

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text "PHARMAC" in a large, bold, sans-serif font, with "TE PĀTAKA WHAIORANGA" in a smaller, all-caps, sans-serif font below it. The background of the entire page is a complex, abstract pattern of white and grey lines that form a large, stylized 'P' shape, composed of many concentric, curved lines that create a sense of depth and movement.

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

**August 2020**

Cumulative for May, June, July and August 2020

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## Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2020

### **New listings (page 21)**

- Glycopyrronium bromide (Robinul) inj 200 mg per ml, 1 ml ampoule – up to 10 inj available on a PSO
- Pravastatin (Pravastatin Mylan) tab 10 mg and 40 mg
- Mifepristone (Mifegyne) Tab 200 mg – up to 15 tab available on a PSO and only on a PSO
- Clomipramine hydrochloride (Anafranil) tab 10 mg – safety medicine; prescriber may determine dispensing frequency – S29 and wastage claimable
- Modafinil (Modavigil) tab 100 mg – Special Authority – Retail pharmacy
- Cladribine (Leustatin) inj 1 mg per ml, 10 ml – PCT only – Specialist
- Octreotide (Octreotide GH) inj 100 mcg per ml, 1 ml ampoule – S29 and wastage claimable

### **Changes to restrictions (pages 28-30)**

- Misoprostol (Cytotec) tab 200 mg – addition of PSO and note
- Labetalol (Alvogen) inj 5 mg per ml, 20 ml vial – amended presentation description
- Gemfibrozil (Lipazil) tab 600 mg – addition of subsidy by endorsement
- Hydrocortisone (Hydrocortisone (PSM)) crm 1%, 500 g – amended brand name
- Etanercept (Enbrel) inj 25 mg, 50 mg autoinjector and prefilled syringe – amended Special Authority criteria
- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and inj 40 mg per 0.8 ml prefilled syringe (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

### **Increased subsidy (pages 61-64)**

- Gliclazide (Glizide) tab 80 mg
- Ispaghula (psyllium) husk (Konsyl-D) powder for oral soln, 500 g OP
- Poloxamer (Coloxyl) oral drops 10%, 30 ml OP
- Glucose [dextrose] (Biomed) inj 50%, 10 ml ampoule and 90 ml bottle
- Clonidine (Mylan) patch 2.5 mg, 100 mcg per day, patch 5 mg, 200 mcg per day and patch 7.5 mg, 300 mcg per day
- Indapamide (Dapa-Tabs) tab 2.5 mg
- Simvastatin (Simvastatin Mylan) tab 10 mg, tab 20 mg, tab 40 mg and 80 mg
- Isosorbide mononitrate tab 20 mg (Ismo 20) and tab long-acting 60 mg (Duride)

## Summary of PHARMAC decisions – effective 1 August 2020 (continued)

- Permethrin crm 5%, 30 g OP (Lyderm) and lotn 5%, 30 ml OP (A-Scabies)
- Pine tar with trolamine laurilsulfate and fluorescein (Pinetarsol) soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml
- Ketoconazole (Sebizole) shampoo 2%, 100 ml OP
- Miconazole nitrate (Micreme) vaginal crm 2% with applicator, 40 g OP
- Desmopressin acetate (Desmopressin-PH&T) nasal spray 10 mcg per dose, 6 ml OP
- Metyrapone (Metopirone) cap 250 mg
- Cefazolin (AFT) inj 1 g vial
- Amoxicillin grans for oral liq 125 mg per 5 ml (Alphamox 125) and grans for oral liq 250 mg per 5 ml (Alphamox 250), 100 ml
- Amoxicillin with clavulanic acid (Augmentin) grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml, 100 ml
- Benzylpenicillin sodium [penicillin g] (Sandoz) inj 600 mg (1 million units) vial
- Flucloxacillin (Flucil) inj 1 g vial
- Ciprofloxacin (Cipflox) tab 250 mg, 500 mg and 750 mg
- Gentamicin sulphate (Teligent) inj 10 mg per ml, 2 ml ampoule
- Fluconazole (Mylan) cap 50 mg, 150 mg and 200 mg
- Rifampicin (Rifadin) cap 150 mg, 300 mg and oral liq 100 mg per 5 ml, 60 ml
- Lamivudine tab 100 mg (Zetlam) and tab 150 mg (Lamivudine Alphapharm)
- Allopurinol (DP-Allopurinol) tab 100 mg and 300 mg
- Paracetamol oral liq 120 mg per 5 ml (Paracare) and oral liq 250 mg per 5 ml (Paracare Double Strength), 1,000 ml
- Codeine phosphate (PSM) tab 15 mg, 30 mg and 60 mg
- Betahistine dihydrochloride (Vergo 16) tab 16 mg
- Olanzapine tab 2.5 mg, 5 mg and 10 mg (Zypine) and tab orodispersible 5 mg and 10 mg (Zypine ODT)
- Quetiapine (Quetapel) tab 25 mg, 100 mg, 200 mg and 300 mg
- Risperidone (Risperon) oral liq 1 mg per ml, 30 ml
- Temazepam (Normison) tab 10 mg
- Paclitaxel inj 100 mg and 300 mg (Paclitaxel Ebewe) and inj 1 mg for ECP (Baxter)
- Pegaspargase (Oncaspar LYO) inj 750 iu per ml, 5 ml vial
- Tamoxifen citrate (Tamoxifen Sandoz) tab 10 mg and 20 mg

### Decreased subsidy (page 63)

- Tramadol hydrochloride (Tramal SR 100) tab sustained-release 100 mg

## News Stories – August 2020 Update

### COVID-19 – Return to Stat Dispensing

PHARMAC will reinstate all-at-once dispensing on most medicines at 11:59 pm on Friday 31 July 2020. From **1 August 2020**, pharmacists will be able to dispense three months' supply of most medicines again.



Medicines that were on monthly dispensing before 27 March 2020 will remain on monthly dispensing. This includes paracetamol. More information about dispensing of paracetamol is available on our website, at [www.pharmac.govt.nz/information-for/enquiries/paracetamol/](http://www.pharmac.govt.nz/information-for/enquiries/paracetamol/).

In addition, 16 medicines that were dispensed as stat before 27 March 2020 will remain on monthly dispensing due to supply issues.

More information, including the list of the 16 medicines remaining on monthly dispensing, is available on our website, at [www.pharmac.govt.nz/information-for/covid-19-pharmacs-response/change-to-monthly-dispensing/](http://www.pharmac.govt.nz/information-for/covid-19-pharmacs-response/change-to-monthly-dispensing/).

### Ranitidine – Delisting

In September 2019, Mylan notified PHARMAC and Medsafe of FDA concerns regarding low levels of N-nitrosodimethylamine (NDMA) in ranitidine. In October 2019, Mylan initiated a recall and discontinued global manufacture and supply. PHARMAC explored various options for continued supply of ranitidine, however this is not possible. Other manufacturers have similarly discontinued manufacture.

- Ranitidine Relief tab 150 mg and tab 300 mg will be delisted from Section B from **1 October 2020**.
- Zantac inj 25 mg per ml, 2ml will be delisted from Section B from **1 June 2021**.

PHARMAC will retain the chemical/formulation listing of ranitidine in Section H for hospital use.

An alternative H2 antagonist, famotidine, remains listed in Section B and Section H.

## Clomipramine – Supply Issue

Apotex has advised PHARMAC of an upcoming supply issue affecting Apo-Clomipramine tab 10 mg. To ensure continuity of supply, Apotex has arranged for Link to supply an alternative product, Anafranil tab 10 mg.

Anafranil tab 10 mg (Pharmacode 2594927) will be listed in Section B of the Pharmaceutical Schedule from **1 August 2020**.

Anafranil has not been approved by Medsafe and will need to be supplied under Section 29 of the Medicines Act.

More information about this and other supply issues is available at [www.pharmac.govt.nz/information-for/enquiries/](http://www.pharmac.govt.nz/information-for/enquiries/).

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## Mifepristone and Misoprostol – New Listings/Widened Access

In order to align with the Abortion Legislation Act 2020, PHARMAC is listing mifepristone and widening access to misoprostol in Section B of the Pharmaceutical Schedule from **1 August 2020**.

The following subsidy restrictions will apply to **mifepristone tab 200 mg**:

- a) Up to 15 tab available on a PSO
- b) Only on a PSO

The listing of **misoprostol tab 200 mcg** will be amended as follows:

Up to 120 tab available on a PSO

Both mifepristone and misoprostol supply on PSO will be subject to the following criteria:

*Subsidised on a PSO only if from a Family Planning New Zealand Clinic or an abortion service provider with a DHB contract and the PSO is endorsed with the name of the institution for which the PSO is required.*

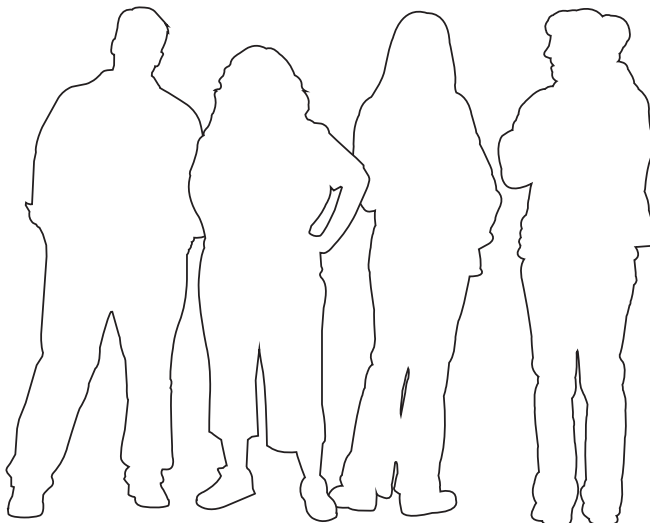
The endorsement requirements for PSO are intended to be a temporary arrangement to support a smooth transition to community provision of early medical abortions – allowing time for clinical guidelines and standards to be implemented, and to afford the supply chain time to respond to changes in demand. We expect to remove these endorsement requirements within 4 to 6 months. This would widen funding to all eligible prescribers.

## Modafinil – Supply Issue

The supplier of modafinil tab 100 mg, Teva Pharma, has advised PHARMAC of a stock issue with Modavigil tab 100 mg, 60 tab pack size (Pharmacode 2560615).

To ensure continuity of supply, we are listing Modavigil tab 100 mg, 30 tab pack (Pharmacode 2104024) from **1 August 2020**. This is a registered medicine and has previously been listed in Section B.

More information about this and other supply issues is available at [www.pharmac.govt.nz/information-for/enquiries/](http://www.pharmac.govt.nz/information-for/enquiries/).



# Tender News

## Sole Subsidised Supply changes – effective 1 September 2020

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Fluticasone	Aerosol Inhaler 50 mcg per dose; 120 dose OP	Flixotide (GlaxoSmithKline)
Fluticasone	Aerosol Inhaler 125 mcg per dose; 120 dose OP	Flixotide (GlaxoSmithKline)
Fluticasone	Aerosol Inhaler 250 mcg per dose; 120 dose OP	Flixotide (GlaxoSmithKline)
Fluticasone with salmeterol	Aerosol Inhaler 50 mcg with salmeterol 25 mcg; 120 dose OP	Seretide (GlaxoSmithKline)
Fluticasone with salmeterol	Aerosol Inhaler 125 mcg with salmeterol 25 mcg; 120 dose OP	Seretide (GlaxoSmithKline)
Hydrocortisone	Crm 1%; 100 g OP	Hydrocortisone (PSM) (API)
Labetalol	Tab 100 mg; 100 tab	Trandate (Aspen)
Labetalol	Tab 200 mg; 100 tab	Trandate (Aspen)
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen; 2 OP	Imigran (GlaxoSmithKline)

## Looking Forward

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

### Decisions for implementation 1 September 2020

- Pharmacy services (BSF Imigran) brand switch fee – new listing

### Possible decisions for future implementation 1 September 2020

- Reverting Special Authorities changes due to Covid-19



## Sole Subsidised Supply Products – cumulative to August 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

\*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 August 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
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	Crn, 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 Folate 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	Crn BP, 500 g	healthE	2021
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Boucher	2022

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## Sole Subsidised Supply Products – cumulative to August 2020

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	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
Clonidine 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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## Sole Subsidised Supply Products – cumulative to August 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021
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	Crn 5% pump bottle, 500 ml OP	healthE Dimethicone 5%	2022
	Lotn 4%, 200 ml OP	healthE Dimethicone 4%	
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	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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## Sole Subsidised Supply Products – cumulative to August 2020

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
Ethinylestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylestradiol 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	Crn 5%, 20 g OP	Efudix	2021

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## Sole Subsidised Supply Products – cumulative to August 2020

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	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
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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## Sole Subsidised Supply Products – cumulative to August 2020

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 urethral 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 August 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	Crn 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
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 August 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

\*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 August 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2022
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	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	Riodine	2021
	Antiseptic soln 10%, 100 ml		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	Allersoothe	2021
	Oral liq 1 mg per 1 ml		
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
Quinapril	Tab 5 mg	Arrow-Quinapril 5	2021
	Tab 10 mg	Arrow-Quinapril 10	
	Tab 20 mg	Arrow-Quinapril 20	
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2021
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
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	Ventolin	2021
	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule	Asthalin	
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule		
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
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 August 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]	Crn 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	Crn 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 August 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

August changes are in bold type

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## New Listings

### Effective 1 August 2020

8	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO .....	34.32	5	✓ Robinul
52	PRAVASTATIN * Tab 10 mg .....	3.55	28	✓ Pravastatin Mylan
	* Tab 40 mg .....	4.65	28	✓ Pravastatin Mylan
72	MIFEPRISTONE Subsidised on a PSO only if from a Family Planning New Zealand Clinic or an abortion service provider with a DHB contract and the PSO is endorsed with the name of the institution for which the PSO is required. Tab 200 mg .....	180.00	3	✓ Mifegyne
	a) Up to 15 tab available on a PSO b) Only on a PSO			
119	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg .....	13.99	100	✓ Anafranil S29
	Wastage claimable			
146	MODAFINIL – Special Authority see SA1126 – Retail pharmacy Tab 100 mg .....	32.00	30	✓ Modavigil
154	CLADRIBINE – PCT only Specialist Inj 1 mg per ml, 10 ml .....	749.96	1	✓ Leustatin
172	OCTREOTIDE Inj 100 mcg per ml, 1 ml ampoule .....	18.69	5	✓ Octreotide GH S29
	Wastage claimable			

### Effective 3 July 2020

41	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml .....	42.40	5	✓ Heparin DBL 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

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Generic Mnfr  
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## New Listings – effective 1 July 2020

47	LABELALOL Inj 5 mg per ml, 20 ml ampoule .....	42.29 (48.20)	1		Alvogen <b>\$29</b>
	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	<p>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.</p> <p>* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days</p>	<p>0.00</p>	<p>1 10</p>	<p>✓ <b>Varivax</b> ✓ <b>Varivax</b></p>
255	<p>ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid.....</p>	<p>5.29</p>	<p>1,000 ml OP</p>	<p>✓ <b>Nutrison 800</b> <b>Complete Multi Fibre</b></p>
	<p>Note – this is a relisting of Pharmacode 2510774.</p>			

▲ 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

## 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	✓ <b>MiniMed Sure-T MMT-864A</b>
	6 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-866A</b>
	8 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-874A</b>
	8 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-876A</b>
	10 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-884A</b>
	10 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-886A</b>
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	✓ <b>MiniMed Mio MMT-921A</b>
	6 mm teflon needle, 45 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-941A</b>
	6 mm teflon needle, 60 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-923A</b>
	6 mm teflon needle, 60 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-943A</b>
	6 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-399A</b>
	6 mm teflon needle, 80 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-925A</b>
	6 mm teflon needle, 80 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-945A</b>
	6 mm teflon needle, 80 cm clear tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-965A</b>
	6 mm teflon needle, 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-387A</b>
	6 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-398A</b>
	9 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-397A</b>
	9 mm teflon needle, 80 cm clear tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-975A</b>
	9 mm teflon needle, 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-386A</b>
	9 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-396A</b>

continued...



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## 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	<b>PANCREATIC ENZYME</b> 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	<b>CALCIUM GLUCONATE</b> Inj 10%, 10 ml ampoule..... Wastage claimable	32.00	10		✓ Max Health - Hameln S29
51	<b>ACIPIMOX</b> Cap 250 mg..... Wastage claimable	21.56	30		✓ Olbetam S29 S29
62	<b>CETOMACROGOL WITH GLYCEROL</b> Crm 90% with glycerol 10%.....	2.35 3.10	500 ml OP 1,000 ml OP		✓ ADE ✓ ADE
75	<b>TETRACOSACTRIN</b> Inj 250 mcg per ml, 1 ml ampoule .....	75.00	1		✓ UK Synacthen S29
91	<b>TOBRAMYCIN</b> 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	<b>KETOCONAZOLE</b> Tab 200 mg – PCT .....	CBS	100		✓ Strides Shasun S29
116	<b>FENTANYL</b> 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

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## 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
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### 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	✓ <b>TOBI</b>
	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	✓ <b>Fentanyl GH</b> <b>\$29</b>
	Wastage claimable		
163	VINBLASTINE SULPHATE Inj 1 mg per ml, 10 ml vial – PCT – Retail pharmacy-Specialist..... 270.37	5	✓ <b>DBL Vinblastine</b> <b>\$29</b>
230	TERBUTALINE SULPHATE Powder for inhalation, 200 mcg per dose (equivalent to 250 mcg metered dose), breath activated ..... 22.20	120 dose OP	✓ <b>Bricanyl Turbuhaler</b>
239	OLOPATADINE Eye drops 0.1% ..... 2.20	5 ml OP	✓ <b>Olopatadine Teva</b>
261	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder (unflavoured) ..... 53.00	400 g OP	✓ <b>Neocate SYNEO</b>
	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	✓ <b>Urinorm</b> <b>\$29</b> ✓ <b>Desuric</b> <b>\$29</b>
	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	✓ <b>Lupin</b> <b>\$29</b>
	Wastage claimable		

### Effective 1 April 2020

71	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule ..... 4.98	5	✓ <b>Oxytocin BNM</b>
	Note – this is a new Pharmacode listing, 2577046.		
268	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)..... 9.00	1	✓ <b>Influvac Tetra</b> (2020 formulation)

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

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

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions, Chemical Names and Presentations Effective 1 August 2020

8	MISOPROSTOL (addition of PSO and note) <b>Subsidised on a PSO only if from a Family Planning New Zealand Clinic or an abortion service provider with a DHB contract and the PSO is endorsed with the name of the institution for which the PSO is required.</b>			
	* Tab 200 mcg – <b>Up to 120 tab available on a PSO</b> .....	41.50	120	✓ Cytotec
47	LABELALOL (amended presentation description) * Inj 5 mg per ml, 20 ml vial ampoule .....	42.29 (48.20)	1	Alvogen <b>S29</b>
51	GEMFIBROZIL – <b>Subsidy by endorsement</b> (addition of subsidy by endorsement) <b>Subsidy by endorsement – Subsidised for patients who were taking gemfibrozil prior to 1 August 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of gemfibrozil.</b>			
	* Tab 600 mg .....	19.56	60	✓ Lipazil
60	HYDROCORTISONE (amended brand name) * Crm 1% – Only on a prescription .....	17.15	500 g	✓ Hydrocortisone (PSM) Pharmacy Health
174	ETANERCEPT – Special Authority see <b>SA1949+89+</b> – Retail pharmacy (amended Special Authority – affected criteria shown only) Inj 25 mg .....	799.96	4	✓ <b>Enbrel</b>
	Inj 50 mg autoinjector.....	1,599.96	4	✓ <b>Enbrel</b>
	Inj 50 mg prefilled syringe.....	1,599.96	4	✓ <b>Enbrel</b>

➔ **SA1949+89+** Special Authority for Subsidy

Initial application — (pyoderma gangrenosum) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has pyoderma gangrenosum\*; and
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporine, azathioprine, or methotrexate) and not received an adequate response; and
- 3 A maximum of **8 4**-doses.

Note: Indications marked with \* are unapproved indications.

Renewal — (pyoderma gangrenosum) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has shown clinical improvement; and
- 2 Patient continues to require treatment; and
- 3 A maximum of **8 4**-doses.

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 August 2020 (continued)

181	ADALIMUMAB – Special Authority see <del>SA19501847</del> – Retail pharmacy (amended Special Authority – affected criteria shown only)			
	Inj 20 mg per 0.4 ml prefilled syringe .....	1,599.96	2	✓ Humira
	Inj 40 mg per 0.8 ml prefilled pen .....	1,599.96	2	✓ HumiraPen
	Inj 40 mg per 0.8 ml prefilled syringe .....	1,599.96	2	✓ Humira

▶ **SA1950 1847** Special Authority for Subsidy

Initial application — (pyoderma gangrenosum) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has pyoderma gangrenosum\*; and
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and
- 3 A maximum of **8 4**-doses.

Note: Indications marked with \* are unapproved indications.

Renewal — (pyoderma gangrenosum) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has shown clinical improvement; and
- 2 Patient continues to require treatment; and
- 3 A maximum of **8 4**-doses.

192	INFLIXIMAB – PCT only – Special Authority see <del>SA19511831</del> (amended Special Authority – affected and new criteria shown only)			
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Inj 100 mg .....	806.00	1	✓ Remicade
Inj 1 mg for ECP .....	8.29	1 mg	✓ Baxter

▶ **SA1951 1831** Special Authority for Subsidy

Initial application — (plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 3 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for severe chronic plaque psoriasis; and

1.2 Either:

- 1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
- 1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

- 2.1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than **10 15**, where lesions have been present for at least 6 months from the time of initial diagnosis; or
- 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

*continued...*

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

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

## Changes to Restrictions – effective 1 August 2020 (continued)

*continued...*

2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10 ±5, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

**Initial application – (pyoderma gangrenosum) only from a Dermatologist. Approvals valid for 4 months for applications meeting the following criteria:**

**All of the following:**

- 1 Patient has pyoderma gangrenosum\*<sup>†</sup>; and**
- 2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporine, azathioprine, or methotrexate) and not received an adequate response; and**
- 3 A maximum of 8 doses.**

**Note: Indications marked with \* are Unapproved Indications.**

**Renewal – (pyoderma gangrenosum) only from a Dermatologist or a Practitioner on the recommendation of a Dermatologist. Approvals valid for 4 months for applications meeting the following criteria:**

**All of the following:**

- 1 Patient has shown clinical improvement; and**
- 2 Patient continues to require treatment; and**
- 3 A maximum of 8 doses.**

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

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 Wastage claimable	84	✓ Necon <del>S29</del>
70	LEVONORGESTREL (S29 and wastage removed and amended brand name) Tab 30 mcg – Up to 84 tab available on a PSO..... 22.00  Wastage claimable	112	✓ Microlut <del>S29</del> <b>SCT S29</b>
103	PEGYLATED INTERFERON ALFA-2A – Special Authority see <b>SA19361400</b> – 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**

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

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

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(Mnfr's price)  
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✓ fully subsidised

## 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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
	Wastage claimable			
143	ATOMOXETINE – <del>Special Authority see SA1416 – Retail pharmacy</del> (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.



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## Changes to Restrictions – effective 1 July 2020 (continued)

147	BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy (Brand switch fee removed) a) <del>Brand switch fee payable (Pharmacode 2586258)</del> 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+902 (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 +902 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:

† All of the following:

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

2 Both:

- 2.1 Rituximab is to be used for maintenance in CD20+ low grade or follicular B-cell NHL following induction with first-line systemic chemotherapy; and
- 2.2 Patient is intended to receive rituximab maintenance therapy for 2 years at a dose of 375 mg/m<sup>2</sup> 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/m<sup>2</sup> every 8 weeks (maximum of 12 cycles).

▲ 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 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...

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

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

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## 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**

haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe ..... 0.00

10

✓Boostrix

1

✓Boostrix

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## 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 <b>haemagglutinin</b> <del>haemagglutinin</del> , 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe ..... 0.00	10	✓ <b>Infanrix IPV</b>
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 <b>haemagglutinin</b> <del>haemagglutinin</del> , 8 mcg pertactin, 80 D-AgUpoliovirus, 10 mcg hepatitis B surface antigen in 0.5ml syringe..... 0.00	10	✓ <b>Infanrix-hexa</b>
271	MENINGOCOCCAL C CONJUGATE VACCINE – [Xpharm] (amended restriction criteria) <b>Both:</b> 1) <b>The child is under 9 months of age; and</b> 2) Any of the following: 2.1) Up to three doses <del>and a booster every five years</del> 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) <del>One dose</del> <b>Two doses</b> 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 <del>following pre- and post-</del> immunosuppression*. Note: children under <del>seven years</del> <b>nine months</b> of age require two doses 8 weeks apart., <del>a booster dose three years after the primary series and then five yearly.</del> <b>Refer to the Immunisation Handbook for booster schedules with meningococcal ACWY vaccine.</b> *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	✓ <b>Neisvac-C</b>

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

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

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Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 July 2020 (continued)

271	<p>PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – [Xpharm] (amended restriction criteria)</p> <p>Either:</p> <ol style="list-style-type: none"> <li>1) A primary course of <del>four</del> <b>three</b> doses for previously unvaccinated individuals up to the age of 59 months inclusive. <del>or</del></li> <li>2) <del>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.</del></li> </ol> <p>Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes</p> <p>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 .....</p>	0.00	10	✓ Synflorix
272	<p>PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – [Xpharm] (amended restriction criteria)</p> <p>Any of the following:</p> <ol style="list-style-type: none"> <li>1) <del>One</del> <b>Two</b> doses <del>is are</del> funded for high risk children (over the age of <del>47</del> <b>12</b> months and under 18 years) who have previously received <del>four</del> <b>two</b> doses of <b>the primary course of PCV10</b>; or</li> <li>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:             <ol style="list-style-type: none"> <li>a) on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or</li> <li>b) with primary immune deficiencies; or</li> <li>c) with HIV infection; or</li> <li>d) with renal failure, or nephrotic syndrome; or</li> <li>e) who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or</li> <li>f) with cochlear implants or intracranial shunts; or</li> <li>g) with cerebrospinal fluid leaks; or</li> <li>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</li> <li>i) with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or</li> <li>j) pre term infants, born before 28 weeks gestation; or</li> <li>k) with cardiac disease, with cyanosis or failure; or</li> <li>l) with diabetes; or</li> <li>m) with Down syndrome; or</li> <li>n) who are pre-or post-splenectomy, or with functional asplenia; or</li> </ol> </li> <li>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</li> <li>4) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.</li> </ol> <p>Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes</p> <p>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.....</p>	0.00	10 1	✓ Prevenar 13 ✓ Prevenar 13

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## Changes to Restrictions – effective 1 June 2020

85	CLARITHROMYCIN – <b>Maximum of 500 mg per prescription; can be waived by Special Authority see SA1857</b> (amended restriction criteria)			
	Tab 250 mg – <del>Maximum of 28 tab per prescription;</del> can be waived by Special Authority see SA1857 .....	3.98	14	✓ <b>Apo-Clarithromycin</b>
	Grans for oral liq 250 mg per 5 ml .....	192.00	50 ml	✓ <b>Klacid</b>
	a) <del>Maximum of 500 mg per prescription; can be waived by Special Authority see SA1857</del>			
	b) Wastage claimable			
112	FEBOXOSTAT – Special Authority see <b>SA1931</b> <del>1538</del> below – Retail pharmacy (amended Special Authority criteria)			
	Tab 80 mg .....	39.50	28	✓ <b>Adenuric</b>
	Tab 120 mg .....	39.50	28	✓ <b>Adenuric</b>

► **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.

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

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

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## Changes to Restrictions – effective 1 June 2020 (continued)

146	<p>MODAFINIL – Special Authority see <b>SA1932+26</b> – Retail pharmacy (amended Special Authority criteria) Tab 100 mg ..... 64.00 60 ✓ <b>Modavigil</b></p> <p>➔ <b>SA1932+26</b> 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 <b>Either Any of the following:</b> 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 <b>A multiple sleep latency test is not possible due to COVID-19 constraints on the health sector; or</b> 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 trialed and discontinued because of intolerable side effects; or 3.2 Methylphenidate and dexamfetamine are contraindicated.</p> <p>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.</p>
231	<p>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 ✓ <b>Seebri Breezhaler</b></p>
231	<p>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 ✓ <b>Spiriva</b> Soln for inhalation 2.5 mcg per dose ..... 50.37 60 dose OP ✓ <b>Spiriva Respimat</b></p>
231	<p>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 ✓ <b>Incruse Ellipta</b></p>



### 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 <b>SA1920+622</b> – Retail pharmacy (amended Special Authority criteria) Inj 50 mg vial .....	1,142.60	1	✓ <b>Myozyme</b>
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➔ **SA1920 +622** 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.

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

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

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## Changes to Restrictions – effective 1 May 2020 (continued)

28	SAPROPTERIN DIHYDROCHLORIDE – Special Authority see <b>SA1923+757</b> – Retail pharmacy (amended Special Authority criteria) Tab soluble 100 mg..... 1,452.70      30 OP      ✓ <b>Kuvan</b>
	<p>➤ <b>SA1923+757</b> 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.</p> <p>Renewal only from a <del>metabolic physician</del> or any relevant practitioner <del>on the recommendation of a metabolic physician</del>. 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.</p>
29	SODIUM PHENYLBUTYRATE – Special Authority see <b>SA1924+598</b> – Retail pharmacy (amended Special Authority criteria) Grans 483 mg per g ..... 1,920.00      174 g OP      ✓ <b>Pheburane</b>
	<p>➤ <b>SA1924+598</b> 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.</p> <p>Renewal only from <b>any relevant practitioner</b> <del>a metabolic physician</del>. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.</p>
46	FLECAINIDE ACETATE (brand switch fee removed) Tab 50 mg – <del>Brand switch fee payable</del> (Pharmacode 2581744)..... 19.95      60      ✓ <b>Flecainide BNM</b>



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Brand or  
Generic Mnfr  
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## 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 – <b>up to 30 tab available on a PSO</b> .....	1.30	100	✓ <b>Metoclopramide Actavis 10</b>
231	NINTEDANIB – Special Authority see <b>SA19284755</b> – Retail pharmacy (amended Special Authority criteria) Note: Nintedanib not subsidised in combination with subsidised piperfenidone.			
	Cap 100 mg .....	2,554.00	60 OP	✓ <b>Ofev</b>
	Cap 150 mg .....	3,870.00	60 OP	✓ <b>Ofev</b>

➔ **SA1928 4755** 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 piperfenidone; and
- 5 Any of the following:
  - 5.1 The patient has not previously received treatment with piperfenidone; or
  - 5.2 Patient has previously received piperfenidone, but discontinued piperfenidone within 12 weeks due to intolerance; or
  - 5.3 Patient has previously received piperfenidone, 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 piperfenidone).

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 piperfenidone; 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+864**  
(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 +864** 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 +522** 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~~
- 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.**

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

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

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✓ fully subsidised

## Changes to Restrictions – effective 20 April 2020

120	<p>FLUOXETINE HYDROCHLORIDE (subsidy by endorsement reinstated) Tab dispersible 20 mg, scored – <b>Subsidy by endorsement</b>..... 9.93</p> <p><b>Subsidised by endorsement</b></p> <p>1) <b>When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or</b> 2) <b>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.</b></p>	30	✓ Arrow-Fluoxetine
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## Effective 9 April 2020

119	<p>PHENELZINE SULPHATE – <b>Subsidy by endorsement</b> (addition of subsidy by endorsement) <b>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.</b></p> <p>Tab 15 mg .....</p>	<p>70.80      60 118.00    100 70.80      60</p>	<p>✓ Nardil S29 S29 ✓ Nardil ✓ Lupin S29</p>
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## Effective 3 April 2020

120	<p>FLUOXETINE HYDROCHLORIDE (subsidy by endorsement removed) Tab dispersible 20 mg, scored – <b>Subsidy by endorsement</b>..... 9.93</p> <p><b>Subsidised by endorsement</b></p> <p>1) <b>When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or</b> 2) <b>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.</b></p>	30	✓ Arrow-Fluoxetine
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## 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.~~

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

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

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 April 2020 (continued)

- 42 PEGFILGRASTIM – Special Authority see **SA1912+384** – Retail pharmacy (amended Special Authority criteria)  
Inj 6 mg per 0.6 ml syringe..... 1,080.00 1 ✓ **Neulastim**

► **SA1912 384** 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+752** – 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	✓ <b>Entresto 24/26</b>
Tab 48.6 mg with valsartan 51.4 mg.....	190.00	56	✓ <b>Entresto 49/51</b>
Tab 97.2 mg with valsartan 102.8 mg.....	190.00	56	✓ <b>Entresto 97/103</b>

► **SA1905 752** 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 <b>SA1908</b> <del>1712</del> – Retail pharmacy (amended Special Authority – affected criteria shown only)			
	Tab 62.5 mg .....	141.00	60	✓ <b>Bosentan Dr Reddy's</b>
	Tab 125 mg .....	141.00	60	✓ <b>Bosentan Dr Reddy's</b>

► **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.

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

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

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## Changes to Restrictions – effective 1 April 2020 (continued)

55 SILDENAFIL – Special Authority see ~~SA19091825~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

Tab 25 mg .....	0.64	4	✓ <b>Vedafil</b>
Tab 50 mg .....	0.64	4	✓ <b>Vedafil</b>
Tab 100 mg .....	6.60	12	✓ <b>Vedafil</b>

➔ **SA19091825** 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<sup>-5</sup>); 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 ~~SA19041842~~ (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	✓ <b>Teva</b>
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➔ **SA19041842** 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.

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

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

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\$ Per

Brand or  
Generic Mnfr  
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## Changes to Restrictions – effective 1 April 2020 (continued)

123 VIGABATRIN – Special Authority see **SA1907+072** – Retail pharmacy (amended Special Authority criteria)  
Tab 500 mg ..... 119.30 100 ✓ **Sabril**

► **SA1907+072** 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+653** (amended Special Authority criteria – new criteria shown only)

Tab 100 mg .....	764.00	30	✓ Tarceva
Tab 150 mg .....	1,146.00	30	✓ Tarceva

➔ **SA1915 +653** 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+654** (amended Special Authority criteria – new criteria shown only)

Tab 250 mg .....	1,700.00	30	✓ Iressa
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➔ **SA1916 +654** 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+266** – 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 +266** 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 benefiting 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.**

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

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

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Subsidy  
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\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 April 2020 (continued)

171 ABIRATERONE ACETATE – Retail pharmacy-Specialist – Special Authority see **SA19141767**  
(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
- 2 No evidence of clinical disease progression; and
- 3 No initiation of taxane chemotherapy with abiraterone; and
- 4 The treatment remains appropriate and the patient is benefiting from treatment.

172 OCTREOTIDE LAR (SOMATOSTATIN ANALOGUE) – Special Authority see **SA19181016** – 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.



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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 April 2020 (continued)

223	NIVOLUMAB – PCT only – Specialist – Special Authority see <del>SA1911</del> 863 (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~~863 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~~

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

~~7 Documentation confirming that the patient has been informed and acknowledges that the initial-funded treatment period of 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...*

▲ 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 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+862**  
(amended Special Authority criteria)

Inj 25 mg per ml, 4 ml vial.....	4,680.00	1	✓ <b>Keytruda</b>
Inj 1 mg for ECP.....	49.14	1 mg	✓ <b>Baxter</b>

➤ **SA1910 4862** 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~~ Baseline measurement of overall tumour burden is documented (see Note); and

~~6~~ 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.

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 April 2020 (continued)

225 EVEROLIMUS – Special Authority see **SA1913+49+** – 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+49+** 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	✓ <u>Plaquenil</u>
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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 August 2020

11	GLICLAZIDE († subsidy) * Tab 80 mg .....	15.18	500	✓ Glizide
25	ISPAGHULA (PSYLLIUM) HUSK – Only on a prescription († subsidy) * Powder for oral soln .....	12.20	500 g OP	✓ Konsyl-D
25	POLOXAMER – Only on a prescription († subsidy) Not funded for use in the ear. * Oral drops 10% .....	3.98	30 ml OP	✓ Coloxyl
42	GLUCOSE [DEXTROSE] († subsidy) * Inj 50%, 10 ml ampoule – Up to 5 inj available on a PSO .....	30.65	5	✓ Biomed
	* Inj 50%, 90 ml bottle – Up to 5 inj available on a PSO .....	15.00	1	✓ Biomed
49	CLONIDINE († subsidy) * Patch 2.5 mg, 100 mcg per day – Only on a prescription .....	10.34	4	✓ Mylan
	* Patch 5 mg, 200 mcg per day – Only on a prescription .....	13.18	4	✓ Mylan
	* Patch 7.5 mg, 300 mcg per day – Only on a prescription .....	16.93	4	✓ Mylan
51	INDAPAMIDE († subsidy) * Tab 2.5 mg .....	10.45	90	✓ Dapa-Tabs
52	SIMVASTATIN († subsidy) * Tab 10 mg .....	1.23	90	✓ Simvastatin Mylan
	* Tab 20 mg .....	2.03	90	✓ Simvastatin Mylan
	* Tab 40 mg .....	3.58	90	✓ Simvastatin Mylan
	* Tab 80 mg .....	7.12	90	✓ Simvastatin Mylan
53	ISOSORBIDE MONONITRATE († subsidy) * Tab 20 mg .....	19.55	100	✓ Ismo 20
	* Tab long-acting 60 mg .....	9.25	90	✓ Duride
64	PERMETHRIN († subsidy) Crm 5% .....	5.75	30 g OP	✓ Lyderm
	Lotn 5% .....	3.99	30 ml OP	✓ A-Scabies
65	PINE TAR WITH TROLAMINE LAURILSULFATE AND FLUORESCEIN – Only on a prescription († subsidy) * Soln 2.3% with trolamine laurilsulfate and fluorescein sodium ....	4.44	500 ml	✓ Pinetarsol
66	KETOCONAZOLE († subsidy) Shampoo 2% .....	3.23	100 ml OP	✓ Sebizole
	a) Maximum of 100 ml per prescription			
	b) Only on a prescription			
70	MICONAZOLE NITRATE († subsidy) * Vaginal crm 2% with applicator .....	6.89	40 g OP	✓ Micreme
82	DESMOPRESSIN ACETATE († subsidy) ▲ Nasal spray 10 mcg per dose .....	27.95	6 ml OP	✓ Desmopressin-PH&T

▲ 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 August 2020 (continued)

83	METYRAPONE († subsidy) Cap 250 mg .....	558.00	50	✓ Metopirone
84	CEFAZOLIN – Subsidy by endorsement († subsidy) Only if prescribed for dialysis or cellulitis in accordance with a DHB approved protocol and the prescription is endorsed accordingly. Inj 1 g vial .....	3.49	5	✓ AFT
87	AMOXICILLIN († subsidy) Grans for oral liq 125 mg per 5 ml .....	1.40	100 ml	✓ Alphamox 125
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable			
	Grans for oral liq 250 mg per 5 ml .....	1.73	100 ml	✓ Alphamox 250
	a) Up to 300 ml available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPP			
	c) Wastage claimable			
87	AMOXICILLIN WITH CLAVULANIC ACID († subsidy) Grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml .....	5.00	100 ml	✓ Augmentin
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable			
87	BENZYL PENICILLIN SODIUM [PENICILLIN G] († subsidy) Inj 600 mg (1 million units) vial – Up to 5 inj available on a PSO .....	11.09	10	✓ Sandoz
87	FLUCLOXACILLIN († subsidy) Inj 1 g vial – Up to 5 inj available on a PSO .....	5.70	5	✓ Flucil
89	CIPROFLOXACIN († subsidy) Recommended for patients with any of the following: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea. Tab 250 mg – Up to 5 tab available on a PSO .....	2.42	28	✓ Cipflox
	Tab 500 mg – Up to 5 tab available on a PSO .....	3.40	28	✓ Cipflox
	Tab 750 mg .....	5.95	28	✓ Cipflox
89	GENTAMICIN SULPHATE († subsidy) Inj 10 mg per ml, 2 ml ampoule – Subsidy by endorsement ...	182.00	10	✓ Teligent <b>S29</b>
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
91	FLUCONAZOLE († subsidy) Cap 50 mg .....	2.75	28	✓ Mylan
	Cap 150 mg .....	0.65	1	✓ Mylan
	Cap 200 mg .....	12.89	28	✓ Mylan

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 August 2020 (continued)

96	RIFAMPICIN – Subsidy by endorsement († subsidy)			
	a) No patient co-payment payable			
	b) For confirmed recurrent <i>Staphylococcus aureus</i> infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician.			
	* Cap 150 mg .....	58.54	100	✓ Rifadin
	* Cap 300 mg .....	122.06	100	✓ Rifadin
	* Oral liq 100 mg per 5 ml .....	12.60	60 ml	✓ Rifadin
96	LAMIVUDINE – Special Authority see SA1685 – Retail pharmacy († subsidy)			
	Tab 100 mg .....	6.95	28	✓ Zetlam
101	LAMIVUDINE – Special Authority see SA1651 – Retail pharmacy († subsidy)			
	Tab 150 mg .....	84.50	60	✓ Lamivudine Alphapharm
111	ALLOPURINOL († subsidy)			
	* Tab 100 mg .....	11.47	500	✓ DP-Allopurinol
	* Tab 300 mg .....	28.57	500	✓ DP-Allopurinol
116	PARACETAMOL († subsidy)			
	* Oral liq 120 mg per 5 ml .....	5.45	1,000 ml	✓ Paracare
	a) Up to 200 ml available on a PSO			
	b) Not in combination			
	* Oral liq 250 mg per 5 ml .....	6.25	1,000 ml	✓ Paracare Double Strength
	a) Up to 100 ml available on a PSO			
	b) Not in combination			
116	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 15 mg .....	6.25	100	✓ PSM
	Tab 30 mg .....	7.45	100	✓ PSM
	Tab 60 mg .....	14.25	100	✓ PSM
118	TRAMADOL HYDROCHLORIDE (↓ subsidy)			
	Tab sustained-release 100 mg .....	1.52	20	✓ Tramal SR 100
124	BETAHISTINE DIHYDROCHLORIDE († subsidy)			
	* Tab 16 mg .....	3.88	84	✓ Vergo 16
126	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 2.5 mg .....	1.35	28	✓ Zypine
	Tab 5 mg .....	1.58	28	✓ Zypine
	Tab orodispersible 5 mg .....	1.81	28	✓ Zypine ODT
	Tab 10 mg .....	2.01	28	✓ Zypine
	Tab orodispersible 10 mg .....	2.38	28	✓ Zypine ODT

▲ 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  
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Brand or  
Generic Mnfr  
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## Changes to Subsidy and Manufacturer's Price – effective 1 August 2020 (continued)

127	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 25 mg .....	2.15	90	✓ Quetapel
	Tab 100 mg .....	5.06	90	✓ Quetapel
	Tab 200 mg .....	8.90	90	✓ Quetapel
	Tab 300 mg .....	12.86	90	✓ Quetapel
127	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Oral liq 1 mg per ml .....	8.90	30 ml	✓ Risperon
142	TEMAZEPAM – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 10 mg .....	1.33	25	✓ Normison
160	PACLITAXEL – PCT only – Specialist († subsidy)			
	Inj 100 mg .....	24.00	1	✓ Paclitaxel Ebewe
	Inj 300 mg .....	44.00	1	✓ Paclitaxel Ebewe
	Inj 1 mg for ECP .....	0.20	1 mg	✓ Baxter
160	PEGASPARGASE – PCT only – Special Authority see SA1325 († subsidy)			
	Inj 750 iu per ml, 5 ml vial .....	3,455.00	1	✓ Oncaspar LYO <span style="background-color: #e0e0e0; border-radius: 50%; padding: 2px;">S29</span>
174	TAMOXIFEN CITRATE († subsidy)			
	* Tab 10 mg .....	15.00	60	✓ Tamoxifen Sandoz
	* Tab 20 mg .....	6.65	60	✓ Tamoxifen Sandoz

## 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



Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 July 2020 (continued)

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
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

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

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.			

### 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 (8.21)	100	
		0.43 (2.06)	20	Senokot
				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 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">\$29</span>
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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 May 2020 (continued)

157	DACARBAZINE – PCT only – Specialist († subsidy)			
	Inj 200 mg vial .....	62.70	1	✓ DBL Dacarbazine
	Inj 200 mg for ECP .....	62.70	200 mg OP	✓ Baxter
157	DAUNORUBICIN – PCT only – Specialist († subsidy)			
	Inj 2 mg per ml, 10 ml .....	149.50	1	✓ Pfizer
	Inj 20 mg for ECP .....	149.50	20 mg OP	✓ Baxter
159	MITOMYCIN C – PCT only – Specialist († subsidy)			
	Inj 5 mg vial .....	851.37	1	✓ Teva
	Inj 1 mg for ECP .....	175.38	1 mg	✓ Baxter
164	VINCRIStINE SULPHATE († subsidy)			
	Inj 1 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist.....	102.73	5	✓ DBL Vincristine Sulfate
	Inj 1 mg for ECP – PCT only – Specialist.....	12.60	1 mg	✓ Baxter
174	ETANERCEPT – Special Authority see SA1891 – Retail pharmacy († subsidy)			
	Inj 25 mg .....	690.00	4	✓ <u>Enbrel</u>
	Inj 50 mg autoinjector.....	1,050.00	4	✓ <u>Enbrel</u>
	Inj 50 mg prefilled syringe.....	1,050.00	4	✓ <u>Enbrel</u>
228	PROMETHAZINE HYDROCHLORIDE († subsidy)			
	Inj 25 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO .....	17.87	5	✓ Hospira

▲ 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

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## Delisted Items

### Effective 1 August 2020

59	<p>NYSTATIN</p> <p>Crn 100,000 u per g..... 1.00 15 g OP</p> <p>(7.90) Mycostatin</p> <p>a) Only on a prescription</p> <p>b) Not in combination</p>		
101	<p>EFAVIRENZ – Special Authority see SA1651 – Retail pharmacy</p> <p>Oral liq 30 mg per ml..... 145.79 180 ml OP</p>		✓Stocrin <b>S29</b>
119	<p>DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement</p> <p>a) Safety medicine; prescriber may determine dispensing frequency</p> <p>b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.</p> <p>Tab 75 mg ..... 11.19 100</p>		✓Dopress
157	<p>BORTEZOMIB – PCT only – Specialist – Special Authority see SA1889</p> <p>Inj 3.5 mg vial ..... 1,892.50 1</p> <p>Inj 1 mg for ECP..... 562.34 1 mg</p>		✓Velcade ✓Baxter (Velcade)

### Effective 1 July 2020

31	<p>HYDROGEN PEROXIDE</p> <p>Soln 3% (10 vol) – Maximum of 200 ml per prescription..... 1.40 100 ml</p>		✓Pharmacy Health
31	<p>VITAMIN A WITH VITAMINS D AND C</p> <p>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 <a href="https://pharmac.govt.nz/assets/form-alphatocopherylacetaate-and-vitaminA.pdf">https://pharmac.govt.nz/assets/form-alphatocopherylacetaate-and-vitaminA.pdf</a></p> <p>Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops..... 4.50 10 ml OP</p>		✓Vitadol C
59	<p>CALAMINE</p> <p>a) Only on a prescription</p> <p>b) Not in combination</p> <p>Lotn, BP..... 12.94 2,000 ml</p>		✓PSM
69	<p>ETHINYLOESTRADIOL WITH NORETHISTERONE</p> <p>Tab 35 mcg with norethisterone 1 mg</p> <p>– Up to 63 tab available on a PSO ..... 6.62 63</p> <p>Tab 35 mcg with norethisterone 500 mcg</p> <p>– Up to 63 tab available on a PSO ..... 6.62 63</p>		✓Brevinor 1/21 ✓Brevinor 21

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

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 (90.00)	30	Exelon
	Patch 9.5 mg per 24 hour .....	48.75 (90.00)	30	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 <b>\$29</b>
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 20% .....	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

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

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – 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.		

### Effective 1 May 2020

38	TRANEXAMIC ACID		
	Tab 500 mg .....	20.67	100 ✓Cyklokapron
39	CLOPIDOGREL		
	Tab 75 mg .....	5.44	84 ✓Arrow - Clopid
49	VERAPAMIL HYDROCHLORIDE		
	Tab long-acting 120 mg .....	15.20	250 ✓Verpamil SR
53	GLYCERYL TRINITRATE		
	Oral spray, 400 mcg per dose		
	– Up to 200 dose available on a PSO .....	4.45	200 dose OP ✓Glytrin
60	BETAMETHASONE DIPROPIONATE		
	Crm 0.05% in propylene glycol base.....	4.33	30 g OP ✓Diprosone OV
62	PARAFFIN		
	White soft – Only in combination .....	3.58	500 g
		(8.69)	PSM
	Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.		

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

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 <b>S29</b>
160	PEGASPARGASE – PCT only – Special Authority see SA1325 Inj 3,750 IU per 5 ml.....	3,005.00	1	✓ Oncaspar <b>S29</b>
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 <b>S29</b>
	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
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.

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

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

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\$ Per

Brand or  
Generic Mnfr  
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## 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
66	PODOPHYLLOTOXIN			
	Soln 0.5% .....	33.60	3.5 ml OP	✓ Condyline S29 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
	a) Maximum of 3.5 ml per prescription			
	b) Only on a prescription			
155	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist			
	Inj 1 g .....	349.20	1	✓ Gemzar

Effective 1 October 2020

9	RANITIDINE – Subsidy by endorsement			
	a) Only on a prescription			
	b) Subsidy by endorsement – Subsidised for patients who were taking ranitidine prior to 1 November 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ranitidine.			
	* Tab 150 mg .....	12.91	500	✓ Ranitidine Relief
	* Tab 300 mg .....	18.21	500	✓ Ranitidine Relief



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

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.			
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 .....	70.80 118.00	60 100	✓ Lupin S29 ✓ Nardil S29 S29 ✓ Nardil
122	LAMOTRIGINE ▲ Tab dispersible 5 mg .....	15.00	56	✓ Arrow-Lamotrigine
154	CLADRIBINE – PCT only – Specialist Inj 1 mg per ml, 10 ml .....	5,249.72	7	✓ Leustatin
	Note – this delist applies to the 7 inj pack size.			
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			

continued...

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

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

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Generic Mnfr  
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## Items to be Delisted – effective 1 October 2020 (continued)

continued...

- 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

## 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.			
87	BENZYL PENICILLIN SODIUM [PENICILLIN G] Inj 600 mg (1 million units) vial – Up to 5 inj available on a PSO .....	25.88	25	✓Pan-Penicillin G Sodium S29
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.			

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

159	MITOMYCIN C – PCT only – Specialist Inj 20 mg vial .....	816.32	1	✓ Omegapharm <b>S29</b>
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### Effective 1 December 2020

60	DIFLUCORTOLONE VALERATE Crm 0.1% .....	8.97 (15.86)	50 g OP	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 .....	95.00 190.00	5 10	✓ Cogentin ✓ Omega
	a) Up to 10 inj available on a PSO			
	b) Only on a PSO			

### Effective 1 January 2021

41	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml .....	42.40	5	✓ Heparin Ratiopharm <b>S29</b>
		122.00	10	✓ Wockhardt <b>S29</b>
51	GEMFIBROZIL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking gemfibrozil prior to 1 August 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of gemfibrozil. * Tab 600 mg .....	19.56	60	✓ Lipazil
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.			

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

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

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### Items to be Delisted – effective 1 February 2021

60	HYDROCORTISONE BUTYRATE Lipocream 0.1% .....	3.42	30 g OP	✓ <b>Locoid Lipocream</b>
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	✓ <b>Tilade</b>

### 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	✓ <b>Intal Forte CFC Free</b>
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### Effective 1 June 2021

9	RANITIDINE – Subsidy by endorsement a) Only on a prescription b) Subsidy by endorsement – Subsidised for patients who were taking ranitidine prior to 1 November 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ranitidine. * Inj 25 mg per ml, 2 ml .....	13.40	5	✓ <b>Zantac</b>
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### Effective 1 August 2021

60	DIFLUCORTOLONE VALERATE Fatty oint 0.1% .....	8.97 (15.86)	50 g OP	Nerisone
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New Zealand  
Permit No. 478



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ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

Te Kāwanatanga o Aotearoa New Zealand Government

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