PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

May 2020

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Summary of PHARMAC decisions
EFFECTIVE 1 MAY 2020

New listings (page 26)

- Atenolol (Atenolol AFT S29) oral liq 25 mg per 5 ml, 300 ml OP – restricted to children under 12 years of age – S29
- Povidone iodine (Betadine) oint 10%, 65 g OP – maximum of 130 g per prescription and only on a prescription
- Tobramycin (TOBI) solution for inhalation 60 mg per ml, 5 ml – subsidy by endorsement – wastage claimable
- Fentanyl (Fentanyl GH) inj 50 mcg per ml, 2 ml ampoule – only on a controlled drug form – no patient co-payment payable – safety medicine; prescriber may determine dispensing frequency – S29 and wastage claimable
- Terbutaline sulphate (Bricanyl Turbuhaler) powder for inhalation, 200 mcg per dose (equivalent to 250 mcg metered dose), breath activated, 120 dose OP
- Olopatadine (Olopatadine Teva) eye drops 0.1%, 5 ml OP
- Amino acid formula (Neocate SYNEO) powder (unflavoured), 400 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 28-33)

- Alglucosidase alfa (Myozyme) inj 50 mg vial – amended Special Authority criteria
- Betaine (Cystadane) powder for oral soln, 180 g OP – amended Special Authority criteria
- Galsulfase (Naglazyme) inj 1 mg per ml, 5 ml vial – amended Special Authority criteria
- Sapropterin dihydrochloride (Kuvan) tab soluble 100 mg, 30 OP – amended Special Authority criteria
- Sodium phenylbutyrate (Pheburane) grans 483 mg per g, 174 g OP – amended Special Authority
- Flecainide acetate (Flecainide BNM) tab 50 mg – brand switch fee removed
- HMG CoA Reductase Inhibitors (Statins) – prescribing guidelines removed
- Povidone iodine (Betadine) oint 10%, 25 g OP and 65 g OP – amended maximum prescription quantity
- Clarithromycin tab 250 mg (Apo-Clarithromycin) and grans for oral liq 250 mg per 5 ml (Klacid) – amended restrictions
- Hydroxychloroquine (Plaquenil) tab 200 mg – amended subsidy by endorsement
- Hyoscine hydrobromide (Scopoderm TTS) patch 1.5 mg – amended Special Authority criteria

- Nintedanib (Ofev) cap 100 mg and 150 mg – amended Special Authority criteria
- Pirfenidone (Esbriet) tab 801 mg and cap 267 mg – amended Special Authority criteria
- Carbohydrate – amended Special Authority criteria

Increased subsidy (pages 47-48)

- Acipimox (Olbetam) cap 250 mg
- Rifabutin (Mycobutin) cap 150 mg
- Ibuprofen (Brufen SR) tab long-acting 800 mg
- Dantrolene (Dantrium and Dantrium S29) cap 25 mg
- Diazepam (Stesolid) rectal tubes 5 mg
- Calcium folinate (DBL Leucovorin Calcium) tab 15 mg
- Dacarbazine inj 200 mg vial (DBL Dacarbazine) and inj 200 mg for ECP, 200 mg OP (Baxter)
- Daunorubicin inj 2 mg per ml, 10 ml (Pfizer) and inj 20 mg for ECP, 20 mg OP (Baxter)
- Mitomycin C inj 5 mg vial (Teva) and inj 1 mg for ECP (Baxter)
- Vincristine sulphate inj 1 mg per ml, 2 ml vial (DBL Vincristine Sulfate) and inj 1 mg for ECP (Baxter)
- Promethazine hydrochloride (Hospira) inj 25 mg per ml, 2 ml ampoule

Decreased subsidy (pages 47-48)

- Etanercept (Enbrel) inj 25 mg, 50 mg autoinjector and prefilled syringe

Increased price but not subsidy (page 47)

- Senna (Senokot) tab, standardised, 20 and 100 tab pack

News Stories – May 2020 Update

New tender listings for 1 May 2020

- Olopatadine (Olopatadine Teva) eye drops 0.1%, 5 ml OP
- Povidone iodine (Betadine) oint 10%, 65 g OP

COVID-19 – Large volume of changes to the Pharmaceutical Schedule

During the COVID-19 pandemic, PHARMAC has received a large volume of requests to amend listings in the Pharmaceutical Schedule. It is not currently practicable to continue to outline all of these changes in the News Stories.

PHARMAC is updating our pharmac.govt.nz/covid-19 webpage as and when required with the latest information and guidance. Please visit our website to view the most recent changes and updates.

- List of medicines with amended access criteria: www.pharmac.govt.nz/information-for/covid-19-pharmacs-response/covid-19-information-for-prescribers/.
- Supply issues: www.pharmac.govt.nz/information-for/enquiries/.
- General information for pharmacists: www.pharmac.govt.nz/information-for/covid-19-pharmacs-response/covid-19-information-for-pharmacists/.

Terbutaline sulphate (Bricanyl Turbuhaler) – new listing

From **1 May 2020** terbutaline sulphate (Bricanyl Turbuhaler) powder for inhalation, 200 mcg per dose, 120 dose OP will be listed in the Pharmaceutical Schedule.

This listing constitutes a change from the discontinued M2 Turbuhaler device, to the new M3 Turbuhaler device. There is no change to the dose strength of terbutaline sulphate delivered in the new model of the Turbuhaler device. AstraZeneca will provide further communications to healthcare professionals about the changes between these devices. Please ensure that your patients are aware of these changes.

Ergotamine tartrate with caffeine tablets (Cafergot) – discontinuation

The Minister of Health's Delegate has written to the supplier of Cafergot to prohibit them from selling this medicine in New Zealand from 1 May 2020. This decision results from a risk benefit review of the medicine under section 36 of the Medicines Act 1981. The outcome of the review found that the benefits from using this medicine no longer outweigh the risks of harm.

As a result the supplier is discontinuing supply of ergotamine tartrate with caffeine tablets (Cafergot) and it will be delisted from the Pharmaceutical Schedule from 1 May 2020.

More information is available on Medsafe's website, here www.medsafe.govt.nz/safety/Alerts/Cafergot%20Prohibited.asp.

Tender News

Sole Subsidised Supply changes – effective 1 June 2020

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Enalapril maleate	Tab 5 mg; 100 tab	Acetec (Mylan)
Enalapril maleate	Tab 10 mg; 100 tab	Acetec (Mylan)
Enalapril maleate	Tab 20 mg; 100 tab	Acetec (Mylan)

Looking Forward

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

Decisions for implementation 1 June 2020

- Atomoxetine (Generic Partners) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg – new listing and Special Authority removed (previously delayed)

Possible decisions for future implementation 1 June 2020

- Pancreatic enzyme (Creon Micro) modified release granules pancreatin 60.12 mg (amylase 3,600 Ph Eur U, lipase 5,000 Ph Eur U, protease 200 Ph Eur U) – new listing

Sole Subsidised Supply Products – cumulative to May 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 May 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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Sole Subsidised Supply Products – cumulative to May 2020

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 oint 1%, 5 g OP** Eye drops 0.5%, 10 ml OP	**Deva** 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
Clopidogrel	**Tab 75 mg**	**Clopidogrel Multichem**	**2022**
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagluttinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagluttinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2021
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Dual blood glucose and blood ketone diagnostic test meter	Meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips, 1 OP	CareSens Dual	2022
Efavirenz with emtricitabine and tenofovir disoproxil	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate)	Mylan	2022
Emtricitabine	Cap 200 mg	Emtriva	2022
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	Teva	2022
Emulsifying ointment	Oint BP, 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 50 mg 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

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Generic Name	Presentation	Brand Name	Expiry Date*
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Erythromycin (as lactobionate)	Inj 1 g vial	Erythrocin IV	2022
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Etanercept	Inj 25 mg 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
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Tab 5 mg & 20 mg Powder	Douglas ABM	2021 2020
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Lamotrigine	Tab dispersible 25 mg, 50 mg & 100 mg	Logem	2022
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2021
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Tab 250 mg, 500 mg, 750 mg and 1,000 mg Oral liq 100 mg per ml, 300 ml OP	Everet Levetiracetam-AFT	2022 2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Nozinan	2022
Levomepromazine maleate	Tab 25 mg & 100 mg	Nozinan	2022
Levonorgestrel	**Tab 30 mcg** Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg Subdermal implant (2 x 75 mg rods)	**Microlut** Mirena Jaydess Jadelle	**2022** 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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2020
Meningococcal (Groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2020
Mercaptopurine	Tab 50 mg	Puri-nethol	2022
Mesna	Tab 400 mg & 600 mg	Uromitexan	2022
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2021
Methadone hydrochloride	Tab 5 mg Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Methatabs Biodone Biodone Forte Biodone Extra Forte	2022 2021
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2021 2020
Methylcellulose	Powder Suspension	Midwest Ora Plus	2022
Methylcellulose with glycerin and sodium saccharin	Suspension	Ora Blend SF	2022
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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
Omeprazole	Inj 40 mg ampoule with diluent Cap 10 mg Cap 20 mg Cap 40 mg	Dr Reddy's Omeprazole Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2022 2020
Ondansetron	Tab 4 mg & 8 mg Tab disp 4 mg & 8 mg	Onrex Ondansetron ODT-DRLA	2022 2020
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Oxycodone Sandoz OxyNorm	2021
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2021
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2020

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Suppos 125 mg, 250 mg & 500 mg Oral liq 250 mg per 5 ml Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Gacet Paracare Double Strength Paracare Pharmacare	2021 2020
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paraffin	White soft, 500 g & 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2022 2021
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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Sole Subsidised Supply Products – cumulative to May 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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
Temozolomide	**Cap 5 mg, 20 mg, 100 mg, 140 mg & 250 mg**	**Temaccord**	**2022**
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
Tenoxicam	Tab 20 mg	Tilocotil	2022
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cipionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Tetrabenazine	Tab 25 mg	Motetis	2022
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
Tranexamic acid	**Tab 500 mg**	**Boucher**	**2022**
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

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Sole Subsidised Supply Products – cumulative to May 2020

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

May changes are in bold type

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New Listings

Effective 1 May 2020

47 ATENOLOL
Oral liq 25 mg per 5 ml ..... 21.25 300 ml OP ✔**Atenolol AFT** S29
a) Restricted to children under 12 years of age.

63 POVIDONE IODINE
Oint 10% ..... 7.40 65 g OP ✔**Betadine**
a) Maximum of 130 g per prescription
b) Only on a prescription

91 TOBRAMYCIN
Solution for inhalation 60 mg per ml, 5 ml
– Subsidy by Endorsement ..... 2,200.00 56 dose ✔**TOBI**
a) Wastage claimable
b) Only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly.
Note – this is a new Pharmacode listing, 2578891.

116 FENTANYL
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency
Inj 50 mcg per ml, 2 ml ampoule ..... 1.78 5 ✔**Fentanyl GH** S29
Wastage claimable

230 TERBUTALINE SULPHATE
Powder for inhalation, 200 mcg per dose
(equivalent to 250 mcg metered dose), breath activated ..... 22.20 120 dose OP ✔**Bricanyl Turbuhaler**

239 OLOPATADINE
Eye drops 0.1% ..... 2.20 5 ml OP ✔**Olopatadine Teva**

261 AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]
Powder (unflavoured) ..... 53.00 400 g OP ✔**Neocate SYNEO**
Note – this is a new Pharmacode listing, 2587955.

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

New Listings – effective 9 April 2020

111 BENZBROMARONE – Special Authority see SA1537 – Retail pharmacy

Tab 100 mg	13.50	30	✔**Urinorm** S29 ✔**Desuric** S29

Wastage claimable

119 PHENELZINE SULPHATE – Subsidy by endorsement

Subsidy by endorsement – Subsidised for patients who were taking phenelzine sulphate prior to 1 April 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record phenelzine sulphate.

Tab 15 mg	70.80	60	✔**Lupin** S29

Wastage claimable

Effective 1 April 2020

71 OXYTOCIN – Up to 5 inj available on a PSO

Inj 10 iu per ml, 1 ml ampoule	4.98	5	✔**Oxytocin BNM**

Note – this is a new Pharmacode listing, 2577046.

268 INFLUENZA VACCINE

Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	9.00	1	✔**Influvac Tetra (2020 formulation)**

▲ 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 May 2020

26 ALGLUCOSIDASE ALFA – Special Authority see **SA1920** ~~1622~~ – Retail pharmacy
(amended Special Authority criteria)

Inj 50 mg vial ..... 1,142.60 1 ✔ **Myozyme**

SA1920 ~~1622~~ Special Authority for Subsidy

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

All of the following:

1 The patient is aged up to 24 months at the time of initial application and has been diagnosed with infantile Pompe disease; and
2 Any of the following:
  2.1 Diagnosis confirmed by documented deficiency of acid alpha-glucosidase by prenatal diagnosis using chorionic villus biopsies and/or cultured amniotic cells; or
  2.2 Documented deficiency of acid alpha-glucosidase, and urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides; or
  2.3 Documented deficiency of acid alpha-glucosidase, and documented molecular genetic testing indicating a disease-causing mutation in the acid alpha-glucosidase gene (GAA gene); or
  2.4 Documented urinary tetrasaccharide testing indicating a diagnostic elevation of glucose tetrasaccharides, and molecular genetic testing indicating a disease-causing mutation in the GAA gene; and
3 Patient has not required long-term invasive ventilation for respiratory failure prior to starting enzyme replacement therapy (ERT); and
4 Patient does not have another life-threatening or severe disease where the prognosis is unlikely to be influenced by ERT or might be reasonably expected to compromise a response to ERT; and
5 Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks.

Renewal ~~only~~ from **any relevant practitioner** ~~a metabolic physician~~. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
2 Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks; and
3 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
4 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT; and
5 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
6 There is no evidence of life threatening progression of respiratory disease as evidenced by the needed for > 14 days of invasive ventilation; and
7 There is no evidence of new or progressive cardiomyopathy.

Changes to Restrictions – effective 1 May 2020 (continued)

27 BETAINE – Special Authority see **SA1921**~~1727~~ – Retail pharmacy (amended Special Authority criteria)
Powder for oral soln ..... 575.00 180 g OP ✔**Cystadane**

➽ **SA1921** ~~1727~~ Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The patient has a confirmed diagnosis of homocystinuria; and
2 Any of the following:
  2.1 A cystathionine beta-synthase (CBS) deficiency; or
  2.2 A 5,10-methylene-tetrahydrofolate reductase (MTHFR) deficiency; or
  2.3 A disorder of intracellular cobalamin metabolism; and
3 An appropriate homocysteine level has not been achieved despite a sufficient trial of appropriate vitamin supplementation.

Renewal ~~only~~ from **any relevant practitioner** ~~a metabolic physician~~. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

27 GALSULFASE – Special Authority see **SA1922**~~1593~~ – Retail pharmacy (amended Special Authority criteria)
Inj 1 mg per ml, 5 ml vial ..... 2,234.00 1 ✔**Naglazyme**

➽ **SA1922** ~~1593~~ Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 The patient has been diagnosed with mucopolysaccharidosis VI; and
2 Either:
  2.1 Diagnosis confirmed by demonstration of N-acetyl-galactosamine-4-sulfatase (arylsulfatase B) deficiency by either enzyme activity assay in leukocytes or skin fibroblasts; or
  2.2 Detection of two disease causing mutations and patient has a sibling who is known to have mucopolysaccharidosis VI.

Renewal ~~only~~ from **any relevant practitioner** ~~a metabolic physician~~. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
2 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
3 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and
4 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.

Changes to Restrictions – effective 1 May 2020 (continued)

28 SAPROPTERIN DIHYDROCHLORIDE – Special Authority see **SA1923**~~1757~~ – Retail pharmacy
(amended Special Authority criteria)
Tab soluble 100 mg ..... 1,452.70 30 OP ✔**Kuvan**

➽ **SA1923** ~~1757~~ Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 1 month for applications meeting the following criteria:
All of the following:
1 Patient has phenylketonuria (PKU) and is pregnant or actively planning to become pregnant; and
2 Treatment with sapropterin is required to support management of PKU during pregnancy; and
3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
4 Sapropterin to be used alone or in combination with PKU dietary management; and
5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

Renewal ~~only~~ from ~~a metabolic physician or~~ any relevant practitioner ~~on the recommendation of a metabolic physician~~. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 Either:
  1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or
  1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and
2 Any of the following:
  2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or
  2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or
  2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and
3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
4 Sapropterin to be used alone or in combination with PKU dietary management; and
5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.

29 SODIUM PHENYLBUTYRATE – Special Authority see **SA1924**~~1598~~ – Retail pharmacy
(amended Special Authority criteria)
Grans 483 mg per g ..... 1,920.00 174 g OP ✔**Pheburane**

➽ **SA1924** ~~1598~~ Special Authority for Subsidy
Initial application only from a metabolic physician. Approvals valid for 12 months where the patient has a diagnosis of a urea cycle disorder involving a deficiency of carbamylphosphate synthetase, ornithine transcarbamylase or argininosuccinate synthetase.

Renewal ~~only~~ from **any relevant practitioner** ~~a metabolic physician~~. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

46 FLECAINIDE ACETATE (brand switch fee removed)
Tab 50 mg – ~~Brand switch fee payable (Pharmacode 2581744)~~ ..... 19.95 60 ✔**Flecainide BNM**

Changes to Restrictions – effective 1 May 2020 (continued)

51 HMG CoA Reductase Inhibitors (Statins) (prescribing guidelines removed)

~~Prescribing Guidelines~~
~~Treatment with HMG CoA Reductase Inhibitors (statins) is recommended for patients with dyslipidaemia and an absolute 5 year cardiovascular risk of 15% or greater~~.

63 POVIDONE IODINE (amended maximum prescription quantity)

Oint 10%	3.27	25 g OP	✔**Betadine**
	7.40	65 g OP	✔**Betadine**

a) Maximum of **130** ~~100~~ g per prescription
b) Only on a prescription

85 CLARITHROMYCIN – ~~Maximum of 500 mg per prescription; can be waived by Special Authority see SA1857~~ (amended restrictions)

Tab 250 mg – **Maximum of 28 tab per prescription; can be waived by Special Authority see SA1857**	3.98	14	✔**Apo-Clarithromycin**
Grans for oral liq 250 mg per 5 ml	192.00	50 ml	✔**Klacid**

a) Wastage claimable
b) Maximum of 500 mg per prescription; can be waived by Special Authority see SA1857

106 HYDROXYCHLOROQUINE – Subsidy by endorsement (amended subsidy by endorsement)

Subsidy by endorsement - Subsidised only if prescribed for rheumatoid arthritis, systemic or discoid lupus erythematosus, malaria treatment or suppression, **relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration)*** and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of hydroxychloroquine.
Note: Indication marked with a * is an unapproved indication.

Tab 200 mg	7.98	100	✔**Plaquenil**

125 HYOSCINE HYDROBROMIDE (amended Special Authority criteria)

Patch 1.5 mg – Special Authority see **SA1927**~~1387~~			
– Retail pharmacy	14.11	2	✔**Scopoderm TTS**

➽ **SA1927** ~~1387~~ Special Authority for Subsidy
Initial application **(control of intractable nausea, vomiting or inability to swallow saliva or clozapine induced hypersalivation)** from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:
Either:
1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or
2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective.

Renewal **(control of intractable nausea, vomiting or inability to swallow saliva or clozapine induced hypersalivation)** from any relevant practitioner. Approvals valid for 1 year where the treatment remains appropriate and the patient is benefiting from treatment.

Initial application (pandemic circumstances- symptomatic relief of respiratory secretions in palliative care) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria. All of the following:
1 Requires palliative care in the community setting; and
2 Requires symptomatic relief of respiratory secretions that is not possible with 'as required subcutaneous hyoscine injections' due to COVID-19 constraints on the health sector; and
3 Access to a syringe driver for administration of injectable hyoscine is not possible due to COVID-19 constraints on the health sector.

Changes to Restrictions – effective 1 May 2020 (continued)

231 NINTEDANIB – Special Authority see **SA1928**~~1755~~ – Retail pharmacy (amended Special Authority criteria)

Note: Nintedanib not subsidised in combination with subsidised pirfenidone.

Cap 100 mg	2,554.00	60 OP	✔**Ofev**
Cap 150 mg	3,870.00	60 OP	✔**Ofev**

➽ **SA1928** ~~1755~~ Special Authority for Subsidy

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

All of the following:

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

Renewal – (idiopathic pulmonary fibrosis) **from any relevant practitioner** ~~only from a respiratory specialist~~. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

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

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

Changes to Restrictions – effective 1 May 2020 (continued)

232 PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see **SA1929** ~~1864~~
(amended Special Authority criteria)

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

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

➽ **SA1929** ~~1864~~ Special Authority for Subsidy

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

All of the following:

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

Renewal – (idiopathic pulmonary fibrosis) **from any relevant practitioner** ~~only from a respiratory specialist~~. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

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

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

245 Carbohydrate (amended Special Authority criteria – affected criteria shown only)

➽ **SA1930** ~~1522~~ Special Authority for Subsidy

Initial application — (Indications other than cystic fibrosis or renal failure) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

1 cancer in children; or
2 cancers affecting alimentary tract where there are malabsorption problems in patients over the age of 20 years; or
3 faltering growth in an infant/child; or
4 bronchopulmonary dysplasia; or
5 premature and post premature infant; or
~~6 inborn errors of metabolism; or~~
6 ~~7~~ for use as a component in a modular formula made from at least one nutrient module and at least one further product listed in Section D of the Pharmaceutical Schedule or breast milk.

Note: Patients are required to meet any Special Authority criteria associated with all of the products used in the modular formula.

Initial application — (Inborn errors of metabolism) only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified where the patient has an inborn error of metabolism.

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

Changes to Restrictions – effective 20 April 2020

120 FLUOXETINE HYDROCHLORIDE (subsidy by endorsement reinstated)

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 9 April 2020

119 PHENELZINE SULPHATE – **Subsidy by endorsement** (addition of subsidy by endorsement)

Subsidy by endorsement – Subsidised for patients who were taking phenelzine sulphate prior to 1 April 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record phenelzine sulphate.

Tab 15 mg ..... 70.80 60 ✔**Nardil** **S29** S29

118.00 100 ✔**Nardil**

70.80 60 ✔**Lupin** S29

Effective 3 April 2020

120 FLUOXETINE HYDROCHLORIDE (subsidy by endorsement removed)

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.~~

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

Changes to Restrictions – effective 1 April 2020

17 Insulin pump consumables (amended Special Authority criteria – affected criteria shown only)

➽ **SA1906** ~~1604~~ Special Authority for Subsidy

Renewal – (permanent neonatal diabetes) ~~only from a relevant specialist or nurse practitioner~~ **from any relevant practitioner**. Approvals valid for 2 years for applications meeting the following criteria:
Both ~~All of the following~~:
1 Patient is continuing to derive benefit according to the treatment plan agreed at induction; and
2 Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician~~; and~~
~~3 Either:~~
~~3.1 Applicant is a relevant specialist; or~~
~~3.2 Applicant is a nurse practitioner working within their vocational scope~~.

Renewal – (severe unexplained hypoglycaemia) ~~only from a relevant specialist or nurse practitioner~~ **from any relevant practitioner**. Approvals valid for 2 years for applications meeting the following criteria:
Both ~~All of the following~~:
1 Patient is continuing to derive benefit according to the treatment plan agreed at induction of at least a 50% reduction from baseline in hypoglycaemic events; and
2 HbA1c has not increased by more than 5 mmol/mol from baseline, **according to the most recent result**~~; and~~
~~3 Either:~~
~~3.1 Applicant is a relevant specialist; or~~
~~3.2 Applicant is a nurse practitioner working within their vocational scope.~~

Renewal – (HbA1c) ~~only from a relevant specialist or nurse practitioner~~ **from any relevant practitioner**. Approvals valid for 2 years for applications meeting the following criteria:
Both ~~All of the following~~:
1 Patient is continuing to derive benefit according to the treatment plan agreed at induction of achieving and maintaining a reduction in HbA1c from baseline of 10 mmol/mol, **according to the most recent result**; and
2 The number of severe unexplained recurrent hypoglycaemic episodes has not increased from baseline~~; and~~
~~3 Either:~~
~~3.1 Applicant is a relevant specialist; or~~
~~3.2 Applicant is a nurse practitioner working within their vocational scope.~~

Renewal – (Previous use before 1 September 2012) ~~only from a relevant specialist or nurse practitioner~~ **from any relevant practitioner.** Approvals valid for 2 years for applications meeting the following criteria:
All of the following:
1 The patient is continuing to derive benefit according to the treatment plan and has maintained a HbA1c of equal to or less than 80 mmol/mol **according to a recent laboratory result**; and
2 The patient's HbA1c has not deteriorated more than 5 mmol/mol from initial application, **according to the most recent result;** and
3 The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline~~; and~~
~~4 Either:~~
~~4.1 Applicant is a relevant specialist; or~~
~~4.2 Applicant is a nurse practitioner working within their vocational scope.~~

Changes to Restrictions – effective 1 April 2020 (continued)

42 PEGFILGRASTIM – Special Authority see **SA1912**~~1384~~ – Retail pharmacy (amended Special Authority criteria)

Inj 6 mg per 0.6 ml syringe.....1,080.00 1 ✔**Neulastim**

➽ **SA1912** ~~1384~~ Special Authority for Subsidy

Initial application only from a relevant specialist, vocationally registered general practitioner or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where used for prevention of neutropenia in patients undergoing high risk chemotherapy for cancer (febrile neutropenia risk greater than or equal to **5** ~~20~~ %*).

Note: *Febrile neutropenia risk greater than or equal to **5** ~~20~~ % after taking into account other risk factors as defined by the European Organisation for Research and Treatment of Cancer (EORTC) guidelines.

45 SACUBITRIL WITH VALSARTAN – Special Authority see **SA1905**~~1752~~ – Retail pharmacy (amended Special Authority criteria)

Note: Due to the angiotensin II receptor blocking activity of sacubitril with valsartan it should not be co-administered with an ACE inhibitor or another ARB.

Tab 24.3 mg with valsartan 25.7 mg.....190.00 56 ✔**Entresto 24/26**

Tab 48.6 mg with valsartan 51.4 mg.....190.00 56 ✔**Entresto 49/51**

Tab 97.2 mg with valsartan 102.8 mg.....190.00 56 ✔**Entresto 97/103**

➽ **SA1905** ~~1752~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Patient has heart failure; and

2 Any of the following:

2.1 Patient is in NYHA/WHO functional class II; or

2.2 Patient is in NYHA/WHO functional class III; or

2.3 Patient is in NYHA/WHO functional class IV; and

3 Either:

3.1 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; **or**

3.2 An ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment; and

4 Patient is receiving concomitant optimal standard chronic heart failure treatments.

Renewal from any relevant practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Changes to Restrictions – effective 1 April 2020 (continued)

54 BOSENTAN – Special Authority see **SA1908**~~1712~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

Tab 62.5 mg	141.00	60	✔**Bosentan Dr Reddy's**
Tab 125 mg	141.00	60	✔**Bosentan Dr Reddy's**

➽ **SA1908** ~~1712~~ Special Authority for Subsidy

Renewal ~~only~~ from ~~a respiratory specialist, cardiologist or medical~~ **any relevant** practitioner ~~on the recommendation of a respiratory physician or cardiologist~~. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

1 Both:
- 1.1 Bosentan is to be used as PAH monotherapy; and
- 1.2 Patient is stable or has improved while on bosentan; or

2 Both:
- 2.1 Bosentan is to be used as PAH dual therapy; and
- 2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or

3 Both:
- 3.1 Bosentan is to be used as PAH triple therapy; and
- 3.2 Any of the following:
  - 3.2.1 Patient is on the lung transplant list; or
  - 3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or
  - 3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or
  - 3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.

Changes to Restrictions – effective 1 April 2020 (continued)

55 SILDENAFIL – Special Authority see **SA1909**~~1825~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

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

➽ **SA1909** ~~1825~~ Special Authority for Subsidy

Initial application – (Pulmonary arterial hypertension*) only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory specialist or cardiologist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

1 Patient has pulmonary arterial hypertension (PAH)*; and
2 Any of the following:
  2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or
  2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or
  2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and
3 Any of the following:
  3.1 PAH is in NYHA/WHO functional class II; or
  3.2 PAH is in NYHA/WHO functional class III; or
  3.3 PAH is in NYHA/WHO functional class IV; and
4 Either:
  4.1 All of the following:
    4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
    4.1.2 Either:
      4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) > 25 mmHg; or
      4.1.2.2 Patient is peri Fontan repair; and
    4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm-5); or
  4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age**, or health system capacity constraints**.

Note: Indications marked with * are unapproved indications.

98 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see **SA1904**~~1842~~ (amended Special Authority criteria)

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

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

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

➽ **SA1904** ~~1842~~ Special Authority for Subsidy

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

All of the following:

1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or https://ashm.org.au/HIV/PrEP/ for training materials); and
2 Patient has undergone testing for HIV, syphilis **and** Hep B if not immune ~~and a full STI screen~~ in the previous two weeks; and

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 3 months and is not contraindicated for treatment; and
4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
5 Patient has tested HIV negative and is not at risk of HIV seroconversion; and
6 Either:
  6.1 All of the following:
    6.1.1 Patient is male or transgender; and
    6.1.2 Patient has sex with men; and
    6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
    6.1.4 Any of the following:
      6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
      6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
      6.1.4.3 Patient has used methamphetamine in the last three months; or
  6.2 All of the following:
    6.2.1 Patient has a regular partner who has HIV infection; and
    6.2.2 Partner is either not on treatment or has a detectable viral load; and
    6.2.3 Condoms have not been consistently used.

Renewal from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or https://ashm.org.au/HIV/PrEP/ for training materials); and
2 Patient has undergone testing for HIV, syphilis **and** Hep B if not immune ~~and a full STI screen~~ in the previous two weeks; and
3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 12 months and is not contraindicated for treatment; and
4 Patient has received advice regarding the reduction of risk of HIV and sexually transmitted infections and how to reduce those risks; and
5 Patient has tested HIV negative and is not at risk of HIV seroconversion; and
6 Either:
  6.1 All of the following:
    6.1.1 Patient is male or transgender; and
    6.1.2 Patient has sex with men; and
    6.1.3 Patient is likely to have multiple episodes of condomless anal intercourse in the next 3 months; and
    6.1.4 Any of the following:
      6.1.4.1 Patient has had at least one episode of condomless receptive anal intercourse with one or more casual male partners in the last 3 months; or
      6.1.4.2 A diagnosis of rectal chlamydia, rectal gonorrhoea, or infectious syphilis within the last 3 months; or
      6.1.4.3 Patient has used methamphetamine in the last three months; or
  6.2 All of the following:
    6.2.1 Patient has a regular partner who has HIV infection; and
    6.2.2 Partner is either not on treatment or has a detectable viral load; and
    6.2.3 Condoms have not been consistently used.

Changes to Restrictions – effective 1 April 2020 (continued)

123 VIGABATRIN – Special Authority see **SA1907**~~1072~~ – Retail pharmacy (amended Special Authority criteria)
Tab 500 mg ..... 119.30 100 ✔**Sabril**

➽ **SA1907** ~~1072~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

1 Either:
- 1.1 Patient has infantile spasms; or
- 1.2 Both:
  - 1.2.1 Patient has epilepsy; and
  - 1.2.2 Either:
    - 1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
    - 1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and

2 Either:
- 2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
- 2.2 It is impractical or impossible (due to comorbid conditions, **or health system capacity constraints**) to monitor the patient's visual fields.

Notes: "Optimal treatment with other antiepilepsy agents" is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

Renewal from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and

2 Either:
- 2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or
- 2.2 It is impractical or impossible (due to comorbid conditions**, or health system capacity constraints**) to monitor the patient's visual fields.

Notes: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective. Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.

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 April 2020 (continued)

165 ERLOTINIB – Retail pharmacy-Specialist – Special Authority see **SA1915**~~1653~~ (amended Special Authority criteria – new criteria shown only)

Tab 100 mg	764.00	30	✔**Tarceva**
Tab 150 mg	1,146.00	30	✔**Tarceva**

➽ **SA1915** ~~1653~~ Special Authority for Subsidy

Renewal – (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and

2 Erlotinib to be discontinued at progression; and

3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.

165 GEFITINIB – Retail pharmacy-Specialist – Special Authority see **SA1916**~~1654~~ (amended Special Authority criteria – new criteria shown only)

Tab 250 mg	1,700.00	30	✔**Iressa**

➽ **SA1916** ~~1654~~ Special Authority for Subsidy

Renewal – (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and

2 Gefitinib to be discontinued at progression; and

3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.

169 SUNITINIB – Special Authority see **SA1917**~~1266~~ – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

Cap 12.5 mg	2,315.38	28	✔**Sutent**
Cap 25 mg	4,630.77	28	✔**Sutent**
Cap 50 mg	9,261.54	28	✔**Sutent**

➽ **SA1917** ~~1266~~ Special Authority for Subsidy

Renewal – (GIST pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 The patient has unresectable or metastatic malignant gastrointestinal stromal (GIST); and

2 The patient is clinically benifiting from treatment and continued treatment remains appropriate; and

3 Sunitinib is to be discontinued at progression; and

4 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.

Changes to Restrictions – effective 1 April 2020 (continued)

171 ABIRATERONE ACETATE – Retail pharmacy-Specialist – Special Authority see **SA1914**~~1767~~
(amended Special Authority criteria)

Wastage claimable			
Tab 250 mg	4,276.19	120	✔**Zytiga**

➽ **SA1914** ~~1767~~ Special Authority for Subsidy

Initial application only from a medical oncologist, radiation oncologist, urologist or medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has prostate cancer; and
2 Patient has metastases; and
3 Patient's disease is castration resistant; and
4 Either:
  4.1 All of the following:
    4.1.1 Patient is symptomatic; and
    4.1.2 Patient has disease progression (rising serum PSA) after second line anti-androgen therapy; and
    4.1.3 Patient has ECOG performance score of 0-1; and
    4.1.4 Patient has not had prior treatment with taxane chemotherapy; or
  4.2 All of the following:
    4.2.1 Patient's disease has progressed following prior chemotherapy containing a taxane; and
    4.2.2 Patient has ECOG performance score of 0-2; and
    4.2.3 Patient has not had prior treatment with abiraterone.

Renewal – (abiraterone acetate) only from a medical oncologist, radiation oncologist, urologist or medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

~~1 Significant decrease in serum PSA from baseline; and~~
1 ~~2~~ No evidence of clinical disease progression; and
2 ~~3~~ No initiation of taxane chemotherapy with abiraterone; and
3 ~~4~~ The treatment remains appropriate and the patient is benefiting from treatment.

172 OCTREOTIDE LAR (SOMATOSTATIN ANALOGUE) – Special Authority see **SA1918**~~1016~~ – Retail pharmacy
(amended Special Authority criteria – new criteria shown only)

Inj LAR 10 mg prefilled syringe	1,772.50	1	✔**Sandostatin LAR**
Inj LAR 20 mg prefilled syringe	2,358.75	1	✔**Sandostatin LAR**
Inj LAR 30 mg prefilled syringe	2,951.25	1	✔**Sandostatin LAR**

➽ **SA1918** ~~1016~~ Special Authority for Subsidy

Renewal – (Acromegaly - pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has acromegaly; and
2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and
3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.

Changes to Restrictions – effective 1 April 2020 (continued)

223 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA1911** ~~1863~~ (amended Special Authority criteria)

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

➽ **SA1911** ~~1863~~ Special Authority for Subsidy

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

All of the following:

1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
2 Patient has measurable disease as defined by RECIST version 1.1; and
3 The patient has ECOG performance score of 0-2; and
4 Either:
  4.1 Patient has not received funded pembrolizumab; or
  4.2 Both:
    4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
    4.2.2 The cancer did not progress while the patient was on pembrolizumab; and

~~5 Nivolumab is to be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks; and~~

5 ~~6~~ Baseline measurement of overall tumour burden is documented (see Note); and

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

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

Either:

1 All of the following:
  1.1 Any of the following:
    1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
    1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
    1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
  ~~1.2 Either:~~
    ~~1.2.1 Response to treatment in target lesions has been determined by radiologic assessment (CT or MRI scan) following the most recent treatment period; or~~
    ~~1.2.2 Both:~~
      ~~1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and~~
      1.2.~~2.2~~ Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
  1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
  1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; ~~and~~ **or**
  ~~1.5 Nivolumab will be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks; or~~
2 All of the following:
  2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
  2.2 Patient has signs of disease progression; and
  2.3 Disease has not progressed during previous treatment with nivolumab~~; and~~
  ~~2.4 Nivolumab will be used at a maximum dose of no greater than the equivalent of 3 mg/kg every 2 weeks.~~

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

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

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

224 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA1910** ~~1862~~
(amended Special Authority criteria)

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

SA1910 ~~1862~~ Special Authority for Subsidy

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

All of the following:

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

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

Either:

1 All of the following:
  1.1 Any of the following:

continued...

Changes to Restrictions – effective 1 April 2020 (continued)

continued...

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

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

1.1.3 Patient has stable disease according to RECIST criteria (see Note); and

~~1.2 Either:~~

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

~~1.2.2 Both:~~

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

1.2.~~2.2~~ Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and

1.3 No evidence of progressive disease according to RECIST criteria (see Note); and

1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; ~~and~~ **or**

~~1.5 Pembrolizumab will be used at a maximum dose of no greater than the equivalent of 2 mg/kg every 3 weeks; or~~

2 All of the following:

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

2.2 Patient has signs of disease progression; and

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

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

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

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

Changes to Restrictions – effective 1 April 2020 (continued)

225 EVEROLIMUS – Special Authority see **SA1913**~~1491~~ – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

Wastage claimable

Tab 10 mg	6,512.29	30	✔**Afinitor**
Tab 5 mg	4,555.76	30	✔**Afinitor**

➽ **SA1913** ~~1491~~ Special Authority for Subsidy

Renewal – (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 **The patient is clinically benefiting from treatment and continued treatment remains appropriate; and**
2 **Everolimus to be discontinued at progression of SEGAs; and**
3 **The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.**

Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.

Effective 24 March 2020

106 HYDROXYCHLOROQUINE – **Subsidy by endorsement** (addition of subsidy by endorsement)

Subsidy by endorsement - Subsidised only if prescribed for rheumatoid arthritis, systemic or discoid lupus erythematosus, malaria treatment or suppression and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of hydroxychloroquine.

Tab 200 mg	7.98	100	✔**Plaquenil**

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

Changes to Subsidy and Manufacturer's Price

Effective 1 May 2020

26	SENNA – Only on a prescription (↑ price but not subsidy)			
	Tab, standardised	2.17	100	
		(8.21)		Senokot
		0.43	20	
		(2.06)		Senokot
51	ACIPIMOX (↑ subsidy)			
	Cap 250 mg	21.56	30	✔ **Olbetam**
95	RIFABUTIN – Retail pharmacy-Specialist (↑ subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, respiratory physician or gastroenterologist			
	Cap 150 mg	299.75	30	✔ **Mycobutin**
105	IBUPROFEN (↑ subsidy)			
	Tab long-acting 800 mg	7.99	30	✔ **Brufen SR**
112	DANTROLENE (↑ subsidy)			
	Cap 25 mg	97.50	100	✔ **Dantrium** ✔ **Dantrium S29** S29
120	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Rectal tubes 5 mg – Up to 5 tube available on a PSO	43.50	5	✔ **Stesolid**
154	CALCIUM FOLINATE (↑ subsidy)			
	Tab 15 mg – PCT – Retail pharmacy-Specialist	114.69	10	✔ **DBL Leucovorin Calcium**
157	DACARBAZINE – PCT only – Specialist (↑ subsidy)			
	Inj 200 mg vial	62.70	1	✔ **DBL Dacarbazine**
	Inj 200 mg for ECP	62.70	200 mg OP	✔ **Baxter**
157	DAUNORUBICIN – PCT only – Specialist (↑ subsidy)			
	Inj 2 mg per ml, 10 ml	149.50	1	✔ **Pfizer**
	Inj 20 mg for ECP	149.50	20 mg OP	✔ **Baxter**
159	MITOMYCIN C – PCT only – Specialist (↑ subsidy)			
	Inj 5 mg vial	851.37	1	✔ **Teva**
	Inj 1 mg for ECP	175.38	1 mg	✔ **Baxter**
164	VINCRISTINE SULPHATE (↑ subsidy)			
	Inj 1 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist	102.73	5	✔ **DBL Vincristine Sulfate**
	Inj 1 mg for ECP – PCT only – Specialist	12.60	1 mg	✔ **Baxter**

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

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

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

Changes to Subsidy and Manufacturer's Price – effective 1 May 2020 (continued)

174	ETANERCEPT – Special Authority see SA1891 – Retail pharmacy (↓ subsidy)			
	Inj 25 mg	690.00	4	✔**Enbrel**
	Inj 50 mg autoinjector	1,050.00	4	✔**Enbrel**
	Inj 50 mg prefilled syringe	1,050.00	4	✔**Enbrel**
228	PROMETHAZINE HYDROCHLORIDE (↑ subsidy)			
	Inj 25 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO	17.87	5	✔**Hospira**

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

Delisted Items

Effective 1 May 2020

38 TRANEXAMIC ACID

Tab 500 mg	20.67	100	✔Cyklokapron

39 CLOPIDOGREL

Tab 75 mg	5.44	84	✔Arrow - Clopid

49 VERAPAMIL HYDROCHLORIDE

Tab long-acting 120 mg	15.20	250	✔Verpamil SR

53 GLYCERYL TRINITRATE

Oral spray, 400 mcg per dose			
– Up to 200 dose available on a PSO	4.45	200 dose OP	✔Glytrin

60 BETAMETHASONE DIPROPIONATE

Crm 0.05% in propylene glycol base	4.33	30 g OP	✔Diprosone OV

62 PARAFFIN

White soft – Only in combination	3.58	500 g	
	(8.69)		PSM

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

119 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 50 mg	8.55	100	✔Anten

124 ERGOTAMINE TARTRATE WITH CAFFEINE

Tab 1 mg with caffeine 100 mg	31.00	100	✔Cafergot
			✔Cafergot S29 S29

160 PEGASPARGASE – PCT only – Special Authority see SA1325

Inj 3,750 IU per 5 ml	3,005.00	1	✔Oncaspar S29

161 TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy

Cap 5 mg	10.20	5	✔Orion Temozolomide
Cap 20 mg	18.30	5	✔Orion Temozolomide
			✔Temizole 20 S29
Cap 100 mg	40.20	5	✔Orion Temozolomide
Cap 140 mg	56.00	5	✔Orion Temozolomide
Cap 250 mg	96.80	5	✔Orion Temozolomide

235 CHLORAMPHENICOL

Eye oint 1%	2.48	4 g OP	✔Chlorsig

▲ 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 May 2020 (continued)

240 PHARMACY SERVICES
May only be claimed once per patient.
Brand switch fee..... 4.50 1 fee ✔BSF Flecainide BNM

257 ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3]
Liquid..... 5.50 500 ml OP ✔Nutrison Concentrated
Note – this delist applies to Pharmacode 2057808. A new Pharmacode was listed 1 November 2019.

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

105 ~~IBUPROFEN~~
~~Tab long-acting 800 mg ..... 7.99 30 ✔Brufen SR~~
Note – delisting delayed until 1 December 2020.

Effective 1 September 2020

155 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist
Inj 1 g ..... 349.20 1 ✔**Gemzar**

Effective 1 October 2020

63 POVIDONE IODINE
Oint 10% ..... 3.27 25 g OP ✔**Betadine**
a) Maximum of 130 g per prescription
b) Only on a prescription
Note – this delist applies to the 25 g OP pack.

230 TERBUTALINE SULPHATE
Powder for inhalation, 250 mcg per dose, breath activated ..... 27.30 200 dose OP ✔**Bricanyl Turbuhaler**

239 OLOPATADINE
Eye drops 0.1% ..... 10.00 5 ml OP ✔**Patanol**

Effective 1 November 2020

30 CHLORHEXIDINE GLUCONATE
Mouthwash 0.2% ..... 2.57 200 ml OP ✔**healthE**

61 CHLORHEXIDINE GLUCONATE – Subsidy by endorsement
a) No more than 500 ml per month
b) Only if prescribed for a dialysis patient and the prescription is endorsed accordingly.
Handrub 1% with ethanol 70% ..... 4.29 500 ml ✔**healthE**
Soln 4% wash ..... 3.98 500 ml ✔**healthE**

61 TRICLOSAN – Subsidy by endorsement
a) Maximum of 500 ml per prescription
b)
a) Only if prescribed for a patient identified with Methicillin-resistant Staphylococcus aureus (MRSA) prior to elective surgery in hospital and the prescription is endorsed accordingly; or
b) Only if prescribed for a patient with recurrent Staphylococcus aureus infection and the prescription is endorsed accordingly
Soln 1% ..... 5.90 500 ml OP ✔**healthE**

71 OXYTOCIN – Up to 5 inj available on a PSO
Inj 10 iu per ml, 1 ml ampoule ..... 4.98 5 ✔**Oxytocin BNM**
Note – this delist applies to Pharmacode 2448203. A new Pharmacode was listed 1 April 2020.

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

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

91 TOBRAMYCIN
Solution for inhalation 60 mg per ml, 5 ml
– Subsidy by endorsement ..... 2,200.00 56 dose ✔**TOBI**
a) Wastage claimable
b) Only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly.
Note – this delist applies to Pharmacode 2465957. A new Pharmacode was listed 1 May 2020.

Effective 1 December 2020

60 DIFLUCORTOLONE VALERATE
Crm 0.1%..... 8.97 50 g OP
(15.86) Nerisone

105 IBUPROFEN
Tab long-acting 800 mg ..... 7.99 30 ✔**Brufen SR**

Effective 1 August 2021

60 DIFLUCORTOLONE VALERATE
Fatty oint 0.1% ..... 8.97 50 g OP
(15.86) Nerisone

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