PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

July 2020
Cumulative for May, June and July 2020

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 JULY 2020

New listings (pages 22-23)

- Labetalol (Alvogen) inj 5 mg per ml, 20 ml ampoule – S29 and wastage claimable
- Calcipotriol (Daivonex) oint 50 mcg per g, 120 g OP
- Oestradiol (Climara) patch 50 mcg and 100 mcg per 24 hours – no more than 1 patch per week and only on a prescription
- Leflunomide (Arava) tab 10 mg and 20 mg
- Benztropine mesylate (Phebra) inj 1 mg per ml, 2 ml – up to 10 inj available on a PSO and only on a PSO
- Atomoxetine (Generic Partners) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg
- Montelukast (Montelukast Mylan) tab 10 mg
- Varicella vaccine [chickenpox vaccine] (Varivax) inj 1350 PFU prefilled syringe – Xpharm
- Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 29-36)

- Ethinyloestradiol with norethisterone (Necon) tab 35 mcg with norethisterone 500 mcg and 7 inert tab – S29 and wastage removed
- Levonorgestrel (Microlut) tab 30 mcg – S29 and wastage removed and amended brand name
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe – amended Special Authority criteria
- Fentanyl (Fentanyl GH) inj 50 mcg per ml, 2 ml ampoule – S29 and wastage removed
- Atomoxetine (Generic Partners and Strattera) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg – Special Authority removed
- Buprenorphine with naloxone (Buprenorphine Naloxone BNM) tab sublingual 2 mg with naloxone 0.5 mg and tab sublingual 8 mg with naloxone 2 mg – brand switch fee removed
- Rituximab (riximyo) inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Riximyo) and inj 1 mg for ECP (Baxter (Riximyo)) – amended Special Authority criteria
- Nedocromil (Tilade) aerosol inhaler, 2 mg per dose CFC-free, 112 dose OP – addition of subsidy by endorsement
- Sodium cromoglicate (Intal Forte CFC Free) aerosol inhaler, 5 mg per dose CFC-free, 112 dose OP – addition of subsidy by endorsement

- Amino acid formula powder, 400 g OP (Alfamino Junior); powder (unflavoured), 400 g OP (Elecare, Elecare LCP, Neocate Gold, Neocate Junior Flavoured and Neocate SYNEO) and powder (vanilla), 400 g OP (Elecare and Neocate Junior Vanilla) – amended Special Authority criteria
- Diphtheria, tetanus and pertussis vaccine (Boostrix) inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe – amended restriction criteria and presentation description
- Diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe – amended presentation description
- Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine (Infanrix-hexa) inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgUpoliovirus, 10 mcg hepatitis B surface antigen in 0.5ml syringe – amended presentation description
- Meningococcal C conjugate vaccine (Neisvac-C) inj 10 mcg in 0.5 ml syringe – amended restriction criteria
- Pneumococcal (PCV10) conjugate vaccine (Synflorix) 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 – amended restriction criteria
- Pneumococcal (PCV13) conjugate vaccine (Prevenar 13) inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml syringe – amended restriction criteria

Increased subsidy (pages 59-60)

- Oxybutynin (Apo-Oxybutynin) tab 5 mg
- Paracetamol (Paracetamol Pharmacare and Pharmacare) tab 500 mg – blister pack and bottle pack
- Epirubicin hydrochloride (Baxter) inj 1 mg for ECP
- Mycophenolate mofetil (Cellcept) tab 500 mg and cap 250 mg

Decreased subsidy (pages 59-60)

- Hyoscine butylbromide (Buscopan) tab 10 mg
- Ursodeoxycholic acid (Ursosan) cap 250 mg
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (Molaxole) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg
- Nystatin (Nilstat) oral liq 100,000 u per ml, 24 ml OP
- Potassium iodate (NeuroTabs) tab 253 mcg (150 mcg elemental iodine)
- Ezetimibe (Ezetimibe Sandoz) tab 10 mg
- Amorolfine (MycoNail) nail soln 5%, 5 ml OP
- Nystatin (Nilstat) vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP
- Sodium citro-tartrate (Ural) grans eff 4 g sachets
- Vancomycin (Mylan) inj 500 mg vial
- Rizatriptan (Rizamelt) tab orodispersible 10 mg
- Ondansetron (Ondansetron ODT-DRLA) tab disp 4 mg and 8 mg
- Budesonide (SteroClear) metered aqueous nasal spray, 50 mcg and 100 mcg per dose, 200 dose OP
- Glycerol (healthE Glycerol BP) liquid, 500 ml

News Stories – July 2020 Update

COVID-19 – Monthly dispensing

Community pharmacists are still required to limit dispensing of all funded medicines to one month's supply (or three months for oral contraceptives). We understand this can be frustrating. While New Zealand has returned to Level 1, medicine supply chains are still affected by the impact of COVID-19 in the rest of the world.

We are working towards a 1 August 2020 return to all-at-once dispensing. Before we do, we need to know there is enough medicine available in New Zealand and in the supply chain. We may need to keep some medicines on monthly dispensing past this date.

PHARMAC is aware that the sector (suppliers, wholesalers, distributors, pharmacy) needs time to prepare for a return to all-at-once dispensing. We will be giving no less than 3 weeks' notice.

We appreciate your patience. More information is available on our website at www.pharmac.govt.nz/information-for/covid-19-pharmacs-response/change-to-monthly-dispensing/.

Terazosin 1 mg tablet – Discontinuation

The supplier of terazosin tab 1 mg, Teva, have notified PHARMAC of a discontinuation of this medicine. Terazosin (Actavis) tab 1 mg (Pharmacode 2354306) will be delisted from Section B on **1 October 2020**. Patients are encouraged to see their doctor to seek alternate funded treatment.

Apo-Terazosin tab 2 mg and 5 mg are not affected by this discontinuation.

Amino acid infant formula – Access criteria amended

The Special Authority criteria applying to amino acid infant formula is changing from **1 July 2020**.

The new criteria can be viewed online from 22 June 2020 at www.pharmac.govt.nz/wwwtrs/ScheduleOnline.php?osq=Amino%20acid%20formula&code=C4218062945.

Atomoxetine – Brand change, Special Authority removed

Generic Partners Australia Ltd's brand of atomoxetine cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, and 100 mg is now available and will be listed in Section B of the Pharmaceutical Schedule from **1 July 2020**.

As a result of this brand change, the Special Authority criteria for atomoxetine will be removed from Section B of the Pharmaceutical Schedule from **1 July 2020**.

As the listing of this brand has previously been significantly delayed, reference pricing will apply as per the original decision. Referencing pricing will apply to the Strattera brand of atomoxetine cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg, and 100 mg from **1 September 2020**. The Strattera brand of atomoxetine will be delisted from Section B of the Pharmaceutical Schedule on **1 December 2020**.

A brand switch fee (BSF) will apply to the Generic Partners brand of atomoxetine from **1 December 2020** until **1 March 2021**.

Oestradiol patches – Alternate listing

The supplier of the currently funded oestradiol patches, Novartis New Zealand Limited, has notified PHARMAC of the expected supply shortage of its Estradot patches.

An alternate brand of oestradiol patches 50 mcg per 24 hours and 100 mcg per 24 hours have been sourced, Climara. You can substitute Climara (50 mcg per 24 hours) and Climara (100 mcg per 24 hours) for Estradot 50 (50 mcg per day) and Estradot (100 mcg per day).

The important difference in dosing regimen between the two patches is that Estradot should be applied every 3 to 4 days (i.e. twice weekly) whilst Climara should be applied every 7 days (i.e. once weekly). Please refer to the respective Data Sheet on the Medsafe website (www.medsafe.govt.nz) for more information.

As such, the restriction of no more than 1 patch per week will be added for Climara patches in the Pharmaceutical Schedule.

Tilade and Intal Forte – Discontinuation and restriction added

The supplier of nedocromil and sodium cromoglicate inhalers, Sanofi, has notified PHARMAC of the discontinuation of its Tilade and Intal Forte inhalers in New Zealand. Nedocromil and sodium cromoglicate inhalers will no longer be available once the current supply runs out.

Supply of Tilade inhalers is likely to run out by late July 2020. The following subsidy by endorsement will apply to the listing of nedocromil (Tilade) in Section B from **1 July 2020:**

> Subsidy by endorsement – Subsidised for patients who were taking nedocromil prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of nedocromil.

Supply of Intal Forte inhalers is likely to run out by late October 2020. The following subsidy by endorsement will apply to the listing of sodium cromoglycate (Intal Forte CFC Free) in Section B from **1 July 2020**:

> Subsidy by endorsement – Subsidised for patients who were taking sodium cromoglicate prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of sodium cromoglycate.

There are no other funded nedocromil or sodium cromoglicate inhalers. PHARMAC has received advice from the Respiratory Subcommittee of the Pharmacology and Therapeutics Advisory Committee (PTAC) that patients can be managed on alternative treatments, in line with current asthma guidelines. Patients will need to speak to their prescribers about the best option for them.

More information about this discontinuation is available on our website, at www.pharmac.govt.nz/medicines/my-medicine-has-changed/nedocromil-tilade-and-sodium-cromoglicate-intal-forte-inhaler-discontinuation/.

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.

Possible decisions for future implementation 1 August 2020

- Mifepristone (Mifegyne) tab 200 mg – new listing with PSO restrictions
- Misoprostol (Cytotec) tab 200 mg – addition of PSO

Sole Subsidised Supply Products – cumulative to July 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
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2021
Aciclovir	Tab dispersible 200 mg, 400 mg & 800 mg	Lovir	2022
Alendronate sodium	Tab 70 mg	Fosamax	2022
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600	Fosamax Plus	2022
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
Amoxicillin	Cap 250 mg & 500 mg	Alphamox	2022
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
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	Martindale	2021
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
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2021
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2022
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
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2022
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
Capecitabine	**Tab 150 mg & 500 mg**	**Capercit**	**2022**
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
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2022
Cefuroxime axetil	Tab 250 mg	Zinnat	2022
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
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 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	Clomazol	2022
Coal tar	Soln BP	Midwest	2022
Colchicine	Tab 500 mcg	Colgout	2021
Compound electrolytes	Powder for oral soln	Electral	2022
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021
Compound hydroxybenzoate	Soln	Midwest	2022
Condoms	60 mm 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	Shield XL Moments Gold Knight	30/09/2022

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Generic Name	Presentation	Brand Name	Expiry Date*
Crotamiton	Crm 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021
Desferrioxamine mesilate	Inj 500 mg vial	DBL Desferrioxamine Mesylate for Injection BP	2021
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2021
Dexamethasone phosphate	**Inj 4 mg per ml, 1 ml & 2 ml ampoule**	**Dexamethasone Phosphate Panpharma**	**2022**
Dexamfetamine sulfate	Tab 5 mg	PSM	2021
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
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	2021
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2021
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
Enalapril maleate	Tab 5 mg, 10 mg & 20 mg	Acetec	2022
Entacapone	Tab 200 mg	Entapone	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Erythromycin (as lactobionate)	Inj 1 g vial	Erythrocin IV	2022
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
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
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	Boucher and Muir	2021
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
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2022
Flucloxacillin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg	AFT Staphlex	2021
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Glipizide	Tab 5 mg	Minidiab	2021
Glucagon hydrochloride	**Inj 1 mg syringe kit**	**Glucagen Hypokit**	**2023**
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Suppos 3.6 g	PSM	2021
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
Hydrocortisone	Tab 5 mg & 20 mg	Douglas	2021
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	**Inj 20 mg, 1 ml**	**Buscopan**	**2023**
Ibuprofen	Oral liq 20 mg per ml, 200 ml bottle	Ethics	2021
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Ventavis	2022
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	Univent	2022
Isoniazid	Tab 100 mg	PSM	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2021
Itraconazole	Cap 100 mg	Itrazole	2022
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2022
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
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Tab 250 mg, 500 mg, 750 mg and 1,000 mg	Everet	2022
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	Microlut Mirena Jaydess	2022 31/10/2022
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	Lidocaine-Claris Lidocaine-Claris	2022
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2022
Loratadine	Tab 10 mg	Lorafix	2022
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12. 5 mg	Arrow-Losartan & Hydrochlorothiazide	2021
Mebeverine hydrochloride	**Tab 135 mg**	**Colofac**	**2023**
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	2022
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2021
Mercaptopurine	Tab 50 mg	Puri-nethol	2022
Mesalazine	**Tab long-acting 500 mg**	**Pentasa**	**2023**
Mesna	Tab 400 mg & 600 mg	Uromitexan	2022
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	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 July 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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	Trexate	2021
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	Pfizer	2022
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
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crm 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2022
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2021
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Eslon	2022
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
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
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021

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Sole Subsidised Supply Products – cumulative to July 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Nicorandil	Tab 10 mg & 20 mg	Ikorel	2022
Norethisterone	Tab 5 mg Tab 350 mcg	Primolut N Noriday 28	2021
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2022
Oestriol	**Tab 2 mg**	**Ovestin**	**2023**
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oil in water emulsion	Crm	O/W Fatty Emulsion Cream	2021
Olanzapine	Inj 210 mg, 300 mg & 405 mg vial	Zyprexa Relprevv	2021
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2022
Ondansetron	Tab 4 mg & 8 mg	Onrex	2022
Orphenadrine citrate	Tab 100 mg	Norflex	2021
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
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
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
Perhexiline maleate	Tab 100 mg	Pexsig	2022
Pethidine hydrochloride	Tab 50 mg	PSM	2021
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021

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Sole Subsidised Supply Products – cumulative to July 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2021
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
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
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Pregabalin	Cap 25 mg,75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
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
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
Riluzole	Tab 50 mg	Rilutek	2021
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2022
Ritonavir	Tab 100 mg	Norvir	2022
Rivastigmine	**Patch 4.6 mg & 9.5 mg per 24 hour**	**Generic Partners**	**2021**
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2022
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

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Sole Subsidised Supply Products – cumulative to July 2020

Generic Name	Presentation	Brand Name	Expiry Date*
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 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	Foban	2021
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
Sulfasalazine	Tab EC 500 mg	Salazopyrin EN	2022
Sumatriptan	Tab 50 mg & 100 mg	Apo-Sumatriptan	2022
Sunscreen, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF 50+	2022
Syrup (pharmaceutical grade)	Liq	Midwest	2022
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2022
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
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
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
Tranexamic acid	Tab 500 mg	Boucher	2022
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2021
Trimethoprim	Tab 300 mg	TMP	2021
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2021

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Sole Subsidised Supply Products – cumulative to July 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
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	2021
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

July changes are in bold type

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

New Listings

Effective 1 July 2020

47	LABETALOL			
	Inj 5 mg per ml, 20 ml ampoule	42.29 (48.20)	1	Alvogen S29
	Wastage claimable			
65	CALCIPOTRIOL			
	Oint 50 mcg per g	40.00	120 g OP	✔ **Daivonex**
76	OESTRADIOL – See prescribing guideline			
	Patch 50 mcg per 24 hours	7.04	4	✔ **Climara**
	a) No more than 1 patch per week			
	b) Only on a prescription			
	Patch 100 mcg per 24 hours	7.91	4	✔ **Climara**
	a) No more than 1 patch per week			
	b) Only on a prescription			
106	LEFLUNOMIDE			
	Tab 10 mg	6.00	30	✔ **Arava**
	Tab 20 mg	6.00	30	✔ **Arava**
114	BENZATROPINE MESYLATE			
	Inj 1 mg per ml, 2 ml	95.00	5	✔ **Phebra**
	a) Up to 10 inj available on a PSO			
	b) Only on a PSO			
143	ATOMOXETINE			
	Cap 10 mg	18.41	28	✔ **Generic Partners**
	Cap 18 mg	27.06	28	✔ **Generic Partners**
	Cap 25 mg	29.22	28	✔ **Generic Partners**
	Cap 40 mg	29.22	28	✔ **Generic Partners**
	Cap 60 mg	46.51	28	✔ **Generic Partners**
	Cap 80 mg	56.45	28	✔ **Generic Partners**
	Cap 100 mg	58.48	28	✔ **Generic Partners**
233	MONTELUKAST			
	Tab 10 mg	3.95	28	✔ **Montelukast Mylan**
	Note – this is a new Pharmacode listing, 2593491.			

New Listings – effective 1 July 2020 (continued)

247 VARICELLA VACCINE [CHICKENPOX VACCINE] – [Xpharm]

Either:

1) Maximum of one dose for primary vaccination for either:
   a) Any infant born on or after 1 April 2016; or
   b) For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox), or
2) Maximum of two doses for any of the following:
   a) Any of the following for non-immune patients:
      i) with chronic liver disease who may in future be candidates for transplantation; or
      ii) with deteriorating renal function before transplantation; or
      iii) prior to solid organ transplant; or
      iv) prior to any elective immunosuppression*, or
      v) for post exposure prophylaxis who are immune competent inpatients; or
   b) For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or
   c) For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or
   d) For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or
   e) For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or
   f) For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or
   g) For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

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

Inj 1350 PFU prefilled syringe	0.00	1	✔**Varivax**
		10	✔**Varivax**

255 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]

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

Note – this is a relisting of Pharmacode 2510774.

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

New Listings – effective 1 June 2020

20 INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1906– Retail pharmacy
a) Maximum of 3 sets per prescription
b) Only on a prescription
c) Maximum of 13 infusion sets will be funded per year.

6 mm steel needle; 60 cm tubing × 10	130.00	1 OP	✔**MiniMed Sure-T MMT-864A**
6 mm steel needle; 80 cm tubing × 10	130.00	1 OP	✔**MiniMed Sure-T MMT-866A**
8 mm steel needle; 60 cm tubing × 10	130.00	1 OP	✔**MiniMed Sure-T MMT-874A**
8 mm steel needle; 80 cm tubing × 10	130.00	1 OP	✔**MiniMed Sure-T MMT-876A**
10 mm steel needle; 60 cm tubing × 10	130.00	1 OP	✔**MiniMed Sure-T MMT-884A**
10 mm steel needle; 80 cm tubing × 10	130.00	1 OP	✔**MiniMed Sure-T MMT-886A**

21 INSULIN PUMP INFUSION SET (TEFLON CANNULA) – Special Authority see SA1906 – Retail pharmacy
a) Maximum of 3 sets per prescription
b) Only on a prescription
c) Maximum of 13 infusion sets will be funded per year.

6 mm teflon needle, 45 cm pink tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-921A**
6 mm teflon needle, 45 cm blue tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-941A**
6 mm teflon needle, 60 cm pink tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-923A**
6 mm teflon needle, 60 cm blue tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-943A**
6 mm teflon needle, 60 cm tubing × 10	130.00	1 OP	✔**MiniMed Quick-Set MMT-399A**
6 mm teflon needle, 80 cm pink tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-925A**
6 mm teflon needle, 80 cm blue tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-945A**
6 mm teflon needle, 80 cm clear tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-965A**
6 mm teflon needle, 80 cm tubing × 10	130.00	1 OP	✔**MiniMed Quick-Set MMT-387A**
6 mm teflon needle, 110 cm tubing × 10	130.00	1 OP	✔**MiniMed Quick-Set MMT-398A**
9 mm teflon needle, 60 cm tubing × 10	130.00	1 OP	✔**MiniMed Quick-Set MMT-397A**
9 mm teflon needle, 80 cm clear tubing × 10	130.00	1 OP	✔**MiniMed Mio MMT-975A**
9 mm teflon needle, 80 cm tubing × 10	130.00	1 OP	✔**MiniMed Quick-Set MMT-386A**
9 mm teflon needle, 110 cm tubing × 10	130.00	1 OP	✔**MiniMed Quick-Set MMT-396A**

continued...

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
New Listings – effective 1 June 2020 (continued)			
continued...			
13 mm teflon needle, 45 cm tubing × 10	130.00	1 OP	✔**MiniMed Silhouette MMT-368A**
13 mm teflon needle, 60 cm tubing × 10	130.00	1 OP	✔**MiniMed Silhouette MMT-381A**
13 mm teflon needle, 80 cm tubing × 10	130.00	1 OP	✔**MiniMed Silhouette MMT-383A**
13 mm teflon needle, 110 cm tubing × 10	130.00	1 OP	✔**MiniMed Silhouette MMT-382A**
17 mm teflon needle, 60 cm tubing × 10	130.00	1 OP	✔**MiniMed Silhouette MMT-378A**
17 mm teflon needle, 80 cm tubing × 10	130.00	1 OP	✔**MiniMed Silhouette MMT-384A**
17 mm teflon needle, 110 cm tubing × 10	130.00	1 OP	✔**MiniMed Silhouette MMT-377A**
23 PANCREATIC ENZYME			
Modified release granules pancreatin 60.12 mg (amylase 3,600 Ph Eur U, lipase 5,000 Ph Eur U, protease 200 Ph Eur U)	34.93	20 g OP	✔**Creon Micro**
33 CALCIUM GLUCONATE			
Inj 10%, 10 ml ampoule	32.00	10	✔**Max Health - Hameln**
Wastage claimable			**S29**
51 ACIPIMOX			
Cap 250 mg	21.56	30	✔**Olbetam S29** **S29**
Wastage claimable			
62 CETOMACROGOL WITH GLYCEROL			
Crm 90% with glycerol 10%	2.35	500 ml OP	✔**ADE**
	3.10	1,000 ml OP	✔**ADE**
75 TETRACOSACTRIN			
Inj 250 mcg per ml, 1 ml ampoule	75.00	1	✔**UK Synacthen** **S29**
Wastage claimable			
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, 2588617.			
92 KETOCONAZOLE			
Tab 200 mg – PCT	CBS	100	✔**Strides Shasun** **S29**
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	3.56	10	✔**Fentanyl IE** **S29**
Wastage claimable			

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

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

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

New Listings – effective 1 June 2020 (continued)

120 FLUOXETINE HYDROCHLORIDE

Tab dispersible 20 mg, scored – Subsidy by endorsement ..... 1.98 | 30 | ✔**Fluox**

Subsidised by endorsement

1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or
2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.

Cap 20 mg ..... 2.91 | 84 | ✔**Fluox**

Effective 20 May 2020

50 BUMETANIDE

Tab 1 mg ..... 4.91 | 20 | ✔**Burinex S29** S29

Wastage claimable

70 LEVONORGESTREL

Tab 30 mcg – Up to 84 tab available on a PSO ..... 22.00 | 112 | ✔**Microlut SCT S29** S29

Wastage claimable

Effective 12 May 2020

69 ETHINYLOESTRADIOL WITH NORETHISTERONE

Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 84 tab available on a PSO ..... 6.62 | 84 | ✔**Necon** S29

Wastage claimable

115 CAPSAICIN – Subsidy by endorsement

Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly.

Crm 0.075% ..... 15.83 | 57 g OP | ✔**Rugby Capsaicin Topical Cream** S29

Effective 1 May 2020

47 ATENOLOL

Oral liq 25 mg per 5 ml ..... 21.25 | 300 ml OP | ✔**Atenolol AFT S29** 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

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

New Listings – effective 1 May 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 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

163 VINBLASTINE SULPHATE
Inj 1 mg per ml, 10 ml vial – PCT
– Retail pharmacy-Specialist ..... 270.37 — 5 — ✔**DBL Vinblastine** S29

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.

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

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

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

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

New Listings – effective 1 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)**

Changes to Restrictions, Chemical Names and Presentations

Effective 1 July 2020

69 ETHINYLOESTRADIOL WITH NORETHISTERONE (S29 and wastage removed)
Tab 35 mcg with norethisterone 500 mcg and 7 inert tab
– Up to 84 tab available on a PSO ..... 6.62 84 ✔**Necon** ~~S29~~
~~Wastage claimable~~

70 LEVONORGESTREL (S29 and wastage removed and amended brand name)
Tab 30 mcg – Up to 84 tab available on a PSO..... 22.00 112 ✔**Microlut** ~~**SCT S29**~~
~~S29~~
~~Wastage claimable~~

103 PEGYLATED INTERFERON ALFA-2A – Special Authority see **SA1936**~~1400~~ – Retail pharmacy
(amended Special Authority – new criteria shown only)
a) See prescribing guideline
b) Note: PHARMAC will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin and meet Special Authority criteria. Please contact the Hepatitis C Coordinator at PHARMAC on 0800-023-588 option 4.
Inj 180 mcg prefilled syringe..... 500.00 4 ✔**Pegasys**

SA1936 ~~1400~~ Special Authority for Subsidy
Initial application – (myeloproliferative disorder or cutaneous T cell lymphoma) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Any of the following:
1 Patient has a cutaneous T cell lymphoma*; or
2 All of the following:
2.1 Patient has a myeloproliferative disorder*; and
2.2 Patient is intolerant of hydroxyurea; and
2.3 Treatment with anagrelide and busulfan is not clinically appropriate; or
3 Both:
3.1 Patient has a myeloproliferative disorder; and
3.2 Patient is pregnant, planning pregnancy or lactating.

Renewal – (myeloproliferative disorder or cutaneous T cell lymphoma) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 No evidence of disease progression; and
2 The treatment remains appropriate and patient is benefitting from treatment; and
3 Either:
3.1 Patient has a cutaneous T cell lymphoma*; or
3.2 Both:
3.2.1 Patient has a myeloproliferative disorder*; and
3.2.2 Either:
3.2.2.1 Remains intolerant of hydroxyurea and treatment with anagrelide and busulfan remains clinically inappropriate; or
3.2.2.2 Patient is pregnant, planning pregnancy or lactating
Note: Indications marked with * are unapproved indications

Changes to Restrictions – effective 1 July 2020 (continued)

116 FENTANYL (S29 and wastage removed)
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~~

143 ATOMOXETINE – ~~Special Authority see SA1416 – Retail pharmacy~~ (Special Authority removed)

Cap 10 mg	107.03	28	✔ **Strattera**
	18.41		✔ **Generic Partners**
Cap 18 mg	107.03	28	✔ **Strattera**
	27.06		✔ **Generic Partners**
Cap 25 mg	107.03	28	✔ **Strattera**
	29.22		✔ **Generic Partners**
Cap 40 mg	107.03	28	✔ **Strattera**
	29.22		✔ **Generic Partners**
Cap 60 mg	107.03	28	✔ **Strattera**
	46.51		✔ **Generic Partners**
Cap 80 mg	139.11	28	✔ **Strattera**
	56.45		✔ **Generic Partners**
Cap 100 mg	139.11	28	✔ **Strattera**
	58.48		✔ **Generic Partners**

~~SA1416 Special Authority for Subsidy~~

~~Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:~~

~~All of the following:~~

~~1 Patient has ADHD (Attention Deficit and Hyperactivity Disorder) diagnosed according to DSM-IV or ICD-10 criteria; and~~

~~2 Once-daily dosing; and~~

~~3 Any of the following:~~

~~3.1 Treatment with a subsidised formulation of a stimulant has resulted in the development or worsening of serious adverse reactions or where the combination of subsidised stimulant treatment with another agent would pose an unacceptable medical risk; or~~

~~3.2 Treatment with a subsidised formulation of a stimulant has resulted in worsening of co-morbid substance abuse or there is a significant risk of diversion with subsidised stimulant therapy; or~~

~~3.3 An effective dose of a subsidised formulation of a stimulant has been trialled and has been discontinued because of inadequate clinical response; or~~

~~3.4 Treatment with a subsidised formulation of a stimulant is considered inappropriate because the patient has a history of psychoses or has a first-degree relative with schizophrenia; and~~

~~4 The patient will not be receiving treatment with atomoxetine in combination with a subsidised formulation of a stimulant, except for the purposes of transitioning from subsidised stimulant therapy to atomoxetine.~~

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

~~Note: A "subsidised formulation of a stimulant" refers to currently subsidised methylphenidate hydrochloride tablet formulations (immediate-release, sustained-release and extended-release) or dexamfetamine sulphate tablets.~~

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 July 2020 (continued)

147 BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy (Brand switch fee removed)

~~a) Brand switch fee payable (Pharmacode 2586258)~~

b) No patient co-payment payable

c) Safety medicine; prescriber may determine dispensing frequency

Tab sublingual 2 mg with naloxone 0.5 mg	18.37	28	✔**Buprenorphine Naloxone BNM**
Tab sublingual 8 mg with naloxone 2 mg	53.12	28	✔**Buprenorphine Naloxone BNM**

207 RITUXIMAB (RIXIMYO) – PCT only – Specialist – Special Authority see **SA1937**~~1902~~
(amended Special Authority criteria – affected criteria shown only)

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

➽ **SA1937** ~~1902~~ Special Authority for Subsidy

Renewal — (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

~~Either:~~

~~1~~ All of the following:

~~1.~~1 The patient has had a rituximab treatment-free interval of 12 months or more; and

~~1.~~2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and

~~1.~~3 To be used for no more than 6 treatment cycles~~; or~~

~~2 Both:~~

~~2.1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy; and~~

~~2.2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m² every 8 weeks (maximum of 12 cycles).~~

Initial application — (CD20+ low grade or follicular B-cell NHL) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has CD20+ low grade or follicular B-cell NHL with relapsed disease following prior chemotherapy; and

1.2 To be used for a maximum of 6 treatment cycles; or

2 Both:

2.1 The patient has CD20+ low grade or follicular B-cell NHL requiring first-line systemic chemotherapy; and

2.2 To be used for a maximum of 6 treatment cycles.

Renewal — (CD20+ low grade or follicular B-cell NHL) from any relevant practitioner. Approvals valid for 24 months for applications meeting the following criteria:

Both:

1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy; and

2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m² every 8 weeks (maximum of 12 cycles).

Changes to Restrictions – effective 1 July 2020 (continued)

233 NEDOCROMIL – **Subsidy by endorsement** (addition of subsidy by endorsement)

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

Aerosol inhaler, 2 mg per dose CFC-free ..... 28.07 112 dose OP ✔**Tilade**

233 SODIUM CROMOGLICATE – **Subsidy by endorsement** (addition of subsidy by endorsement)

Subsidy by endorsement – Subsidised for patients who were taking sodium cromoglicate prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of sodium cromoglicate.

Aerosol inhaler, 5 mg per dose CFC-free ..... 28.07 112 dose OP ✔**Intal Forte CFC Free**

261 AMINO ACID FORMULA – Special Authority see **SA1940**~~1219~~ – Hospital pharmacy [HP3]
(amended Special Authority criteria)

Powder	43.60	400 g OP	✔**Alfamino Junior**
Powder (unflavoured)	53.00	400 g OP	✔**Elecare**
			✔**Elecare LCP**
			✔**Neocate Gold**
			✔**Neocate Junior Unflavoured**
			✔**Neocate SYNEO**
Powder (vanilla)	53.00	400 g OP	✔**Elecare**
			✔**Neocate Junior Vanilla**

➽ **SA1940** ~~1219~~ Special Authority for Subsidy

~~Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:~~
~~Any of the following:~~
~~1 Extensively hydrolysed formula has been reasonably trialled and is inappropriate due to documented severe intolerance or allergy or malabsorption; or~~
~~2 History of anaphylaxis to cows milk protein formula or dairy products; or~~
~~3 Eosinophilic oesophagitis.~~
~~Note: A reasonable trial is defined as a 2-4 week trial.~~

~~Renewal only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 An assessment as to whether the infant can be transitioned to a cows milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and~~
~~2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and~~
~~3 General Practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and date contacted.~~

Initial application - (Infants under 12 months of age) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Any of the following:
1 History of anaphylaxis to cow's milk protein formula or dairy products; or
2 Eosinophilic oesophagitis; or
3 Ultra-short gut; or
4 Severe Immune deficiency; or
5 Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate; or

continued...

Changes to Restrictions – effective 1 July 2020 (continued)

continued...

6 Both:
6.1 Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption; and
6.2 Either:
6.2.1 The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number; or
6.2.2 Patient has IgE mediated allergy.

Initial application - (Children 12 months of age and over) only from a paediatrician, paediatric gastroenterologist, paediatric immunologist or a dietitian on the recommendation of a paediatrician, paediatric gastroenterologist or paediatric immunologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Applicant is a paediatrician, paediatric gastroenterologist or paediatric immunologist; or
1.2 Applicant is a dietitian and confirms that a paediatrician, paediatric gastroenterologist or paediatric immunologist has been consulted within the last 12 months and has recommended treatment for the patient; and
2 Any of the following:
2.1 History of anaphylaxis to cow's milk protein formula or dairy products; or
2.2 Eosinophilic oesophagitis; or
2.3 Ultra-short gut; or
2.4 Severe Immune deficiency; or
2.5 Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate; or
2.6 Both:
2.6.1 Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption; and
2.6.2 Either:
2.6.2.1 The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number; or
2.6.2.2 Patient has IgE mediated allergy.

Renewal - (Infants up to 12 months of age) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Patient has IgE mediated allergy; and
1.1 All of the following:
1.1.1 Patient remains allergic to cow's milk; and
1.1.2 An assessment as to whether the infant can be transitioned to a cow's milk protein, soy or extensively hydrolysed infant formula has been undertaken; and
1.1.3 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and
1.1.4 Amino acid formula is required for a nutritional deficit; and
1.1.5 It has been more than three months from the previous approval; or
2 Patient has non IgE mediated severe gastrointestinal intolerance (including eosinophilic oesophagitis, ultra-short gut and severe immune deficiency); and
2.1 All of the following:
2.1.1 An assessment as to whether the infant can be transitioned to a cow's milk protein, soy, or extensively hydrolysed infant formula has been undertaken; and
2.1.2 The outcome of the assessment is that the infant continues to require an amino acid infant formula; and

continued...

Changes to Restrictions – effective 1 July 2020 (continued)

continued...

2.1.3 Amino acid formula is required for a nutritional deficit; and
2.1.4 It has been more than three months from the previous approval.

Renewal - (Children 12 months of age and over) only from a paediatrician, paediatric gastroenterologist, paediatric immunologist or a dietitian on the recommendation of a paediatrician, paediatric gastroenterologist or paediatric immunologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Applicant is a paediatrician, paediatric gastroenterologist or paediatric immunologist; or
1.2 Applicant is a dietitian and confirms that a paediatrician, paediatric gastroenterologist or paediatric immunologist has been consulted within the last 12 months and has recommended treatment for the patient; and
2 Any of the following:
2.1 History of anaphylaxis to cow's milk protein formula or dairy products; or
2.2 Eosinophilic oesophagitis; or
2.3 Ultra-short gut; or
2.4 Severe Immune deficiency; or
2.5 Extensively hydrolysed formula has been trialled in an inpatient setting and is clinically inappropriate; or
2.6 Both:
2.6.1 Extensively hydrolysed formula has been reasonably trialled for 2-4 weeks and is inappropriate due to documented severe intolerance or allergy or malabsorption; and
2.6.2 Either:
2.6.2.1 The patient has a valid Special Authority approval for extensively hydrolysed formula: approval number; or
2.6.2.2 Patient has IgE mediated allergy.

264 DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – [Xpharm]
(amended restriction criteria and presentation description)
Funded for any of the following criteria:
1) A single dose for pregnant women in the second or third trimester of each pregnancy; or
2) A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or
3) A course of up to four doses is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
4) An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; **or**
5) A single dose for vaccination of patients aged 65 years old; or
6) A single dose for vaccination of patients aged 45 years old who have not had 4 previous tetanus doses; or
7) For vaccination of previously unimmunised or partially immunised patients; or
8) For revaccination following immunosuppression; or
9) For boosting of patients with tetanus-prone wounds.
Notes: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.
Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous **haemagglutinin** ~~haemagluttinin~~ and 2.5 mcg pertactin in 0.5 ml syringe ..... 0.00 — 10 — ✔**Boostrix**
1 — ✔**Boostrix**

Changes to Restrictions – effective 1 July 2020 (continued)

265 DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – [Xpharm] (amended presentation description)

Funded for any of the following:

1) A single dose for children up to the age of 7 who have completed primary immunisation; or
2) A course of four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
3) An additional four doses (as appropriate) are funded for (re-)immunisation for patients post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
4) Five doses will be funded for children requiring solid organ transplantation.

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

Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous **haemagglutinin** ~~haemagluttinin~~, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe ..... 0.00 10 ✔**Infanrix IPV**

265 DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [Xpharm] (amended presentation description)

Funded for patients meeting any of the following criteria:

1) Up to four doses for children up to and under the age of 10 for primary immunisation; or
2) An additional four doses (as appropriate) are funded for (re-)immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
3) Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous **haemagglutinin** ~~haemagluttinin~~, 8 mcg pertactin, 80 D-AgUpoliovirus, 10 mcg hepatitis B surface antigen in 0.5ml syringe..... 0.00 10 ✔**Infanrix-hexa**

271 MENINGOCOCCAL C CONJUGATE VACCINE – [Xpharm] (amended restriction criteria)

Both:

1) **The child is under 9 months of age; and**
2) Any of the following:
   2.1) Up to three doses ~~and a booster every five years~~ for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
   2.2) ~~One dose~~ **Two doses** for close contacts of meningococcal cases; or
   2.3) A maximum of two doses for bone marrow transplant patients; or
   2.4) A maximum of two doses for patients ~~following~~ **pre- and post-**immunosuppression*.

Note: children under ~~seven years~~ **nine months** of age require two doses 8 weeks apart~~., a booster dose three years after the primary series and then five yearly.~~ **Refer to the Immunisation Handbook for booster schedules with meningococcal ACWY vaccine.**

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

Inj 10 mcg in 0.5 ml syringe ..... 0.00 1 ✔**Neisvac-C**

Changes to Restrictions – effective 1 July 2020 (continued)

271 PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – [Xpharm] (amended restriction criteria)

~~Either:~~

1) A primary course of ~~four~~ **three** doses for previously unvaccinated individuals up to the age of 59 months inclusive. ~~or~~
2) ~~Up to three doses as appropriate to complete the primary course of immunisation for individuals under the age of 59 months who have received one to three doses of PCV13.~~

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

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 ..... 0.00 10 ✔**Synflorix**

272 PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – [Xpharm] (amended restriction criteria)

Any of the following:

1) ~~One~~ **Two** dose~~s~~ ~~is~~ **are** funded for high risk children (over the age of ~~17~~ **12** months and under 18 years) who have previously received ~~four~~ **two** doses of **the primary course of** PCV10; or
2) Up to an additional four doses (as appropriate) are funded for high risk children aged under 5 years for (re-)immunisation of patients with any of the following:
   a) on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
   b) with primary immune deficiencies; or
   c) with HIV infection; or
   d) with renal failure, or nephrotic syndrome; or
   e) who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
   f) with cochlear implants or intracranial shunts; or
   g) with cerebrospinal fluid leaks; or
   h) receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
   i) with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
   j) pre term infants, born before 28 weeks gestation; or
   k) with cardiac disease, with cyanosis or failure; or
   l) with diabetes; or
   m) with Down syndrome; or
   n) who are pre-or post-splenectomy, or with functional asplenia; or
3) Up to an additional four doses (as appropriate) are funded for (re-)immunisation of patients 5 years and over with HIV, for patients pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency; or
4) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

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

Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml syringe ..... 0.00 10 ✔**Prevenar 13**
1 ✔**Prevenar 13**

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 June 2020

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

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)~~ ~~Maximum of 500 mg per prescription; can be waived by Special Authority see SA1857~~

~~b)~~ Wastage claimable

112 FEBUXOSTAT – Special Authority see **SA1931** ~~1538~~ below – Retail pharmacy (amended Special Authority criteria)

Tab 80 mg	39.50	28	✔**Adenuric**
Tab 120 mg	39.50	28	✔**Adenuric**

➽ **SA1931** ~~1538~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient has been diagnosed with gout; and

2 Any of the following:

2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.3 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol (see Note)**; or**

2.4 The patient has previously had an initial Special Authority approval for benzbromarone for treatment of gout.

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

Note: In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

Changes to Restrictions – effective 1 June 2020 (continued)

146 MODAFINIL – Special Authority see **SA1932**~~1126~~ – Retail pharmacy (amended Special Authority criteria)
Tab 100 mg ..... 64.00 60 ✔**Modavigil**

➽ **SA1932** ~~1126~~ Special Authority for Subsidy
Initial application only from a neurologist or respiratory specialist. Approvals valid for 24 months for applications meeting the following criteria:
All of the following:
1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
2 ~~Either~~ **Any of the following**:
2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
2.2 **A multiple sleep latency test is not possible due to COVID-19 constraints on the health sector; or**
2.3 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
3 Either:
3.1 An effective dose of a subsidised formulation of methylphenidate or dexamfetamine has been trialled and discontinued because of intolerable side effects; or
3.2 Methylphenidate and dexamfetamine are contraindicated.

Renewal only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

231 GLYCOPYRRONIUM – Subsidy by endorsement (amended subsidy by endorsement)
a) Inhaled glycopyrronium treatment will not be subsidised if patient is also receiving treatment with subsidised tiotropium or umeclidinium.
b) Glycopyrronium powder for inhalation 50 mcg per dose is subsidised only for patients who have been diagnosed as having COPD ~~using spirometry~~, and the prescription is endorsed accordingly.
Powder for inhalation 50 mcg per dose ..... 61.00 30 dose OP ✔**Seebri Breezhaler**

231 TIOTROPIUM BROMIDE – Subsidy by endorsement (amended subsidy by endorsement)
a) Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.
b) Tiotropium bromide is subsidised only for patients who have been diagnosed as having COPD ~~using spirometry~~, and the prescription is endorsed accordingly. Patients who had tiotropium dispensed before 1 October 2018 with a valid Special Authority are deemed endorsed.
Powder for inhalation, 18 mcg per dose ..... 50.37 30 dose ✔**Spiriva**
Soln for inhalation 2.5 mcg per dose ..... 50.37 60 dose OP ✔**Spiriva Respimat**

231 UMECLIDINIUM – Subsidy by endorsement (amended subsidy by endorsement)
a) Umeclidinium will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.
b) Umeclidinium powder for inhalation 62.5 mcg per dose is subsidised only for patients who have been diagnosed as having COPD ~~using spirometry~~, and the prescription is endorsed accordingly.
Powder for inhalation 62.5 mcg per dose ..... 61.50 30 dose OP ✔**Incruse Ellipta**

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 June 2020 (continued)

270 MEASLES, MUMPS AND RUBELLA VACCINE (addition of Only on a prescription and No patient co-payment payable)

a) Only on a prescription

b) No patient co-payment payable

A) Measles, mumps and rubella vaccine
A maximum of two doses for any patient meeting the following criteria:
1) For primary vaccination in children; or
2) For revaccination following immunosuppression; or
3) For any individual susceptible to measles, mumps or rubella; or
4) A maximum of three doses for children who have had their first dose prior to 12 months.

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes. Although a price is listed for the vaccine, doctors can still order measles mumps and rubella vaccine free of charge, as with other Schedule vaccines.

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

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

Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	112.50	5	✔**MMR II**
	250.00	10	✔**Priorix**

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

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

Changes to Restrictions – effective 1 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

75 PREDNISONE (addition of PSO)

Tab 20 mg – **Up to 30 tab available on a PSO**	29.03	500	✔**Apo-Prednisone**

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

87 FLUCLOXACILLIN (addition of PSO)

Cap 500 mg – **Up to 30 cap available on a PSO**	56.61	500	✔**Staphlex**

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.

continued...

Changes to Restrictions – effective 1 May 2020 (continued)

continued...

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.

125 METOCLOPRAMIDE HYDROCHLORIDE (addition of PSO)

Tab 10 mg – **up to 30 tab available on a PSO**	1.30	100	✔	**Metoclopramide Actavis 10**

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.

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

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.~~

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.

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 July 2020

8	HYOSCINE BUTYLBROMIDE (↓ subsidy) Tab 10 mg	6.35	100	✔**Buscopan**
24	URSODEOXYCHOLIC ACID – Special Authority see SA1739 – Retail pharmacy (↓ subsidy) Cap 250 mg	32.95	100	✔**Ursosan**
25	MACROGOL 3350 WITH POTASSIUM CHLORIDE, SODIUM BICARBONATE AND SODIUM CHLORIDE (↓ subsidy) Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	6.70	30	✔**Molaxole**
31	NYSTATIN (↓ subsidy) Oral liq 100,000 u per ml	1.76	24 ml OP	✔**Nilstat**
33	POTASSIUM IODATE (↓ subsidy) Tab 253 mcg (150 mcg elemental iodine)	4.58	90	✔**NeuroTabs**
52	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) Tab 10 mg	1.95	30	✔**Ezetimibe Sandoz**
58	AMOROLFINE (↓ subsidy) a) Only on a prescription b) Not in combination Nail soln 5%	14.93	5 ml OP	✔**MycoNail**
70	NYSTATIN (↓ subsidy) Vaginal crm 100,000 u per 5 g with applicator(s)	4.00	75 g OP	✔**Nilstat**
71	OXYBUTYNIN (↑ subsidy) Tab 5 mg	11.70	500	✔**Apo-Oxybutynin**
72	SODIUM CITRO-TARTRATE (↓ subsidy) Grans eff 4 g sachets	2.22	28	✔**Ural**
91	VANCOMYCIN – Subsidy by endorsement (↓ subsidy) Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly. Inj 500 mg vial	2.35	1	✔**Mylan**

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

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

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

116 PARACETAMOL (↑ subsidy)

Tab 500 mg - blister pack ..... 24.82 1,000 ✔**Paracetamol Pharmacare** ✔**Pharmacare**

a) Maximum of 300 tab per prescription; can be waived by endorsement
b) Up to 30 tab available on a PSO
c)
1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.
2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.

Tab 500 mg - bottle pack – Maximum of 300 tab per prescription; can be waived by endorsement ..... 24.82 1,000 ✔**Pharmacare**

1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.
2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.

124 RIZATRIPTAN (↓ subsidy)

Tab orodispersible 10 mg ..... 3.65 30 ✔**Rizamelt**

125 ONDANSETRON (↓ subsidy)

Tab disp 4 mg – Up to 10 tab available on a PSO ..... 0.76 10 ✔**Ondansetron ODT-DRLA**

Tab disp 8 mg – Up to 10 tab available on a PSO ..... 1.13 10 ✔**Ondansetron ODT-DRLA**

158 EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist (↑ subsidy)

Inj 1 mg for ECP ..... 0.43 1 mg ✔**Baxter**

174 MYCOPHENOLATE MOFETIL (↑ subsidy)

Tab 500 mg ..... 35.90 50 ✔**Cellcept**
Cap 250 mg ..... 35.90 100 ✔**Cellcept**

233 BUDESONIDE (↓ subsidy)

Metered aqueous nasal spray, 50 mcg per dose ..... 2.54 200 dose OP ✔**SteroClear**
Metered aqueous nasal spray, 100 mcg per dose ..... 2.84 200 dose OP ✔**SteroClear**

243 GLYCEROL (↓ subsidy)

Liquid – Only in combination ..... 3.23 500 ml ✔**healthE Glycerol BP**
Only in extemporaneously compounded oral liquid preparations.

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 June 2020

67	CONDOMS (↑ subsidy)			
	60 mm – Up to 144 dev available on a PSO	14.87	144	✔ **Shield XL**

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**

▲ 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)

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**
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 July 2020

31	HYDROGEN PEROXIDE			
	Soln 3% (10 vol) – Maximum of 200 ml per prescription	1.40	100 ml	✔Pharmacy Health
31	VITAMIN A WITH VITAMINS D AND C			
	Note that funding of vitamin A oral liquid can be applied for through the Exceptional Circumstances process; the application form can be found on the PHARMAC website https://pharmac.govt.nz/assets/form-alphatocopherylacetate-and-vitaminA.pdf			
	Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops	4.50	10 ml OP	✔Vitadol C
59	CALAMINE			
	a) Only on a prescription			
	b) Not in combination			
	Lotn, BP	12.94	2,000 ml	✔PSM
69	ETHINYLOESTRADIOL WITH NORETHISTERONE			
	Tab 35 mcg with norethisterone 1 mg			
	– Up to 63 tab available on a PSO	6.62	63	✔Brevinor 1/21
	Tab 35 mcg with norethisterone 500 mcg			
	– Up to 63 tab available on a PSO	6.62	63	✔Brevinor 21
72	TOLTERODINE – Special Authority see SA1272 – Retail pharmacy			
	Tab 2 mg	14.56	56	✔Arrow-Tolterodine
74	DEXAMETHASONE PHOSPHATE			
	Dexamethasone phosphate injection will not be funded for oral use.			
	Inj 4 mg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO	14.19	10	✔Max Health
	Inj 4 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO	25.18	10	✔Max Health
125	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency			
	Oral liq 100 mg per ml	65.53	60 ml	✔Solian
146	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy			
	Patch 4.6 mg per 24 hour	48.75	30	
		(90.00)		Exelon
	Patch 9.5 mg per 24 hour	48.75	30	
		(90.00)		Exelon
154	CAPECITABINE – Retail pharmacy-Specialist			
	Tab 150 mg	11.15	60	✔Brinov
	Tab 500 mg	62.28	120	✔Brinov
172	FLUTAMIDE – Retail pharmacy-Specialist			
	Tab 250 mg	100.38	84	✔Flutamide Mylan S29

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

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

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

Delisted Items – effective 1 July 2020 (continued)

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

a) The Pharmacode for BSF Buprenorphine Naloxone BNM is 2586258

~~243 MAGNESIUM HYDROXIDE~~
~~Paste 29% ..... 22.61 — 500 g — ✔PSM~~
Note – delisting delayed until 1 January 2021.

256 ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]
Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.
Liquid (strawberry) – Higher subsidy of up to $1.26
per 200 ml with endorsement ..... 0.72 (1.26) — 200 ml OP — Ensure Plus

Effective 1 June 2020

44 ENALAPRIL MALEATE
Tab 5 mg ..... 3.84 — 100 — ✔Ethics Enalapril
Tab 10 mg ..... 4.96 — 100 — ✔Ethics Enalapril
Tab 20 mg ..... 7.12 — 100 — ✔Ethics Enalapril

63 POVIDONE IODINE
Skin preparation, povidone iodine 10% with 30% alcohol ..... 10.00 — 500 ml — ✔Betadine Skin Prep

76 MEDROXYPROGESTERONE ACETATE – See prescribing guideline
Tab 2.5 mg ..... 7.00 — 56 — ✔Provera
Note – this delist applies to the 56 tab pack.

83 DANAZOL
Cap 100 mg ..... 68.33 — 100 — ✔Azol

117 MORPHINE SULPHATE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency
Tab long-acting 100 mg ..... 6.10 — 10 — ✔Arrow-Morphine LA

255 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]
Liquid ..... 5.29 — 1,000 ml OP — ✔Nutrison 800 Complete Multi Fibre
Note – this delist applies to Pharmacode 2510774. A new Pharmacode was listed 1 December 2019.

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 (8.69)	500 g	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
240	PHARMACY SERVICES			
	May only be claimed once per patient.			
	Brand switch fee	4.50	1 fee	✔BSF Flecainide BNM

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

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

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

Delisted Items – effective 1 May 2020 (continued)

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 September 2020

19 INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1906 – Retail pharmacy
a) Maximum of 3 sets per prescription
b) Only on a prescription
c) Maximum of 13 infusion sets will be funded per year.

10 mm steel needle; 29 G; manual insertion; 60 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✔ **Sure-T MMT-883**
10 mm steel needle; 29 G; manual insertion; 80 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✔ **Sure-T MMT-885**
6 mm steel needle; 29 G; manual insertion; 80 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✔ **Sure-T MMT-865**
8 mm steel needle; 29 G; manual insertion; 80 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✔ **Sure-T MMT-875**

21 INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – Special Authority see SA1906 – Retail pharmacy
a) Maximum of 3 sets per prescription
b) Only on a prescription
c) Maximum of 13 infusion sets will be funded per year.

17 mm teflon cannula; angle insertion; 110 cm line × 10 with 10 needles; luer lock	130.00	1 OP	✔ **Silhouette MMT-371**

23 INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION) – Special Authority see SA1906 – Retail pharmacy
a) Maximum of 3 sets per prescription
b) Only on a prescription
c) Maximum of 13 infusion sets will be funded per year.

6 mm teflon cannula; straight insertion; 110 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✔ **Quick-Set MMT-391**
9 mm teflon cannula; straight insertion; 110 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✔ **Quick-Set MMT-390**

155 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist

Inj 1 g	349.20	1	✔ **Gemzar**

Effective 1 October 2020

44 TERAZOSIN

Tab 1 mg	0.59	28	✔ **Actavis**

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.

▲ 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 October 2020 (continued)

117 MORPHINE SULPHATE
- a) Only on a controlled drug form
- b) No patient co-payment payable
- c) Safety medicine; prescriber may determine dispensing frequency

Tab long-acting 10 mg	1.93	10	✔**Arrow-Morphine LA**

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 of prior dispensing of phenelzine sulphate.

Tab 15 mg	70.80	60	✔**Lupin** S29
			✔**Nardil S29** S29
	118.00	100	✔**Nardil**

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**

274 VARICELLA VACCINE [CHICKENPOX VACCINE] – [Xpharm]

Either:
1) Maximum of one dose for primary vaccination for either:
   - a) Any infant born on or after 1 April 2016; or
   - b) For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox), or
2) Maximum of two doses for any of the following:
   - a) Any of the following for non-immune patients:
     - i) with chronic liver disease who may in future be candidates for transplantation; or
     - ii) with deteriorating renal function before transplantation; or
     - iii) prior to solid organ transplant; or
     - iv) prior to any elective immunosuppression*, or
     - v) for post exposure prophylaxis who are immune competent inpatients.; or
   - b) For patients at least 2 years after bone marrow transplantation, on advice of their specialist, or
   - c) For patients at least 6 months after completion of chemotherapy, on advice of their specialist, or
   - d) For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or
   - e) For patients with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or
   - f) For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or
   - g) For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

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

Inj 2000 PFU prefilled syringe plus vial	0.00	1	✔**Varilrix**
		10	✔**Varilrix**

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

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.

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

103 INTERFERON ALFA-2A – PCT

See prescribing guideline

Inj 3 m iu prefilled syringe	38.00	1	✔**Roferon-A**

105 IBUPROFEN

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

106 LEFLUNOMIDE

Tab 10 mg	2.90	30	✔**Apo-Leflunomide**
Tab 20 mg	2.90	30	✔**Apo-Leflunomide**

114 BENZATROPINE MESYLATE

Inj 1 mg per ml, 2 ml	95.00	5	✔**Cogentin**
	190.00	10	✔**Omega**

a) Up to 10 inj available on a PSO

b) Only on a PSO

▲ 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 January 2021

65 CALCIPOTRIOL
Oint 50 mcg per g ..... 45.00 100 g OP ✔**Daivonex**

243 MAGNESIUM HYDROXIDE
Paste 29% ..... 22.61 500 g ✔**PSM**

255 ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]
Liquid ..... 5.29 1,000 ml OP ✔**Nutrison 800 Complete Multi Fibre**

Note – this delist applies to Pharmacode 2510774.

Effective 1 February 2021

60 HYDROCORTISONE BUTYRATE
Lipocream 0.1% ..... 3.42 30 g OP ✔**Locoid Lipocream**

233 NEDOCROMIL – Subsidy by endorsement
Subsidy by endorsement – Subsidised for patients who were taking nedocromil prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record nedocromil.
Aerosol inhaler, 2 mg per dose CFC-free ..... 28.07 112 dose OP ✔**Tilade**

Effective 1 May 2021

233 SODIUM CROMOGLICATE – Subsidy by endorsement
Subsidy by endorsement – Subsidised for patients who were taking sodium cromoglicate prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record sodium cromoglicate.
Aerosol inhaler, 5 mg per dose CFC-free ..... 28.07 112 dose OP ✔**Intal Forte CFC Free**

Effective 1 August 2021

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

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