listings – effective 1 March 2020 (continued)

continued...

Initial application — (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:
Either:
1 Both:
  1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
  1.2 To be used for a maximum of 6 treatment cycles; or
2 Both:
  2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy; and
  2.2 To be used for a maximum of 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Renewal — (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Either:
1 All of the following:
  1.1 The patient has had a rituximab treatment-free interval of 12 months or more; and
  1.2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
  1.3 To be used for no more than 6 treatment cycles; or
2 Both:
  2.1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy, and
  2.2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m^2 every 8 weeks (maximum of 12 cycles).

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

Initial application — (pure red cell aplasia (PRCA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks where patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.
Note: Indications marked with * are unapproved indications.

Renewal — (pure red cell aplasia (PRCA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks where patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months.
Note: Indications marked with * are unapproved indications.

Initial application — (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Both:
1 Patient has cold haemagglutinin disease*; and
2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.

Note: Indications marked with * are unapproved indications.

continued...

New Listings – effective 1 March 2020 (continued)

continued...

Renewal — (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Either:
1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Either:
1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or
2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

Renewal — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application — (treatment refractory systemic lupus erythematosus (SLE)) only from a rheumatologist, nephrologist or Practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid for 7 months for applications meeting the following criteria:
All of the following:
1 The patient has severe, immediately life- or organ-threatening SLE*; and
2 The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and
3 The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and
4 Maximum of four 1,000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

Renewal — (treatment refractory systemic lupus erythematosus (SLE)) only from a rheumatologist, nephrologist or Practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2 The disease has subsequently relapsed; and
3 Maximum of two 1,000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

continued...

New Listings – effective 1 March 2020 (continued)

continued...

Initial application — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

1 Patient has warm autoimmune haemolytic anaemia*; and
2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to > 5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin.

Note: Indications marked with * are unapproved indications.

Renewal — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application – (severe antisynthetase syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Patient has confirmed antisynthetase syndrome; and
2 Patient has severe, immediately life or organ threatening disease, including interstitial lung disease; and
3 Either:
  3.1 Treatment with at least 3 immunosuppressants (oral steroids, cyclophosphamide, methotrexate, mycophenolate, ciclosporin, azathioprine) has not be effective at controlling active disease; or
  3.2 Rapid treatment is required due to life threatening complications; and
4 Maximum of four 1,000mg infusions of rituximab.

Renewal – (severe antisynthetase syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in inflammatory markers, muscle strength and pulmonary function; and
2 The patient has not received rituximab in the previous 6 months; and
3 Maximum of two cycles of 2 x 1,000 mg infusions of rituximab given two weeks apart.

Initial application – (graft versus host disease) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria.

All of the following:

1 Patient has refractory graft versus host disease following transplant; and
2 Treatment with at least 3 immunosuppressants (oral steroids, ciclosporin, tacrolimus, mycophenolate, sirolimus) has not be effective at controlling active disease; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

continued...

New Listings – effective 1 March 2020 (continued)

continued...

Initial application – (severe chronic inflammatory demyelinating polyneuropathy) only from a neurologist or any medical practitioner on the recommendation of a neurologist. Approvals valid for 6 months for applications meeting the following criteria.

All of the following:

1 Patient has severe chronic inflammatory demyelinating polyneuropathy (CIPD); and
2 Either
  2.1 Both
    2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease; and
    2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
  2.2 Rapid treatment is required due to life threatening complications; and
3 One of the following dose regimens is to be used: 375 mg/m^2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

Renewal – (severe chronic inflammatory demyelinating polyneuropathy) only from a neurologist or any medical practitioner on the recommendation of a neurologist. Approvals valid for 6 months for applications meeting the following criteria.

All of the following:

1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function compared to baseline; and
2 The patient has not received rituximab in the previous 6 months; and
3 One of the following dose regimens is to be used: 375 mg/m^2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

Initial application – (anti-NMDA receptor autoimmune encephalitis) only from a neurologist or any medical practitioner on the recommendation of a neurologist. Approvals valid for 6 months for applications meeting the following criteria.

All of the following

1 Patient has severe anti-NMDA receptor autoimmune encephalitis; and
2 Either
  2.1 Both
    2.1.1 Treatment with steroids and intravenous immunoglobulin and/or plasma exchange has not been effective at controlling active disease;
    2.1.2 At least one other immunosuppressant (cyclophosphamide, ciclosporin, tacrolimus, mycophenolate) has not been effective at controlling active disease; or
  2.2 Rapid treatment is required due to life threatening complications; and
3 One of the following dose regimens is to be used: 375 mg/m^2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

Renewal – (anti-NMDA receptor autoimmune encephalitis) only from a neurologist or any medical practitioner on the recommendation of a neurologist. Approvals valid for 6 months for applications meeting the following criteria.

All of the following:

1 Patient's disease has responded to the previous rituximab treatment with demonstrated improvement in neurological function; and
2 The patient has not received rituximab in the previous 6 months; and
3 The patient has experienced a relapse and now requires further treatment; and
4 One of the following dose regimens is to be used: 375 mg/m^2 of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart.

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

New Listings – effective 14 February 2020

115 BENZBROMARONE – Special Authority see SA1537 – Retail pharmacy

Tab 50 mg	22.50	100	✔ **Narcaricin mite** S29
Wastage claimable			

Effective 1 February 2020

8 FAMOTIDINE – only on a prescription

❋ Tab 20 mg	4.91	100	✔ **Famotidine Hovid** S29
Wastage claimable			

Note – this is a new pack size listing.

50 VERAPAMIL HYDROCHLORIDE

❋ Tab long-acting 240 mg	15.12	30	✔ **Isoptin SR**

78 DEXAMETHASONE PHOSPHATE

Dexamethasone phosphate injection will not be funded for oral use.

❋ Inj 4 mg per ml, 1 ml ampoule			
– Up to 5 inj available on a PSO	9.25	10	✔ **Dexamethasone Phosphate Panpharma**
❋ Inj 4 mg per ml, 2 ml ampoule			
– Up to 5 inj available on a PSO	16.37	10	✔ **Dexamethasone Phosphate Panpharma**

79 TRIAMCINOLONE ACETONIDE

Inj 40 mg per ml, 1 ml ampoule	11.30	1	✔ **Triaver** S29

98 METRONIDAZOLE

Tab 200 mg – Up to 30 tab available on a PSO	36.35	250	✔ **Metrogyl**
Tab 400 mg – Up to 15 tab available on a PSO	5.55	21	✔ **Metrogyl**

109 IBUPROFEN

❋ Tab long-acting 800 mg	5.99	30	✔ **Ibuprofen SR BNM**

109 SULINDAC

❋ Tab 100 mg	9.57	56	✔ **Mylan** S29
Wastage claimable			

117 APOMORPHINE HYDROCHLORIDE

▲ Inj 10 mg per ml, 5 ml ampoule	121.84	5	✔ **Movapo**

151 RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy

Patch 4.6 mg per 24 hour	48.75	30	✔ **Generic Partners**
Patch 9.5 mg per 24 hour	48.75	30	✔ **Generic Partners**

160 ANAGRELIDE HYDROCHLORIDE – PCT – Retail pharmacy-Specialist

Cap 0.5 mg	1,175.87	100	✔ **Agrylin**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

New Listings – effective 1 February 2020 (continued)

163 OLAPARIB – Retail Pharmacy - Specialist – Special Authority see SA1883

Cap 50 mg – Wastage claimable	7,402.00	448	✔**Lynparza**
Tab 100 mg	3,701.00	56	✔**Lynparza**
Tab 150 mg	3,701.00	56	✔**Lynparza**

➽ SA1883 Special Authority for Subsidy

Initial application – only from a medical oncologist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:

1 Patient has a high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
2 There is documentation confirming pathogenic germline BRCA1 or BRCA2 gene mutation; and
3 Patient has received at least two lines of previous treatment with platinum-based chemotherapy; and
4 Patient has platinum sensitive disease defined as disease progression occurring at least 6 months after the last dose of the penultimate line of platinum-based chemotherapy; and
5 Patient's disease must have achieved partial or complete response to treatment with the immediately preceding platinum-based regimen; and
6 Patient's disease has not progressed following prior treatment with olaparib; and
7 Treatment will be commenced within 8 weeks of the patient's last dose of the immediately preceding platinum-based regimen; and
8 Treatment to be administered as maintenance treatment; and
9 Treatment not to be administered in combination with other chemotherapy.

Renewal – only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. 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 treatment; and
2 No evidence of progressive disease; and
3 Treatment to be administered as maintenance treatment; and
4 Treatment not to be administered in combination with other chemotherapy.

*Note "high-grade serous" includes tumours with high-grade serous features or a high-grade serous component

234 PHARMACY SERVICES

May only be claimed once per patient.

✻ Brand switch fee	4.50	1 fee	✔**BSF Flecainide BNM**

a) The Pharmacode for BSF Flecainide BNM is 2581744.

262 INFLUENZA VACCINE

Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	90.00	10	✔**Afluria Quad (2020 Formulation)**

a) Only on a prescription
b) No patient co-payment payable
c) Access criteria apply

Note – this is a new Pharmacode listing, 2581434.

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

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

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

New Listings – effective 1 February 2020 (continued)

262 INFLUENZA VACCINE

Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	9.00	1	✔**Afluria Quad Junior (2020 Formulation)**

A) INFLUENZA VACCINE - child aged 6 months to 35 months is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by PHARMAC:

i) have any of the following cardiovascular diseases:
   a) ischaemic heart disease, or
   b) congestive heart failure, or
   c) rheumatic heart disease, or
   d) congenital heart disease, or
   e) cerebro-vascular disease; or

ii) have either of the following chronic respiratory diseases:
   a) asthma, if on a regular preventative therapy, or
   b) other chronic respiratory disease with impaired lung function; or

iii) have diabetes; or

iv) have chronic renal disease; or

v) have any cancer, excluding basal and squamous skin cancers if not invasive; or

vi) have any of the following other conditions:
   a) autoimmune disease, or
   b) immune suppression or immune deficiency, or
   c) HIV, or
   d) transplant recipients, or
   e) neuromuscular and CNS diseases/disorders, or
   f) haemoglobinopathies, or
   g) on long term aspirin, or
   h) have a cochlear implant, or
   i) errors of metabolism at risk of major metabolic decompensation, or
   j) pre and post splenectomy, or
   k) down syndrome, or

vii) have been hospitalised for respiratory illness or have a history of significant respiratory illness;

Unless meeting the criteria set out above, the following conditions are excluded from funding:
   a) asthma not requiring regular preventative therapy,
   b) hypertension and/or dyslipidaemia without evidence of end-organ disease.

B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

Effective 17 January 2020

158 CAPECITABINE – Retail pharmacy-Specialist

Tab 150 mg	10.00	60	✔**Capercit**
Tab 500 mg	49.00	120	✔**Capercit**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

New Listings – effective 1 January 2020

8 FAMOTIDINE – only on a prescription

✻Tab 20 mg	49.13	1,000	✔**Famotidine Hovid** S29

Wastage claimable

31 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**

41 HEPARIN SODIUM

Inj 25,000 iu per ml, 0.2 ml	42.40	5	✔**Heparin Ratiopharm** S29

Wastage claimable

45 ENALAPRIL MALEATE

✻Tab 5 mg	1.82	100	✔**Acetec**
✻Tab 10 mg	2.02	100	✔**Acetec**
✻Tab 20 mg	2.42	100	✔**Acetec**

68 PODOPHYLLOTOXIN

Soln 0.5%	33.60	3.5 ml OP	✔**Condyline S29** S29

a) Maximum of 3.5 ml per prescription
b) Only on a prescription

119 LIDOCAINE [LIGNOCAINE]

Gel 2%, 11 ml urethral syringe – Subsidy by endorsement	42.00	10	✔**Instillagel Lido**

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.

156 MELPHALAN

Inj 50 mg – PCT only – Specialist	420.00	1	✔**Tillomed** S29

164 PENTOSTATIN [DEOXYCOFORMYCIN] – PCT only – Specialist

Inj 10 mg	CBS	1	✔**Nipent** S29

Note – this is a new Pharmacode listing, 2580713.

173 OCTREOTIDE

Inj 50 mcg per ml, 1 ml vial	30.64	5	✔**Octreotide MaxRx** S29

Wastage claimable

234 ACETYLCYSTEINE – Retail pharmacy-Specialist

Inj 200 mg per ml, 10 ml ampoule	58.76	10	✔**Martindale Pharma** S29

Wastage claimable

Effective 1 December 2019

163 MITOMYCIN C – PCT only – Specialist

Inj 20 mg vial	816.32	1	✔**Omegapharm** 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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 April 2020

43 COMPOUND ELECTROLYTES (amended PSO quantity)
Powder for oral soln – Up to ~~10~~ **5** sach available on a PSO ..... 9.77 50 ✔ **Electral**

46 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (addition of stat dispensing)
❋ Tab 50 mg with hydrochlorothiazide 12.5 mg ..... 1.88 30 ✔ **Arrow-Losartan & Hydrochlorothiazide**

48 LABETALOL (reinstate stat dispensing)
❋ Tab 100 mg ..... 14.50 100 ✔ **Trandate**
❋ Tab 200 mg ..... 27.00 100 ✔ **Trandate**

51 FUROSEMIDE [FRUSEMIDE] (reinstate stat dispensing)
❋ Tab 40 mg – Up to 30 tab available on a PSO ..... 7.24 1,000 ✔ **Apo-Furosemide**

72 ETHINYLOESTRADIOL WITH NORETHISTERONE (stat dispensing removed)
Tab 35 mcg with norethisterone 500 mcg and 7 inert tab
– Up to 84 tab available on a PSO ..... 6.62 84 ✔ **Norimin**

73 NORETHISTERONE (stat dispensing removed)
Tab 350 mcg – up to 84 tab available on a PSO ..... 6.25 84 ✔ **Noriday 28**

98 PRIMAQUINE ~~PHOSPHATE~~ – Special Authority see SA1684 – Retail pharmacy (amended chemical name)
Tab 7.5 mg ..... 117.00 56 ✔ **Primacin** S29

151 BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy (addition of brand switch fee)
a) No patient co-payment payable
b) Safety medicine; prescriber may determine dispensing frequency
c) Brand switch fee payable (Pharmacode 2586258)
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**

162 LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see **SA1897**~~1468~~ (amended Special Authority criteria)
Wastage claimable
Cap 5 mg ..... 5,122.76 28 ✔ **Revlimid**
Cap 10 mg ..... 4,655.25 21 ✔ **Revlimid**
6,207.00 28 ✔ **Revlimid**
Cap 15 mg ..... 5,429.39 21 ✔ **Revlimid**
7,239.18 28 ✔ **Revlimid**
Cap 25 mg ..... 7,627.00 21 ✔ **Revlimid**

➽ **SA1897** ~~1468~~ Special Authority for Subsidy
Initial application – (Relapsed/refractory disease) only from a haematologist or **any relevant** ~~medical~~ practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria.
All of the following:
1 Patient has relapsed or refractory multiple myeloma with progressive disease; and
2 Patient has not previously been treated with lenalidomide; and

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

3 ~~2~~ Either

3.1 ~~2.1~~ Lenalidomide to be used as third line* treatment for multiple myeloma; or

3.2 ~~2.2~~ Both:

3.2.1 ~~2.2.1~~ Lenalidomide to be used as second line treatment for multiple myeloma; and

3.2.2 ~~2.2.2~~ The patient has experienced severe (grade 3 or higher), dose limiting, peripheral neuropathy with either bortezomib or thalidomide that precludes further treatment with either of these treatments; and

4 ~~3~~ Lenalidomide to be administered at a maximum dose of 25 mg/day in combination with dexamethasone.

Renewal – **(Relapsed/refractory disease)** only from a haematologist or **any relevant** ~~medical~~ practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria.
Both:

1 No evidence of disease progression; and
2 The treatment remains appropriate and patient is benefitting from treatment.

Initial application – (Maintenance following first-line autologous stem cell transplant (SCT)) only from a haematologist or any relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria.
All of the following:

1 Patient has newly diagnosed symptomatic multiple myeloma and has undergone first-line treatment that included an autologous stem cell transplantation; and
2 Patient has at least a stable disease response in the first 100 days after transplantation; and
3 Lenalidomide maintenance is to be commenced within 6 months of transplantation; and
4 The patient has ECOG performance score of 0-1; and
5 Lenalidomide to be administered at a maximum dose of 15 mg/day.

Renewal – (Maintenance following first line autologous SCT) only from a haematologist or any relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria.
Both:

1 No evidence of disease progression; and
2 The treatment remains appropriate and patient is benefitting from treatment.

Note: Indication marked with * is an unapproved indication. A line of treatment is considered to comprise either: a) a known therapeutic chemotherapy regimen and supportive treatments or b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments. Prescriptions must be written by a registered prescriber in the lenalidomide risk management programme operated by the supplier.

163 MITOMYCIN C – PCT only – Specialist (amended brand name)

Inj 5 mg vial	204.08	1	✔~~Arrow~~ **Teva**

201 RITUXIMAB (MABTHERA) – PCT only – Specialist – Special Authority see **SA1901**~~1884~~
(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 (Mabthera)**

➽ **SA1901** ~~1884~~ Special Authority for Subsidy
Renewal — (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:
All of the following:

1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

3 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Renewal — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following:

1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications

Renewal — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following:

1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications

Renewal — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Renewal — (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications

Renewal — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following:

1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment; **and**
4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks

Note: Indications marked with * are unapproved indications

Renewal — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:
Either:
1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications

210 RITUXIMAB (RIXIMYO) – PCT only – Specialist – Special Authority see **SA1902**~~1885~~
(amended Special Authority criteria – affected criteria shown only)

Inj 100 mg per 10 ml vial	275.33	2	✔**Riximyo**
Inj 500 mg per 50 ml vial	688.20	1	✔**Riximyo**
Inj 1 mg for ECP	1.38	1 mg	✔**Baxter (Riximyo)**

➽ **SA1902** ~~1885~~ Special Authority for Subsidy
Initial application — (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks; and
3 Any of the following:
  3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or
  3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or
  3.3 Cyclophosphamide and methotrexate are contraindicated; or
  3.4 Patient is a female of child-bearing potential; or
  3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.

Note: Indications marked with * are unapproved indications.

Renewal — (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m² of body-surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initial application — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

All of the following:
1 Patient is a child with SDNS* or FRNS*; and
2 Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and
3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and
4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and
5 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Renewal — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following:
1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initial application — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following:
1 Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and
2 Treatment with tacrolimus for at least 3 months has been ineffective; and
3 Genetic causes of nephrotic syndrome have been excluded; and
4 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Renewal — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following:
1 Patient who was previously treated with rituximab for nephrotic syndrome*; and
2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and
3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initial application — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following ~~Both~~:
1 Either:
  1.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or
  1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

2 Any of the following:
- 2.1 Treatment with steroids and splenectomy have been ineffective; or
- 2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or
- 2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy); **and**

3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Renewal — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or

2 All of the following:
- 2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
- 2.2 An initial response lasting at least 12 months was demonstrated; and
- 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application — (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following ~~Both~~:

1 Patient has cold haemagglutinin disease*; and

2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms; **and**

3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Renewal — (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or

2 All of the following:
- 2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and
- 2.2 An initial response lasting at least 12 months was demonstrated; and
- 2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

Initial application — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

Both:

1 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.

2 Either:
- **2**.1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

2.2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.

Note: Indications marked with * are unapproved indications.

Renewal — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following:

1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and

2 An initial response lasting at least 12 months was demonstrated; and

3 Patient now requires repeat treatment; **and**

4 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Initial application — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

All of the following ~~Both~~:

1 Patient has warm autoimmune haemolytic anaemia*; and

2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to > 5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin; **and**

3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

Renewal — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for ~~4 weeks~~ **8 weeks** for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

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

Changes to Restrictions – effective 9 March 2020

120 PARACETAMOL (stat dispensing removed and addition maximum dispensing quantity and endorsement)

Tab 500 mg - blister pack ..... 7.12 1,000 ✔**Paracetamol Pharmacare** ✔**Pharmacare**

a) Maximum of 300 tab per prescription; can be waived by endorsement

b) Up to 30 tab available on a PSO

c)

1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.

2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.

Tab 500 mg - bottle pack – **Maximum of 300 tab per prescription; can be waived by endorsement** ..... 6.32 1,000 ✔**Pharmacare**

a) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.

b) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.

Changes to Restrictions – effective 1 March 2020

6 BUDESONIDE (amended Special Authority – new criteria shown only)
Cap 3 mg – Special Authority see **SA1886**~~1155~~
– Retail pharmacy ..... 166.50 90 ✔**Entocort CIR**

➽ **SA1886** ~~1155~~ Special Authority for Subsidy
Initial application - (non-cirrhotic autoimmune hepatitis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has autoimmune hepatitis*; and
2 Patient does not have cirrhosis; and
3 Any of the following:
3.1 Diabetes; or
3.2 Cushingoid habitus; or
3.3 Osteoporosis where there is significant risk of fracture; or
3.4 Severe acne following treatment with conventional corticosteroid therapy; or
3.5 History of severe psychiatric problems associated with corticosteroid treatment; or
3.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or
3.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated); or
3.8 Adolescents with poor linear growth (where conventional corticosteroid use may limit further growth)
Note: Indications marked with * are unapproved indications

Renewal - (non-cirrhotic autoimmune hepatitis) from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefitting from the treatment.

39 TICAGRELOR – Special Authority see **SA1887**~~1382~~ – Retail pharmacy (amended Special Authority – new criteria shown only)
✻ Tab 90 mg ..... 90.00 56 ✔**Brilinta**

➽ **SA1887** ~~1382~~ Special Authority for Subsidy
Initial application – (thrombosis prevention post neurological stenting) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Patient has had a neurological stenting procedure* in the last 60 days; and
2 Either
2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay and requires antiplatelet treatment with ticagrelor; or
2.2 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event.

Renewal – (thrombosis prevention post neurological stenting) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Patient is continuing to benefit from treatment; and
2 Treatment continues to be clinically appropriate.
Note: Indications marked with * are unapproved indications

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

Changes to Restrictions – effective 1 March 2020 (continued)

46 CILAZAPRIL WITH HYDROCHLOROTHIAZIDE – **Subsidy by endorsement** (addition of subsidy by endorsement)
Subsidy by endorsement – Subsidised for patients who were taking cilazapril with hydrochlorothiazide prior to 1 March 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril with hydrochlorothiazide.

✻ Tab 5 mg with hydrochlorothiazide 12.5 mg	10.18	100	✔**Apo-Cilazapril/ Hydrochlorothiazide**

47 FLECAINIDE ACETATE – Retail pharmacy-Specialist (brand switch fee removed)

▲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**

131 LEVOMEPROMAZINE ~~MALEATE~~ – Safety medicine; prescriber may determine dispensing frequency (amended chemical name and presentation description)

Tab 25 mg **as a maleate**	16.10	100	✔**Nozinan**
Tab 100 mg **as a maleate**	41.75	100	✔**Nozinan**

161 BORTEZOMIB – PCT only – Specialist – Special Authority see **SA1889**~~1576~~ (amended brand name and Special Authority criteria)

Inj 3.5 mg vial	1,892.50	1	✔**Velcade**
	105.00		✔**Bortezomib - Dr Reddy's**
Inj 1 mg for ECP	562.34	1 mg	✔Baxter **(Velcade)**
	31.20		✔**Baxter**

SA1889 ~~1576~~ Special Authority for Subsidy
Initial application — (~~Treatment naive~~ multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid ~~for 2 years for applications meeting the following criteria~~ **without further renewal for applications meeting the following criteria:**
~~Both~~:
~~1~~ Either:
~~1.~~1 The patient has ~~treatment-naive~~ symptomatic multiple myeloma; or
~~1.~~2 The patient has ~~treatment-naive~~ symptomatic systemic AL amyloidosis *~~; and~~
~~2 Maximum of 9 treatment cycles.~~
Note: Indications marked with * are unapproved indications.

~~Initial application — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Either:~~
~~1.1 The patient has relapsed or refractory multiple myeloma; or~~
~~1.2 The patient has relapsed or refractory systemic AL amyloidosis *; and~~
~~2 The patient has received only one prior front line chemotherapy for multiple myeloma or amyloidosis; and~~
~~3 The patient has not had prior publicly funded treatment with bortezomib; and~~
~~4 Maximum of 4 treatment cycles.~~
~~Note: Indications marked with * are unapproved indications.~~

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

~~Renewal — (Relapsed/refractory multiple myeloma/amyloidosis) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:~~

~~Both:~~

~~1 The patient's disease obtained at least a partial response from treatment with bortezomib at the completion of cycle 4; and~~

~~2 Maximum of 4 further treatment cycles (making a total maximum of 8 consecutive treatment cycles).~~

~~Notes: Responding relapsed/refractory multiple myeloma patients should receive no more than 2 additional cycles of treatment beyond the cycle at which a confirmed complete response was first achieved. A line of therapy is considered to comprise either:~~

~~a - a known therapeutic chemotherapy regimen and supportive treatments; or~~

~~b) a transplant induction chemotherapy regimen, stem cell transplantation and supportive treatments.~~

~~Refer to datasheet for recommended dosage and number of doses of bortezomib per treatment cycle.~~

170 RUXOLITINIB – Special Authority see **SA1890**~~1753~~ – Retail pharmacy (amended Special Authority criteria)

Wastage claimable

Tab 5 mg	2,500.00	56	✔**Jakavi**
Tab 15 mg	5,000.00	56	✔**Jakavi**
Tab 20 mg	5,000.00	56	✔**Jakavi**

➽ **SA1890** ~~1753~~ Special Authority for Subsidy

Initial application only from a haematologist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The patient has primary myelofibrosis or post-polycythemia vera myelofibrosis or post-essential thrombocythemia myelofibrosis; and

2 Either

2.1 A classification of risk of intermediate-2 or high-risk myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; ~~and~~ **or**

2.2 Both

2.2.1 A classification of risk of intermediate-1 myelofibrosis according to either the International Prognostic Scoring System (IPSS), Dynamic International Prognostic Scoring System (DIPSS), or the Age-Adjusted DIPSS; and

2.2.2 Patient has severe disease-related symptoms that are resistant, refractory or intolerant to available therapy; and

3 A maximum dose of 20 mg twice daily is to be given.

Renewal only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and

2 A maximum dose of 20 mg twice daily is to be given.

Changes to Restrictions – effective 1 March 2020 (continued)

175 ETANERCEPT – Special Authority see **SA1891**~~1812~~ – Retail pharmacy
(amended Special Authority – new criteria shown only)

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

➽ **SA1891** ~~1812~~ Special Authority for Subsidy

Initial application — (undifferentiated spondyloarthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and

3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day (or maximum tolerated dose); and

4 Patient has tried and not responded to at least three months of leflunomide at a dose of up to 20 mg daily (or maximum tolerated dose); and

5 Any of the following:

5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour measured no more than one month prior to the date of this application; or

5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Note: Indications marked with * are unapproved indications

Renewal — (undifferentiated spondyloarthritis) only from a rheumatologist or medical practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Applicant is a rheumatologist; or

1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior etanercept treatment in the opinion of the treating physician; and

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

Changes to Restrictions – effective 1 March 2020 (continued)

201 RITUXIMAB **(MABTHERA)** – PCT only – Specialist – Special Authority see **SA1884**~~1861~~
(amended Special Authority criteria, chemical name and brand name)

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 **(Mabthera)**

➽ **SA1884** ~~1861~~ Special Authority for Subsidy

~~Initial application — (ABO-incompatible renal transplant) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid without further renewal unless notified where patient is to undergo an ABO-incompatible renal transplant*.~~
~~Note: Indications marked with * are unapproved indications.~~

~~Initial application — (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient has been diagnosed with ANCA associated vasculitis*; and~~
~~2 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks; and~~
~~3 Any of the following:~~
~~3.1 Induction therapy with daily oral or pulse intravenous cyclophosphamide has failed to achieve significant improvement of disease after at least 3 months; or~~
~~3.2 Patient has previously had a cumulative dose of cyclophosphamide > 15 g or a further repeat 3 month induction course of cyclophosphamide would result in a cumulative dose > 15 g; or~~
~~3.3 Cyclophosphamide and methotrexate are contraindicated; or~~
~~3.4 Patient is a female of child-bearing potential; or~~
~~3.5 Patient has a previous history of haemorrhagic cystitis, urological malignancy or haematological malignancy.~~
~~Note: Indications marked with * are unapproved indications.~~

Renewal — (ANCA associated vasculitis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with ANCA associated vasculitis*; and
2 Patient has previously responded to treatment with rituximab but is now experiencing an acute flare of vasculitis; and
3 The total rituximab dose would not exceed the equivalent of 375 mg/m^2 of body-surface area per week for a total of 4 weeks.
Note: Indications marked with * are unapproved indications.

~~Initial application — (Antibody-mediated renal transplant rejection) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid without further renewal unless notified where patient has been diagnosed with antibody-mediated renal transplant rejection*.~~
~~Note: Indications marked with * are unapproved indications.~~

~~Initial application — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient has progressive Binet stage A, B or C chronic lymphocytic leukaemia (CLL) requiring treatment; and~~
~~2 Any of the following:~~
~~2.1 The patient is rituximab treatment naive; or~~
~~2.2 Either:~~
~~2.2.1 The patient is chemotherapy treatment naive; or~~

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

~~2.2.2 Both:~~
~~2.2.2.1 The patient's disease has relapsed following no more than three prior lines of chemotherapy treatment; and~~
~~2.2.2.2 The patient has had a treatment-free interval of 12 months or more if previously treated with fludarabine and cyclophosphamide chemotherapy; 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 The patient has good performance status; and~~
~~4 Either:~~
~~4.1 The patient does not have chromosome 17p deletion CLL; or~~
~~4.2 Rituximab treatment is to be used in combination with funded venetoclax for relapsed/refractory chronic lymphocytic leukaemia; and~~
~~5 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles; and~~
~~6 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration), 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 Rituximab to be administered in combination with fludarabine and cyclophosphamide, 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.

Renewal — (Neuromyelitis Optica Spectrum Disorder) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m^2 administered weekly for four weeks; and
2 The patients has responded to the most recent course of rituximab; and
3 The patient has not received rituximab in the previous 6 months.

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

~~Initial application — (Neuromyelitis Optica Spectrum Disorder(NMOSD)) 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 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks; and~~
~~2 Either:~~
~~2.1 The patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms and clinical investigations supportive of a severe attack of NMOSD); or~~
~~2.2 All of the following:~~
~~2.2.1 The patient has experienced a breakthrough attack of NMOSD; and~~
~~2.2.2 The patient is receiving treatment with mycophenolate; and~~
~~2.2.3 The patients is receiving treatment with corticosteroids.~~

~~Initial application — (Post-transplant) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:~~
~~Both:~~
~~1 The patient has B-cell post-transplant lymphoproliferative disorder*; and~~
~~2 To be used for a maximum of 8 treatment cycles.~~
~~Note: Indications marked with * are unapproved indications.~~

Renewal — (Post-transplant) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:
1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has B-cell post-transplant lymphoproliferative disorder*; and
3 To be used for no more than 6 treatment cycles.
Note: Indications marked with * are unapproved indications.

~~Initial application — (Severe Refractory Myasthenia Gravis) only from a neurologist or medical practitioner on the recommendation of a neurologist. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Both:~~
~~1 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and~~
~~2 Either:~~
~~2.1 Treatment with corticosteroids and at least one other immunosuppressant for at least a period of 12 months has been ineffective; or~~
~~2.2 Both:~~
~~2.2.1 Treatment with at least one other immunosuppressant for a period of at least 12 months; and~~
~~2.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.~~

Renewal — (Severe Refractory Myasthenia Gravis) only from a neurologist or medical practitioner on the recommendation of a neurologist. Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Either:
3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

3.2 Both:

3.2.1 The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and

3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

~~Initial application — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:~~

~~All of the following:~~

~~1 Patient is a child with SDNS* or FRNS*; and~~

~~2 Treatment with steroids for at least a period of 3 months has been ineffective or associated with evidence of steroid toxicity; and~~

~~3 Treatment with ciclosporin for at least a period of 3 months has been ineffective and/or discontinued due to unacceptable side effects; and~~

~~4 Treatment with mycophenolate for at least a period of 3 months with no reduction in disease relapses; and~~

~~5 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.~~

~~Note: Indications marked with * are unapproved indications.~~

Renewal — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:

All of the following:

1 Patient who was previously treated with rituximab for nephrotic syndrome*; and

2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and

3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

~~Initial application — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:~~

~~All of the following:~~

~~1 Patient is a child with SRNS* where treatment with steroids and ciclosporin for at least 3 months have been ineffective; and~~

~~2 Treatment with tacrolimus for at least 3 months has been ineffective; and~~

~~3 Genetic causes of nephrotic syndrome have been excluded; and~~

~~4 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.~~

~~Note: Indications marked with * are unapproved indications.~~

Renewal — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 4 weeks for applications meeting the following criteria:

All of the following:

1 Patient who was previously treated with rituximab for nephrotic syndrome*; and

2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and

3 The total rituximab dose used would not exceed the equivalent of 375 mg/m^2 of body surface area per week for a total of 4 weeks.

Note: Indications marked with * are unapproved indications.

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

~~Initial application — (aggressive CD20 positive NHL) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:~~
~~Either:~~
~~1 All of the following:~~
~~1.1 The patient has treatment naive aggressive CD20 positive NHL; and~~
~~1.2 To be used with a multi-agent chemotherapy regimen given with curative intent; and~~
~~1.3 To be used for a maximum of 8 treatment cycles; or~~
~~2 Both:~~
~~2.1 The patient has aggressive CD20 positive NHL with relapsed disease following prior chemotherapy; and~~
~~2.2 To be used for a maximum of 6 treatment cycles.~~
~~Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia~~

Renewal — (aggressive CD20 positive NHL) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has relapsed refractory/aggressive CD20 positive NHL; and
3 To be used with a multi-agent chemotherapy regimen given with curative intent; and
4 To be used for a maximum of 4 treatment cycles.
Note: 'Aggressive CD20 positive NHL' includes large B-cell lymphoma and Burkitt's lymphoma/leukaemia

~~Initial application — (haemophilia with inhibitors) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 months for applications meeting the following criteria:~~
~~Any of the following:~~
~~1 Patient has mild congenital haemophilia complicated by inhibitors; or~~
~~2 Patient has severe congenital haemophilia complicated by inhibitors and has failed immune tolerance therapy; or~~
~~3 Patient has acquired haemophilia.~~

Renewal — (haemophilia with inhibitors) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Patient was previously treated with rituximab for haemophilia with inhibitors; and
2 An initial response lasting at least 12 months was demonstrated; and
3 Patient now requires repeat treatment.

~~Initial application — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:~~
~~Both:~~
~~1 Either:~~
~~1.1 Patient has immune thrombocytopenic purpura* with a platelet count of less than or equal to 20,000 platelets per microlitre; or~~
~~1.2 Patient has immune thrombocytopenic purpura* with a platelet count of 20,000 to 30,000 platelets per microlitre and significant mucocutaneous bleeding; and~~
~~2 Any of the following:~~
~~2.1 Treatment with steroids and splenectomy have been ineffective; or~~
~~2.2 Treatment with steroids has been ineffective and splenectomy is an absolute contraindication; or~~
~~2.3 Other treatments including steroids have been ineffective and patient is being prepared for elective surgery (e.g. splenectomy).~~
~~Note: Indications marked with * are unapproved indications.~~

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

Renewal — (immune thrombocytopenic purpura (ITP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:
Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for immune thrombocytopenic purpura*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

~~Initial application — (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Both:~~
~~1.1 The patient has indolent low grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and~~
~~1.2 To be used for a maximum of 6 treatment cycles; or~~
~~2 Both:~~
~~2.1 The patient has indolent, low grade lymphoma or hairy cell leukaemia* requiring first-line systemic chemotherapy; and~~
~~2.2 To be used for a maximum of 6 treatment cycles.~~
~~Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.~~

Renewal — (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:
All of the following:

1 The patient has had a rituximab treatment-free interval of 12 months or more; and
2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and
3 To be used for no more than 6 treatment cycles.

Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.

~~Initial application — (previous use) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:~~
~~Both:~~
~~1 Patient was being treated with rituximab prior to 1 February 2019; and~~
~~2 Any of the following:~~
~~2.1 haemophilia with inhibitors; or~~
~~2.2 rheumatoid arthritis; or~~
~~2.3 severe cold haemagglutinin disease (CHAD); or~~
~~2.4 warm autoimmune haemolytic anaemia (warm AIHA); or~~
~~2.5 immune thrombocytopenic purpura (ITP); or~~
~~2.6 thrombotic thrombocytopenic purpura (TTP); or~~
~~2.7 pure red cell aplasia (PRCA); or~~
~~2.8 ANCA associated vasculitis; or~~
~~2.9 treatment refractory systemic lupus erythematosus (SLE); or~~
~~2.10 steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS).~~

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

~~Initial application — (pure red cell aplasia (PRCA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks where patient has autoimmune pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder.~~
~~Note: Indications marked with * are unapproved indications.~~

Renewal — (pure red cell aplasia (PRCA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 weeks where patient was previously treated with rituximab for pure red cell aplasia* associated with a demonstrable B-cell lymphoproliferative disorder and demonstrated an initial response lasting at least 12 months.
Note: Indications marked with * are unapproved indications.

Initial application — (rheumatoid arthritis - TNF inhibitors contraindicated) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
5 Any of the following:
  5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
6 Either:
  6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
7 Either:
  7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and
8 Either:
  8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initial application — (rheumatoid arthritis - prior TNF inhibitor use) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:

1 Both:
  1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

1.2 Either:
1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

2 Either:
2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Renewal — (rheumatoid arthritis - re-treatment in 'partial responders' to rituximab) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:

1 Any of the following:
1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:
3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Renewal — (rheumatoid arthritis - re-treatment in 'responders' to rituximab) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:

1 Either:
1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physiciann; and

2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and

3 Either:
3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

~~Initial application — (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:~~

~~Both:~~

~~1 Patient has cold haemagglutinin disease*; and~~

~~2 Patient has severe disease which is characterized by symptomatic anaemia, transfusion dependence or disabling circulatory symptoms.~~

~~Note: Indications marked with * are unapproved indications.~~

Renewal — (severe cold haemagglutinin disease (CHAD)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or

2 All of the following:

2.1 Patient was previously treated with rituximab for severe cold haemagglutinin disease*; and

2.2 An initial response lasting at least 12 months was demonstrated; and

2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

~~Initial application — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:~~

~~Either:~~

~~1 Patient has thrombotic thrombocytopenic purpura* and has experienced progression of clinical symptoms or persistent thrombocytopenia despite plasma exchange; or~~

~~2 Patient has acute idiopathic thrombotic thrombocytopenic purpura* with neurological or cardiovascular pathology.~~

~~Note: Indications marked with * are unapproved indications.~~

Renewal — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

All of the following:

1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and

2 An initial response lasting at least 12 months was demonstrated; and

3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

~~Initial application — (treatment refractory systemic lupus erythematosus (SLE)) only from a rheumatologist, nephrologist or Practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid for 7 months for applications meeting the following criteria:~~

~~All of the following:~~

~~1 The patient has severe, immediately life- or organ-threatening SLE*; and~~

~~2 The disease has proved refractory to treatment with steroids at a dose of at least 1 mg/kg; and~~

~~3 The disease has relapsed following prior treatment for at least 6 months with maximal tolerated doses of azathioprine, mycophenolate mofetil and high dose cyclophosphamide, or cyclophosphamide is contraindicated; and~~

~~4 Maximum of four 1000 mg infusions of rituximab.~~

~~Note: Indications marked with * are unapproved indications.~~

continued...

Changes to Restrictions – effective 1 March 2020 (continued)

continued...

Renewal — (treatment refractory systemic lupus erythematosus (SLE)) only from a rheumatologist, nephrologist or Practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and
2 The disease has subsequently relapsed; and
3 Maximum of two 1000 mg infusions of rituximab.

Note: Indications marked with * are unapproved indications.

~~Initial application — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:~~

~~Both:~~

~~1 Patient has warm autoimmune haemolytic anaemia*; and~~
~~2 One of the following treatments has been ineffective: steroids (including if patient requires ongoing steroids at doses equivalent to > 5 mg prednisone daily), cytotoxic agents (e.g. cyclophosphamide monotherapy or in combination), intravenous immunoglobulin.~~

~~Note: Indications marked with * are unapproved indications.~~

Renewal — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 4 weeks for applications meeting the following criteria:

Either:

1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m^2 weekly for 4 weeks) is now planned; or
2 All of the following:
  2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and
  2.2 An initial response lasting at least 12 months was demonstrated; and
  2.3 Patient now requires repeat treatment.

Note: Indications marked with * are unapproved indications.

223 FLUTICASONE (amended presentation description)

Aerosol inhaler, 50 mcg per dose ~~CFC-free~~	7.19	120 dose OP	✔ **Flixotide**
Aerosol inhaler, 125 mcg per dose ~~CFC-free~~	13.60	120 dose OP	✔ **Flixotide**
Aerosol inhaler, 250 mcg per dose ~~CFC-free~~	24.62	120 dose OP	✔ **Flixotide**

Changes to Restrictions – effective 1 March 2020 (continued)

250 ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]
(amended subsidy by endorsement)

Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, **or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg**. The prescription must be endorsed accordingly.

Liquid (banana)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip
Liquid (chocolate)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip
Liquid (fruit of the forest)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
Liquid (strawberry)			
– Higher subsidy of $1.26 per 200 ml with Endorsement.....	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip
Liquid (vanilla)			
– Higher subsidy of up to $1.33 per 237 ml with Endorsement....	0.85	237 ml OP	
	(1.33)		Ensure Plus
	0.72	200 ml OP	
	(1.26)		Ensure Plus
	(1.26)		Fortisip

Changes to Restrictions – effective 1 February 2020

29 TALIGLUCERASE ALFA – Special Authority see **SA1880**~~1734~~ – Retail pharmacy
(amended Special Authority criteria)

Inj 200 unit vial	1,072.00	1	✔ **Elelyso**

➽ **SA1880** ~~1734~~ Special Authority for Subsidy
Special Authority approved by the Gaucher Treatment Panel
Notes: Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or:

The Co-ordinator, Gaucher Treatment Panel
PHARMAC PO Box 10 254
Wellington

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

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

Access Criteria
Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1) The patient has a diagnosis of symptomatic type 1 or type 3* Gaucher disease confirmed by the demonstration of specific deficiency of glucocerebrosidase in leukocytes or cultured skin fibroblasts, and genotypic analysis; and
2) Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by taliglucerase alfa or might be reasonably expected to compromise a response to therapy with taliglucerase alfa; and
3) Taliglucerase alfa is to be administered at a dose no greater than 30 unit/kg every other week rounded to the nearest whole vial (200 units), unless otherwise agreed by PHARMAC; and
4) Supporting clinical information including test reports, MRI whole body STIR, ~~serum glucosylsphingosine,~~ haematological data, and other relevant investigations, are submitted to the Gaucher Panel for assessment; and
5) Any of the following:
6) 1) Patient has haematological complications such as haemoglobin less than 95 g/l, symptomatic anaemia, thrombocytopenia; at least two episodes of severely symptomatic splenic infarcts confirmed with imagery; or massive symptomatic splenomegaly; or
   2) Patient has skeletal complications such as acute bone crisis requiring hospitalisation or major pain management strategies; radiological MRI Evidence of incipient destruction of any major joint (e.g. hips or shoulder); spontaneous fractures or vertebral collapse; chronic bone pain not controlled by other pharmaceuticals; or
   3) Patient has significant liver dysfunction or hepatomegaly attributable to Gaucher disease; or
   4) Patient has reduced vital capacity from clinically significant or progressive pulmonary disease due to Gaucher disease; or
   5) Patient is a child and has experienced growth failure with significant decrease in percentile linear growth over a 6-12 month period.

*Unapproved indication

Renewal from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1) Patient has demonstrated a symptomatic improvement or no deterioration in the main symptom for which therapy was initiated; and

continued...

Changes to Restrictions – effective 1 February 2020 (continued)

continued...

2) Patient has demonstrated a clinically objective improvement or no deterioration in haemoglobin levels, platelet counts and liver and spleen size; and

3) Radiological (MRI) signs of bone activity performed at ~~one year and~~ two years since initiation of treatment ~~begins~~, and ~~two to~~ three yearly thereafter, demonstrate no deterioration shown by the MRI, compared with MRI taken immediately prior to commencement of therapy or adjusted dose; and

~~4) Serum glucosylsphingosine levels taken at least 6 to 12 monthly show a decrease compared with baseline; and~~

~~5~~ **4**) Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and

~~6~~ **5**) Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and

~~7~~ **6**) Patient is compliant with regular treatment and taliglucerase alfa is to be administered at a dose no greater than 30 unit/kg every other week rounded to the nearest whole vial (200 units), unless otherwise agreed by PHARMAC; and

~~8~~ **7**) Supporting clinical information including test reports, MRI whole body STIR, ~~serum glucosylsphingosine,~~ haematological data, and other relevant investigations are submitted to the Gaucher Panel for assessment as required

31 VITAMIN A WITH VITAMINS D AND C (addition of note)
Note that funding of vitamin A oral liquid can be applied for through the Exceptional Circumstances process; the application form can be found on the PHARMAC website https://pharmac.govt.nz/assets/form-alphatocopherylacetate-and-vitaminA.pdf
✻ Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops ..... 4.50 — 10 ml OP — ✔ **Vitadol C**

47 AMIODARONE HYDROCHLORIDE (amended PSO quantity)
Inj 50 mg per ml, 3 ml ampoule
– Up to ~~6~~ **10** inj available on a PSO ..... 16.37 — 10 — ✔ **Max Health**

47 FLECAINIDE ACETATE – Retail pharmacy-Specialist (addition of brand switch fee)
▲ Tab 50 mg – **Brand switch fee payable (Pharmacode 2581744)** ..... 19.95 — 60 — ✔ **Flecainide BNM**

117 ROPINIROLE HYDROCHLORIDE (Section 29 and wastage claimable removed)
▲ Tab 0.25 mg ..... 0.71 — 21 — ✔ **Ropin** ~~S29~~
~~Wastage claimable~~

124 FLUOXETINE HYDROCHLORIDE (reinstate stat dispensing and subsidy by endorsement)
❋ 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.

167 ALECTINIB – Retail pharmacy-Specialist – Special Authority see SA1870 (addition of wastage claimable)
Wastage claimable
Cap 150 mg ..... 7,935.00 — 224 — ✔ **Alecensa**

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

Changes to Restrictions – effective 10 January 2020

124 FLUOXETINE HYDROCHLORIDE (stat dispensing and subsidy by endorsement removed)

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.~~

Effective 1 January 2020

46 QUINAPRIL WITH HYDROCHLOROTHIAZIDE (stat dispensing removed)

Tab 10 mg with hydrochlorothiazide 12.5 mg ..... 3.83 30 ✔ **Accuretic 10**

108 NITROFURANTOIN (addition of PSO)

❋ Tab 50 mg – **up to 30 tab available on a PSO** ..... 22.20 100 ✔ **Nifuran**

117 ROPINIROLE HYDROCHLORIDE (addition of section 29 and wastage claimable)

▲ Tab 0.25 mg ..... 0.71 21 ✔ **Ropin S29** S29

Wastage claimable

126 LAMOTRIGINE (Brand switch fee removed)

❋ 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 LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency (addition of subsidy by endorsement)

Tab 250 mg – **Subsidy by endorsement** ..... 34.30 500 ✔ **Lithicarb FC**

Subsidised for patients who were taking lithium carbonate tab 250 mg prior to 1 January 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of lithium carbonate.

141 GLATIRAMER ACETATE – Special Authority see SA1808 – Retail pharmacy (no patient co-payment payable removed)

Inj 40 mg prefilled syringe

– ~~No patient co-payment payable~~ ..... 2,275.00 12 ✔ **Copaxone**

143 INTERFERON BETA-1-ALPHA – Special Authority see SA1809 – Retail pharmacy (no patient co-payment payable removed)

~~No patient co-payment payable~~

Inj 6 million iu prefilled syringe ..... 1,170.00 4 ✔ **Avonex**

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

144 INTERFERON BETA-1-BETA – Special Authority see SA1810 – Retail pharmacy (no patient co-payment payable removed)

~~No patient co-payment payable~~

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

164 TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy (amended brand name)

Cap 140 mg ..... 400.00 5 ✔ ~~Accord~~ **Amneal** S29

Cap 250 mg ..... 688.00 5 ✔ ~~Accord~~ **Amneal** S29

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

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

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

Changes to Subsidy and Manufacturer's Price

Effective 1 April 2020

7	MESALAZINE (↓ subsidy)			
	Tab long-acting 500 mg	56.10	100	✔ **Pentasa**
8	HYOSCINE BUTYLBROMIDE (↓ subsidy)			
	❋ Inj 20 mg, 1 ml – Up to 5 inj available on a PSO	6.35	5	✔ **Buscopan**
8	MEBEVERINE HYDROCHLORIDE (↓ subsidy)			
	❋ Tab 135 mg	9.20	90	✔ **Colofac**
41	HEPARIN SODIUM (↑ subsidy)			
	Inj 5,000 iu per ml, 1 ml	32.66	5	✔ **Hospira**
41	HEPARINISED SALINE (↑ subsidy)			
	Inj 10 iu per ml, 5 ml	65.48	50	✔ **Pfizer**
42	WARFARIN SODIUM (↓ subsidy)			
	Note: Marevan and Coumadin are not interchangeable.			
	❋ Tab 1 mg	6.46	100	✔ **Marevan**
	❋ Tab 3 mg	10.03	100	✔ **Marevan**
	❋ Tab 5 mg	11.48	100	✔ **Marevan**
79	TRIAMCINOLONE ACETONIDE (↑ subsidy)			
	Inj 40 mg per ml, 1 ml ampoule	70.62	5	✔ **Kenalog** S29
109	IBUPROFEN (↓ subsidy)			
	❋ Tab long-acting 800 mg	5.99	30	
		(7.99)		Brufen SR
125	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Inj 5 mg per ml, 2 ml ampoule – Subsidy by endorsement	23.66	5	✔ **Hospira**
	a) Up to 5 inj available on a PSO			
	b) Only on a PSO			
	c) PSO must be endorsed "not for anaesthetic procedures".			
151	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy (↓ subsidy)			
	Patch 4.6 mg per 24 hour	48.75	30	
		(90.00)		Exelon
	Patch 9.5 mg per 24 hour	48.75	30	
		(90.00)		Exelon
162	LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA1897 (↓ subsidy)			
	Wastage claimable			
	Cap 10 mg	4,655.25	21	✔ **Revlimid**
	Cap 15 mg	5,429.39	21	✔ **Revlimid**
167	VINBLASTINE SULPHATE (↑ subsidy)			
	Inj 1 mg per ml, 10 ml vial – PCT			
	– Retail pharmacy-Specialist	270.37	5	✔ **Hospira**
	Inj 1 mg for ECP – PCT only – Specialist	6.00	1 mg	✔ **Baxter**

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

Changes to Subsidy and Manufacturer's Price – effective 13 March 2020

124 FLUOXETINE HYDROCHLORIDE (↑ subsidy)

❋ Tab dispersible 20 mg, scored – Subsidy by endorsement	9.93	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.

Effective 1 March 2020

93 GENTAMICIN SULPHATE (↑ subsidy)

Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement	87.50	50	✔ **Pfizer**

Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.

98 ORNIDAZOLE (↑ subsidy)

Tab 500 mg	32.95	10	✔ **Arrow-Ornidazole**

130 PROCHLORPERAZINE (↑ price but not subsidy)

❋ Tab 3 mg buccal	5.97	50	
	(30.00)		Buccastem

161 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1889 (↓ subsidy)

Inj 1 mg for ECP	562.34	1 mg	✔ **Baxter (Velcade)**

161 DACTINOMYCIN [ACTINOMYCIN D] – PCT only – Specialist (↑ subsidy)

Inj 0.5 mg vial	255.00	1	✔ **Cosmegen**
Inj 0.5 mg for ECP	255.00	0.5 mg OP	✔ **Baxter**

223 FLUTICASONE (↓ subsidy)

Aerosol inhaler, 50 mcg per dose	7.19	120 dose OP	✔ **Flixotide**
Aerosol inhaler, 250 mcg per dose	24.62	120 dose OP	✔ **Flixotide**

223 FLUTICASONE WITH SALMETEROL (↓ subsidy)

Aerosol inhaler 50 mcg with salmeterol 25 mcg	25.79	120 dose OP	✔ **Seretide**
Aerosol inhaler 125 mcg with salmeterol 25 mcg	32.60	120 dose OP	✔ **Seretide**

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

Changes to Subsidy and Manufacturer's Price – effective 1 February 2020

54	ADRENALINE (↑ subsidy)			
	Inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO	10.76	5	✔**DBL Adrenaline**
64	POVIDONE IODINE (↑ price but not subsidy)			
	Skin preparation, povidone iodine 10% with 70% alcohol	1.63	100 ml	
		(7.78)		Pfizer
73	LEVONORGESTREL (↑ subsidy but not price)			
	❋ Tab 30 mcg – Up to 84 tab available on a PSO	16.50	84	✔**Microlut**
118	TOLCAPONE (↑ subsidy)			
	▲Tab 100 mg	152.38	100	✔**Tasmar**
231	PREDNISOLONE ACETATE (↑ subsidy)			
	Eye drops 1%	5.93	10 ml OP	✔**Prednisolone-AFT**

Effective 1 January 2020

50	NIFEDIPINE (↑ subsidy)			
	❋ Tab long-acting 20 mg	17.72	100	✔**Nyefax Retard**
54	ISOSORBIDE MONONITRATE (↑ subsidy)			
	❋ Tab long-acting 40 mg	8.20	30	✔**Ismo 40 Retard**
61	HYDROCORTISONE (↑ subsidy)			
	❋ Crm 1% – Only on a prescription	3.42	30 g OP	✔**DermAssist**
		17.15	500 g	✔**Pharmacy Health**
117	APOMORPHINE HYDROCHLORIDE (↓ subsidy)			
	▲Inj 10 mg per ml, 2 ml ampoule	59.50	5	✔**Movapo**
124	FLUOXETINE HYDROCHLORIDE (↑ subsidy)			
	Cap 20 mg	7.49	90	✔**Arrow-Fluoxetine**

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

Delisted Items

Effective 1 April 2020

40 DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy

Inj 2,500 iu per 0.2 ml prefilled syringe	19.97	10	✔Fragmin
Inj 5,000 iu per 0.2 ml prefilled syringe	39.94	10	✔Fragmin
Inj 7,500 iu per 0.75 ml graduated syringe	60.03	10	✔Fragmin
Inj 10,000 iu per 1 ml graduated syringe	77.55	10	✔Fragmin

43 COMPOUND ELECTROLYTES

Powder for oral soln – Up to 10 sach available on a PSO	2.30	10	✔Enerlyte

64 PARAFFIN

White soft – Only in combination	3.58	500 g	
	(7.78)		IPW
	20.20		✔IPW

Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.

91 AMOXICILLIN

Cap 250 mg	14.97	500	✔Apo-Amoxi

a) Up to 30 cap available on a PSO
b) Up to 10 x the maximum PSO quantity for RFPP

Cap 500 mg	16.75	500	✔Apo-Amoxi

a) Up to 30 cap available on a PSO
b) Up to 10 x the maximum PSO quantity for RFPP

93 CLINDAMYCIN

Cap hydrochloride 150 mg – Maximum of 4 cap per prescription; can be waived by endorsement - Retail pharmacy - Specialist	4.10	16	✔Clindamycin ABM

105 EFAVIRENZ – Special Authority see SA1651 – Retail pharmacy

Tab 50 mg	63.38	30	✔Stocrin S29

119 LIDOCAINE [LIGNOCAINE]

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

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

123 DOXEPIN HYDROCHLORIDE – Subsidy by endorsement

a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking doxepin hydrochloride prior to 1 March 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of doxepin hydrochloride.

Cap 25 mg	6.86	100	✔Anten

129 ONDANSETRON

❋Tab 4 mg	3.36	50	✔Apo-Ondansetron
❋Tab 8 mg	4.77	50	✔Apo-Ondansetron

▲ 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
Delisted Items – effective 1 April 2020 (continued)				
131	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
255	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 March 2020				
50	NIFEDIPINE			
	❋Tab long-acting 30 mg	3.14	30	✔Adefin XL
51	FUROSEMIDE [FRUSEMIDE]			
	Tab 40 mg – Up to 30 tab available on a PSO	7.24	1,000	
		(8.00)		Diurin 40
63	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
64	POVIDONE IODINE			
	Antiseptic soln 10%	5.40	500 ml	
		(6.20)		Betadine
		0.19	15 ml	
		(7.41)		Betadine
68	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+

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

Delisted Items – effective 1 March 2020 (continued)

70	CONDOMS			
	✻ 49 mm – Up to 144 dev available on a PSO	13.36	144	✔Shield 49
	✻ 53 mm	1.11	12	✔Gold Knight
				✔Shield Blue
		13.36	144	✔Shield Blue
	a) Up to 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 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	✻ 53 mm (strawberry)	1.11	12	✔Gold Knight
		13.36	144	✔Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	✻ 56 mm	1.11	12	✔Gold Knight
		13.36	144	✔Durex Extra Safe
				✔Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	✻ 56 mm, shaped	1.16	12	
		(1.34)		Durex Confidence
		11.64	144	
		(16.08)		Durex Confidence
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
76	TOLTERODINE – Special Authority see SA1272 – Retail pharmacy			
	Tab 1 mg	14.56	56	✔Arrow-Tolterodine
94	PYRIMETHAMINE – Special Authority see SA1328 – Retail pharmacy			
	Tab 25 mg	36.95	50	✔Daraprim S29
	Note – this delist applies to the 50 tab pack.			
110	SODIUM AUROTHIOMALATE			
	Inj 10 mg in 0.5 ml ampoule	76.87	10	✔Myocrisin
	Inj 20 mg in 0.5 ml ampoule	113.17	10	✔Myocrisin
	Inj 50 mg in 0.5 ml ampoule	217.23	10	✔Myocrisin
117	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
124	PAROXETINE			
	✻ Tab 20 mg	4.02	90	✔Apo-Paroxetine
124	SERTRALINE			
	✻ Tab 50 mg	3.05	90	✔Arrow-Sertraline
	✻ Tab 100 mg	5.25	90	✔Arrow-Sertraline

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
Delisted Items – effective 1 March 2020 (continued)			
125 ETHOSUXIMIDE			
Cap 250 mg	281.75	200	✔Zarontin
Note – this delist applies to the 200 tab pack.			
158 CALCIUM FOLINATE			
Inj 50 mg – PCT – Retail pharmacy-Specialist	18.25	5	✔Calcium Folinate Ebewe
231 SODIUM CROMOGLICATE			
Eye drops 2%	1.79	5 ml OP	✔Cromal
233 POLYVINYL ALCOHOL			
❋ Eye drops 3%	3.68	15 ml OP	✔Vistil Forte
234 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			
237 BENZOIN			
Tincture compound BP	24.42	500 ml	
	(39.90)		Pharmacy Health
	2.44	50 ml	
	(5.10)		Pharmacy Health
Effective 1 February 2020			
8 FAMOTIDINE			
❋ Tab 20 mg	49.13	1,000	✔Famotidine Hovid S29
Note – this delist applies to the 1,000 tab pack.			
34 IRON POLYMALTOSE			
❋ Inj 50 mg per ml, 2 ml ampoule	15.22	5	✔Ferrum H
45 CILAZAPRIL			
❋ Tab 2.5 mg	7.20	200	✔Apo-Cilazapril
❋ Tab 5 mg	12.00	200	✔Apo-Cilazapril
47 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
47 FLECAINIDE ACETATE – Retail pharmacy-Specialist			
▲Tab 50 mg	38.95	60	✔Tambocor
48 LABETALOL			
Tab 200 mg	29.74	100	✔Hybloc

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Delisted Items – effective 1 February 2020 (continued)

64 POVIDONE IODINE

Antiseptic soln 10%	1.28	100 ml	
	(6.20)		Betadine

Note – this delist applies to Pharmacodes 536970 and 2573954.

157 OXALIPLATIN – PCT only – Specialist

Inj 5 mg per ml, 20 ml vial	46.32	1	✔Oxaliccord

246 PAEDIATRIC ENTERAL FEED WITH FIBRE 0.76 KCAL/ML – Special Authority see SA1196 – Hospital pharmacy [HP3]

Liquid	4.00	500 ml OP	✔Nutrini Low Energy Multi Fibre

Note – this delist applies to Pharmacode 2400421.

262 INFLUENZA VACCINE

Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	9.00	1	✔Fluarix Tetra
a) Access criteria apply			
Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	45.00	5	✔FluQuadri
	90.00	10	✔Influvac Tetra
			✔Afluria Quad

a) Only on a prescription
b) No patient co-payment payable
c) Access criteria apply

Effective 1 January 2020

11 ACARBOSE

❋ Tab 100 mg	11.24	50	✔Acarbose Mylan S29

40 DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy

Inj 12,500 iu per 0.5 ml prefilled syringe	99.96	10	✔Fragmin
Inj 15,000 iu per 0.6 ml prefilled syringe	120.05	10	✔Fragmin
Inj 18,000 iu per 0.72 ml prefilled syringe	158.47	10	✔Fragmin

79 TETRACOSACTRIN

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

88 CEFTRIAXONE – Subsidy by endorsement

a) Up to 10 inj available on a PSO
b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningococcal disease, and the prescription or PSO is endorsed accordingly.

Inj 500 mg vial	1.20	1	✔DEVA
Inj 1 g vial	0.84	1	✔DEVA

92 DOXYCYCLINE

❋ Tab 50 mg – Up to 30 tab available on a PSO	2.90	30	
	(6.00)		Doxy-50

▲ 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

Delisted Items – effective 1 January 2020 (continued)

120 PARACETAMOL
✻ Tab 500 mg - blister pack – Up to 30 tab available on a PSO ..... 7.12 — 1,000 — ✔ Pharmacy Health

123 DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.
Cap 25 mg ..... 6.45 — 100 — ✔ Dopress

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

174 AZATHIOPRINE – Retail pharmacy-Specialist
✻ Tab 25 mg ..... 9.66 — 100 — ✔ Imuran
✻ Tab 50 mg ..... 10.58 — 100 — ✔ Imuran

227 MONTELUKAST
✻ Tab 4 mg ..... 5.25 — 28 — ✔ Apo-Montelukast
✻ Tab 5 mg ..... 5.50 — 28 — ✔ Apo-Montelukast
✻ Tab 10 mg ..... 5.65 — 28 — ✔ Accord S29
✔ Apo-Montelukast

228 BECLOMETHASONE DIPROPIONATE
Metered aqueous nasal spray, 50 mcg per dose ..... 2.35 — 200 dose OP
(5.26) — Alanase
Metered aqueous nasal spray, 100 mcg per dose ..... 2.46 — 200 dose OP
(6.00) — Alanase

231 TIMOLOL
✻ Eye drops 0.25%, gel forming ..... 3.30 — 2.5 ml OP — ✔ Timoptol XE

233 POLYVINYL ALCOHOL
✻ Eye drops 1.4% ..... 2.62 — 15 ml OP — ✔ Vistil

234 PHARMACY SERVICES
May only be claimed once per patient.
✻ Brand switch fee ..... 4.50 — 1 fee — ✔ BSF Logem
The Pharmacode for BSF Logem is 2575949.

238 SODIUM BICARBONATE
Powder BP – Only in combination ..... 9.80 — 500 g
(29.50) — David Craig
Only in extemporaneously compounded omeprazole and lansoprazole suspension.

238 SYRUP (PHARMACEUTICAL GRADE) – Only in combination
Only in extemporaneously compounded oral liquid preparations.
Liq ..... 21.75 — 2,000 ml — ✔ Midwest
Note – this delist applies to the 2,000 ml bottle pack.

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted

Effective 1 May 2020

234	PHARMACY SERVICES			
	❋ Brand switch fee	4.50	1 fee	✔ **BSF Flecainide BNM**
	a) The Pharmacode for BSF Flecainide BNM is 2581744.			

Effective 1 June 2020

45	ENALAPRIL MALEATE			
	❋ Tab 5 mg	3.84	100	✔ **Ethics Enalapril**
	❋ Tab 10 mg	4.96	100	✔ **Ethics Enalapril**
	❋ Tab 20 mg	7.12	100	✔ **Ethics Enalapril**
64	POVIDONE IODINE			
	Skin preparation, povidone iodine 10% with 30% alcohol	10.00	500 ml	✔ **Betadine Skin Prep**
121	MORPHINE SULPHATE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab long-acting 100 mg	6.10	10	✔ **Arrow-Morphine LA**

Effective 1 July 2020

31	VITAMIN A WITH VITAMINS D AND C			
	Note that funding of vitamin A oral liquid can be applied for through the Exceptional Circumstances process; the application form can be found on the PHARMAC website https://pharmac.govt.nz/assets/form-alphatocopherylacetate-and-vitaminA.pdf			
	❋ Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✔ **Vitadol C**
76	TOLTERODINE – Special Authority see SA1272 – Retail pharmacy			
	Tab 2 mg	14.56	56	✔ **Arrow-Tolterodine**
78	DEXAMETHASONE PHOSPHATE			
	Dexamethasone phosphate injection will not be funded for oral use.			
	❋ Inj 4 mg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO	14.19	10	✔ **Max Health**
	❋ Inj 4 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO	25.18	10	✔ **Max Health**
109	IBUPROFEN			
	❋ Tab long-acting 800 mg	5.99	30	
		(7.99)		Brufen SR
149	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy			
	Patch 4.6 mg per 24 hour	48.75	30	
		(90.00)		Exelon
	Patch 9.5 mg per 24 hour	48.75	30	
		(90.00)		Exelon

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

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

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

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

158 CAPECITABINE – Retail pharmacy-Specialist

Tab 150 mg	11.15	60	✔**Brinov**
Tab 500 mg	62.28	120	✔**Brinov**

173 FLUTAMIDE – Retail pharmacy-Specialist

Tab 250 mg	100.38	84	✔**Flutamide Mylan** S29

234 PHARMACY SERVICES

May only be claimed once per patient

✳ Brand switch fee	4.50	1 fee	✔**BSF Buprenorphine Naloxone BNM**

a) The Pharmacode for BSF Buprenorphine Naloxone BNM is 2586258

250 ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]

Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.

Liquid (strawberry) – Higher subsidy of up to $1.26 per

200 ml with endorsement	0.72 (1.26)	200 ml OP	Ensure Plus

Effective 1 August 2020

60 NYSTATIN

Crm 100,000 u per g	1.00 (7.90)	15 g OP	Mycostatin

a) Only on a prescription
b) Not in combination

124 ~~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 – delisting delayed until further notice.

161 BORTEZOMIB – PCT only – Specialist – Special Authority see SA1889

Inj 3.5 mg vial	1,892.50	1	✔**Velcade**
Inj 1 mg for ECP	562.34	1 mg	✔**Baxter (Velcade)**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted – effective 1 September 2020

48	LABETALOL			
	❋ Tab 100 mg	11.36	100	✔**Presolol** S29
	❋ Tab 200 mg	29.74	100	✔**Presolol** S29
50	VERAPAMIL HYDROCHLORIDE			
	❋ Tab long-acting 240 mg	25.00	250	✔**Verpamil SR**
61	HYDROCORTISONE			
	❋ Crm 1% – Only on a prescription	3.42	30 g OP	✔**DermAssist**
98	METRONIDAZOLE			
	Tab 200 mg – Up to 30 tab available on a PSO	10.45	100	✔**Trichozole**
	Tab 400 mg – Up to 15 tab available on a PSO	18.15	100	✔**Trichozole**
109	SULINDAC			
	❋ Tab 100 mg	8.55	50	✔**Aclin**
117	ROPINIROLE HYDROCHLORIDE			
	▲ Tab 0.25 mg	0.71	21	✔**Ropin**
122	MORPHINE TARTRATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Inj 80 mg per ml, 1.5 ml ampoule	42.72	5	✔**DBL Morphine Tartrate**
126	SUMATRIPTAN			
	Inj 12 mg per ml, 0.5 ml prefilled pen			
	– Maximum of 10 inj per prescription	42.67	2 OP	✔**Sun Pharma** S29
		81.15		✔**Clustran**
129	HYOSCINE HYDROBROMIDE			
	❋ Inj 400 mcg per ml, 1 ml ampoule	46.50	5	✔**Hospira**
147	PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy			
	Inj 200 mg per ml, 1 ml ampoule	30.00	5	✔**Aspen** S29
223	FLUTICASONE			
	Aerosol inhaler, 50 mcg per dose	4.68	120 dose OP	✔**Floair**
	Aerosol inhaler, 125 mcg per dose	7.22	120 dose OP	✔**Floair**
	Aerosol inhaler, 250 mcg per dose	10.18	120 dose OP	✔**Floair**
223	FLUTICASONE WITH SALMETEROL			
	Aerosol inhaler 50 mcg with salmeterol 25 mcg	14.58	120 dose OP	✔**RexAir**
	Aerosol inhaler 125 mcg with salmeterol 25 mcg	16.83	120 dose OP	✔**RexAir**
244	~~PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]~~			
	~~Liquid (chocolate)~~	~~1.07~~	~~200 ml OP~~	~~✔**Pediasure**~~
	~~Liquid (strawberry)~~	~~1.07~~	~~200 ml OP~~	~~✔**Pediasure**~~
	~~Liquid (vanilla)~~	~~1.07~~	~~200 ml OP~~	~~✔**Pediasure**~~

Note – Pediasure (chocolate, strawberry and vanilla) liquid, 200 ml OP is no longer being delisted.

▲ 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 October 2020

242 CORD ORAL FEED 1.5KCAL/ML – Special Authority see SA1094 – Hospital pharmacy [HP3]
Liquid ..... 1.66 237 ml OP ✔ **Pulmocare**

258 ADULT DIPHTHERIA AND TETANUS VACCINE – [Xpharm]
Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml ..... 0.00 5 ✔ **ADT Booster**
Access criteria apply

260 HEPATITIS B RECOMBINANT VACCINE – [Xpharm]
Inj 5 mcg per 0.5 ml vial ..... 0.00 1 ✔ **HBvaxPRO**
Access criteria apply
Inj 10 mcg per 1 ml vial ..... 0.00 1 ✔ **HBvaxPRO**
Access criteria apply
Inj 40 mcg per 1 ml vial ..... 0.00 1 ✔ **HBvaxPRO**
Access criteria apply

Effective 1 November 2020

132 LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency
Tab 250 mg – Subsidy by endorsement ..... 34.30 500 ✔ **Lithicarb FC**
Subsidised for patients who were taking lithium carbonate tab 250 mg prior to 1 January 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of lithium carbonate.

237 CHLOROFORM
a) Only in combination
b) Maximum of 100 ml per prescription
c) Only in aspirin and chloroform application.
d) Note: This product is no longer being manufactured by the supplier and will be delisted from the Schedule at a date to be determined.
Chloroform BP ..... 25.50 500 ml ✔ **PSM**
Note – the standard formula for aspirin and chloroform application will also be delisted from 1 November 2020.

Effective 1 December 2020

46 CILAZAPRIL WITH HYDROCHLOROTHIAZIDE – Subsidy by endorsement
Subsidy by endorsement – Subsidised for patients who were taking cilazapril with hydrochlorothiazide prior to 1 March 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril with hydrochlorothiazide.
✻ Tab 5 mg with hydrochlorothiazide 12.5 mg ..... 10.18 100 ✔ **Apo-Cilazapril/ Hydrochlorothiazide**

92 TETRACYCLINE – Special Authority see SA1332 – Retail pharmacy
Cap 500 mg ..... 46.00 30 ✔ **Tetracyclin Wolff** S29

161 COLASPASE [L-ASPARAGINASE] – PCT only – Specialist
Inj 10,000 iu for ECP ..... 102.32 10,000 iu OP ✔ **Baxter**

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

Items to be Delisted – effective 1 January 2021

41 ENOXAPARIN SODIUM – Special Authority see SA1646 – Retail pharmacy

Inj 20 mg in 0.2 ml syringe	27.93	10	✔**Clexane**
Inj 40 mg in 0.4 ml syringe	37.27	10	✔**Clexane**
Inj 60 mg in 0.6 ml syringe	56.18	10	✔**Clexane**
Inj 80 mg in 0.8 ml syringe	74.90	10	✔**Clexane**
Inj 100 mg in 1 ml syringe	93.80	10	✔**Clexane**
Inj 120 mg in 0.8 ml syringe	116.55	10	✔**Clexane**
Inj 150 mg in 1 ml syringe	133.20	10	✔**Clexane**

Note – these delists apply to Pharmacode 795615, 795623, 416991, 417009, 417017, 389366 and 389390. New Pharmacodes were listed 1 April 2020.

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

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