PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

December 2020
Cumulative for September, October, November and December 2020

Contents

Summary of PHARMAC decisions
EFFECTIVE 1 DECEMBER 2020

New listings (pages 26-28)

- Calcium carbonate (Calci-Tab 500) tab 1.25 g (500 mg elemental)
- Emicizumab (Hemlibra) inj 30 mg in 1 ml vial, 60 mg in 0.4 ml vial, 105 mg in 0.7 ml vial and 150 mg in 1 ml vial – Xpharm and Special Authority
- Potassium chloride (Juno) inj 75 mg per ml, 10 ml – S29 and wastage claimable
- Pimecrolimus (Elidel) crm 1%, 15 g OP – Special Authority – Retail pharmacy
- Pregnancy test – HCG urine (David One Step Cassette Pregnancy Test) cassette, 40 test OP – up to 200 test available on a PSO and only on a PSO
- Carbimazole (Neo-Mercazole S29) tab 5 mg – S29 and wastage claimable
- Goserelin (Teva) implant 3.6 mg, syringe and implant 10.8 mg, syringe
- Tobramycin (Tobramycin BNM) solution for inhalation 60 mg per ml, 5 ml – subsidy by endorsement and wastage claimable
- Neostigmine metilsulfate (Max Health) inj 2.5 mg per ml, 1 ml ampoule
- Cyclizine lactate (Hameln) inj 50 mg per ml, 1 ml
- Melphalan (Alkeran S29) inj 50 mg – PCT only – Specialist and S29
- Mitomycin C (Teva) inj 20 mg vial – PCT only – Specialist
- Imatinib mesilate (Imatinib-Rex) cap 400 mg
- Travoprost (Mylan) eye drops 0.004%, 5 ml OP – S29
- Pharmacy services (BSF Atomoxetine Generic Partners) brand switch fee – may only be claimed once per patient
- Aminoacid formula without phenylalanine (PKU Anamix Infant) infant formula, 400 g OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 36-48)

- Hydroxocobalamin (Hydroxocobalamin Mercury Pharma) inj 1 mg per ml, 1 ml ampoule – S29 and wastage removed
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe – amended Special Authority criteria
- Escitalopram (Escitalopram-Apotex) tab 10 mg and 20 mg – reinstate stat dispensing
- Moclobemide (Aurorix) tab 300 mg – remove stat dispensing
- Pregabalin (Lyrica) cap 150 mg – S29 and wastage removed
- Sumatriptan (Imigran) inj 12 mg per ml, 0.5 ml prefilled pen – brand switch fee removed
- Prochlorperazine (Nausafix) tab 5 mg – reinstate stat dispensing

- Atomoxetine (Generic Partners) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg – addition of brand switch fee
- Pegaspargase (Oncastar LYO) inj 750 iu per ml, 5 ml vial – amended Special Authority criteria
- Etanercept (Enbrel) inj 25 mg, inj 50 mg autoinjector and prefilled syringe – amended Special Authority criteria
- Adalimumab inj 20 mg per 0.4 ml and 40 mg per 0.8 ml prefilled syringe (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria
- Rituximab inj 100 mg per 10 ml and 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter (Mabthera)) – amended Special Authority criteria
- Tocilizumab inj 20 mg per ml, 4 ml, 10 ml and 20 ml vial (Actemra) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Dornase alfa (Pulmozyme) nebuliser soln, 2.5 mg per 2.5 ml ampoule – amended Special Authority criteria
- Extensively hydrolysed formula (Aptamil AllerPro SYNEO 1 and Aptamil AllerPro SYNEO 2) – amended brand name

Increased subsidy (page 57)

- Mitomycin C (Baxter) inj 1 mg for ECP

Increased price but not subsidy (page 57)

- Mupirocin (Bactroban) oint 2%, 15 g OP
- Clobetasone butyrate (Eumovate) crm 0.05%, 30 g OP

News Stories – December 2020 Update

Carbimazole – Supply Issue & New Listing

From **1 December 2020**, an alternative brand of carbimazole tab 5 mg (Neo-Mercazole S29) will be listed in the Pharmaceutical Schedule due to a supply issue.

Neo-Mercazole S29 is an unapproved medicine and will need to be supplied in accordance with section 29 of the Medicines Act. Wastage claiming will apply.

AFT Carbimazole tab 5 mg (Pharmacode: 2451034) is being delisted **1 March 2021**.

Imatinib mesilate – New Listing

The Rex brand imatinib cap 400 mg listing has been brought forward from the original proposed date of **1 January 2021** and will be now listed in the Pharmaceutical Schedule from **1 December 2020**. Stock is expected to be available from mid-December. The sole supply and delisting dates remain unchanged.

There are no changes to the listing date of the imatinib cap 100 mg.

Travoprost eye drops 0.004% – Supply Issue & New Listing

PHARMAC and Mylan are working to manage a shortage of the Travoprost eye drops 0.004%, 5 ml OP (Pharmacode: 2523035). A section 29 alternative brand will be listed on the Pharmaceutical Schedule from **1 December 2020**. Stock is not currently available for this alternative brand, however further information, including the expect resupply date, will be available on the PHARMAC's medicines notice webpage.

Going online

From April 2021, we will no longer print the Community Pharmaceutical Schedule or Hospital Medical List updates. Our online Schedule will continue to be the most accurate source for past, current and proposed funded medicines in New Zealand.

As we phase out the printed copies, we encourage you to familiarise yourself with our online Schedule.

> Visit **schedule.pharmac.govt.nz**.

Supporting you

To support the transition, we will introduce the following:

- tutorial video on how to use the online Schedule
- downloadable PDFs of the updates on our website
- subscription options to receive monthly Schedule updates at pharmac.govt.nz/subscribe/.

Our reasons for stopping the printed Schedule

- To encourage health professionals to use the online Pharmaceutical Schedule which is easier to update than a printed copy and is searchable.
- To invest the savings from printing and postage into improving the functionality of the online Schedule.
- To save paper waste. We update the Schedule monthly so every year printed copies of the CPS the HML and all updates is either recycled or goes to landfill.

Thank you for your ongoing support. If you would like to learn more about stopping the printed schedule, please visit pharmac.govt.nz/stopping.

New Website

In September 2020 we launched our new website. You can see what changes we made by visiting pharmac.govt.nz/about-this-site/website-changes/

Special Authority application forms sent to the Ministry of Health for processing

The Ministry of Health would like to advise, effective immediately:

All Special Authority application forms are to be sent to its email address – customerservice@health.govt.nz

Please ensure the following is in the **subject line of the email: patient's NHI number** and the words **Special Authority**. Practitioners will need to send a separate email for each individual Special Authority application form.

Note that if you currently submit your Special Authority applications electronically, please continue to do this. Electronic submission is the Ministry of Health's preferred mechanism for form submission. Email submissions are replacing fax submissions only. If you would like to set up electronic submissions please call the Ministry of Health on 0800 855 066, option 5.

Scanned Applications attached to an e-mail

The following guideline has been provided by the Ministry of Health for Health Practitioners to securely send Special Authority application forms. This approach provides the lowest acceptable level of security for identifiable data. When using email to move identifiable information, those involved must consider the full lifecycle of the email concerned, including:

- The workstation on which the email is created (copies may remain in draft or in temporary file storage)
- The end-to-end security of each step in the email delivery trail
- Whether all components of the email delivery support encryption-in-transit
- Copies of the email will remain:
  - in the 'sent items' folder of the sender
  - in the 'inbox' of the receiver (or any other file/folder location, if filed)
  - in any system backups for servers that may be running backups whilst the email is in transit
  - in backup copies of either the sender or receiver mailboxes, if a backup is taken whilst the content is present
  - in any email archiving systems that may be active in any part of the mail delivery system.

The Ministry suggests the following protocol for sending Special Authority application forms via email:

- review the document to ensure the correct data is being released (peer review strongly recommended)
- transmit the file via email, ensuring the recipient's email address is accurately entered and that no other recipients are included on the email
- The source file must then be deleted from:
  - Any transient working space not approved for the security of identifiable information
  - The sent items folder of their email system
- The Ministry will extract the required information from the received document, and then:
  - remove the e-mail from their inbox once the data has been extracted, and
  - delete any copies located in transient working space not approved for the security of identifiable information

Consideration at both ends must be given to the security applied to all components of the system, including workstations, servers, email vendors involved, including backups. The New Zealand Information Security Manual (NZISM) and the Health Information Security Framework (HISF) should serve as baseline security targets, with an appropriate risk-based accreditation in place for all systems.

Tender News

Sole Subsidised Supply changes – effective 1 January 2021

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Losartan potassium	Tab 12.5 mg; 84 tab	Losartan Actavis (Teva)
Losartan potassium	Tab 25 mg; 84 tab	Losartan Actavis (Teva)
Losartan potassium	Tab 50 mg; 84 tab	Losartan Actavis (Teva)
Losartan potassium	Tab 100 mg; 84 tab	Losartan Actavis (Teva)
Naltrexone hydrochloride	Tab 50 mg; 30 tab	Naltraccord (Teva)

Looking Forward

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

Decisions for implementation 1 January 2021

- Imatinib (Imatinib-Rex) cap 100 mg – new listing
- Lamotrigine (Lamictal) tab dispersible 5 mg – Brand switch fee removed

Sole Subsidised Supply Products – cumulative to December 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
Acitretin	Cap 10 mg & 25 mg	Novatretin	2023
Alendronate sodium	Tab 70 mg	Fosamax	2022
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600	Fosamax Plus	2022
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2023
Amiodarone hydrochloride	inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2022
Amisulpride	Tab 400 mg Tab 100 mg & 200 mg	Sulprix	2022
Amitriptyline	**Tab 10 mg, 25 mg & 50 mg**	**Arrow-Amitriptyline**	**2023**
Amorolfine	Nail soln 5%, 5 ml OP	MycoNail	2023
Amoxicillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Alphamox 125 Alphamox 250 Alphamox	2023 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
Atomoxetine	**Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg & 100 mg**	**Generic Partners**	**2022**
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Eye drops 1%, 15 ml OP Inj 600 mcg per ml, 1 ml ampoule	Atropt Martindale	2023 2021
Azathioprine	Tab 25 mg & 50 mg	Azamun	2022

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

Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2021
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2024
Baclofen	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Medsurge Pacifen	2021
Bendroflumethiazide [Bendrofluazide]	**Tab 2.5 mg & 5 mg**	**Arrow-Bendrofluazide**	**2023**
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzatropine mesylate	**Inj 1 mg per ml, 2 ml**	**Phebra**	**2023**
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2023
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2023
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crm 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
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
Budesonide	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	SteroClear	2023
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Caffeine citrate	Oral liq 20 mg per ml (10 mg base per ml), 25 ml OP	Biomed	2022
Calamine	Crm, aqueous, BP	healthE Calamine Aqueous Cream BP	2021
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2022
Calcium folinate	Inj 10 mg per ml, 5 ml vial	Calcium Folinate Sandoz	2022
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
Capecitabine	Tab 150 mg & 500 mg	Capercit	2022
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2022
Cefalexin	Cap 250 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin ABM Cefalexin Sandoz	2022 2021
Cefazolin	Inj 500 mg & 1 g vial	AFT	2023
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2022
Cefuroxime axetil	Tab 250 mg	Zinnat	2022
Cetirizine hydrochloride	Tab 10 mg	Zista	2022
Cetomacrogol	Crm BP, 500 g	healthE	2021
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Boucher	2022
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
Ciprofloxacin	Tab 250 mg, 500 mg & 750 mg	Cipflox	2023
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	2022
Clobetasol propionate	Crm 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022

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Generic Name	Presentation	Brand Name	Expiry Date*
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2023
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
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2023
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
Crotamiton	Crm 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021
Desferrioxamine mesilate	Inj 500 mg vial	DBL Desferrioxamine Mesylate for Injection BP	2021
Desmopressin acetate	Nasal spray 10 mcg per dos, 6 ml OP	Desmopressin-PH&T	2023
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Dexamfetamine sulfate	Tab 5 mg	PSM	2021
Diazepam	**Tab 2 mg & 5 mg**	**Arrow-Diazepam**	**2023**
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Digoxin	Tab 62.5 mcg Tab 240 mcg	Lanoxin PG Lanoxin	2022
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2022
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP Crm 10% pump bottle, 500 ml OP	healthE Dimethicone 5% healthE Dimethicone 4% healthE Dimethicone 10%	2022 2021
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2023
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	2021
Donepezil hydrochloride	**Tab 5 mg & 10 mg**	**Donepezil-Rex**	**2023**
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	2021
Epoetin alfa	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 1 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Binocrit	2022
Erythromycin (as lactobionate)	Inj 1 g vial	Erythrocin IV	2022
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ethinyloestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinyloestradiol and norethisterone	Tab 35 mcg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	2022
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2023
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2022
Flucloxacillin	Inj 1 g vial Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg	Flucil AFT Staphlex	2023 2021
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2023
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2021
Fluticasone	Aerosol inhaler 50 mcg, 125 mcg & 250mcg per dose, 120 dose OP	Flixotide	2023
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2021
Fluticasone with salmeterol	Aerosol inhaler 50 mcg with salmeterol 25 mcg & 125 mcg with salmeterol 25 mcg, 120 dose OP	Seretide	2023
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2021
Furosemide [frusemide]	Tab 40 mg Inj 10 mg per ml, 25 ml ampoule Oral liq 10 mg per ml, 30 ml OP Inj 10 mg per ml, 2 ml ampoule Tab 500 mg	Apo-Furosemide Lasix Frusemide-Claris Urex Forte	2021 2022 2021
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Glibenclamide	Tab 5 mg	Daonil	2021
Gliclazide	Tab 80 mg	Glizide	2023
Glipizide	Tab 5 mg	Minidiab	2021
Glucagon hydrochloride	Inj 1 mg syringe kit	Glucagen Hypokit	2023
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2023
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Liquid Suppos 3.6 g	healthE Glycerol BP PSM	2023 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
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 0.5 ml syringe	Havrix Havrix Junior	2024

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Hepatitis B recombinant vaccine	Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2024
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mg in 0.5 ml syringe	Gardasil 9	2024
Hydrocortisone	**Crm 1%, 500 g** Crm 1%, 100 g OP Tab 5 mg & 20 mg	**Hydrocortisone (PSM)** Douglas	**2022** 2021
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2023
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hyoscine butylbromide	Tab 10 mg Inj 20 mg, 1 ml	Buscopan	2023
Ibuprofen	**Tab long-acting 800 mg** Oral liq 20 mg per ml, 200 ml bottle	**Brufen SR** Ethics	**2021**
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Ventavis	2022
Indapamide	Tab 2.5 mg	Dapa-Tabs	2023
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
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	ISMO 20 ISMO 40 Retard Duride	2023
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2023
Itraconazole	Cap 100 mg	Itrazole	2022
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2023
Labetalol	Tab 100 mg & 200 mg	Trandate	2024

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Lactulose	Oral liq 10 g per 15 ml	Laevolac	2022
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Alphapharm	2023
Lamotrigine	Tab dispersible 25 mg, 50 mg & 100 mg	Logem	2022
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2021
Leflunomide	**Tab 10 mg & 20 mg**	**Arava**	**2023**
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Tab 250 mg, 500 mg, 750 mg and 1,000 mg	Everet	2022
Levodopa with carbidopa	**Tab 100 mg with carbidopa 25 mg & 250 mg with carbidopa 25 mg**	**Sinemet**	**2023**
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Nozinan	2022
Levomepromazine maleate	Tab 25 mg & 100 mg	Nozinan	2022
Levonorgestrel	**Subdermal implant (2 x 75 mg rods)** Tab 30 mcg Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg	**Jadelle** Microlut Mirena Jaydess	**2023** 2022 31/10/2022
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe Gel 2%, 10 ml urethal syringe	Instillagel Lido Cathejell	2022
Lidocaine [lignocaine] hydrochloride	Inj 2%, 5 ml ampoule Inj 1% & 2%, 20 ml vial	Lidocaine-Claris Lidocaine-Claris	2022
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2022
Loratadine	Tab 10 mg	Lorafix	2022
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12. 5 mg	Arrow-Losartan & Hydrochlorothiazide	2021
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2023
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2023

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	2022
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2021
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
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
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	Inj 100 mg per ml, 50 ml vial Tab 2.5 mg & 10 mg	Methotrexate Ebewe Trexate	2023 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 aceponate	**Crm & oint 0.1%, 15 g OP**	**Advantan**	**2023**
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	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metoclopramide Actavis 10 Pfizer	2023 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
Metronidazole	**Tab 200 mg & 400 mg**	**Metrogyl**	**2023**
Metyrapone	Cap 250 mg	Metopirone	2023
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Vaginal crm 2% with applicator, 40 g OP	Micreme	2023

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crm 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2022
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2021
Morphine sulphate	Tab immediate-release 10 mg & 20 mg Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	Sevredol m-Eslon	2023 2022
Moxifloxacin	**Tab 400 mg**	**Avelox**	**2023**
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
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
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2023
Oestriol	Crm 1 mg per g with applicator, 15 g OP Pessaries 500 mcg Tab 2 mg	Ovestin (Aspen Pharma) Ovestin	2023
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oil in water emulsion	Crm	O/W Fatty Emulsion Cream	2021
Olanzapine	Orodispersible tab 5 mg & 10 mg Tab 2.5 mg, 5 mg and 10 mg Inj 210 mg, 300 mg & 405 mg vial	Zypine ODT Zypine Zyprexa Relprevv	2023 2021
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva (Teva)	2022

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2022
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT-DRLA	2023
	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	Oxycodone Sandoz	2021
	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	
	Inj 10 mg per ml, 1 ml & 2 ml ampoule		
	Inj 50 mg per ml, 1 ml ampoule		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
	Inj 10 iu per ml, 1 ml ampoule		
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2021
	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Oral liq 120 mg per 5 ml	Paracare	2023
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
Paraffin	White soft, 500 g & 2,500 g	healthE	2022
	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP		2021
Paroxetine	Tab 20 mg	Loxamine	2022
Perhexiline maleate	Tab 100 mg	Pexsig	2022
Permethrin	Crm 5%, 30 g OP	Lyderm	2023
	Lotn 5%, 30 ml OP	A-Scabies	
Pethidine hydrochloride	Tab 50 mg	PSM	2021
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxymethylpenicillin (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
Pine tar with trolamine laurisulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2023

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2021
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2024
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2024
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2024
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2023
Potassium chloride	Tab long-acting 600 mg (8 mmol)	Span-K	2021
Potassium citrate	Oral liq 3 mmol per ml, 200 ml OP	Biomed	2021
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2023
Povidone iodine	Oint 10%, 65 g OP Antiseptic soln 10%, 15 ml & 500 ml Antiseptic soln 10%, 100 ml	Betadine Riodine	2023 2021 2022
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2022
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Pregabalin	Cap 25 mg,75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Prochlorperazine	**Tab 5 mg**	**Nausafix**	**2023**
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2023
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2023
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2023
Riluzole	Tab 50 mg	Rilutek	2021
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2022

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Risperidone	**Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg** Oral liq 1 mg per ml	**Risperidone** Risperon	**2023**
Ritonavir	Tab 100 mg	Norvir	2022
Rituximab	**Inj 100 mg per 10 ml vial & 500 mg per 50 ml vial**	**Riximyo**	**30/09/2023**
Rivastigmine	Patch 4.6 mg & 9.5 mg per 24 hour	Generic Partners	2021
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2023
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2022
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2022
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2021
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
Sertraline	Tab 50 mg & 100 mg	Setrona	2022
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2023
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 citro-tartrate	Grans eff 4 g sachets	Ural	2023
Sodium cromoglicate	Eye drops 2%, 5 ml OP	Rexacrom	2022
Sodium fusidate [fusidic acid]	Crm 2%, 5 g OP Oint 2%, 5 g OP	Foban	2021
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sotalol	Tab 80 mg & 160 mg	Mylan	2022
Spironolactone	Oral liq 5 mg per ml, 25 ml OP	Biomed	2022
Sulfasalazine	Tab EC 500 mg	Salazopyrin EN	2022

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen, 2 OP Tab 50 mg & 100 mg	Imigran Apo-Sumatriptan	2022
Sunscreen, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF 50+	2022
Syrup (pharmaceutical grade)	Liq	Midwest	2022
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2023
Tamsulosin hydrochloride	Cap 400 mcg	Tamsulosin-Rex	2022
Temazepam	Tab 10 mg	Normison	2023
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
Timolol	**Eye drops 0.25% & 0.5%, 5 ml OP**	**Arrow-Timolol**	**2023**
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
Tramadol hydrochloride	**Cap 50 mg** Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	**Arrow-Tramadol** Tramal SR 100 Tramal SR 150 Tramal SR 200	**2023**
Tranexamic acid	Tab 500 mg	Boucher	2022
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Paste 0.1%, 5 g OP Crm & oint 0.02%, 100 g OP	Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	2021
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2023
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2021
Vancomycin	Inj 500 mg vial	Mylan	2023
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2021

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Sole Subsidised Supply Products – cumulative to December 2020

Generic Name	Presentation	Brand Name	Expiry Date*
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Voriconazole	Powder for oral suspension 40 mg per ml	Vfend	2021
	Tab 50 mg & 200 mg	Vttack	
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	Aclasta	2022
	Inj 4 mg per 5 ml, vial	Zoledronic acid Mylan	2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

December changes are in bold type

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

New Listings

Effective 1 December 2020

35 CALCIUM CARBONATE

✻ Tab 1.25 g (500 mg elemental)	6.69	250	✔**Calci-Tab 500**

39 EMICIZUMAB – [Xpharm] – Special Authority see SA1969

Inj 30 mg in 1 ml vial	3,570.00	1	✔**Hemlibra**
Inj 60 mg in 0.4 ml vial	7,138.00	1	✔**Hemlibra**
Inj 105 mg in 0.7 ml vial	12,492.00	1	✔**Hemlibra**
Inj 150 mg in 1 ml vial	17,846.00	1	✔**Hemlibra**

SA1969 Special Authority for Subsidy

Initial application only from a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has severe congenital haemophilia A and history of bleeding and bypassing agent usage within the last six months; and
2 Either:
  2.1 Patient has had greater than or equal to 6 documented and treated spontaneous bleeds within the last 6 months if on an on-demand bypassing agent regimen; or
  2.2 Patient has had greater than or equal to 2 documented and treated spontaneous bleeds within the last 6 months if on a bypassing agent prophylaxis regimen; and
3 Patient has a high-titre inhibitor to Factor VIII (greater than or equal to 5 Bethesda units per ml) which has persisted for six months or more; and
4 There is no immediate plan for major surgery within the next 12 months; and
5 Either:
  5.1 Patient has failed immune tolerance induction (ITI) after an initial period of 12 months; or
  5.2 The Haemophilia Treaters Group considers the patient is not a suitable candidate for ITI; and
6 Treatment is to be administered at a maximum dose of 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly.

Renewal - only from a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Patient has had no more than two spontaneous and clinically significant treated bleeds after the end of the loading dose period (i.e. after the first four weeks of treatment until the end of the 24-week treatment period); and
2 The treatment remains appropriate and the patient is benefiting from treatment.

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

New Listings – effective 1 December 2020 (continued)

45 POTASSIUM CHLORIDE

✳ Inj 75 mg per ml, 10 ml	55.00	50	✔**Juno** S29
Wastage claimable			

68 PIMECROLIMUS – Special Authority see SA1970 – Retail pharmacy

a) Maximum of 15 g per prescription

b) Note: a maximum of 15 g per prescription and no more than one prescription per 12 weeks.

Crm 1%	28.50	15 g OP	✔**Elidel**

SA1970 Special Authority for Subsidy

Initial application only from a dermatologist, paediatrician or ophthalmologist, or any relevant practitioner on the recommendation of a dermatologist, paediatrician or ophthalmologist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Patient has atopic dermatitis on the eyelid; and

2 Patient has at least one of the following contraindications to topical corticosteroids: periorificial dermatitis, rosacea, documented epidermal atrophy, documented allergy to topical corticosteroids, cataracts, glaucoma, or raised intraocular pressure.

75 PREGNANCY TESTS - HCG URINE

a) Up to 200 test available on a PSO

b) Only on a PSO

Cassette	12.00	40 test OP	✔**David One Step Cassette Pregnancy Test**

81 CARBIMAZOLE

✳ Tab 5 mg	10.80	100	✔**Neo-Mercazole S29** S29
Wastage claimable			

86 GOSERELIN

Implant 3.6 mg, syringe	65.68	1	✔**Teva**
Implant 10.8 mg, syringe	122.37	1	✔**Teva**

95 TOBRAMYCIN

Solution for inhalation 60 mg per ml, 5 ml

– Subsidy by endorsement	395.00	56 dose	✔**Tobramycin BNM**

a) Wastage claimable

b) Only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly.

110 NEOSTIGMINE METILSULFATE

Inj 2.5 mg per ml, 1 ml ampoule	29.40	10	✔**Max Health**

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

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

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

New Listings – effective 1 December 2020 (continued)

131 CYCLIZINE LACTATE

Inj 50 mg per ml, 1 ml	21.53	10	✔**Hameln**

158 MELPHALAN

Inj 50 mg – PCT only – Specialist	67.80	1	✔**Alkeran S29** S29

Note – this is a new Pharmacode listing, 2601109.

165 MITOMYCIN C – PCT only – Specialist

Inj 20 mg vial	3,275.00	1	✔**Teva**

171 IMATINIB MESILATE

Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST, see SA1460 in Section B of the Pharmaceutical Schedule.

✻ Cap 400 mg	84.79	30	✔**Imatinib-Rex**

243 TRAVOPROST

✻ Eye drops 0.004%	10.50	5 ml OP	✔**Mylan** S29

245 PHARMACY SERVICES

May only be claimed once per patient.

✻ Brand switch fee	4.50	1 fee	✔**BSF Atomoxetine Generic Partners**

a) The Pharmacode for BSF Atomoxetine Generic Partners is 2576996.

265 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]

Infant formula	174.72	400 g OP	✔**PKU Anamix Infant**

Note – this is a new Pharmacode listing, 2595923.

Effective 10 November 2020

129 PREGABALIN

Note: Not subsidised in combination with subsidised gabapentin

✻ Cap 150 mg Wastage claimable	4.01	56	✔**Lyrica** S29

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

New Listings – effective 1 November 2020

34 HYDROXOCOBALAMIN

✻ Inj 1 mg per ml, 1 ml ampoule

– Up to 6 inj available on a PSO ..... 3.15 | 5 | ✔ **Hydroxocobalamin Mercury Pharma** S29

Wastage claimable

35 CALCIUM CARBONATE

✻ Tab eff 1.25 g (500 mg elemental)

– subsidy by endorsement ..... 54.60 | 76 | ✔ **Cacit** S29

a) Subsidy by endorsement – Only when prescribed for paediatric patients (<5 years) where calcium carbonate oral liquid is considered unsuitable.

b) Wastage claimable

50 BISOPROLOL FUMARATE

✻ Tab 2.5 mg ..... 1.84 | 90 | ✔ **Bisoprolol Mylan**

✻ Tab 5 mg ..... 2.55 | 90 | ✔ **Bisoprolol Mylan**

✻ Tab 10 mg ..... 3.62 | 90 | ✔ **Bisoprolol Mylan**

51 AMLODIPINE

Tab 5 mg ..... 1.56 | 28 | ✔ **Teva** S29

Wastage claimable

55 PRAVASTATIN

✻ Tab 20 mg ..... 2.11 | 28 | ✔ **Pravastatin Mylan**

✻ Tab 40 mg ..... 3.61 | 28 | ✔ **Pravastatin Mylan**

80 OESTRADIOL – See prescribing guideline

Patch 25 mcg per day ..... 6.12 | 8 | ✔ **Estradiol TDP Mylan** S29

a) No more than 2 patch per week

b) Only on a prescription

c) Wastage claimable

Patch 50 mcg per day ..... 7.04 | 8 | ✔ **Estradiol TDP Mylan** S29

a) No more than 2 patch per week

b) Only on a prescription

c) Wastage claimable

88 MEBENDAZOLE – Only on a prescription

Tab 100 mg ..... 7.97 | 6 | ✔ **Vermox**

106 DARUNAVIR – Special Authority see SA1651 – Retail pharmacy

Tab 400 mg ..... 132.00 | 60 | ✔ **Darunavir Mylan**

Tab 600 mg ..... 196.65 | 60 | ✔ **Darunavir Mylan**

177 BICALUTAMIDE

Tab 50 mg ..... 4.07 | 30 | ✔ **Binarex**

179 ANASTROZOLE

✻ Tab 1 mg ..... 4.55 | 30 | ✔ **Anatrole**

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

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

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

New Listings – effective 1 November 2020 (continued)

232 BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy

Initiation kit - 5 vials freeze dried venom with diluent	305.00	1 OP	✔**VENOX** S29
Maintenance kit - 1 vial freeze dried venom with diluent	305.00	1 OP	✔**VENOX** S29

273 HEPATITIS B RECOMBINANT VACCINE – [Xpharm]

Inj 10 mcg per 0.5 ml prefilled syringe	0.00	1	✔**Engerix-B**

Funded for patients meeting any of the following criteria:

1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or
2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or
3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or
4) for HIV positive patients; or
5) for hepatitis C positive patients; or
6) for patients following non-consensual sexual intercourse; or
7) for patients following immunosuppression; or
8) for solid organ transplant patients; or
9) for post-haematopoietic stem cell transplant (HSCT) patients; or
10) following needle stick injury.

Effective 16 October 2020

127 SERTRALINE

Tab 50 mg	3.05	90	✔**Arrow-Sertraline**
Tab 100 mg	5.25	90	✔**Arrow-Sertraline**

Effective 9 October 2020

51 AMLODIPINE

Tab 5 mg	0.96	90	✔**Vasorex**
Tab 10 mg	1.19	90	✔**Vasorex**

71 CONDOMS

✳ 56 mm, 0.05 mm thickness (bulk pack)	14.61	144	✔**Gold Knight**
a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription			
✳ 60 mm - Up to 144 dev available on a PSO	1.42	12	✔**Gold Knight XL**
	17.02	144	✔**Gold Knight XL**
✳ 60 mm (bulk pack)	14.87	144	✔**Gold Knight XL**
a) Up to 60 dev available on a PSO b) Maximum of 60 dev per prescription			

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

New Listings – effective 1 October 2020

8	PREDNISOLONE SODIUM			
	Rectal foam 20 mg per dose (14 applications)	74.10	1 OP	✔**Essential Prednisolone** S29
36	MAGNESIUM HYDROXIDE			
	Suspension 8%	33.60	355 ml	✔**Phillips Milk of Magnesia** S29
	Wastage claimable			
44	HEPARIN SODIUM			
	Inj 5,000 iu per ml, 1 ml	32.66	5	✔**DBL Heparin Sodium** S29
	Wastage claimable			
44	WARFARIN SODIUM			
	Note: Marevan and Coumadin are not interchangeable.			
	✳ Tab 1 mg	3.46	50	✔**Coumadin**
	✳ Tab 2 mg	4.31	50	✔**Coumadin**
	Note – these are new Pharmacode listings, 2586967 and 2586975.			
47	TERAZOSIN			
	Tab 2 mg	14.20	28	✔**Teva** S29
	Wastage claimable			
	Tab 5 mg	24.80	28	✔**Teva** S29
	Wastage claimable			
49	MEXILETINE HYDROCHLORIDE			
	▲ Cap 150 mg	162.00	100	✔**ANI** S29
	Wastage claimable			
51	AMLODIPINE			
	Tab 2.5 mg	1.08	90	✔**Vasorex**
53	FUROSEMIDE [FRUSEMIDE]			
	✳ Inj 10 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO	1.15	5	✔**Furosemide-Baxter**
57	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy			
	Tab 5 mg	1,550.00	30	✔**Ambrisentan Mylan**
	Tab 10 mg	1,550.00	30	✔**Ambrisentan Mylan**
66	EMULSIFYING OINTMENT			
	✳ Oint BP	3.40	500 g	✔**Emulsifying Ointment ADE**

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

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

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

New Listings – effective 1 October 2020 (continued)

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

Note – Paracetamol Pharmacare tab 500 mg – bottle pack is a new Pharmacode listing, 2593475.

133 HALOPERIDOL – Safety medicine; prescriber may determine dispensing frequency
Tab 5 mg – Up to 30 tab available on a PSO ..... 14.86 50 ✔ **Serenace**

149 MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency
Inj 5 mg per ml, 3 ml ampoule ..... 2.50 5 ✔ **Midazolam-Baxter**

161 METHOTREXATE
✳ Inj 2.5 mg per ml, 2 ml – PCT
– Retail pharmacy-Specialist ..... 47.50 5 ✔ **Methotrexate DBL**
✳ Inj 25 mg per ml, 2 ml vial – PCT
– Retail pharmacy-Specialist ..... 30.00 5 ✔ **Methotrexate DBL Onco-Vial**

234 BUDESONIDE WITH EFORMOTEROL
Powder for inhalation 160 mcg with 4.5 mcg eformoterol fumarate per dose (equivalent to 200 mcg budesonide with 6 mcg eformoterol fumarate metered dose) ..... 41.50 120 dose OP ✔ **DuoResp Spiromax**
Powder for inhalation 320 mcg with 9 mcg eformoterol fumarate per dose (equivalent to 400 mcg budesonide with 12 mcg eformoterol fumarate metered dose)
– No more than 2 dose per day ..... 82.50 120 dose OP ✔ **DuoResp Spiromax**

245 PHARMACY SERVICES
May only be claimed once per patient.
Brand switch fee ..... 4.50 1 fee ✔ **BSF Lamictal**
The Pharmacode for BSF Lamictal is 2599341.

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

New Listings – effective 11 September 2020

51	AMLODIPINE			
	Tab 2.5 mg	16.20	28	✔**Bristol** S29
	Wastage claimable			
	Tab 5 mg	1.56	28	✔**Sandoz** S29
	Wastage claimable			
	Tab 10 mg	1.66	28	✔**Sandoz** S29
	Wastage claimable			
127	SERTRALINE			
	Tab 50 mg	0.92	30	✔**Setrona AU**
	Tab 100 mg	1.61	30	✔**Setrona AU**

Effective 1 September 2020

14	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy			
	a) Maximum of 1 dev per prescription			
	b) Only on a prescription			
	c) Maximum of 1 insulin pump per patient each four year period.			
	Min basal rate 0.1 U/h	4,500.00	1	✔**Tandem Basal IQ**
66	CETOMACROGOL WITH GLYCEROL			
	Crm 90% with glycerol 10%	2.35	500 ml OP	✔**Kenkay Sorbolene**
	Note – this is a new Pharmacode listing, 2597829.			
73	ETHINYLOESTRADIOL WITH NORETHISTERONE			
	Tab 35 mcg with norethisterone 500 mcg and 7 inert tab			
	– Up to 84 tab available on a PSO	8.83	112	✔**Brevinor 28**
110	NEOSTIGMINE METILSULFATE			
	Inj 2.5 mg per ml, 1 ml ampoule	19.60	10	✔**Juno** S29
	Wastage claimable			
122	PARACETAMOL			
	Tab 500 mg - blister pack	0.50	20	✔**Pharmacy Health**
		2.48	100	✔**Pharmacy Health**
	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.			
164	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy-Specialist			
	Cap 500 mg	23.82	100	✔**Devatis**

▲ 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 September 2020 (continued)

177 OCTREOTIDE

Inj 50 mcg per ml, 1 ml ampoule ..... 30.64 5 ✔**Octreotide GH** S29
Wastage claimable

Inj 500 mcg per ml, 1 ml ampoule ..... 72.50 5 ✔**Octreotide GH** S29
Wastage claimable

245 PHARMACY SERVICES

May only be claimed once per patient.

Brand switch fee ..... 4.50 1 fee ✔**BSF Imigran**

a) The Pharmacode for BSF Imigran is 2597330.

268 ENTERAL LIQUID PEPTIDE FORMULA – Special Authority see SA1953 – Hospital pharmacy [HP3]

Liquid 1 kcal/ml ..... 10.45 500 ml OP ✔**Nutrini Peptisorb**

Liquid 1.5 kcal/ml ..... 15.68 500 ml OP ✔**Nutrini Peptisorb Energy**

SA1953 Special Authority for Subsidy

Initial application – only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has impaired gastrointestinal function and either cannot tolerate polymeric feeds, or polymeric feeds are unsuitable; and

2 Any of the following:
- 2.1 Severe malabsorption; or
- 2.2 Short bowel syndrome; or
- 2.3 Intractable diarrhoea; or
- 2.4 Biliary atresia; or
- 2.5 Cholestatic liver diseases causing malabsorption; or
- 2.6 Cystic fibrosis; or
- 2.7 Proven fat malabsorption; or
- 2.8 Severe intestinal motility disorders causing significant malabsorption; or
- 2.9 Intestinal failure; or
- 2.10 Both:
  - 2.10.1 The patient is currently receiving funded amino acid formula; and
  - 2.10.2 The patient is to be trialled on, or transitioned to, an enteral liquid peptide formula; and

3 Either:
- 3.1 A semi-elemental or partially hydrolysed powdered feed has been reasonably trialled and considered unsuitable; or
- 3.2 For step down from intravenous nutrition.

Note: A reasonable trial is defined as a 2-4 week trial.

Renewal – only from a dietitian, relevant specialist, vocationally registered general practitioner or general practitioner on the recommendation of a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 An assessment as to whether the patient can be transitioned to a cows milk protein or soy infant formula or extensively hydrolysed formula has been undertaken; and

2 The outcome of the assessment is that the patient continues to require an enteral liquid peptide formula; and

3 General practitioners must include the name of the dietitian, relevant specialist or vocationally registered general practitioner and the date contacted.

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

New Listings – effective 1 September 2020 (continued)

265 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]

Powder (unflavoured) 28 g sachets	936.00	30	✔**PKU Lophlex Powder**

Effective 12 August 2020

122 PARACETAMOL

Tab 500 mg - blister pack	11.75	96	✔**Panadol Mini Caps**

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.

133 ARIPIPRAZOLE – Safety medicine; prescriber may determine dispensing frequency

Tab 5 mg	28.58	49	✔**Aripiprazol 1A Pharma** S29

Wastage claimable

Effective 22 July 2020

122 PARACETAMOL

Tab 500 mg - blister pack	0.50	20	✔**Medco**
			✔**Paracare**
	1.12		✔**Ethics Paracetamol Classic**
	2.48	100	✔**Paracare**

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.

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

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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 December 2020

34 HYDROXOCOBALAMIN (S29 and wastage removed)
❋ Inj 1 mg per ml, 1 ml ampoule
– Up to 6 inj available on a PSO ..... 3.15 5 ✔ **Hydroxocobalamin Mercury Pharma** ~~S29~~

~~Wastage claimable~~

107 PEGYLATED INTERFERON ALFA-2A – Special Authority see **SA1972**~~1936~~ – 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**

➽ **SA1972** ~~1939~~ Special Authority for Subsidy
Initial application – (ocular surface squamous neoplasia) only from an ophthalmologist. Approvals valid for 12 months where patient has ocular surface squamous neoplasia *.

Renewal – (ocular surface squamous neoplasia) only from an ophthalmologist. Approvals valid for 12 months where the treatment remains appropriate and patient is benefitting from treatment.
Note: Indications marked with * are unapproved indications

126 ESCITALOPRAM (reinstate stat dispensing)
❋ Tab 10 mg ..... 1.11 28 ✔ **Escitalopram-Apotex**
❋ Tab 20 mg ..... 1.90 28 ✔ **Escitalopram-Apotex**

126 MOCLOBEMIDE (stat dispensing removed)
Tab 300 mg ..... 9.80 60 ✔ **Aurorix**

129 PREGABALIN (S29 and wastage removed)
Note: Not subsidised in combination with subsidised gabapentin
❋ Cap 150 mg ..... 4.01 56 ✔ **Lyrica** ~~S29~~
~~Wastage claimable~~

131 SUMATRIPTAN (Brand switch fee removed)
Inj 12 mg per ml, 0.5 ml prefilled pen ..... 34.00 2 OP ✔ **Imigran**
~~a) Brand switch fee payable (Pharmacode 2597330)~~
b) Maximum of 10 inj per prescription

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 December 2020 (continued)

132 PROCHLORPERAZINE (reinstate stat dispensing)

✱ Tab 5 mg – Up to 30 tab available on a PSO	8.00	250	✔ **Nausafix**

150 ATOMOXETINE – **Brand switch fee payable (Pharmacode 2576996)** (addition of Brand switch fee)

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**

166 PEGASPARGASE – PCT only – Special Authority see **SA1979**~~1325~~ (amended Special Authority criteria)

Inj 750 iu per ml, 5 ml vial	3,455.00	1	✔ **Oncaspar LYO**

➽ **SA1979** ~~1325~~ Special Authority for Subsidy

Initial application – **(Acute lymphoblastic leukaemia)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both ~~All of the following~~:

1 The patient has newly diagnosed acute lymphoblastic leukaemia; and

2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; ~~and~~

~~3 Treatment is with curative intent.~~

Renewal – **(Acute lymphoblastic leukaemia)** only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

Both ~~All of the following~~:

1 The patient has relapsed acute lymphoblastic leukaemia; and

2 Pegaspargase to be used with a contemporary intensive multi-agent chemotherapy treatment protocol; ~~and~~

~~3 Treatment is with curative intent.~~

Initial application (Lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months where the patient has lymphoma requiring L-asparaginase containing protocols (e.g. SMILE)

Changes to Restrictions – effective 1 December 2020 (continued)

179 ETANERCEPT – Special Authority see **SA1974**~~1949~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 25 mg	690.00	4	✔**Enbrel**
Inj 50 mg autoinjector	1,050.00	4	✔**Enbrel**
Inj 50 mg prefilled syringe	1,050.00	4	✔**Enbrel**

➽ **SA1974** ~~1949~~ Special Authority for Subsidy

Initial application – (**polyarticular course** juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for **polyarticular course** juvenile idiopathic arthritis (JIA); and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for **polyarticular course** JIA; or

2 All of the following:

2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

~~2.2 Patient diagnosed with Juvenile Idiopathic Arthritis (JIA); and~~

2.~~2~~**3** Patient has had ~~severe active~~ polyarticular course JIA for 6 months duration or longer; and

2.3 Any of the following:

2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

~~2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and~~

~~2.5 Both:~~

~~2.5.1 Either:~~

~~2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or~~

~~2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and~~

~~2.5.2 Physician's global assessment indicating severe disease.~~

Initial application – (oligoarticular course juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for oligoarticular course juvenile idiopathic arthritis (JIA); and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for oligoarticular course JIA; or

continued...

Changes to Restrictions – effective 1 December 2020 (continued)

continued...

2 All of the following:

2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and

2.3 Any of the following:

2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.3 High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate.

Renewal – (**polyarticular course** juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both: ~~All of the following:~~

~~1 Either:~~

~~1.1 Applicant is a named specialist or rheumatologist; or~~

~~1.2 Applicant is a Practitioner and confirms that a named specialist or rheumatologist has provided a letter, email or fax recommending that the patient continues with [adalimumab/ etanercept] treatment; and~~

1 ~~2~~ Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 ~~3~~ Either:

2.1 ~~3.1~~ Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 ~~3.2~~ On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Renewal – (oligoarticular course juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Changes to Restrictions – effective 1 December 2020 (continued)

186 ADALIMUMAB – Special Authority see **SA1975**~~1950~~ – Retail pharmacy (amended Special Authority criteria – 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**

SA1975 ~~1950~~ Special Authority for Subsidy

Initial application – (**polyarticular course** juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for **polyarticular course** juvenile idiopathic arthritis (JIA); and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for **polyarticular course** JIA; or

2 All of the following:

2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

~~2.2 Patient diagnosed with JIA; and~~

2.2~~3~~ Patient has had ~~severe active~~ polyarticular course JIA for 6 months duration or longer; and

2.3 Any of the following:

2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

~~2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m² weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and~~

~~2.5 Both:~~

~~2.5.1 Either:~~

~~2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or~~

~~2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and~~

~~2.5.2 Physician's global assessment indicating severe disease.~~

Initial application – (oligoarticular course juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for oligoarticular course JIA; or

continued...

Changes to Restrictions – effective 1 December 2020 (continued)

continued...

2 All of the following:

2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and

2.3 Any of the following:

2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose); or

2.3.3 High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate.

Renewal – (**polyarticular course** juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both: ~~All of the following:~~

~~1 Either:~~

~~1.1 Applicant is a named specialist or rheumatologist; or~~

~~1.2 Applicant is a Practitioner and confirms that a named specialist or rheumatologist has provided a letter, email or fax recommending that the patient continues with [adalimumab/ etanercept] treatment; and~~

1 ~~2~~ Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 ~~3~~ Either:

2.1 ~~3.1~~ Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 ~~3.2~~ On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Renewal – (oligoarticular course juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

2 Either:

2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Changes to Restrictions – effective 1 December 2020 (continued)

207 RITUXIMAB (MABTHERA) – PCT only – Specialist – Special Authority see **SA1976**~~1901~~
(amended Special Authority criteria)

Inj 100 mg per 10 ml vial	1,075.50	2	✔**Mabthera**
Inj 500 mg per 50 ml vial	2,688.30	1	✔**Mabthera**
Inj 1 mg for ECP	5.64	1 mg	✔**Baxter (Mabthera)**

➽ **SA1976** ~~1901~~ Special Authority for Subsidy

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

~~Renewal — (Chronic lymphocytic leukaemia) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:~~
~~Both:~~
~~1 Either:~~
~~1.1 The patient's disease has relapsed within 36 months of previous treatment and rituximab treatment is to be used in combination with funded venetoclax; or~~
~~1.2 All of the following:~~
~~1.2.1 The patient's disease has relapsed following no more than one prior line of treatment with rituximab for CLL; and~~
~~1.2.2 The patient has had an interval of 36 months or more since commencement of initial rituximab treatment; and~~
~~1.2.3 The patient does not have chromosome 17p deletion CLL; and~~
~~1.2.4 It is planned that the patient receives full dose fludarabine and cyclophosphamide (orally or dose equivalent intravenous administration) or bendamustine; and~~
~~2 Rituximab to be administered in combination with fludarabine and cyclophosphamide, bendamustine or venetoclax for a maximum of 6 treatment cycles.~~
~~Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma. A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.~~

~~Renewal — (Neuromyelitis Optica Spectrum Disorder) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:~~
~~All of the following:~~
~~1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks; and~~
~~2 The patients has responded to the most recent course of rituximab; and~~
~~3 The patient has not received rituximab in the previous 6 months.~~

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

continued...

Changes to Restrictions – effective 1 December 2020 (continued)

continued...

~~Renewal — (Severe Refractory Myasthenia Gravis) only from a neurologist or medical practitioner on the recommendation of a neurologist. Approvals valid for 2 years for applications meeting the following criteria:~~
~~All of the following:~~
~~1 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and~~
~~2 An initial response lasting at least 12 months was demonstrated; and~~
~~3 Either:~~
~~3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or~~
~~3.2 Both:~~
~~3.2.1 The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and~~
~~3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.~~

~~Renewal — (Steroid dependent nephrotic syndrome (SDNS) or frequently relapsing nephrotic syndrome (FRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 8 weeks for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient who was previously treated with rituximab for nephrotic syndrome*; and~~
~~2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and~~
~~3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.~~
~~Note: Indications marked with * are unapproved indications.~~

~~Renewal — (Steroid resistant nephrotic syndrome (SRNS)) only from a nephrologist or Practitioner on the recommendation of a nephrologist. Approvals valid for 8 weeks for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient who was previously treated with rituximab for nephrotic syndrome*; and~~
~~2 Treatment with rituximab was previously successful and has demonstrated sustained response for greater than 6 months, but the condition has relapsed and the patient now requires repeat treatment; and~~
~~3 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.~~
~~Note: Indications marked with * are unapproved indications.~~

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

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

continued...

Changes to Restrictions – effective 1 December 2020 (continued)

continued...

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

~~Renewal — (indolent, low-grade lymphomas or hairy cell leukaemia*) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient has had a rituximab treatment-free interval of 12 months or more; and~~
~~2 The patient has indolent, low-grade NHL or hairy cell leukaemia* with relapsed disease following prior chemotherapy; and~~
~~3 To be used for no more than 6 treatment cycles.~~
~~Note: 'Indolent, low-grade lymphomas' includes follicular, mantle, marginal zone and lymphoplasmacytic/ Waldenstrom macroglobulinaemia. *Unapproved indication. 'Hairy cell leukaemia' also includes hairy cell leukaemia variant.~~

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

Initial application — (rheumatoid arthritis - TNF inhibitors contraindicated) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
5 Any of the following:
  5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
6 Either:
  6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
7 Either:
  7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or

continued...

Changes to Restrictions – effective 1 December 2020 (continued)

continued...

7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and

8 Either:
- 8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
- 8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

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

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

All of the following:

1 Both:
- 1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
  - 1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

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

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

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

All of the following:

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

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

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

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

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

All of the following:

1 Either:

continued...

Changes to Restrictions – effective 1 December 2020 (continued)

continued...

1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

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

3 Either:

3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or

3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and

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

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

~~Renewal — (thrombotic thrombocytopenic purpura (TTP)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient was previously treated with rituximab for thrombotic thrombocytopenic purpura*; and~~
~~2 An initial response lasting at least 12 months was demonstrated; and~~
~~3 Patient now requires repeat treatment; and~~
~~4 The total rituximab dose used would not exceed the equivalent of 375 mg/m² of body surface area per week for a total of 4 weeks.~~
~~Note: Indications marked with * are unapproved indications.~~

~~Renewal — (treatment refractory systemic lupus erythematosus (SLE)) only from a rheumatologist, nephrologist or Practitioner on the recommendation of a rheumatologist or nephrologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient's SLE* achieved at least a partial response to the previous round of prior rituximab treatment; and~~
~~2 The disease has subsequently relapsed; and~~
~~3 Maximum of two 1000 mg infusions of rituximab.~~
~~Note: Indications marked with * are unapproved indications.~~
~~Renewal — (warm autoimmune haemolytic anaemia (warm AIHA)) only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 8 weeks for applications meeting the following criteria:~~
~~Either:~~
~~1 Previous treatment with lower doses of rituximab (100 mg weekly for 4 weeks) have proven ineffective and treatment with higher doses (375 mg/m² weekly for 4 weeks) is now planned; or~~
~~2 All of the following:~~
~~2.1 Patient was previously treated with rituximab for warm autoimmune haemolytic anaemia*; and~~
~~2.2 An initial response lasting at least 12 months was demonstrated; and~~
~~2.3 Patient now requires repeat treatment.~~
~~Note: Indications marked with * are unapproved indications.~~

Changes to Restrictions – effective 1 December 2020 (continued)

222 TOCILIZUMAB – PCT only – Special Authority see **SA1977**~~1858~~ (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg per ml, 4 ml vial	220.00	1	✔**Actemra**
Inj 20 mg per ml, 10 ml vial	550.00	1	✔**Actemra**
Inj 20 mg per ml, 20 ml vial	1,100.00	1	✔**Actemra**
Inj 1 mg for ECP	2.85	1 mg	✔**Baxter**

➽ **SA1977** ~~1858~~ Special Authority for Subsidy

Initial application — (polyarticular juvenile idiopathic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for both etanercept and adalimumab for **polyarticular course** juvenile idiopathic arthritis (JIA); and
- 1.2 The patient has experienced intolerable side effects, or has received insufficient benefit from, both etanercept and adalimumab; or

2 All of the following:
- 2.1 Treatment with a tumour necrosis factor alpha inhibitor is contraindicated; and
- 2.2 Patient has had ~~severe active~~ polyarticular course JIA for 6 months duration or longer; and
- ~~2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate (at a dose of 10-20 mg/m^2 weekly or at the maximum tolerated dose) in combination with either oral corticosteroids (prednisone 0.25 mg/kg or at the maximum tolerated dose) or a full trial of serial intra-articular corticosteroid injections; and~~
- **2.3** To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- **2.4 Any of the following:**
  - **2.4.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or**
  - **2.4.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or**
  - **2.4.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.**
- ~~2.5 Both:~~
  - ~~2.5.1 Either:~~
    - ~~2.5.1.1 Patient has persistent symptoms of poorly-controlled and active disease in at least 20 swollen, tender joints; or~~
    - ~~2.5.1.2 Patient has persistent symptoms of poorly-controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, shoulder, cervical spine, hip; and~~
  - ~~2.5.2 Physician's global assessment indicating severe disease.~~

Changes to Restrictions – effective 1 December 2020 (continued)

238 DORNASE ALFA – Special Authority see **SA1978**~~0611~~ – Retail pharmacy (amended Special Authority criteria)

Nebuliser soln, 2.5 mg per 2.5 ml ampoule ..... 250.00 6 ✔**Pulmozyme**

➽ **SA1978** ~~0611~~ Special Authority for Subsidy

~~Special Authority approved by the Cystic Fibrosis Advisory Panel~~

~~Notes: Application details may be obtained from PHARMAC's website www.pharmac.govt.nz/SAForms or:~~

~~The Co-ordinator, Cystic Fibrosis Advisory Panel~~
~~PHARMAC, PO Box 10 254~~
~~Wellington~~

~~Phone: (04) 460 4990~~
~~Facsimile: (04) 916 7571~~
~~Email: CFPanel@pharmac.govt.nz~~

~~Prescriptions for patients approved for treatment must be written by respiratory physicians or paediatricians who have experience and expertise in treating cystic fibrosis.~~

Initial application - (cystic fibrosis) only from a respiratory physician or paediatrician. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:

1 Patient has a confirmed diagnosis of cystic fibrosis; and
2 Patient has previously undergone a trial with, or is currently being treated with, hypertonic saline; and
3 Any of the following:
3.1 Patient has required one or more hospital inpatient respiratory admissions in the previous 12 month period; or
3.2 Patient has had 3 exacerbations due to CF, requiring oral or intravenous (IV) antibiotics in the previous 12 month period; or
3.3 Patient has had 1 exacerbation due to CF, requiring oral or IV antibiotics in the previous 12 month period and a Brasfield score of <22/25; or
3.4 Patient has a diagnosis of allergic bronchopulmonary aspergillosis (ABPA).

Renewal - (cystic fibrosis) only from a respiratory physician or paediatrician. Approvals valid without further renewal unless notified where the treatment remains appropriate and the patient continues to benefit from treatment.

268 EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1557 – Hospital pharmacy [HP3] (amended brand name)

Powder ..... 30.42 900 g OP ✔**Aptamil** AllerPro **SYNEO** 1
✔**Aptamil** AllerPro **SYNEO** 2

Changes to Restrictions – effective 1 November 2020

47 DOXAZOSIN (reinstate stat dispensing)

❋ Tab 2 mg	8.95	500	✔**Apo-Doxazosin**
❋ Tab 4 mg	10.80	500	✔**Apo-Doxazosin**

54 CHLORTALIDONE [CHLORTHALIDONE] (stat dispensing removed)

Tab 25 mg	6.50	50	✔**Hygroton**

71 CONDOMS (amended PSO quantity and addition of maximum per prescription)

✳ 60 mm	14.87	144	✔**Shield XL**
	1.42	12	✔**Gold Knight XL**
	17.02	144	✔**Gold Knight XL**

a) Up to **60** ~~144~~ dev available on a PSO
b) **Maximum of 60 dev per prescription**

116 BENZBROMARONE – Special Authority see **SA1963**~~1537~~ – Retail pharmacy (amended Special Authority criteria)

Tab 50 mg	22.50	100	✔**Narcaricin mite** S29
Tab 100 mg	13.50	30	✔**Desuric** S29
			✔**Urinorm** S29
	45.00	100	✔**Benzbromaron AL 100** S29

➽ **SA1963** ~~1537~~ 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 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 Both:~~

~~2.3.1 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 Notes); and~~

~~2.3.2 The patient has a rate of creatinine clearance greater than or equal to 20 ml/min; or~~

~~2.4 All of the following:~~

~~2.4.1 The patient is taking azathioprine and requires urate-lowering therapy; and~~

~~2.4.2 Allopurinol is contraindicated; and~~

~~2.4.3 Appropriate doses of probenecid are ineffective or probenecid cannot be used due to reduced renal function; and~~

~~3 The patient is receiving monthly liver function tests.~~

Renewal from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Both:

1 The treatment remains appropriate and the patient is benefitting from the treatment; and
2 There is no evidence of liver toxicity and patient is continuing to receive regular (at least every three months) liver function tests.

continued...

Changes to Restrictions – effective 1 November 2020 (continued)

continued...

~~Notes: Benzbromarone has been associated with potentially fatal hepatotoxicity.~~
~~In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. 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.~~
~~The New Zealand Rheumatology Association has developed information for prescribers which can be accessed from its website at www.rheumatology.org.nz/home/resources-2/~~

121 Non-opioid Analgesics (note removed)
~~For aspirin & chloroform application refer Standard Formulae~~

151 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see **SA1964**~~1150~~ – Retail pharmacy (amended Special Authority criteria and Methylphenidate ER-Teva moved chemical)

a) Only on a controlled drug form
b) Safety medicine; prescriber may determine dispensing frequency

Tab extended-release 18 mg	7.75	30	✔ **Methylphenidate ER - Teva**
Tab extended-release 27 mg	11.45	30	✔ **Methylphenidate ER - Teva**
Tab extended-release 36 mg	15.50	30	✔ **Methylphenidate ER - Teva**
Tab extended-release 54 mg	22.25	30	✔ **Methylphenidate ER - Teva**
Tab immediate-release 5 mg	3.20	30	✔ **Rubifen**
Tab immediate-release 10 mg	3.00	30	✔ **Ritalin** ✔ **Rubifen**
Tab immediate-release 20 mg	7.85	30	✔ **Rubifen**
Tab sustained-release 20 mg	10.95	30	✔ **Rubifen SR**
	50.00	100	✔ **Ritalin SR**

SA1964 ~~1150~~ Special Authority for Subsidy

Initial application — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing). Approvals valid for 24 months for applications meeting the following criteria:

All of the following:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients aged 5 years or over; and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
  3.1 Applicant is a paediatrician or psychiatrist; or
  3.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Initial application — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months for applications meeting the following criteria:

Both:
1 ADHD (Attention Deficit and Hyperactivity Disorder) patients under 5 years of age; and
2 Diagnosed according to DSM-IV or ICD 10 criteria.

Initial application — (Narcolepsy)***** only from a neurologist or respiratory specialist. Approvals valid for 24 months where the patient suffers from narcolepsy.

Note: *narcolepsy is not a registered indication for Methylphenidate ER – Teva

continued...

Changes to Restrictions – effective 1 November 2020 (continued)

continued...

Renewal — (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing). Approvals valid for 24 months for applications meeting the following criteria:
Both:
1 The treatment remains appropriate and the patient is benefiting from treatment; and
2 Either:
2.1 Applicant is a paediatrician or psychiatrist; or
2.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Renewal — (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal — (Narcolepsy)* only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.
Note: *narcolepsy is not a registered indication for Methylphenidate ER – Teva

152 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see **SA1965**~~1151~~
– Retail pharmacy (amended Special Authority criteria)
a) Only on a controlled drug form
b) Safety medicine; prescriber may determine dispensing frequency

Tab extended-release 18 mg	58.96	30	✔**Concerta**
Tab extended-release 27 mg	65.44	30	✔**Concerta**
Tab extended-release 36 mg	71.93	30	✔**Concerta**
Tab extended-release 54 mg	86.24	30	✔**Concerta**
Cap modified-release 10 mg	15.60	30	✔**Ritalin LA**
Cap modified-release 20 mg	20.40	30	✔**Ritalin LA**
Cap modified-release 30 mg	25.52	30	✔**Ritalin LA**
Cap modified-release 40 mg	30.60	30	✔**Ritalin LA**

SA1965 ~~1151~~ Special Authority for Subsidy
Initial application only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing). Approvals valid for 24 months for applications meeting the following criteria:
All of the following:
1 ADHD (Attention Deficit and Hyperactivity Disorder); and
2 Diagnosed according to DSM-IV or ICD 10 criteria; and
3 Either:
3.1 Applicant is a paediatrician or psychiatrist; or
3.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and
4 Either:
4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or
4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

Renewal only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist **or nurse practitioner on the recommendation of a paediatrician or psychiatrist** (in writing). Approvals valid for 24 months for applications meeting the following criteria:
Both:
1 The treatment remains appropriate and the patient is benefiting from treatment; and

continued...

Changes to Restrictions – effective 1 November 2020 (continued)

continued...

2 Either:
- 2.1 Applicant is a paediatrician or psychiatrist; or
- 2.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

277 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) conjugate vaccine – [Xpharm] (amended restriction criteria)

Either:

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

B) Both:
- 1) Person is aged between 13 and 25 years, inclusive; and
- 2) Either:
  - i) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or
  - ii) One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November ~~2020~~ **2021.**

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

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

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

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

Funded for patients meeting either of the following criteria:
1) One dose for all people aged 65 years; or
2) One dose for all people aged between 66 and 80 years inclusive from 1 April 2018 and 31 December ~~2020~~ **2021**.

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

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 October 2020

14	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy (amended brand name) a) Maximum of 1 dev per prescription b) Only on a prescription c) Maximum of 1 insulin pump per patient each four year period.			
	Min basal rate 0.1 U/h	4,500.00	1	✔Tandem **t:slim X2 with** Basal-IQ
47	CILAZAPRIL (stat dispensing removed)			
	Tab 5 mg	8.35	90	✔**Zapril**
47	TERAZOSIN – **Subsidy by endorsement** (addition of subsidy by endorsement) **Subsidy by endorsement – Subsidised for patients who were taking terazosin prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of terazosin.**			
	Tab 2 mg	7.50	500	✔**Apo-Terazosin**
	Tab 5 mg	10.90	500	✔**Apo-Terazosin**
50	CELIPROLOL – **Subsidy by endorsement** (addition of subsidy by endorsement) **Subsidy by endorsement – Subsidised for patients who were taking celiprolol prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of celiprolol.**			
	✳ Tab 200 mg	21.40	180	✔**Celol**
79	TRIAMCINOLONE ACETONIDE (Sole supply delayed)			
	Inj 10 mg per ml, 1 ml ampoule	20.80	5	✔**Kenacort-A 10**
	Inj 40 mg per ml, 1 ml ampoule	51.10	5	✔**Kenacort-A 40**
	Note – Kenacort-A 10 and Kenacort-A 40 sole supply delayed until 1 April 2021.			
110	IBUPROFEN (reinstate stat dispensing)			
	✳ Tab long-acting 800 mg	5.99	30	✔**Ibuprofen SR BNM**
		7.99		✔**Brufen SR**
128	LAMOTRIGINE (addition of Brand Switch Fee)			
	▲ Tab dispersible 5 mg – **Brand switch fee payable (Pharmacode 2599341)**	50.00	30	✔**Lamictal**
132	PROCHLORPERAZINE (stat dispensing removed)			
	Tab 5 mg – Up to 30 tab available on a PSO	8.00	250	✔**Nausafix**

Effective 11 September 2020

48	LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (stat dispensing removed)			
	Tab 50 mg with hydrochlorothiazide 12.5 mg	1.88	30	✔**Arrow-Losartan & Hydrochlorothiazide**
127	SERTRALINE (stat dispensing removed)			
	Tab 100 mg	1.61	30	✔**Setrona** ✔**Setrona AU**

▲ 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 September 2020

42 PRASUGREL – Special Authority see **SA1954**~~1201~~ – Retail pharmacy (amended Special Authority criteria)

Tab 5 mg	108.00	28	✔**Efient**
Tab 10 mg	120.00	28	✔**Effient**

➽ **SA1954** ~~1201~~ Special Authority for Subsidy

~~Initial application – (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty in the previous 4 weeks and is clopidogrel-allergic*.~~

~~Initial application – (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where the patient has had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.~~

~~Initial application – (stent thromobosis) from any relevant practitioner. Approvals valid without further renewal unless notified where patient has experienced cardiac stent thrombosis whilst on clopidogrel.~~

Renewal – (coronary angioplasty and bare metal stent) from any relevant practitioner. Approvals valid for 6 months where the patient has undergone coronary angioplasty or had a bare metal cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Renewal – (drug eluting stent) from any relevant practitioner. Approvals valid for 12 months where had a drug-eluting cardiac stent inserted in the previous 4 weeks and is clopidogrel-allergic*.

Note: * Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

42 TICAGRELOR – Special Authority see **SA1955**~~1887~~ – Retail pharmacy (amended Special Authority criteria)

✳ Tab 90 mg	90.00	56	✔**Brilinta**

➽ **SA1955** ~~1887~~ Special Authority for Subsidy

Initial application — (acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and
2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Initial application — (thrombosis prevention ~~post~~ neurological stenting) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Either:
- 1.1 Patient has had a neurological stenting procedure* in the last 60 days; ~~and~~ **or**
- **1.2 Patient is about to have a neurological stenting procedure performed*; and**

2 Either:
- 2.1 Patient has demonstrated clopidogrel resistance using the P2Y12 (VerifyNow) assay **or another appropriate platelet function assay** and requires antiplatelet treatment with ticagrelor; or
- **2.2 Either**:
  - 2.2.1 Clopidogrel resistance has been demonstrated by the occurrence of a new cerebral ischemic event; **or**
  - **2.2.2 Clopidogrel resistance has been demonstrated by the occurrence of transient ischemic attack symptoms referable to the stent.**

Initial application – (Percutaneous coronary intervention with stent deployment) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has undergone percutaneous coronary intervention; and

continued...

Changes to Restrictions – effective 1 September 2020 (continued)

continued...

2 Patient has had a stent deployed in the previous 4 weeks; and
3 Patient is clopidogrel-allergic**

Initial application – (Stent thrombosis) from any relevant practitioner. Approvals valid without further renewal unless notified where patient has experienced cardiac stent thrombosis whilst on clopidogrel.

Renewal — (subsequent acute coronary syndrome) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Patient has recently (within the last 60 days) been diagnosed with an ST-elevation or a non-ST-elevation acute coronary syndrome; and
2 Fibrinolytic therapy has not been given in the last 24 hours and is not planned.

Renewal — (thrombosis prevention ~~post~~ neurological stenting) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Patient is continuing to benefit from treatment; and
2 Treatment continues to be clinically appropriate.

Renewal – (Percutaneous coronary intervention with stent deployment) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has undergone percutaneous coronary intervention; and
2 Patient has had a stent deployed in the previous 4 weeks; and
3 Patient is clopidogrel-allergic**
Note: indications marked with * are unapproved indications
Note: ** Clopidogrel allergy is defined as a history of anaphylaxis, urticaria, generalised rash or asthma (in non-asthmatic patients) developing soon after clopidogrel is started and is considered unlikely to be caused by any other treatment.

47 DOXAZOSIN (stat dispensing removed)

Tab 2 mg	8.95	500	✔**Apo-Doxazosin**
Tab 4 mg	10.80	500	✔**Apo-Doxazosin**

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

✻ Tab 200 mg	7.98	100	✔**Plaquenil**

121 LIDOCAINE [LIGNOCAINE] (amended subsidy by endorsement)

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

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

Changes to Restrictions – effective 1 September 2020 (continued)

125 MAPROTILINE HYDROCHLORIDE (addition of subsidy by endorsement)
a) Safety medicine; prescriber may determine dispensing frequency
b) **Subsidy by endorsement – Subsidised for patients who were taking maprotiline hydrochloride prior to 1 September 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of maprotiline hydrochloride.**

Tab 25 mg	7.52	30	✔**Ludiomil**
	12.53	50	✔**Ludiomil**
	25.06	100	✔**Ludiomil**
Tab 75 mg	14.01	20	✔**Ludiomil**
	21.01	30	✔**Ludiomil**

126 ESCITALOPRAM (stat dispensing removed)

Tab 10 mg	1.11	28	✔**Escitalopram-Apotex**
Tab 20 mg	1.90	28	✔**Escitalopram-Apotex**

131 SUMATRIPTAN (addition of Brand Switch Fee)

Inj 12 mg per ml, 0.5 ml prefilled pen	34.00	2 OP	✔**Imigran**

a) Maximum of 10 inj per prescription
b) Brand switch fee payable (Pharmacode 2597330)

134 RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (amended brand name)

Tab 0.5 mg	1.86	60	✔**Risperidone (Teva)** ~~Actavis~~
Tab 1 mg	2.06	60	✔**Risperidone (Teva)** ~~Actavis~~
Tab 2 mg	2.29	60	✔**Risperidone (Teva)** ~~Actavis~~
Tab 3 mg	2.50	60	✔**Risperidone (Teva)** ~~Actavis~~
Tab 4 mg	3.42	60	✔**Risperidone (Teva)** ~~Actavis~~

164 HYDROXYUREA **[HYDROXYCARBAMIDE]** – PCT – Retail pharmacy-Specialist (amended chemical name)

Cap 500 mg	23.82	100	✔**Devatis**
	31.76		✔**Hydrea**

177 FULVESTRANT – Retail pharmacy-Specialist – Special Authority see SA1895 (S29 and wastage removed)

Inj 50 mg per ml, 5 ml prefilled syringe	1,068.00	2	✔**Faslodex** ~~S29~~

~~Wastage claimable~~

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 December 2020

62 MUPIROCIN (↑ price but not subsidy)

Oint 2%	6.60	15 g OP	
	(10.50)		Bactroban

a) Only on a prescription
b) Not in combination

64 CLOBETASONE BUTYRATE (↑ price but not subsidy)

Crm 0.05%	5.38	30 g OP	
	(10.00)		Eumovate

165 MITOMYCIN C – PCT – Specialist (↑ subsidy)

Inj 1 mg for ECP	288.09	1 mg	✔**Baxter**

Effective 1 November 2020

34 COLECALCIFEROL (↑ subsidy)

✻ Cap 1.25 mg (50,000 iu)			
– Maximum of 12 cap per prescription	2.95	12	✔**Vit.D3**

63 MICONAZOLE NITRATE (↑ subsidy)

✻ Crm 2%	0.81	15 g OP	✔**Multichem**

a) Only on a prescription
b) Not in combination

88 MEBENDAZOLE – Only on a prescription (↑ subsidy)

Oral liq 100 mg per 5 ml	7.53	15 ml	✔**Vermox**

119 LEVODOPA WITH CARBIDOPA (↑ subsidy)

✻ Tab long-acting 200 mg with carbidopa 50 mg	43.65	100	✔**Sinemet CR**

151 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA1964 – Retail pharmacy (↓ subsidy)

a) Only on a controlled drug form
b) Safety medicine; prescriber may determine dispensing frequency

Tab extended-release 18 mg	7.75	30	✔**Methylphenidate ER - Teva**
Tab extended-release 27 mg	11.45	30	✔**Methylphenidate ER - Teva**
Tab extended-release 36 mg	15.50	30	✔**Methylphenidate ER - Teva**
Tab extended-release 54 mg	22.25	30	✔**Methylphenidate ER - Teva**

▲ 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 October 2020

48	LOSARTAN POTASSIUM (↑ subsidy)			
	✳ Tab 12.5 mg	1.56	84	✔**Losartan Actavis**
	✳ Tab 25 mg	1.84	84	✔**Losartan Actavis**
	✳ Tab 50 mg	2.25	84	✔**Losartan Actavis**
	✳ Tab 100 mg	3.50	84	✔**Losartan Actavis**
51	METOPROLOL SUCCINATE (↑ subsidy)			
	✳ Tab long-acting 23.75 mg	1.45	30	✔**Betaloc CR**
	✳ Tab long-acting 47.5 mg	1.43	30	✔**Betaloc CR**
	✳ Tab long-acting 95 mg	2.15	30	✔**Betaloc CR**
	✳ Tab long-acting 190 mg	4.27	30	✔**Betaloc CR**
88	MEBENDAZOLE – Only on a prescription (↑ subsidy but not price)			
	Oral liq 100 mg per 5 ml	7.17	15 ml	✔**Vermox**
95	FLUCONAZOLE (↑ subsidy)			
	Powder for oral suspension 10 mg per ml			
	– Special Authority see SA1359 – Retail pharmacy	109.34	35 ml	✔**Diflucan**
155	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy (↑ subsidy)			
	Tab 50 mg	133.33	30	✔**Naltraccord**
165	MITOMYCIN C – PCT only – Specialist (↑ subsidy)			
	Inj 1 mg for ECP	226.50	1 mg	✔**Baxter**
233	LORATADINE (↑ subsidy)			
	✳ Oral liq 1 mg per ml	2.95	120 ml	✔**Lorfast**

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 September 2020

47	DOXAZOSIN (↑ subsidy)			
	Tab 2 mg	8.95	500	✔**Apo-Doxazosin**
	Tab 4 mg	10.80	500	✔**Apo-Doxazosin**
54	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] (↑ subsidy)			
	✻ Tab 2.5 mg – Up to 150 tab available on a PSO	20.00	500	✔**Arrow-Bendrofluazide**
	May be supplied on a PSO for reasons other than emergency.			
	✻ Tab 5 mg	34.55	500	✔**Arrow-Bendrofluazide**
63	BETAMETHASONE DIPROPIONATE (↑ subsidy)			
	Crm 0.05%	36.00	50 g OP	✔**Diprosone**
	Oint 0.05%	36.00	50 g OP	✔**Diprosone**
64	METHYLPREDNISOLONE ACEPONATE (↓ subsidy)			
	Crm 0.1%	4.46	15 g OP	✔**Advantan**
	Oint 0.1%	4.46	15 g OP	✔**Advantan**
65	TRIAMCINOLONE ACETONIDE WITH GRAMICIDIN, NEOMYCIN AND NYSTATIN (↑ price but not subsidy)			
	Crm 1 mg with nystatin 100,000 u, neomycin sulphate 2.5 mg and gramicidin 250 mcg per g – Only on a prescription	3.49 (9.28)	15 g OP	Viaderm KC
93	MOXIFLOXACIN – Special Authority see SA1740 – Retail pharmacy (↓ subsidy)			
	No patient co-payment payable			
	Tab 400 mg	42.00	5	✔**Avelox**
98	METRONIDAZOLE (↓ subsidy)			
	Tab 200 mg – Up to 30 tab available on a PSO	33.15	250	✔**Metrogyl**
	Tab 400 mg – Up to 15 tab available on a PSO	5.23	21	✔**Metrogyl**
119	LEVODOPA WITH CARBIDOPA (↑ subsidy)			
	✻ Tab 100 mg with carbidopa 25 mg	21.11	100	✔**Sinemet**
	✻ Tab 250 mg with carbidopa 25 mg	38.39	100	✔**Sinemet**
125	TRAMADOL HYDROCHLORIDE (↑ subsidy)			
	Cap 50 mg	2.80	100	✔**Arrow-Tramadol**
125	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 10 mg	2.49	100	✔**Arrow-Amitriptyline**
125	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 25 mg	1.51	100	✔**Arrow-Amitriptyline**
128	LAMOTRIGINE (↑ subsidy)			
	▲ Tab dispersible 2 mg	55.00	30	✔**Lamictal**
	▲ Tab dispersible 5 mg	50.00	30	✔**Lamictal**
132	PROCHLORPERAZINE (↑ subsidy)			
	✻ Tab 5 mg – Up to 30 tab available on a PSO	8.00	250	✔**Nausafix**

▲ 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 September 2020 (continued)

134 RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)

Tab 4 mg	3.42	60	✔**Risperidone (Teva)**

136 DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)

Tab 2 mg	61.07	500	✔**Arrow-Diazepam**
Tab 5 mg	73.60	500	✔**Arrow-Diazepam**

150 ATOMOXETINE (↓ subsidy)

Cap 10 mg	18.41	28	
	(107.03)		Strattera
Cap 18 mg	27.06	28	
	(107.03)		Strattera
Cap 25 mg	29.22	28	
	(107.03)		Strattera
Cap 40 mg	29.22	28	
	(107.03)		Strattera
Cap 60 mg	46.51	28	
	(107.03)		Strattera
Cap 80 mg	56.45	28	
	(139.11)		Strattera
Cap 100 mg	58.48	28	
	(139.11)		Strattera

155 NICOTINE (↑ subsidy)

a) Nicotine will not be funded in amounts less than 4 weeks of treatment.

b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.

Patch 7 mg – Up to 28 patch available on a PSO	18.14	28	✔**Habitrol**
Patch 14 mg – Up to 28 patch available on a PSO	19.95	28	✔**Habitrol**
Patch 21 mg – Up to 28 patch available on a PSO	22.86	28	✔**Habitrol**
Lozenge 1 mg – Up to 216 loz available on a PSO	19.18	216	✔**Habitrol**
Lozenge 2 mg – Up to 216 loz available on a PSO	21.02	216	✔**Habitrol**
Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	38.21	384	✔**Habitrol**
Gum 2 mg (Mint) – Up to 384 piece available on a PSO	38.21	384	✔**Habitrol**
Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	44.17	384	✔**Habitrol**
Gum 4 mg (Mint) – Up to 384 piece available on a PSO	44.17	384	✔**Habitrol**

242 TIMOLOL (↑ subsidy)

✻ Eye drops 0.25%	1.81	5 ml OP	✔**Arrow-Timolol**
✻ Eye drops 0.5%	2.04	5 ml OP	✔**Arrow-Timolol**

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

Delisted Items

Effective 1 December 2020

14	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy a) Maximum of 1 dev per prescription b) Only on a prescription c) Maximum of 1 insulin pump per patient each four year period. Min basal rate 0.1 U/h	4,500.00	1	✔Tandem t:slim X2
64	DIFLUCORTOLONE VALERATE Crm 0.1%	8.97 (15.86)	50 g OP	Nerisone
88	CEFACLOR MONOHYDRATE Grans for oral liq 125 mg per 5 ml – Wastage claimable	4.33	100 ml	✔Keflor
92	TETRACYCLINE – Special Authority see SA1332 – Retail pharmacy Cap 500 mg	46.00	30	✔Tetracyclin Wolff S29
95	FLUCONAZOLE Powder for oral suspension 10 mg per ml – Special Authority see SA1359 – Retail pharmacy	34.56	35 ml	✔Diflucan S29 S29
107	INTERFERON ALFA-2A – PCT See prescribing guideline Inj 3 m iu prefilled syringe	38.00	1	✔Roferon-A
110	IBUPROFEN ✻ Tab long-acting 800 mg	7.99	30	✔Brufen SR
111	LEFLUNOMIDE Tab 10 mg Tab 20 mg	2.90 2.90	30 30	✔Apo-Leflunomide ✔Apo-Leflunomide
119	LEVODOPA WITH CARBIDOPA ✻ Tab 100 mg with carbidopa 25 mg ✻ Tab long-acting 100 mg with carbidopa 25 mg	17.97 23.84	100 100	✔Kinson ✔Mylan S29
120	BENZATROPINE MESYLATE Inj 1 mg per ml, 2 ml a) Up to 10 inj available on a PSO b) Only on a PSO	95.00 190.00	5 10	✔Cogentin ✔Omega
127	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency Rectal tubes 10 mg – Up to 5 tube available on a PSO	40.87	5	✔Stesolid

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

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

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

Delisted Items – effective 1 December 2020 (continued)

150	ATOMOXETINE			
	Cap 10 mg	18.41	28	
		(107.03)		Strattera
	Cap 18 mg	27.06	28	
		(107.03)		Strattera
	Cap 25 mg	29.22	28	
		(107.03)		Strattera
	Cap 40 mg	29.22	28	
		(107.03)		Strattera
	Cap 60 mg	46.51	28	
		(107.03)		Strattera
	Cap 80 mg	56.45	28	
		(139.11)		Strattera
	Cap 100 mg	58.48	28	
		(139.11)		Strattera
163	COLASPASE [L-ASPARAGINASE] – PCT only – Specialist			
	Inj 10,000 iu	102.32	1	✔Leunase
	Inj 10,000 iu for ECP	102.32	10,000 iu OP	✔Baxter
245	PHARMACY SERVICES			
	May only be claimed once per patient.			
	⁕ Brand switch fee	4.50	1 fee	✔BSF Imigran
	a) The Pharmacode for BSF Imigran is 2597330.			

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

Delisted Items – effective 1 November 2020

44 HEPARIN SODIUM
Inj 25,000 iu per ml, 0.2 ml ..... 190.00 50 ✔Pfizer

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 BENZYLPENICILLIN 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.

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

159 MITOMYCIN C – PCT only – Specialist
Inj 20 mg vial ..... 816.32 1 ✔Omegapharm S29

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

Delisted Items – effective 1 November 2020 (continued)

237 CHLOROFORM
- a) Only in combination
- b) Maximum of 100 ml per prescription
- c) Only in aspirin and chloroform application.
- d) Note: This product is no longer being manufactured by the supplier and will be delisted from the Schedule at a date to be determined.

Chloroform BP ..... 25.50 500 ml ✔PSM

Note – the standard formula for aspirin and chloroform application delisted from 1 November 2020.

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

47 TERAZOSIN
✳ Tab 1 mg ..... 0.59 28 ✔Actavis

66 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.

124 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

126 PHENELZINE SULPHATE – Subsidy by endorsement

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

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

128 LAMOTRIGINE
▲ Tab dispersible 5 mg ..... 15.00 56 ✔Arrow-Lamotrigine

160 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.

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Delisted Items – effective 1 October 2020 (continued)

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

244 OLOPATADINE
Eye drops 0.1% ..... 10.00 — 5 ml OP — ✔Patanol

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

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

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

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

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

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

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

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

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

Delisted Items – effective 1 September 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.

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

23 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

25 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

50 LABETALOL

❋ Tab 100 mg	11.36	100	✔Presolol S29
❋ Tab 200 mg	29.74	100	✔Presolol S29

52 VERAPAMIL HYDROCHLORIDE

❋ Tab long-acting 240 mg	25.00	250	✔Verpamil SR

64 HYDROCORTISONE

❋ Crm 1% – Only on a prescription	3.42	30 g OP	✔DermAssist

70 PODOPHYLLOTOXIN

Soln 0.5%	33.60	3.5 ml OP	✔Condyline S29 S29

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

98 METRONIDAZOLE

Tab 200 mg – Up to 30 tab available on a PSO	10.45	100	✔Trichozole
Tab 400 mg – Up to 15 tab available on a PSO	18.15	100	✔Trichozole

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
Delisted Items – effective 1 September 2020 (continued)			
110 SULINDAC			
✳ Tab 100 mg	8.55	50	✔ Aclin
111 CELECOXIB			
Cap 100 mg	3.63	60	✔ Celebrex
119 ROPINIROLE HYDROCHLORIDE			
▲ Tab 0.25 mg	0.71	21	✔ Ropin
123 FENTANYL			
a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
Inj 50 mcg per ml, 2 ml ampoule	3.56	10	✔ Fentanyl IE S29
124 MORPHINE TARTRATE			
a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
Inj 80 mg per ml, 1.5 ml ampoule	42.72	5	✔ DBL Morphine Tartrate
131 SUMATRIPTAN			
Inj 12 mg per ml, 0.5 ml prefilled pen			
– Maximum of 10 inj per prescription	42.67	2 OP	✔ Sun Pharma S29
	81.15		✔ Clustran
131 HYOSCINE HYDROBROMIDE			
✳ Inj 400 mcg per ml, 1 ml ampoule	46.50	5	✔ Hospira
150 PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy			
Inj 200 mg per ml, 1 ml ampoule	30.00	5	✔ Aspen S29
160 GEMCITABINE HYDROCHLORIDE – PCT only – Specialist			
Inj 1 g	349.20	1	✔ Gemzar
234 FLUTICASONE			
Aerosol inhaler, 50 mcg per dose	4.68	120 dose OP	✔ Floair
Aerosol inhaler, 125 mcg per dose	7.22	120 dose OP	✔ Floair
Aerosol inhaler, 250 mcg per dose	10.18	120 dose OP	✔ Floair
235 FLUTICASONE WITH SALMETEROL			
Aerosol inhaler 50 mcg with salmeterol 25 mcg	14.58	120 dose OP	✔ RexAir
Aerosol inhaler 125 mcg with salmeterol 25 mcg	16.83	120 dose OP	✔ RexAir

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

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

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

Items to be Delisted

Effective 1 January 2021

8	GLYCOPYRRONIUM BROMIDE Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO	34.32	5	✔**Robinul**
73	ETHINYLOESTRADIOL WITH NORETHISTERONE Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 84 tab available on a PSO	8.83	112	✔**Brevinor 28**
123	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 50 mcg per ml, 2 ml ampoule	1.78	5	✔**Fentanyl GH**
125	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg	4.73	50	✔**Apo-Clomipramine**
234	SALMETEROL Aerosol inhaler 25 mcg per dose	9.90	120 dose OP	✔**Meterol**
235	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 1 ml ampoule – Up to 40 neb available on a PSO	3.35	20	✔**Univent**
245	PHARMACY SERVICES May only be claimed once per patient. Brand switch fee a) The Pharmacode for BSF Lamictal is 2599341.	4.50	1 fee	✔**BSF Lamictal**

Effective 1 February 2021

38	MAGNESIUM HYDROXIDE Suspension 8%	72.20	500 ml	✔**T&R**
42	PRASUGREL – Special Authority see SA1954 – Retail pharmacy Tab 5 mg Tab 10 mg	108.00 120.00	28 28	✔**Effient** ✔**Effient**
56	ISOPRENALINE [ISOPROTERENOL] ✻ Inj 200 mcg per ml, 1 ml ampoule	36.80 (164.20)	25	Isuprel
88	CEFALEXIN Cap 250 mg	3.33	20	✔**Ibilex** S29
119	LEVODOPA WITH CARBIDOPA ✻ Tab long-acting 200 mg with carbidopa 50 mg	46.73	100	✔**Mylan** S29

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted – effective 1 February 2021 (continued)

125 MAPROTILINE HYDROCHLORIDE
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking maprotiline hydrochloride prior to 1 September 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of maprotiline hydrochloride.

Tab 25 mg	7.52	30	✔ **Ludiomil**
	12.53	50	✔ **Ludiomil**
	25.06	100	✔ **Ludiomil**

126 FLUOXETINE HYDROCHLORIDE

✻ Tab dispersible 20 mg, scored – Subsidy by endorsement 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.	9.93	30	✔ **Arrow-Fluoxetine**
Cap 20 mg	7.49	90	✔ **Arrow-Fluoxetine**

164 HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy-Specialist

Cap 500 mg	31.76	100	✔ **Hydrea**

Effective 1 March 2021

44 HEPARIN SODIUM

Inj 5,000 iu per ml, 1 ml	28.40	5	✔ **Pfizer**

44 WARFARIN SODIUM
Note: Marevan and Coumadin are not interchangeable.

✻ Tab 1 mg	3.46	50	✔ **Coumadin**

Note – this delist applies to Pharmacode 796824. A new Pharmacode was listed 1 October 2020.

53 FUROSEMIDE [FRUSEMIDE]

✻ Inj 10 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	1.15	5	✔ **Frusemide-Claris**

57 AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy

Tab 5 mg	4,585.00	30	✔ **Volibris**
Tab 10 mg	4,585.00	30	✔ **Volibris**

66 EMULSIFYING OINTMENT

✻ Oint BP	3.59	500 g	✔ **AFT**

81 CARBIMAZOLE

✻ Tab 5 mg	10.80	100	✔ **AFT Carbimazole** S29

88 MEBENDAZOLE – Only on a prescription

Tab 100 mg	24.19	24	✔ **De-Worm**

100 ADEFOVIR DIPIVOXIL – Special Authority see SA0829 – Retail pharmacy

Tab 10 mg	670.00	30	✔ **Hepsera**

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

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

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

Items to be Delisted – effective 1 March 2021 (continued)

122 PARACETAMOL
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.

149 MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency
Inj 5 mg per ml, 3 ml ampoule ..... 2.50 5 ✔**Midazolam-Claris**

158 MELPHALAN
Inj 50 mg – PCT only – Specialist ..... 213.00 1 ✔**Alkeran S29** S29
Note – this delist applies to Pharmacode 2586495.

245 PHARMACY SERVICES
May only be claimed once per patient.
✳ Brand switch fee..... 4.50 1 fee ✔**BSF Atomoxetine Generic Partners**
The Pharmacode for BSF Atomoxetine Generic Partners is 2576996.

265 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]
Powder (unflavoured) 27.8 g sachets..... 936.00 30 ✔**PKU Lophlex Powder**

Effective 1 April 2021

35 CALCIUM CARBONATE
✳ Tab eff 1.75 g (1 g elemental)..... 28.40 20 ✔**Calcium Sandoz** S29

44 WARFARIN SODIUM
Note: Marevan and Coumadin are not interchangeable.
✳ Tab 2 mg..... 4.31 50 ✔**Coumadin**
Note – this delist applies to Pharmacode 767204. A new Pharmacode was listed 1 October 2020.

50 BISOPROLOL FUMARATE
✳ Tab 2.5 mg..... 3.53 90 ✔**Bosvate**
✳ Tab 5 mg..... 5.15 90 ✔**Bosvate**
✳ Tab 10 mg..... 9.40 90 ✔**Bosvate**

50 CELIPROLOL – Subsidy by endorsement
Subsidy by endorsement – Subsidised for patients who were taking celiprolol prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of celiprolol.
✳ Tab 200 mg ..... 21.40 180 ✔**Celol**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted – effective 1 April 2021 (continued)

55	PRAVASTATIN			
	✻ Tab 10 mg	3.55	28	✔ **Pravastatin Mylan**
	✻ Tab 20 mg	4.72	100	✔ **Apo-Pravastatin**
	✻ Tab 40 mg	8.06	100	✔ **Apo-Pravastatin**
		4.65	28	✔ **Pravastatin Mylan**
	Note – Pravastatin Mylan tab 40 mg delist applies to Pharmacode 2592819.			
87	DANAZOL			
	Cap 100 mg	19.13	28	✔ **Mylan** S29
	Cap 200 mg	97.83	100	✔ **Azol**
106	DARUNAVIR – Special Authority see SA1651 – Retail pharmacy			
	Tab 400 mg	335.00	60	✔ **Prezista**
	Tab 600 mg	476.00	60	✔ **Prezista**
124	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 60 mg	5.60	10	✔ **Arrow-Morphine LA**
153	MODAFINIL – Special Authority see SA1932 – Retail pharmacy			
	Tab 100 mg	32.00	30	✔ **Modavigil**
	Note – this delist applies to the 30 tab pack.			
158	CISPLATIN – PCT only – Specialist			
	Inj 1 mg per ml, 50 ml vial	12.29	1	✔ **DBL Cisplatin**
179	ANASTROZOLE			
	✻ Tab 1 mg	5.04	30	✔ **Rolin**
186	~~BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist~~			
	~~Subsidised only for bladder cancer.~~			
	~~Inj 40 mg per ml, vial~~	~~176.90~~	~~3~~	✔ ~~**SII-Onco-BCG**~~
	Note – delisting delayed until 1 April 2022.			

Effective 1 May 2021

35	CALCIUM CARBONATE			
	✻ Tab 1.25 g (500 mg elemental)	7.52	250	✔ **Arrow-Calcium**
48	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE – Subsidy by endorsement			
	Subsidy by endorsement – Subsidised for patients who were taking cilazapril with hydrochlorothiazide prior to 1 March 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril with hydrochlorothiazide.			
	✻ Tab 5 mg with hydrochlorothiazide 12.5 mg	10.18	100	✔ **Apo-Cilazapril/ Hydrochlorothiazide**
54	NICOTINIC ACID			
	Tab 50 mg	4.12	100	✔ **Apo-Nicotinic Acid**
	Tab 500 mg	17.89	100	✔ **Apo-Nicotinic Acid**

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

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

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

Items to be Delisted – effective 1 May 2021 (continued)

86	GOSERELIN			
	Implant 3.6 mg, syringe	66.48	1	✔**Zoladex**
	Implant 10.8 mg, syringe	177.50	1	✔**Zoladex**
95	TOBRAMYCIN			
	Solution for inhalation 60 mg per ml, 5 ml			
	– Subsidy by endorsement	2,200	56 dose	✔**TOBI**
	a) Wastage claimable			
	b) Only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly.			
125	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 10 mg	13.99	100	✔**Anafranil** S29
131	CYCLIZINE LACTATE			
	Inj 50 mg per ml, 1 ml	14.95	5	✔**Nausicalm**
161	METHOTREXATE			
	✻ Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist	47.50	5	✔**Hospira**
	✻ Inj 25 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist	30.00	5	✔**DBL Methotrexate** **Onco-Vial**

Effective 1 June 2021

36	WATER			
	1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or			
	2) On a bulk supply order; or			
	3) When used in the extemporaneous compounding of eye drops; or			
	4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only.			
	Inj 5 ml ampoule – Up to 5 inj available on a PSO	7.00	50	✔**InterPharma**
	Inj 20 ml ampoule – Up to 5 inj available on a PSO	7.50	30	✔**InterPharma**
51	AMLODIPINE			
	Tab 2.5 mg	1.72	100	✔**Apo-Amlodipine**
	Tab 5 mg	3.33	250	✔**Apo-Amlodipine**
	Tab 10 mg	4.40	250	✔**Apo-Amlodipine**
151	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA1150 – Retail pharmacy			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab sustained-release 20 mg	50.00	100	✔**Ritalin SR**
163	DOCETAXEL – PCT only – Specialist			
	Inj 10 mg per ml, 2 ml vial	12.40	1	✔**DBL Docetaxel**

S29 Unapproved medicine supplied under Section 29
Sole Subsidised Supply

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

Items to be Delisted – effective 1 June 2021 (continued)

172 LAPATINIB DITOSYLATE – Special Authority see SA1191 – Retail pharmacy

Tab 250 mg	1,899.00	70	✔**Tykerb**

238 MONTELUKAST

✻ Tab 10 mg	3.95	28	✔**Montelukast Mylan**

Note – this delist applies to Pharmacode 2593491.

265 AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]

Infant formula	174.72	400 g OP	✔**PKU Anamix Infant**

Note – this delist applies to Pharmacode, 2339641.

Effective 1 August 2021

125 MAPROTILINE HYDROCHLORIDE

a) Safety medicine; prescriber may determine dispensing frequency

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

Tab 75 mg	14.01	20	✔**Ludiomil**
	21.01	30	✔**Ludiomil**

216 ORAL FEED (POWDER) – Special Authority see SA1859 – Hospital pharmacy [HP3]

Powder (vanilla) – Higher subsidy of up to $26.00 per 850 g

with Endorsement	8.54	857 g OP	✔**Fortisip**

Additional subsidy by endorsement is available for patients with fat malabsorption, fat intolerance or chyle leak. The prescription must be endorsed accordingly.

Effective 1 September 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.

✻ Oral liq 150 mg per 10 ml	5.14	300 ml	✔**Peptisoothe**

Effective 1 April 2022

186 BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist

Subsidised only for bladder cancer.

Inj 40 mg per ml, vial	176.90	3	✔**SII-Onco-BCG**

▲ 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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