

The logo for PHARMAC, featuring the word "PHARMAC" in a bold, sans-serif font above the Māori name "TE PĀTAKA WHAIORANGA" in a smaller, all-caps sans-serif font. The text is centered within a white circle. The background of the entire page is a complex, abstract pattern of white and grey lines that form a large, stylized 'P' shape, with a spiral-like pattern in the lower right quadrant.

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

**March 2021**

Cumulative for January, February and March 2021

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## Summary of PHARMAC decisions

EFFECTIVE 1 MARCH 2021

### **New listings (pages 24-26)**

- Omeprazole cap 10 mg (Omeprazole Actavis 10), cap 20 mg (Omeprazole Actavis 20) and cap 40 mg (Omeprazole Actavis 40)
- Warfarin sodium (Coumadin) tab 5 mg
- Aqueous cream (Topiderm) crm, 500 g
- Mifepristone (Mifegyne) tab 200 mg – up to 15 tab available on a PSO and only on a PSO
- Oestradiol (Estradiol TDP Mylan) patch 75 mcg per day – no more than 2 patch per week, only on a prescription, S29 and wastage claimable
- Phenoxyethylpenicillin (penicillin V) (Cilicaine VK) cap 500 mg – up to 20 cap available on a PSO and up to 2 x the maximum PSO quantity for RFPP
- Terbinafine (Deolate) tab 250 mg, 84 tab pack
- Primaquine (Sanofi Primaquine) tab 15 mg – Special Authority – Retail pharmacy, S29 and wastage claimable
- Nitrofurantoin (Macrobid) cap modified-release 100 mg – wastage claimable
- Oxycodone hydrochloride (Oxycodone Sandoz S29) tab controlled-release 5 mg – only on a controlled drug form, no patient co-payment payable, safety medicine; prescriber may determine dispensing frequency, S29 and wastage claimable
- Paroxetine (Paxtine) tab 20 mg
- Clozapine (Versacloz) suspension 50 mg per ml, 100 ml – Hospital pharmacy [HP4] and safety medicine; prescriber may determine dispensing frequency
- Pharmacy services (BSF Ambrisentan Mylan) brand switch fee – may only be claimed once per patient
- Ivacaftor (Kalydeco) tab 150 mg and oral granules 50 mg and 75 mg, sachet – PCT only – Specialist – Special Authority
- Diabetic enteral feed 1kcal/ml (Glucerna Select) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Fat modified feed (Monogen) powder, 400 g OP – Special Authority – Hospital pharmacy [HP3]
- Low calcium infant formula (Locasol) powder, 400 g OP – Special Authority – Hospital pharmacy [HP3]
- Influenza vaccine (Afluria Quad Junior (2021 Formulation)) inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – Xpharm and access criteria apply

## Summary of PHARMAC decisions – effective 1 March 2021 (continued)

- Influenza vaccine (Afluria Quad (2021 Formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – only on a prescription, no patient co-payment payable and access criteria apply
- Influenza vaccine (Fluad Quad (2021 Formulation)) inj 60 mcg in 0.5 ml syringe (adjuvanted quadrivalent vaccine) – only on a prescription, no patient co-payment payable and access criteria apply

### **Changes to restrictions (pages 31-37)**

- Empagliflozin (Jardiance) tab 10 mg and 25 mg – amended Special Authority criteria
  - Empagliflozin with metformin hydrochloride (Jardiamet) tab 5 mg with 500 mg and 1,000 mg metformin hydrochloride and tab 12.5 mg with 500 mg and 1,000 mg metformin hydrochloride – amended Special Authority criteria
  - Propranolol (Roxane-Propranolol) oral liq 4 mg per ml, 500 ml – amended brand name
  - Timolol (Apo-Timol) tab 10 mg – addition of Subsidy by endorsement
  - Ambrisentan (Ambrisentan Mylan) tab 5 mg and 10 mg – addition of brand switch fee
  - Isotretinoin (Oratane) cap 5 mg, 10 mg and 20 mg – amended Special Authority criteria
  - Acitretin (Novatrelin) cap 10 mg and 25 mg – amended Special Authority criteria
  - Bromocriptine mesylate (Apo-Bromocriptine) tab 2.5 mg – addition of Subsidy by endorsement
  - Moclobemide (Aurorix) tab 300 mg – reinstate stat dispensing
  - Multiple sclerosis treatment – amended Special Authority criteria
  - Dimethyl fumarate (Tecfidera) cap 120 mg and 240 mg – amended Special authority criteria and addition of note
  - Fingolimod (Gilenya) cap 0.5 mg – amended Special Authority criteria and addition of note
  - Natalizumab (Tysabri) inj 20 mg per ml, 15 ml vial – amended Special Authority criteria and addition of note
  - Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial – amended Special Authority criteria and addition of note
  - Teriflunomide (Aubagio) tab 14 mg – amended Special Authority criteria and addition of note
  - Glatiramer acetate (Copaxone) inj 40 mg prefilled syringe – amended Special Authority criteria and addition of note
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## Summary of PHARMAC decisions – effective 1 March 2021 (continued)

- Interferon beta-1-alpha inj 6 million iu prefilled syringe (Avonex) and injection 6 million iu per 0.5 ml pen injector (Avonex Pen) – amended Special Authority criteria and addition of note
- Interferon beta-1-beta (Betaferon) inj 8 million iu per 1 ml – amended Special Authority criteria and addition of note
- Atomoxetine (Generic Partners) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg – brand switch fee removed
- Rituximab inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Riximyo) and inj 1 mg for ECP (Baxter (Riximyo)) – amended Special Authority criteria

### Increased subsidy (page 56)

- Glycopyrronium bromide (Max Health) inj 200 mcg per ml, 1 ml ampoule
- Glyceryl trinitrate (Nitrolingual Pump Spray) oral pump spray, 400 mcg per dose, 250 dose OP
- Clotrimazole (Clomazol) crm 1%, 20 g OP

### Increased price but not subsidy (page 56)

- Sodium alginate (Acidex) oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml, 500 ml

### Decreased subsidy (page 56)

- Teriflunomide (Aubagio) tab 14 mg

## Update News

### We're not printing the Schedule anymore

PHARMAC has printed and posted copies of the Pharmaceutical Schedule and Updates to most community pharmacies, some hospital pharmacies, and several other health sector organisations for many years. From May\*, all updates and new Schedule editions will only be available online at **pharmac.govt.nz**



We surveyed users in early 2020 before making any decisions, and announced in October 2020 that the Schedule was moving online-only this year. Over the past few months, we've been making improvements as suggested by pharmacists and clinicians across the country.

There is now a 'look-up' function in the search bar (start typing, and after three letters suggestions will pop up). You can also search on just four letters, so you don't have to spell out the whole medicine name. There's even a link on every medicine listing that'll take you to the listing in the PDF version.

Find the online Schedule at **pharmac.govt.nz/schedule**

For more information about the printed Schedule, visit **pharmac.govt.nz/movingonline**

\* The final printed issue of the HML (Section H) is the March edition. The final printed issue of the Community Pharmaceutical Schedule is the April edition. No more Updates will be printed and posted after these dates.



# Tender News

## Sole Subsidised Supply changes – effective 1 April 2021

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Anastrozole	Tab 1 mg; 30 tab	Anatrole (Mylan)
Bicalutamide	Tab 50 mg; 28 tab	Binarex (Rex Medical)
Bisoprolol fumarate	Tab 2.5 mg; 90 tab	Bisoprolol Mylan (Mylan)
Bisoprolol fumarate	Tab 5 mg; 90 tab	Bisoprolol Mylan (Mylan)
Bisoprolol fumarate	Tab 10 mg; 90 tab	Bisoprolol Mylan (Mylan)
Capsaicin	Crn 0.025%; 45 g OP	Zostrix (AFT)
Capsaicin	Crn 0.075%; 45 g OP	Zostrix HP (AFT)
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs; 168 tab	Ginet (Rex Medical)
Darunavir	Tab 400 mg; 60 tab	Darunavir Mylan (Mylan)
Darunavir	Tab 600 mg; 60 tab	Darunavir Mylan (Mylan)
Finasteride	Tab 5 mg; 100 tab	Ricit (Rex Medical)
Ipratropium bromide	Aqueous nasal spray, 0.03%; 15 ml OP	Univent (Rex Medical)
Pravastatin	Tab 20 mg; 30 tab	Pravastatin Mylan (Mylan)
Pravastatin	Tab 40 mg; 30 tab	Pravastatin Mylan (Mylan)

## Looking Forward

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

### Decisions for implementation 1 April 2021

- Pharmacy services (BSF Darunavir Mylan) brand switch fee – new listing
- Pharmacy services (BSF Bisoprolol Mylan) brand switch fee – new listing

### Possible decisions for future implementation 1 April 2021

- Various supplements for inborn errors of metabolism (Coenzyme Q10, levocarnitine, riboflavin, arginine and taurine) – new listings with Special Authority

## Sole Subsidised Supply Products – cumulative to March 2021

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
<b>Ambrisentan</b>	<b>Tab 5 mg &amp; 10 mg</b>	<b>Ambrisentan Mylan</b>	<b>2023</b>
Amiodarone hydrochloride	inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2022
Amisulpride	Tab 100 mg, 200 mg & 400 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	Crn	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 March 2021

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	Crn & oint 0.05%, 50 g OP	Diprosone	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 Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2021
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
<b>Bupropion hydrochloride</b>	<b>Tab modified-release 150 mg</b>	<b>Zyban</b>	<b>2023</b>

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Caffeine citrate	Oral liq 20 mg per ml (10 mg base per ml), 25 ml OP	Biomed	2022
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous Cream BP	2021
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2022
Calcium folinate	Inj 10 mg per ml, 5 ml vial	Calcium Folate Sandoz	2022
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021
Capecitabine	Tab 150 mg & 500 mg	Capercit	2022
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy-Cefaclor	2022
Cefalexin	Cap 250 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin ABM Cefalexin Sandoz	2022 2021
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	Crn BP, 500 g	healthE	2021
Cetomacrogol with glycerol	Crn 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	Devatis 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 0.5 mg, 2.5 mg & 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	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022

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## Sole Subsidised Supply Products – cumulative to March 2021

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
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2023
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	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021
Desferrioxamine mesilate	Inj 500 mg vial	DBL Desferrioxamine Mesylate for Injection BP	2021
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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## Sole Subsidised Supply Products – cumulative to March 2021

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	Crn 5% pump bottle, 500 ml OP	healthE Dimethicone 5%	2022
	Lotn 4%, 200 ml OP	healthE Dimethicone 4%	2021
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	
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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## Sole Subsidised Supply Products – cumulative to March 2021

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
<b>Emulsifying ointment</b>	<b>Oint BP</b>	<b>Emulsifying Ointment ADE</b>	<b>2023</b>
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
Ethinylestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylestradiol and norethisterone	Tab 35 mcg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	2022
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
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

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2021
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2022
Flucloxacillin	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	Crn 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

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 0.5 ml syringe	Havrix Havrix Junior	2024
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)	2022
		Douglas	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	2021
		Locoid	
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
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2023
Hyoscine butylbromide	Tab 10 mg	Buscopan	2023
	Inj 20 mg, 1 ml		
Ibuprofen	Tab 200 mg	Relieve	2024
	Tab long-acting 800 mg	Brufen SR	2021
	Oral liq 20 mg per ml, 200 ml bottle	Ethics	
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	Choice TT380 Short	2022
	IUD 33.6 mm length x 29.9 mm width	Choice TT380 Standard Choice Load 375	
	IUD 35.5 mm length x 19.6 mm width		
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	ISMO 20	2023
	Tab long-acting 40 mg	ISMO 40 Retard	
	Tab long-acting 60 mg	Duride	
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2023

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Itraconazole	Cap 100 mg	Itrazole	2022
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2023
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
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 long-acting 200 mg with carbidopa 50 mg Tab 100 mg with carbidopa 25 mg & 250 mg with carbidopa 25 mg	Sinemet CR 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	Instillagel Lido	2022
Lidocaine [lignocaine] hydrochloride	Inj 2%, 5 ml ampoule Inj 1% & 2%, 20 ml vial	Lidocaine-Clarix Lidocaine-Clarix	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	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2023
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

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 2%, 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2023
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2022
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2021
Morphine sulphate	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
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2023
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 crn 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2023
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg Tab 2 mg	Ovestin Ovestin	2023
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Oil in water emulsion	Crn	O/W Fatty Emulsion Cream	2021
Olanzapine	Orodispersible tab 5 mg & 10 mg	Zypine ODT	2023
	Tab 2.5 mg, 5 mg and 10 mg Inj 210 mg, 300 mg & 405 mg vial	Zypine Zyprexa Relprevv	2021
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2022
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 Oral liq 250 mg per 5 ml	Paracare Paracare Double Strength	2023
	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	Crn 5%, 30 g OP	Lyderm A-Scabies	2023
	Lotn 5%, 30 ml OP		
Pethidine hydrochloride	Tab 50 mg	PSM	2021
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Phenoxyethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2022
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	2021
<b>Pimecrolimus</b>	<b>Crn 1%, 15 g OP</b>	<b>Elidel</b>	<b>2023</b>
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2021
Pine tar with troamine laurilsulfate and fluorescein	Soln 2.3% with troamine laurilsulfate and fluorescein sodium	Pinetarsol	2023
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	Betadine	2023
	Antiseptic soln 10%, 15 ml & 500 ml	Riodine	2021
	Antiseptic soln 10%, 100 ml		2022
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2022
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Pregabalin	Cap 25 mg, 75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Prochlorperazine	Tab 5 mg	Nausafix	2023
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2021
	Oral liq 1 mg per 1 ml		
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
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	Arrow-Quinapril 5	2021
	Tab 10 mg	Arrow-Quinapril 10	
	Tab 20 mg	Arrow-Quinapril 20	

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2021
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2023
<b>Rifaximin</b>	<b>Tab 550 mg</b>	<b>Xifaxan</b>	<b>2023</b>
Riluzole	Tab 50 mg	Rilutek	2021
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2022
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg	Risperidone	2023
	Oral liq 1 mg per ml	Risperon	
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	Ventolin	2021
	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule	Asthalin	
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule		
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
Sertraline	Tab 50 mg & 100 mg	Setrona	2022
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2021
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	Fresenius Kabi	2022
	Nebuliser soln, 7%, 90 ml OP	Biomed	
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

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium fusidate [fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2021
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sotalol	Tab 80 mg & 160 mg	Mylan	2022
Spironolactone	Oral liq 5 mg per ml, 25 ml OP	Biomed	2022
Sulfasalazine	Tab EC 500 mg	Salazopyrin EN	2022
Sumatriptan	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	Tilocolil	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	Mercury Pharma	2022
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetoneide	Paste 0.1%, 5 g OP Crn & oint 0.02%, 100 g OP	Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	2021

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## Sole Subsidised Supply Products – cumulative to March 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	2021
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2022
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2021
Zoledronic acid	Inj 0.05 mg per ml, 100 ml, vial, 100 ml OP Inj 4 mg per 5 ml, vial	Aclasta Zoledronic acid Mylan	2022 2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

**March changes are in bold type**

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Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 March 2021

9	OMEPRAZOLE For omeprazole suspension refer Standard Formulae			
	* Cap 10 mg .....	1.94	90	✓ Omeprazole actavis 10
	* Cap 20 mg .....	1.86	90	✓ Omeprazole actavis 20
	* Cap 40 mg .....	3.11	90	✓ Omeprazole actavis 40
	Note – these are new Pharmacode listings.			
43	WARFARIN SODIUM Note: Marevan and Coumadin are not interchangeable.			
	* Tab 5 mg.....	5.93	50	✓ Coumadin
	Note – this is a new Pharmacode listing, 2586983.			
64	AQUEOUS CREAM			
	* Crm.....	5.75	500 g	✓ Topiderm
76	MIFEPRISTONE Subsidised on a PSO only if from a Family Planning New Zealand Clinic or an abortion service provider with a DHB contract and the PSO is endorsed with the name of the institution for which the PSO is required.			
	Tab 200 mg.....	60.00	1	✓ Mifegyne
	a) Up to 15 tab available on a PSO			
	b) Only on a PSO			
80	OESTRADIOL – See prescribing guideline			
	Patch 75 mcg per day.....	10.60	8	✓ Estradiol TDP Mylan S29
	a) No more than 2 patch per week			
	b) Only on a prescription			
	c) Wastage claimable			
92	PHENOXYMETHYLPENICILLIN (PENICILLIN V)			
	Cap 500 mg .....	4.26	50	✓ Cilicaine VK
	a) Up to 20 cap available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RFPP			
	Note – this is a new Pharmacode listing, 2602873.			
96	TERBINAFINE			
	* Tab 250 mg.....	8.15	84	✓ Deolate
	Note – this is a new pack size listing.			
97	PRIMAQUINE – Special Authority see SA1684 – Retail pharmacy			
	Tab 15 mg.....	400.00	100	✓ Sanofi Primaquine S29
	Wastage claimable			
108	NITROFURANTOIN			
	* Cap modified-release 100 mg – wastage claimable .....	86.40	100	✓ Macrobid



Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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## New Listings – effective 1 March 2021 (continued)

123	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 5 mg..... 3.01	28	✓ Oxycodone Sandoz \$29 <del>\$29</del>
	Wastage claimable		
125	PAROXETINE * Tab 20 mg..... 1.20	30	✓ Paxtine
131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency Suspension 50 mg per ml..... 67.62	100 ml	✓ Versacloz
234	IVACAFTOR – PCT only – Specialist – Special Authority see SA2017 Tab 150 mg..... 29,386.00 Oral granules 50 mg, sachet ..... 29,386.00 Oral granules 75 mg, sachet ..... 29,386.00	56 56 56	✓ Kalydeco ✓ Kalydeco ✓ Kalydeco
	▶ SA2017 Special Authority for Subsidy Initial application only from a respiratory specialist or paediatrician. Approvals valid without renewal unless notified for applications meeting the following criteria: All of the following: 1 Patient has been diagnosed with cystic fibrosis; and 2 Either: 2.1 Patient must have G551D mutation in the cystic fibrosis transmembrane conductance regulator (CFTR) gene on at least 1 allele; or 2.2 Patient must have other gating (class III) mutation (G1244E, G1349D, G178R, G551S, S1251N, S1255P, S549N and S549R) in the CFTR gene on at least 1 allele; and 3 Patients must have a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and 4 Treatment with ivacaftor must be given concomitantly with standard therapy for this condition; and 5 Patient must not have an acute upper or lower respiratory infection, pulmonary exacerbation, or changes in therapy (including antibiotics) for pulmonary disease in the last 4 weeks prior to commencing treatment with ivacaftor; and 6 The dose of ivacaftor will not exceed one tablet or one sachet twice daily; and 7 Applicant has experience and expertise in the management of cystic fibrosis.		
241	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... 4.50	1 fee	✓ BSF Ambrisentan Mylan
	a) The Pharmacode for BSF Ambrisentan Mylan is 2605309.		
249	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid..... 3.75	500 ml OP	✓ Glucerna Select
249	FAT MODIFIED FEED – Special Authority see SA1525 – Hospital pharmacy [HP3] Powder..... 60.48	400 g OP	✓ Monogen
	Note – this is a new Pharmacode listing, 2601443.		

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

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

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✓ fully subsidised

## New Listings – effective 1 March 2021 (continued)

262	LOW CALCIUM INFANT FORMULA – Special Authority see SA1110 – Hospital pharmacy [HP3] Powder..... 44.40 400 g OP ✓ <b>Locasol</b> Note – this is a new Pharmacode listing, 2601451.
270	INFLUENZA VACCINE Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – [Xpharm] ..... 9.00 1 ✓ <b>Afluria Quad Junior (2021 Formulation)</b>  a) Access criteria apply Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) ..... 90.00 10 ✓ <b>Afluria Quad (2021 Formulation)</b>  a) Only on a prescription b) No patient co-payment payable c) Access criteria apply Inj 60 mcg in 0.5 ml syringe (adjuvanted quadrivalent vaccine) ..... 90.00 10 ✓ <b>Fluad Quad (2021 Formulation)</b>  a) Only on a prescription b) No patient co-payment payable c) A) INFLUENZA VACCINE – people 65 years and over is available each year for patients aged 65 years and over. B) Contractors will be entitled to claim payment from the Funder for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with their DHB for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule. C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

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## New Listings – effective 1 February 2021

11	<p>EMPAGLIFLOZIN – Special Authority see SA2014 – Retail pharmacy</p> <p>* Tab 10 mg ..... 58.56      30      ✓ <b>Jardiance</b></p> <p>* Tab 25 mg ..... 58.56      30      ✓ <b>Jardiance</b></p> <p>▶ SA2014 Special Authority for Subsidy</p> <p>Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>All of the following:</p> <p>1 Patient has type 2 diabetes; and</p> <p>2 Any of the following:</p> <p>2.1 Patient is Māori or any Pacific ethnicity; or</p> <p>2.2 Patient has pre-existing cardiovascular disease or risk equivalent*; or</p> <p>2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator; or</p> <p>2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult; or</p> <p>2.5 Patient has diabetic kidney disease**; and</p> <p>3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months; and</p> <p>4 Treatment will not be used in combination with a funded GLP-1 agonist</p> <p>Note: Criteria 2.1 – 2.5 describe patients at high risk of cardiovascular or renal complications of diabetes</p> <p>* Defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.</p> <p>** Defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m<sup>2</sup> in the presence of diabetes, without alternative cause.</p>		
11	<p>EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE – Special Authority see SA2015 – Retail pharmacy</p> <p>* Tab 5 mg with 500 mg metformin hydrochloride ..... 58.56      60      ✓ <b>Jardiamet</b></p> <p>* Tab 5 mg with 1,000 mg metformin hydrochloride ..... 58.56      60      ✓ <b>Jardiamet</b></p> <p>* Tab 12.5 mg with 500 mg metformin hydrochloride ..... 58.56      60      ✓ <b>Jardiamet</b></p> <p>* Tab 12.5 mg with 1,000 mg metformin hydrochloride ..... 58.56      60      ✓ <b>Jardiamet</b></p> <p>▶ SA2015 Special Authority for Subsidy</p> <p>Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>All of the following:</p> <p>1 Patient has type 2 diabetes; and</p> <p>2 Any of the following:</p> <p>2.1 Patient is Māori or any Pacific ethnicity; or</p> <p>2.2 Patient has pre-existing cardiovascular disease or risk equivalent*; or</p> <p>2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator; or</p> <p>2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult; or</p> <p>2.5 Patient has diabetic kidney disease**; and</p> <p>3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months; and</p> <p>4 Treatment will not be used in combination with a funded GLP-1 agonist</p>		

*continued...*

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

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

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## New Listings – effective 1 February 2021 (continued)

continued...

Note: Criteria 2.1 – 2.5 describe patients at high risk of cardiovascular or renal complications of diabetes

\* Defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.

\*\* Defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m<sup>2</sup> in the presence of diabetes, without alternative cause.

35	MAGNESIUM SULPHATE * Inj 2 mmol per ml, 5 ml ampoule.....	25.53	10	✓Martindale
46	CAPTOPRIL * Oral liq 5 mg per ml .....	135.00	100 ml OP	✓Captopril-Mylan <b>S29</b>
	Oral liquid restricted to children under 12 years of age.			
46	PERINDOPRIL Tab 2 mg.....	4.95	30	✓Coversyl
	Tab 4 mg.....	6.30	30	✓Coversyl
64	AQUEOUS CREAM * Crm.....	1.92	500 g	✓Basic AquaCream
91	AMOXICILLIN WITH CLAVULANIC ACID Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO.....	0.89	10	✓Curam Duo 500/125
147	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule .....	2.98	10	✓Mylan Midazolam
177	ETANERCEPT – Special Authority see SA1974 – Retail pharmacy Inj 25 mg autoinjector.....	690.00	4	✓Enbrel
239	HYPROMELLOSE * Eye drops 0.5% .....	2.00 (3.92)	15 ml OP	Methopt
	Note – this is a new Pharmacode listing, 2603608.			
241	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓BSF Hydroxycarbamide Devatis
	a) The Pharmacode for BSF Hydroxycarbamide Devatis is 2603187.			
250	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1099 – Hospital pharmacy [HP3] Powder.....	54.00	400 g OP	✓Kindergen

## Effective 8 January 2021

175	BICALUTAMIDE Tab 50 mg.....	1.36	10	✓Calutide-50 <b>S29</b>
	Wastage claimable			

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## New Listings – effective 1 January 2021

7	MESALAZINE Modified release granules, 1 g .....	118.10	100 OP	✓ Pentasa
	Note – this is a new pack size listing.			
9	FAMOTIDINE – Only on a prescription Inj 10 mg per ml, 4 ml .....	57.02	10	✓ Mylan <b>\$29</b>
	a) Wastage claimable			
	b) Subsidy by endorsement – Subsidised for patients receiving treatment as part of palliative care.			
32	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO .....	1.89	3	✓ Vita-B12
33	MULTIVITAMINS – Special Authority see SA1036 – Retail pharmacy * Powder .....	72.00	200 g OP	✓ Paediatric Seravit
	Note – this is a new Pharmacode listing, 2601435.			
51	NIFEDIPINE * Tab long-acting 10 mg .....	18.80	56	✓ Tensipine MR10 <b>\$29</b>
	Wastage claimable			
	* Tab long-acting 30 mg .....	34.10	100	✓ Mylan <b>\$29</b>
	Wastage claimable			
	* Tab long-acting 60 mg .....	52.81	100	✓ Mylan <b>\$29</b>
	Wastage claimable			
86	DESMOPRESSIN Wafer 120 mcg .....	47.00	30	✓ Minirin Melt
147	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule .....	4.30	10	✓ Midazolam-Baxter
163	MITOMYCIN C – PCT only – Specialist Inj 20 mg vial .....	3,275.00	1	✓ Omegapharm <b>\$29</b>
169	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 100 mg .....	58.23	60	✓ Imatinib-Rex

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

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## New Listings – effective 1 January 2021 (continued)

237	KETOROLAC TROMETAMOL – Special Authority see SA1981 – Retail pharmacy Eye drops 0.5% .....	9.50	5 ml OP	✓ Acular
	<div style="border: 1px solid black; padding: 2px; display: inline-block;">▶ SA1981</div> Special Authority for Subsidy Initial application – (macular oedema) only from an ophthalmologist. Approvals valid for 3 months for applications meeting the following criteria: Either: 1 The patient has established post-operative or inflammatory (uveitic) cystoid macular oedema; or 2 Both: 2.1 The patient is at risk of postoperative macular oedema; and 2.2 The patient has had, or is scheduled to have imminent cataract surgery.			
237	NEPAFENAC Eye drops 0.3% .....	13.80	3 ml OP	✓ Ilevro
239	CYCLOPENTOLATE HYDROCHLORIDE * Eye drops 1%, single dose (preservative free) – only on a prescription .....	52.86	20 dose	✓ Minims Cyclopentolate

## Effective 14 December 2020

53	CHLORTALIDONE [CHLORTHALIDONE] Tab 25 mg..... Wastage claimable	3.90	30	✓ Igroton <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
125	TRANLYCYPROMINE SULPHATE Tab 10 mg..... Wastage claimable	45.88	100	✓ Parnate <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span> <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>

## Changes to Restrictions, Chemical Names and Presentations Effective 1 March 2021

11	EMPAGLIFLOZIN – Special Authority see <b>SA20192014</b> – Retail pharmacy (amended Special Authority criteria)			
	* Tab 10 mg.....	58.56	30	✓ <b>Jardiance</b>
	* Tab 25 mg.....	58.56	30	✓ <b>Jardiance</b>
	<p>▶ <b>SA2019 2014</b> Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> <li>1 Patient has type 2 diabetes; and</li> <li>2 Any of the following:               <ol style="list-style-type: none"> <li>2.1 Patient is Maaori or any Pacific ethnicity*; or</li> <li>2.2 Patient has pre-existing cardiovascular disease or risk equivalent (<b>see note a</b>)*; or</li> <li>2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or</li> <li>2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or</li> <li>2.5 Patient has diabetic kidney disease (<b>see note b</b>)*; and</li> </ol> </li> <li>3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months; and</li> <li>4 Treatment will not be used in combination with a funded GLP-1 agonist.</li> </ol> <p>Note: *Criteria intended to Criteria 2.1–2.5 describe patients at high risk of cardiovascular or renal complications of diabetes.</p> <ol style="list-style-type: none"> <li>a) <b>Pre-existing cardiovascular disease or risk equivalent</b> *Defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.</li> <li>b) <b>Diabetic kidney disease</b> **Defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m<sup>2</sup> in the presence of diabetes, without alternative cause.</li> </ol>			
12	EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE – Special Authority see <b>SA20202015</b> – Retail pharmacy (amended Special Authority criteria)			
	* Tab 5 mg with 1,000 mg metformin hydrochloride .....	58.56	60	✓ <b>Jardiamet</b>
	* Tab 5 mg with 500 mg metformin hydrochloride .....	58.56	60	✓ <b>Jardiamet</b>
	* Tab 12.5 mg with 1,000 mg metformin hydrochloride .....	58.56	60	✓ <b>Jardiamet</b>
	* Tab 12.5 mg with 500 mg metformin hydrochloride .....	58.56	60	✓ <b>Jardiamet</b>
	<p>▶ <b>SA2020 2015</b> Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following:</p> <ol style="list-style-type: none"> <li>1 Patient has type 2 diabetes; and</li> <li>2 Any of the following:               <ol style="list-style-type: none"> <li>2.1 Patient is Maaori or any Pacific ethnicity*; or</li> <li>2.2 Patient has pre-existing cardiovascular disease or risk equivalent (<b>see note a</b>)*; or</li> <li>2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or</li> <li>2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or</li> <li>2.5 Patient has diabetic kidney disease (<b>see note b</b>)*; and</li> </ol> </li> </ol>			

continued...

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

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

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## Changes to Restrictions – effective 1 March 2021 (continued)

continued...

3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months; and

4 Treatment will not be used in combination with a funded GLP-1 agonist.

Note: \*Criteria intended to Criteria 2.1—2.5 describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) **Pre-existing cardiovascular disease or risk equivalent** \*Defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- b) **Diabetic kidney disease** \*\*Defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m<sup>2</sup> in the presence of diabetes, without alternative cause.

50	PROPRANOLOL (amended brand name) * Oral liq 4 mg per ml – Special Authority see SA1327 – retail pharmacy..... CBS	500 ml	✓Roxane- <b>Propranolol</b> S29
50	TIMOLOL – <b>Subsidy by endorsement</b> (addition of Subsidy by endorsement) <b>Subsidy by endorsement – Subsidised for patients who were taking timolol prior to 1 March 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of timolol.</b> * Tab 10 mg..... 10.55	100	✓ <b>Apo-Timol</b>
56	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy (addition of brand switch fee) <b>a) Brand switch fee payable (Pharmacode 2605309)</b> Tab 5 mg..... 1,550.00 Tab 10 mg..... 1,550.00	30 30	✓ <b>Ambrisentan Mylan</b> ✓ <b>Ambrisentan Mylan</b>
60	ISOTRETINOIN – Special Authority see SA20231475 – Retail pharmacy (amended Special Authority criteria) Cap 5 mg ..... 8.14 Cap 10 mg ..... 13.34 Cap 20 mg ..... 20.49	60 120 120	✓ <b>Oratane</b> ✓ <b>Oratane</b> ✓ <b>Oratane</b>

► **SA2023 1475** Special Authority for Subsidy

Initial application – from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and

2 Applicant has an up to date knowledge of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and

3 Either:

3.1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or

3.2 Patient is male.

continued...



## Changes to Restrictions – effective 1 March 2021 (continued)

continued...

### 3 Either:

- 3.1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or**
- 3.2 Patient is not of child bearing potential.**

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

Renewal – from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- ~~1 Patient is female and has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or~~
- ~~2 Patient is male.~~

Either:

- 1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or**
- 2 Patient is not of child bearing potential.**

Note: Applicants are recommended to either have used or be familiar with using a decision support tool accredited by their professional body.

67	ACITRETIN – Special Authority see <b>SA2024 1476</b> – Retail pharmacy (amended Special Authority criteria)		
	Cap 10 mg .....	17.86	60 ✓ <b>Novatrein</b>
	Cap 25 mg .....	41.36	60 ✓ <b>Novatrein</b>

➔ **SA2024 1476** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Applicant is a vocationally registered dermatologist, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 2 Applicant has an up to date knowledge of the safety issues around acitretin and is competent to prescribe acitretin; and

~~3 Either:~~

- ~~3.1 Patient is female and has been counselled and understands the risk of teratogenicity if Acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or~~
- ~~3.2 Patient is male.~~

**3 Either:**

- 3.1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if Acitretin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or**
- 3.2 Patient is not of child bearing potential.**

continued...

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## Changes to Restrictions – effective 1 March 2021 (continued)

*continued...*

Renewal from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

1 Patient is female and has been counselled and understands the risk of teratogenicity if Acitretin is used during pregnancy and the applicant has ensured that the possibility of pregnancy has been excluded prior to the commencement of the treatment and that the patient is informed that she must not become pregnant during treatment and for a period of one month after the completion of the treatment; or

2 Patient is male.

Either:

1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if Acitretin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or

2 Patient is not of child bearing potential.

118 BROMOCRIPTINE MESYLATE – **Subsidy by endorsement** (addition of Subsidy by endorsement)  
**Subsidy by endorsement – Subsidised for patients who were taking bromocriptine mesylate prior to 1 March 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of bromocriptine mesylate.**

\* Tab 2.5 mg..... 32.08 100 ✓ **Apo-Bromocriptine**

125 MOCLOBEMIDE (reinstate stat dispensing)  
\* Tab 300 mg..... 9.80 60 ✓ **Aurorix**

134 Multiple Sclerosis Treatments (amended Special Authority criteria – new criteria shown)

► SA2026 Special Authority for Subsidy

**Initial application – (Multiple sclerosis) from a neurologist or general physician. Approvals valid for 12 months for applications meeting the following criteria:**

**All of the following:**

1 **Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and**

2 **Patients must have Clinically Definite Relapsing multiple sclerosis with or without underlying progression; and**

3 **Patients must have an EDSS score between 0 – 6.0; and**

4 **Patient has had at least 1 significant relapse of multiple sclerosis in the previous 12 months or 2 significant relapses in the past 24 months; and**

5 **All of the following:**

5.1 **Each significant relapse must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse, but the neurologist/physician must be satisfied that the clinical features were characteristic); and**

5.2 **Each significant relapse is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and**

5.3 **Each significant relapse has lasted at least one week and has started at least one month after the onset of a previous relapse; and**

5.4 **Each significant relapse can be distinguished from the effects of general fatigue; and is not associated with a fever (T > 37.5°C); and**

5.5 **Either:**

5.5.1 **Each significant relapse is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or**

5.5.2 **Each significant relapse is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and**

6 **Evidence of new inflammatory activity on an MR scan within the past 24 months; and**

*continued...*

## Changes to Restrictions – effective 1 March 2021 (continued)

continued...

### 7 Any of the following:

- 7.1 A sign of that new inflammatory activity is a gadolinium enhancing lesion; or
- 7.2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or
- 7.3 A sign of that new inflammatory is a T2 lesion with associated local swelling; or
- 7.4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse that occurred within the last 2 years; or
- 7.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MR scan.

**Note:** Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier. Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

**Renewal– (Multiple sclerosis) only from a neurologist or general physician. Approvals valid for 12 months where patient has had an EDSS score of 0 to 6.0 (inclusive) at any time in the last six months (i.e. the patient has walked 100 metres or more with or without aids in the last six months).**

**Note:** Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier. Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

- |     |   |          |    |             |
|-----|---|----------|----|-------------|
| 134 | DIMETHYL FUMARATE – Special Authority see <b>SA20261559</b> – Retail pharmacy (amended Special Authority criteria and addition of note) |          |    |             |
|     | a) Wastage claimable  |          |    |             |
|     | <b>b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.</b>                          |          |    |             |
|     | Cap 120 mg .....  | 520.00   | 14 | ✓ Tecfidera |
|     | Cap 240 mg .....  | 2,000.00 | 56 | ✓ Tecfidera |
|     | ➔ SA1559 – Special Authority for Subsidy  |          |    |             |
|     | Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.  |          |    |             |
| 136 | FINGOLIMOD – Special Authority see <b>SA20261562</b> – Retail pharmacy (amended Special Authority criteria and addition of note)        |          |    |             |
|     | a) Wastage claimable  |          |    |             |
|     | <b>b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.</b>                          |          |    |             |
|     | Cap 0.5 mg .....  | 2,200.00 | 28 | ✓ Gilenya   |
|     | ➔ SA1562 – Special Authority for Subsidy  |          |    |             |
|     | Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.  |          |    |             |
| 137 | NATALIZUMAB – Special Authority see <b>SA20261563</b> – Retail pharmacy (amended Special Authority criteria and addition of note)       |          |    |             |
|     | <b>Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.</b>                             |          |    |             |
|     | Inj 20 mg per ml, 15 ml vial .....  | 1,750.00 | 1  | ✓ Tysabri   |
|     | ➔ SA1563 – Special Authority for Subsidy  |          |    |             |
|     | Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.  |          |    |             |
| 139 | OCRELIZUMAB – Special Authority see <b>SA20261867</b> – Retail pharmacy (amended Special Authority criteria and addition of note)       |          |    |             |
|     | <b>Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.</b>                             |          |    |             |
|     | Inj 30 mg per ml, 10 ml vial .....  | 9,346.00 | 1  | ✓ Ocrevus   |
|     | ➔ SA1867 – Special Authority for Subsidy  |          |    |             |
|     | Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.  |          |    |             |

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

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

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Schedule page ref

Subsidy  
(Mnfr's price)  
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Brand or  
Generic Mnfr  
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## Changes to Restrictions – effective 1 March 2021 (continued)

- 140 TERIFLUNOMIDE – Special Authority see ~~SA20261560~~ – Retail pharmacy (amended Special Authority criteria and addition of note)  
a) Wastage claimable  
b) **Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.**  
Tab 14 mg..... 659.90 28 ✓ **Aubagio**  
~~SA1560~~ – Special Authority for Subsidy  
Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.
- 142 GLATIRAMER ACETATE – Special Authority see ~~SA20261808~~ – Retail pharmacy (amended Special Authority criteria and addition of note)  
**Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.**  
Inj 40 mg prefilled syringe..... 2,275.00 12 ✓ **Copaxone**  
~~SA1808~~ – Special Authority for Subsidy  
Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.
- 143 INTERFERON BETA-1-ALPHA – Special Authority see ~~SA20261809~~ – Retail pharmacy (amended Special Authority criteria and addition of note)  
**Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.**  
Inj 6 million iu prefilled syringe ..... 1,170.00 4 ✓ **Avonex**  
Injection 6 million iu per 0.5 ml pen injector ..... 1,170.00 4 ✓ **Avonex Pen**  
~~SA1809~~ – Special Authority for Subsidy  
Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.
- 145 INTERFERON BETA-1-BETA – Special Authority see ~~SA20261810~~ – Retail pharmacy (amended Special Authority criteria and addition of note)  
**Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.**  
Inj 8 million iu per 1 ml ..... 1,322.89 15 ✓ **Betaferon**  
~~SA1810~~ – Special Authority for Subsidy  
Note – Special Authority criteria now applies under the Multiple Sclerosis Treatment subheading.
- 148 ATOMOXETINE – Brand switch fee payable (Pharmacode 2576996) (Brand switch fee removed)  
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**

## Changes to Restrictions – effective 1 March 2021 (continued)

208	RITUXIMAB (RIXIMYO) – PCT only – Specialist – Special Authority see <b>SA2028</b> <del>1937</del> (amended Special Authority criteria – new criteria shown only)			
	Inj 100 mg per 10 ml vial .....	275.33	2	✓ Riximyo
	Inj 500 mg per 50 ml vial .....	688.20	1	✓ Riximyo
	Inj 1 mg for ECP .....	1.38	1 mg	✓ Baxter (Riximyo)

► **SA2028**~~1937~~ Special Authority for Subsidy

**Initial application – (Membranous nephropathy) only from a nephrologist or any relevant practitioner on the recommendation of a nephrologist. Approvals valid for 6 weeks for applications meeting the following criteria:**

**All of the following:**

**1 Either**

- 1.1 Patient has biopsy-proven primary/idiopathic membranous nephropathy\*; or
- 1.2 Patient has PLA2 antibodies with no evidence of secondary cause, and an eGFR of >60ml/min/1.73 m<sup>2</sup>; and

**2 Patient remains at high risk of progression to end-stage kidney disease despite more than 3 months of treatment with conservative measures (see Note); and**

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

**Renewal – (Membranous nephropathy) only from a nephrologist or any relevant practitioner on the recommendation of a nephrologist. Approvals valid for 6 weeks for applications meeting the following criteria:**

**All of the following:**

**1 Patient was previously treated with rituximab for membranous nephropathy\*; and**

**2 Either**

- 2.1 Treatment with rituximab was previously successful, but the condition has relapsed, and the patient now requires repeat treatment; or
- 2.2 Patient achieved partial response to treatment and requires repeat treatment (see Note); and

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

**Notes:**

- a) Indications marked with \* are unapproved indications.
- b) High risk of progression to end-stage kidney disease defined as >5g/day proteinuria.
- c) Conservative measures include renin-angiotensin system blockade, blood-pressure management, dietary sodium and protein restriction, treatment of dyslipidaemia, and anticoagulation agents unless contraindicated or the patient has experienced intolerable side effects.
- d) Partial response defined as a reduction of proteinuria of at least 50% from baseline, and between 0.3 grams and 3.5 grams per 24 hours.

▲ 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 February 2021

11 Oral Hypoglycaemic Agents (amended therapeutic name)  
**Blood Glucose Lowering Agents**

17 Insulin Pump Consumables (amended Special Authority criteria – affected criteria shown only)

► **SA1985 4906** Special Authority for Subsidy

Renewal — (permanent neonatal diabetes) **only from a relevant specialist or nurse practitioner from any relevant practitioner.** Approvals valid for 2 years for applications meeting the following criteria:

**Both All of the following:**

- 1 Patient is continuing to derive benefit according to the treatment plan agreed at induction; and
- 2 Patient remains fully compliant and transition to MDI is considered inappropriate by the treating physician; **and**

**3 Either:**

**3.1 Applicant is a relevant specialist; or**

**3.2 Applicant is a nurse practitioner working within their vocational scope.**

Renewal — (severe unexplained hypoglycaemia) **only from a relevant specialist or nurse practitioner from any relevant practitioner.** Approvals valid for 2 years for applications meeting the following criteria:

**Both All of the following:**

- 1 Patient is continuing to derive benefit according to the treatment plan agreed at induction of at least a 50% reduction from baseline in hypoglycaemic events; and
- 2 HbA1c has not increased by more than 5 mmol/mol from baseline, ~~according to the most recent result;~~ **and**

**3 Either:**

**3.1 Applicant is a relevant specialist; or**

**3.2 Applicant is a nurse practitioner working within their vocational scope.**

Renewal — (HbA1c) **only from a relevant specialist or nurse practitioner from any relevant practitioner.** Approvals valid for 2 years for applications meeting the following criteria:

**Both All of the following:**

- 1 Patient is continuing to derive benefit according to the treatment plan agreed at induction of achieving and maintaining a reduction in HbA1c from baseline of 10 mmol/mol, ~~according to the most recent result;~~ and
- 2 The number of severe unexplained recurrent hypoglycaemic episodes has not increased from baseline; **and**

**3 Either:**

**3.1 Applicant is a relevant specialist; or**

**3.2 Applicant is a nurse practitioner working within their vocational scope.**

Renewal — (Previous use before 1 September 2012) **only from a relevant specialist or nurse practitioner from any relevant practitioner.** Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 The patient is continuing to derive benefit according to the treatment plan and has maintained a HbA1c of equal to or less than 80 mmol/mol ~~according to a recent laboratory result;~~ and
- 2 The patient's HbA1c has not deteriorated more than 5 mmol/mol from initial application, ~~according to the most recent result;~~ and
- 3 The patient has not had an increase in severe unexplained hypoglycaemic episodes from baseline; **and**

**4 Either:**

**4.1 Applicant is a relevant specialist; or**

**4.2 Applicant is a nurse practitioner working within their vocational scope.**

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## Changes to Restrictions – effective 1 February 2021 (continued)

- 24 INSULIN PUMP RESERVOIR – Special Authority see SA1906 – Retail pharmacy (amended brand name)
- Maximum of 3 sets per prescription
  - Only on a prescription
  - Maximum of 13 packs of reservoir sets will be funded per year.
- Cartridge for 5 and 7 series pump; 1.8 ml × 10 ..... 50.00      1 OP      ✓ Paradigm 1.8 Reservoir  
MiniMed 1.8 Reservoir  
MMT-326A
- Cartridge for 7 series pump; 3.0 ml × 10 ..... 50.00      1 OP      ✓ Paradigm 3.0 Reservoir  
MiniMed 3.0 Reservoir  
MMT-332A
- 28 ALGLUCOSIDASE ALFA – Special Authority see ~~SA1986+920~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- Inj 50 mg vial ..... 1,142.60      1      ✓ Myozyme
- ▶ ~~SA1986+920~~ Special Authority for Subsidy  
Renewal **only** from ~~any relevant practitioner~~ a **metabolic physician**. Approvals valid for 12 months for applications meeting the following criteria:  
All of the following:
- The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
  - Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks; and
  - Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
  - Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT; and
  - Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
  - There is no evidence of life threatening progression of respiratory disease as evidenced by the need for >14 days of invasive ventilation; and
  - There is no evidence of new or progressive cardiomyopathy.
- 29 BETAINE – Special Authority see ~~SA1987+924~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- Powder for oral soln ..... 575.00      180 g OP      ✓ Cystadane
- ▶ ~~SA1987+924~~ Special Authority for Subsidy  
Renewal **only** from ~~any relevant practitioner~~ a **metabolic physician**. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.
- 29 GALSULFASE – Special Authority see ~~SA1988+922~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- Inj 1 mg per ml, 5 ml vial ..... 2,234.00      1      ✓ Naglazyme
- ▶ ~~SA1988+922~~ Special Authority for Subsidy  
Renewal **only** from ~~any relevant practitioner~~ a **metabolic physician**. Approvals valid for 12 months for applications meeting the following criteria:  
All of the following:
- The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
  - Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
  - Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and
  - Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.

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

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

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(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
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## Changes to Restrictions – effective 1 February 2021 (continued)

- 30 SAPROPTERIN DIHYDROCHLORIDE – Special Authority see **SA1989+923** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- |                         |          |       |                |
|-------------------------|----------|-------|----------------|
| Tab soluble 100 mg..... | 1,452.70 | 30 OP | ✓ <b>Kuvan</b> |
|-------------------------|----------|-------|----------------|
- **SA1989 +923** Special Authority for Subsidy  
Renewal **only** from a **metabolic physician** or any relevant practitioner **on the recommendation of a metabolic physician**. Approvals valid for 12 months for applications meeting the following criteria:  
All of the following:
- 1 Either:
    - 1.1 Following the initial one-month approval, the patient has demonstrated an adequate response to a 2 to 4 week trial of sapropterin with a clinically appropriate reduction in phenylalanine levels to support management of PKU during pregnancy; or
    - 1.2 On subsequent renewal applications, the patient has previously demonstrated response to treatment with sapropterin and maintained adequate phenylalanine levels to support management of PKU during pregnancy; and
  - 2 Any of the following:
    - 2.1 Patient continues to be pregnant and treatment with sapropterin will not continue after delivery; or
    - 2.2 Patient is actively planning a pregnancy and this is the first renewal for treatment with sapropterin; or
    - 2.3 Treatment with sapropterin is required for a second or subsequent pregnancy to support management of their PKU during pregnancy; and
  - 3 Sapropterin to be administered at doses no greater than a total daily dose of 20 mg/kg; and
  - 4 Sapropterin to be used alone or in combination with PKU dietary management; and
  - 5 Total treatment duration with sapropterin will not exceed 22 months for each pregnancy (includes time for planning and becoming pregnant) and treatment will be stopped after delivery.
- 31 SODIUM PHENYLBUTYRATE – Special Authority see **SA1990+924** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- |                         |          |          |                    |
|-------------------------|----------|----------|--------------------|
| Grans 483 mg per g..... | 2,106.00 | 174 g OP | ✓ <b>Pheburane</b> |
|-------------------------|----------|----------|--------------------|
- **SA1990 +924** Special Authority for Subsidy  
Renewal **only** from any relevant practitioner a **metabolic physician**. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.
- 57 BOSENTAN – Special Authority see **SA1991+908** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- |                  |        |    |                              |
|------------------|--------|----|------------------------------|
| Tab 62.5 mg..... | 141.00 | 60 | ✓ <b>Bosentan Dr Reddy's</b> |
| Tab 125 mg.....  | 141.00 | 60 | ✓ <b>Bosentan Dr Reddy's</b> |
- **SA1991 +908** Special Authority for Subsidy  
Renewal from any relevant practitioner **only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist**. Approvals valid for 2 years for applications meeting the following criteria:  
Any of the following:
- 1 Both:
    - 1.1 Bosentan is to be used as PAH monotherapy; and
    - 1.2 Patient is stable or has improved while on bosentan; or
  - 2 Both:
    - 2.1 Bosentan is to be used as PAH dual therapy; and
    - 2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or
  - 3 Both:
    - 3.1 Bosentan is to be used as PAH triple therapy; and
    - 3.2 Any of the following:

continued...



## Changes to Restrictions – effective 1 February 2021 (continued)

continued...

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

58 SILDENAFIL – Special Authority see **SA1992+999** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

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

► **SA1992 +999** Special Authority for Subsidy

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

All of the following:

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

Note: Indications marked with \* are unapproved indications.

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

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

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Brand or  
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## Changes to Restrictions – effective 1 February 2021 (continued)

- 100 VALGANCICLOVIR – Special Authority see **SA1993+404** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- |                 |        |    |                               |
|-----------------|--------|----|-------------------------------|
| Tab 450 mg..... | 225.00 | 60 | ✓ <b>Valganciclovir Mylan</b> |
|-----------------|--------|----|-------------------------------|
- ➔ **SA1993 +404** Special Authority for Subsidy
- Initial application — (Lung transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for **6 12** months for applications meeting the following criteria:
- Both All of the following:**
- 1 Patient has undergone a lung transplant; and
  - 2 Either:
    - 2.1 The donor was cytomegalovirus positive and the patient is cytomegalovirus negative; or
    - 2.2 The recipient is cytomegalovirus positive; **and**
- 3 Patient has a high risk of CMV disease.**
- Initial application — (transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 3 months where the patient has undergone a solid organ transplant and requires valganciclovir for CMV prophylaxis.
- Renewal — (transplant cytomegalovirus prophylaxis) only from a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:
- Either:**
- 1 Both:
    - 1.1 † Patient has undergone a solid organ transplant and received anti-thymocyte globulin and requires valganciclovir therapy for CMV prophylaxis; and
    - 1.2 ‡ Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following anti-thymocyte globulin; **or**
  - 2 Both:
    - 2.1 **Patient has received pulse methylprednisolone for acute rejection and requires further valganciclovir therapy for CMV prophylaxis; and**
    - 2.2 **Patient is to receive a maximum of 90 days of valganciclovir prophylaxis following pulse methylprednisolone.**
- 103 EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see **SA1994+904** (amended Special Authority criteria)
- Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.
- Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website.
- |  |       |    |               |
|--|-------|----|---------------|
| Tab 200 mg with tenofovir disoproxil 245 mg<br>(300.6 mg as a succinate) ..... | 61.15 | 30 | ✓ <b>Teva</b> |
|--|-------|----|---------------|
- ➔ **SA1994 +904** Special Authority for Subsidy
- Initial application from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:
- All of the following:
- 1 Applicant has an up to date knowledge of the safety issues and is competent to prescribe pre-exposure prophylaxis (refer to local health pathways or <https://ashm.org.au/HIV/PrEP/> for training materials); and
  - 2 Patient has undergone testing for HIV, syphilis and Hep B if not immune **and a full STI screen** in the previous two weeks; and
  - 3 Patient has had renal function testing (creatinine, phosphate and urine protein/creatinine ratio) within the last 3 months and is not contraindicated for treatment; and

*continued...*

## Changes to Restrictions – effective 1 February 2021 (continued)

*continued...*

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

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

All of the following:

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

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

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

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Brand or  
Generic Mnfr  
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## Changes to Restrictions – effective 1 February 2021 (continued)

- 106 PEGYLATED INTERFERON ALFA-2A – Special Authority see **SA1995+972** – Retail pharmacy (amended Special Authority criteria – affected 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**
- **SA1995+972** 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.
- 116 FEBUXOSTAT – Special Authority see **SA1996+934** – Retail pharmacy (amended Special Authority criteria – new criteria shown only)
- Tab 80 mg..... 39.50 28 ✓ **Adenuric**
- Tab 120 mg..... 39.50 28 ✓ **Adenuric**
- **SA1996+934** Special Authority for Subsidy  
Initial application – (Tumour lysis syndrome) only from a haematologist or oncologist. Approvals valid for 6 weeks for applications meeting the following criteria:
- Both:
- 1 Patient is scheduled to receive cancer therapy carrying an intermediate or high risk of tumour lysis syndrome; and
  - 2 Patient has a documented history of allopurinol intolerance.
- Renewal – (Tumour lysis syndrome) only from a haematologist or oncologist. Approvals valid for 6 weeks where the treatment remains appropriate and the patient is benefitting from treatment.
- 129 VIGABATRIN – Special Authority see **SA1997+907** – Retail pharmacy (amended Special Authority criteria)
- ▲ Tab 500 mg..... 119.30 100 ✓ **Sabril**
- **SA1997+907** Special Authority for Subsidy  
Initial application from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:
- Both:
- 1 Either:
    - 1.1 Patient has infantile spasms; or
    - 1.2 Both:
      - 1.2.1 Patient has epilepsy; and
      - 1.2.2 Either:
        - 1.2.2.1 Seizures are not adequately controlled with optimal treatment with other antiepilepsy agents; or
        - 1.2.2.2 Seizures are controlled adequately but the patient has experienced unacceptable side effects from optimal treatment with other antiepilepsy agents; and
  - 2 Either:
    - 2.1 Patient is, or will be, receiving regular automated visual field testing (ideally before starting therapy and on a 6-monthly basis thereafter); or
    - 2.2 It is impractical or impossible (due to comorbid conditions, or health system capacity constraints) to monitor the patient's visual fields.

continued...

## Changes to Restrictions – effective 1 February 2021 (continued)

continued...

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

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

Both:

- 1 The patient has demonstrated a significant and sustained improvement in seizure rate or severity and or quality of life; and
- 2 Either:
  - 2.1 Patient is receiving regular automated visual field testing (ideally every 6 months) on an ongoing basis for duration of treatment with vigabatrin; or
  - 2.2 It is impractical or impossible (due to comorbid conditions, ~~or health system capacity constraints~~) to monitor the patient's visual fields.

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

- 131 HYOSCINE HYDROBROMIDE (amended Special Authority criteria)  
Patch 1.5 mg – Special Authority see **SA1998+927**  
– Retail pharmacy ..... 14.11 2 ✓ **Scopoderm TTS**

▶ **SA1998 +927** Special Authority for Subsidy

Initial application (~~control of intractable nausea, vomiting, inability to swallow saliva or clozapine induced hypersalivation~~) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either:

- 1 Control of intractable nausea, vomiting, or inability to swallow saliva in the treatment of malignancy or chronic disease where the patient cannot tolerate or does not adequately respond to oral anti-nausea agents; or
- 2 Control of clozapine-induced hypersalivation where trials of at least two other alternative treatments have proven ineffective.

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

Initial application (~~pandemic circumstances – symptomatic relief of respiratory secretions in palliative care~~) from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

All of the following:

- 1 Requires palliative care in the community setting; and
- 2 Requires symptomatic relief of respiratory secretions that is not possible with 'as required subcutaneous hyoscine injections' due to COVID-19 constraints on the health sector; and
- 3 Access to a syringe driver for administration of injectable hyoscine is not possible due to COVID-19 constraints on the health sector.

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

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

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## Changes to Restrictions – effective 1 February 2021 (continued)

153	MODAFINIL – Special Authority see <b>SA1999+932</b> – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)			
	Tab 100 mg.....	32.00	30	✓ <b>Modavigil</b>
		64.00	60	✓ <b>Modavigil</b>
	<p>➤ <b>SA1999+932</b> Special Authority for Subsidy Initial application only from a neurologist or respiratory specialist. Approvals valid for 24 months for applications meeting the following criteria: All of the following:</p> <p>1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and</p> <p>2 <b>Either: Any of the following:</b></p> <p>2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or</p> <p>2.2 A multiple sleep latency test is not possible due to COVID-19 constraints on the health sector; or</p> <p>2.3 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and</p> <p>3 <b>Either:</b></p> <p>3.1 An effective dose of a subsidised formulation of methylphenidate or dexamfetamine has been trialed and discontinued because of intolerable side effects; or</p> <p>3.2 Methylphenidate and dexamfetamine are contraindicated.</p>			
162	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy-Specialist – <b>Brand switch fee payable (Pharmacode 2603187)</b> (addition of brand switch fee)			
	Cap 500 mg .....	23.82	100	✓ <b>Devatis</b>
170	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see <b>SA2000+915</b> (amended Special Authority criteria – affected criteria shown only)			
	Tab 100 mg.....	764.00	30	✓ <b>Tarceva</b>
	Tab 150 mg.....	1,146.00	30	✓ <b>Tarceva</b>
	<p>➤ <b>SA2000+915</b> Special Authority for Subsidy <del>Renewal – (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:</del> All of the following:</p> <p><del>1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and</del></p> <p><del>2 Erlotinib to be discontinued at progression; and</del></p> <p><del>3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.</del></p>			
171	GEFITINIB – Retail pharmacy-Specialist – Special Authority see <b>SA2001+916</b> (amended Special Authority criteria – affected criteria shown only)			
	Tab 250 mg.....	1,700.00	30	✓ <b>Iressa</b>
	<p>➤ <b>SA2001+916</b> Special Authority for Subsidy <del>Renewal – (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:</del> All of the following:</p> <p><del>1 The patient is clinically benefiting from treatment and continued treatment remains; and</del></p> <p><del>2 Gefitinib to be discontinued at progression; and</del></p> <p><del>3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.</del></p>			

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## Changes to Restrictions – effective 1 February 2021 (continued)

175	SUNITINIB – Special Authority see <b>SA2002</b> <del>1917</del> – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)			
	Cap 12.5 mg .....	2,315.38	28	✓ Sutent
	Cap 25 mg .....	4,630.77	28	✓ Sutent
	Cap 50 mg .....	9,261.54	28	✓ Sutent
	<p>➤ <b>SA2002</b> <del>1917</del> Special Authority for Subsidy            Renewal – (GIST pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:            All of the following:            1 The patient has unresectable or metastatic malignant gastrointestinal stromal tumour (GIST); and            2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and            3 Sunitinib is to be discontinued at progression; and            4 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.</p>			
176	ABIRATERONE ACETATE – Retail pharmacy-Specialist – Special Authority see <b>SA2003</b> <del>1914</del> (amended Special Authority criteria – affected criteria shown only)			
	Wastage claimable			
	Tab 250 mg.....	4,276.19	120	✓ Zytiga
	<p>➤ <b>SA2003</b> <del>1914</del> Special Authority for Subsidy            Renewal — (abiraterone acetate) only from a medical oncologist, radiation oncologist, urologist or medical practitioner on the recommendation of a medical oncologist, radiation oncologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:            All of the following:            1 <b>Significant decrease in serum PSA from baseline; and</b>            2 No evidence of clinical disease progression; and            3 No initiation of taxane chemotherapy with abiraterone; and            4 The treatment remains appropriate and the patient is benefiting from treatment.</p>			
178	OCTREOTIDE LAR (SOMATOSTATIN ANALOGUE) – Special Authority see <b>SA2004</b> <del>1918</del> – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)			
	Inj LAR 10 mg prefilled syringe .....	1,772.50	1	✓ Sandostatin LAR
	Inj LAR 20 mg prefilled syringe .....	2,358.75	1	✓ Sandostatin LAR
	Inj LAR 30 mg prefilled syringe .....	2,951.25	1	✓ Sandostatin LAR
	<p>➤ <b>SA2004</b> <del>1918</del> Special Authority for Subsidy            Renewal – (Acromegaly – pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:            All of the following:            1 Patient has acromegaly; and            2 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and            3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.</p>			

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

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

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## Changes to Restrictions – effective 1 February 2021 (continued)

227 SIROLIMUS – Special Authority see **SA20050866** – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

Tab 1 mg.....	749.99	100	✓Rapamune
Tab 2 mg.....	1,499.99	100	✓Rapamune
Oral liq 1 mg per ml.....	449.99	60 ml OP	✓Rapamune

► **SA2005 0866** Special Authority for Subsidy

**Initial application – (severe non-malignant lymphovascular malformations\*) from any relevant practitioner.**

**Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following:**

- 1 Patient has severe non-malignant lymphovascular malformation\*; and
- 2 Any of the following:
  - 2.1 Malformations are not adequately controlled by sclerotherapy and surgery; or
  - 2.2 Malformations are widespread/extensive and sclerotherapy and surgery are not considered clinically appropriate; or
  - 2.3 Sirolimus is to be used to reduce malformation prior to consideration of surgery; and
- 3 Patient is being treated by a specialist lymphovascular malformation multi-disciplinary team; and
- 4 Patient has measurable disease as defined by RECIST version 1.1 (see Note).

**Renewal – (severe non-malignant lymphovascular malformations\*) from any relevant practitioner.**

**Approvals valid for 12 months for applications meeting the following criteria:**

**All of the following:**

- 1 Either:
  - 1.1 Patient's disease has had either a complete response or a partial response to treatment, or patient has stable disease according to RECIST version 1.1 (see Note); or
  - 1.2 Patient's disease has stabilised or responded clinically and disease response to treatment has been clearly documents in patient notes; and
- 2 No evidence of progressive disease; and
- 3 The treatment remains clinically appropriate and the patient is benefitting from the treatment.

**Notes:** Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer et al. Eur J Cancer 2009;45:228-47)

**Note:** Indications marked with \* are unapproved indications

**Initial application – (renal angiomyolipoma(s) associated with tuberous sclerosis complex\*) only from a nephrologist or urologist. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

- 1 Patient has tuberous sclerosis complex\*; and
- 2 Evidence of renal angiomyolipoma(s) measuring 3 cm or greater and that have shown interval growth.

**Renewal – (renal angiomyolipoma(s) associated with tuberous sclerosis complex\*) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:**

**All of the following:**

- 1 Documented evidence of renal angiomyolipoma reduction or stability by magnetic resonance imaging (MRI) or ultrasound; and
- 2 Demonstrated stabilisation or improvement in renal function; and
- 3 The patient has not experienced angiomyolipoma haemorrhage or significant adverse effects to sirolimus treatment; and
- 4 The treatment remains appropriate and the patient is benefitting from treatment.

**Note:** Indications marked with \* are unapproved indications

**Initial application – (refractory seizures associated with tuberous sclerosis complex\*) only from a Neurologist. Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following:**

- 1 Patient has epilepsy with a background of documented tuberous sclerosis complex; and

*continued...*



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## Changes to Restrictions – effective 1 February 2021 (continued)

continued...

### 2 Either:

#### 2.1 Both:

- 2.1.1 Vigabatrin has been trialled and has not adequately controlled seizures; and
- 2.1.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least two of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); or

#### 2.2 Both:

- 2.2.1 Vigabatrin is contraindicated; and
- 2.2.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least three of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); and

### 3 Seizures have a significant impact on quality of life; and

### 4 Patient has been assessed and surgery is considered inappropriate for this patient, or the patient has been assessed and would benefit from mTOR inhibitor treatment prior to surgery.

Note: "Optimal treatment" is defined as treatment, which is indicated and clinically appropriate for the patient, given in adequate doses for the patients age, weight and other features affecting the pharmacokinetics of the drug, with good evidence of adherence. Women of childbearing age are not required to have a trial of sodium valproate.

Renewal – (refractory seizures associated with tuberous sclerosis complex\*) only from a Neurologist.

Approvals valid for 12 months where demonstrated significant and sustained improvement in seizure rate (e.g. 50% reduction in seizure frequency) or severity and/or patient quality of life compared with baseline prior to starting sirolimus treatment.

Note: Indications marked with \* are unapproved indications

228 NIVOLUMAB – PCT only – Specialist – Special Authority see SA2006+9+4 (amended Special Authority criteria – affected criteria shown only)

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

► SA2006 +9+4 Special Authority for Subsidy

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

Either:

#### 1 All of the following:

##### 1.1 Any of the following:

- 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
- 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
- 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and

#### 1.2 Either:

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

##### 1.2.2 Both:

- 1.2.2.1 Patient has measurable disease as defined by RECIST version 1.1; and
- 1.2.2.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and

continued...

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

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

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## Changes to Restrictions – effective 1 February 2021 (continued)

continued...

- 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
- 2 All of the following:
  - 2.1 Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and
  - 2.2 Patient has signs of disease progression; and
  - 2.3 Disease has not progressed during previous treatment with nivolumab.

229 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA20074940** (amended Special Authority criteria – affected criteria shown only)

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

► **SA2007 4940** Special Authority for Subsidy

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

Either:

1 All of the following:

1.1 Any of the following:

- 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
- 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
- 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and

1.2 **Either:**

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

**1.2.2 Both:**

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

**1.2.2.2 Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and**

- 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
- 1.4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or

2 All of the following:

- 2.1 Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and
- 2.2 Patient has signs of disease progression; and
- 2.3 Disease has not progressed during previous treatment with pembrolizumab.

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## Changes to Restrictions – effective 1 February 2021 (continued)

- 230 EVEROLIMUS – Special Authority see **SA2008†943** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)  
Wastage claimable
- |                |          |    |                   |
|----------------|----------|----|-------------------|
| Tab 10 mg..... | 6,512.29 | 30 | ✓ <b>Afinitor</b> |
| Tab 5 mg.....  | 4,555.76 | 30 | ✓ <b>Afinitor</b> |
- ▶ **SA2008 †943** Special Authority for Subsidy  
Renewal – (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:  
All of the following:  
1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and  
2 Everolimus to be discontinued at progression of SEGAs; and  
3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.  
Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.
- 236 GLYCOPYRRONIUM – Subsidy by endorsement (amended subsidy by endorsement)  
a) Inhaled glycopyrronium treatment will not be subsidised if patient is also receiving treatment with subsidised tiotropium or umeclidinium.  
b) Glycopyrronium powder for inhalation 50 mcg per dose is subsidised only for patients who have been diagnosed as having COPD **using spirometry**, and the prescription is endorsed accordingly.  
Powder for inhalation 50 mcg per dose ..... 61.00 30 dose OP ✓ **Seebri Breezhaler**
- 236 TIOTRIPIUM BROMIDE – Subsidy by endorsement (amended subsidy by endorsement)  
a) Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium.  
b) Tiotropium bromide is subsidised only for patients who have been diagnosed as having COPD **using spirometry**, and the prescription is endorsed accordingly. Patients who had tiotropium dispensed before 1 October 2018 with a valid Special Authority are deemed endorsed.  
Powder for inhalation, 18 mcg per dose ..... 50.37 30 dose ✓ **Spiriva**  
Soln for inhalation 2.5 mcg per dose ..... 50.37 60 dose OP ✓ **Spiriva Respimat**
- 236 UMECLIDINIUM – Subsidy by endorsement (amended subsidy by endorsement)  
a) Umeclidinium will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or tiotropium bromide.  
b) Umeclidinium powder for inhalation 62.5 mcg per dose is subsidised only for patients who have been diagnosed as having COPD **using spirometry**, and the prescription is endorsed accordingly.  
Powder for inhalation 62.5 mcg per dose ..... 61.50 30 dose OP ✓ **Incruse Ellipta**

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

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

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## Changes to Restrictions – effective 1 February 2021 (continued)

237 NINTEDANIB – Special Authority see **SA2012+928** – Retail pharmacy (amended Special Authority criteria)  
Note: Nintedanib not subsidised in combination with subsidised pirfenidone.

Cap 100 mg .....	2,554.00	60 OP	✓Ofev
Cap 150 mg .....	3,870.00	60 OP	✓Ofev

► **SA2012 4928** Special Authority for Subsidy

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

All of the following:

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

Renewal — (idiopathic pulmonary fibrosis) ~~from any relevant practitioner~~ **only from a respiratory specialist**.

Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

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

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

237 PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see **SA2013+929** (amended Special Authority criteria)

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

Tab 801 mg .....	3,645.00	90	✓Esbriet
Cap 267 mg – Wastage claimable .....	3,645.00	270	✓Esbriet

► **SA2013 4929** Special Authority for Subsidy

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

All of the following:

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

*continued...*

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## Changes to Restrictions – effective 1 February 2021 (continued)

*continued..*

Renewal — (idiopathic pulmonary fibrosis) ~~from any relevant practitioner~~ **only from a respiratory specialist.**

Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

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

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

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

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

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## Changes to Restrictions – effective 1 January 2021

46	PERINDOPRIL (stat dispensing removed) * Tab 2 mg .....	3.75	30	✓ Apo-Perindopril
	* Tab 4 mg .....	4.80	30	✓ Apo-Perindopril
86	DESMOPRESSIN ACETATE (Special Authority removed) Tab 100 mcg – <del>Special Authority see SA1401</del> – Retail pharmacy .....	25.00	30	✓ Minirin
	Tab 200 mcg – <del>Special Authority see SA1401</del> – Retail pharmacy .....	54.45	30	✓ Minirin
	Inj 4 mcg per ml, 1 ml – <del>Special Authority see SA1401</del> – Retail pharmacy .....	67.18	10	✓ Minirin

► **SA1401** – Special Authority for Subsidy

Initial application — (Desmopressin tablets for Nocturnal enuresis) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has primary nocturnal enuresis; and
- 2 The nasal forms of desmopressin are contraindicated; and
- 3 An enuresis alarm is contraindicated.

Initial application — (Desmopressin tablets for Diabetes insipidus) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has cranial diabetes insipidus; and
- 2 The nasal forms of desmopressin are contraindicated.

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

Initial application — (Desmopressin injection) only from a relevant specialist. Approvals valid for 2 years where the patient cannot use desmopressin nasal spray or nasal drops.

Renewal — (Desmopressin injection) only from a relevant specialist. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.

127	LAMOTRIGINE (brand switch fee removed) ▲ Tab dispersible 5 mg – Brand switch fee payable (Pharmacoce 259934) .....	50.00	30	✓ Lamictal
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196	INFLIXIMAB – PCT only – Special Authority see <b>SA1982+951</b> (amended Special Authority – affected criteria shown only) Inj 100 mg .....	806.00	1	✓ Remicade
	Inj 1 mg for ECP .....	8.29	1 mg	✓ Baxter

► **SA1982 +951** Special Authority for Subsidy

Initial application — (severe ulcerative colitis) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 Patient has histologically confirmed ulcerative colitis; and
- 2 Either:
  - 2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (SCCAI) is greater than or equal to 4; or
  - 2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (PUCAI) score is greater than or equal to 65; and

*continued...*

## Changes to Restrictions – effective 1 January 2021 (continued)

continued...

- 3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) and corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal — (severe ulcerative colitis) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and
- 2 Either:
  - 2.1 Patient is 18 years or older and the SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
  - 2.2 Patient is under 18 years and the PUCAI score has reduced by 30 points or more from the PUCAI score when the patient was initiated on infliximab; and
- 3 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

- 231 IPRATROPIUM BROMIDE (addition of no patient co-payment payable)  
Aerosol inhaler, 20 mcg per dose CFC-free ..... 16.20 200 dose OP ✓ **Atrovent**  
a) Up to 400 dose available on a PSO  
**b) No patient co-payment payable**

- 249 Oral Supplements/Complete Diet (Nasogastric/Gastrostomy Tube Feed)  
**Oral and Enteral Feeds** (amended therapeutic group name)

- 267 DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – [Xpharm] (amended restriction criteria)  
Funded for any of the following criteria:
- 1) A single dose for pregnant women in the second or third trimester of each pregnancy; or
  - 2) A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or
  - 3) A course of up to four doses is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
  - 4) An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
  - 5) A single dose for vaccination of patients aged **from** 65 years old; or
  - 6) A single dose for vaccination of patients aged **from** 45 years old who have not had 4 previous tetanus doses; or
  - 7) For vaccination of previously unimmunised or partially immunised patients; or
  - 8) For revaccination following immunosuppression; or
  - 9) For boosting of patients with tetanus-prone wounds.

Notes: ~~Tdap is not registered for patients aged less than 10 years.~~ Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

- Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe..... 0.00 10 1 ✓ **Boostrix**  
1 ✓ **Boostrix**

▲ 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 March 2021

6	SODIUM ALGINATE (↑ price but not subsidy) * Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml.....	1.50 (5.24)	500 ml	Acidex
8	GLYCOPYRRONIUM BROMIDE (↑ subsidy) Inj 200 mcg per ml, 1 ml ampoule – Up to 10 inj available on a PSO.....	65.45	10	✓ Max Health
55	GLYCERYL TRINITRATE (↑ subsidy) * Oral pump spray, 400 mcg per dose – Up to 250 dose available on a PSO.....	6.09	250 dose OP	✓ Nitrolingual Pump Spray
61	CLOTRIMAZOLE (↑ subsidy) * Crm 1%..... a) Only on a prescription b) Not in combination	0.77	20 g OP	✓ Clomazol
140	TERIFLUNOMIDE – Special Authority see SA2026 – Retail pharmacy (↓ subsidy) Wastage claimable Tab 14 mg.....	659.90	28	✓ Aubagio



Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 February 2021

12	VILDAGLIPTIN (↓ subsidy) Tab 50 mg.....	35.00	60	✓ Galvus
12	VILDAGLIPTIN WITH METFORMIN HYDROCHLORIDE (↓ subsidy) Tab 50 mg with 1,000 mg metformin hydrochloride .....	35.00	60	✓ Galvumet
	Tab 50 mg with 850 mg metformin hydrochloride .....	35.00	60	✓ Galvumet
35	MAGNESIUM SULPHATE (↑ subsidy) * Inj 2 mmol per ml, 5 ml ampoule.....	28.00	10	✓ DBL ✓ DBL S29 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
43	HEPARIN SODIUM (↑ subsidy) Inj 5,000 iu per ml, 1 ml.....	70.33	5	✓ Hospira
45	WATER (↑ subsidy) 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 10 ml ampoule – Up to 5 inj available on a PSO .....	7.19	50	✓ Pfizer
50	METOPROLOL TARTRATE (↓ subsidy) * Inj 1 mg per ml, 5 ml vial .....	26.50	5	✓ <u>Metoprolol IV Mylan</u>
54	COLESTIPOL HYDROCHLORIDE (↑ subsidy) Grans for oral liq 5 g .....	32.89	30	✓ Colestid
73	ETHINYLOESTRADIOL WITH NORETHISTERONE (↑ subsidy) Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 84 tab available on a PSO.....	8.29	84	✓ Norimin
74	ERGOMETRINE MALEATE (↑ subsidy) Inj 500 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	160.00	5	✓ DBL Ergometrine
79	TESTOSTERONE CIPIONATE (↑ subsidy) Inj 100 mg per ml, 10 ml vial .....	85.00	1	✓ Depo-Testosterone
80	OESTROGENS – See prescribing guideline (↑ price but not subsidy) * Conjugated, equine tab 300 mcg.....	3.01 (17.50)	28	Premarin
	* Conjugated, equine tab 625 mcg.....	4.12 (17.50)	28	Premarin
80	MEDROXYPROGESTERONE ACETATE – See prescribing guideline (↑ subsidy) * Tab 2.5 mg.....	4.69	30	✓ Provera
	* Tab 5 mg.....	17.50	100	✓ Provera
	* Tab 10 mg.....	8.94	30	✓ Provera

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“certified exemption” by the prescriber or pharmacist

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 February 2021 (continued)

81	MEDROXYPROGESTERONE ACETATE († subsidy) Tab 100 mg.....	116.15	100	✓ Provera HD
91	AMOXICILLIN († subsidy) Inj 250 mg vial..... Inj 500 mg vial..... Inj 1 g vial – Up to 5 inj available on a PSO.....	15.97 17.43 21.64	10 10 10	✓ Ibiamox ✓ Ibiamox ✓ Ibiamox
91	AMOXICILLIN WITH CLAVULANIC ACID († subsidy) Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO.....	5.00	20	✓ Augmentin
91	FLUCLOXACILLIN († subsidy) Inj 250 mg vial..... Inj 500 mg vial.....	17.56 18.87	10 10	✓ Flucloxin ✓ Flucloxin
110	IBUPROFEN († subsidy) * Tab 200 mg.....	21.40	1,000	✓ Relieve
112	PAMIDRONATE DISODIUM († subsidy) Inj 3 mg per ml, 10 ml vial ..... Inj 6 mg per ml, 10 ml vial .....	27.53 74.67	1 1	✓ Pamisol ✓ Pamisol
118	BENZATROPINE MESYLATE († subsidy) Tab 2 mg.....	9.59	60	✓ Benztrop
120	LIDOCAINE [LIGNOCAINE] WITH CHLORHEXIDINE († subsidy) Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes – subsidy by endorsement ..... a) Up to 5 each available on a PSO b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.	103.32	10	✓ Pfizer
123	MORPHINE SULPHATE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....  Inj 10 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....  Inj 15 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....  Inj 30 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	6.99  5.61  7.08  7.28	5  5  5  5	✓ DBL Morphine Sulphate  ✓ DBL Morphine Sulphate  ✓ DBL Morphine Sulphate  ✓ DBL Morphine Sulphate

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Changes to Subsidy and Manufacturer's Price – effective 1 February 2021 (continued)

123	PETHIDINE HYDROCHLORIDE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 50 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	29.88	5	✓ DBL Pethidine Hydrochloride
	Inj 50 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO.....	30.72	5	✓ DBL Pethidine Hydrochloride
145	DOCETAXEL († subsidy) Inj 10 mg per ml, 8 ml vial .....	46.89	1	✓ DBL Docetaxel
	Inj 1 mg for ECP .....	0.65	1 mg	✓ Baxter
175	OCTREOTIDE († subsidy) Inj 50 mcg per ml, 1 ml vial .....	56.87	5	✓ DBL Octreotide
	Inj 100 mcg per ml, 1 ml vial .....	40.00	5	✓ DBL Octreotide
	Inj 500 mcg per ml, 1 ml vial .....	145.00	5	✓ DBL Octreotide
229	CETIRIZINE HYDROCHLORIDE († subsidy) * Oral liq 1 mg per ml .....	3.37	200 ml	✓ Histaclear
234	AMINOPHYLLINE († subsidy) * Inj 25 mg per ml, 10 ml ampoule – Up to 5 inj available on a PSO.....	180.00	5	✓ DBL Aminophylline

### Effective 1 January 2021

30	SODIUM PHENYLBUTYRATE – Special Authority see SA1924 – Retail pharmacy († subsidy) Grans 483 mg per g.....	2,016.00	174 g OP	✓ Pheburane
32	THIAMINE HYDROCHLORIDE – Only on a prescription († subsidy) * Tab 50 mg.....	7.09	100	✓ Max Health
74	CYPROTERONE ACETATE WITH ETHINYLOESTRADIOL († subsidy) * Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO.....	4.98	168	✓ Ginet
82	LEVOTHYROXINE († subsidy) * Tab 25 mcg.....	5.55	90	✓ Synthroid
	* Tab 50 mcg.....	5.79	90	✓ Synthroid
	* Tab 100 mcg.....	6.01	90	✓ Synthroid
88	MEBENDAZOLE – Only on a prescription († subsidy but not price) Oral liq 100 mg per 5 ml .....	2.18 (7.53)	15 ml	Vermox
111	CELECOXIB († subsidy) Cap 100 mg .....	5.80	60	✓ Celecoxib Pfizer
	Cap 200 mg .....	3.30	30	✓ Celecoxib Pfizer

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
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Generic Mnfr  
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## Changes to Subsidy and Manufacturer's Price – effective 1 January 2021 (continued)

111	CAPSAICIN (↓ subsidy) Crm 0.025% – Special Authority see SA1289 – Retail pharmacy .....	9.75	45 g OP	✓ <b>Zostrix</b>
120	CAPSAICIN – Subsidy by endorsement (↓ subsidy) Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly. Crm 0.075% .....	11.95	45 g OP	✓ <b>Zostrix HP</b>
123	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) * Tab paracetamol 500 mg with codeine phosphate 8 mg .....	26.51	1,000	✓ <b>Paracetamol + Codeine (Relieve)</b>
125	ESCITALOPRAM (↑ subsidy) * Tab 10 mg .....	1.40	28	✓ <b>Escitalopram-Apotex</b>
	* Tab 20 mg .....	2.49	28	✓ <b>Escitalopram-Apotex</b>
148	PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy (↑ subsidy) Inj 200 mg per ml, 1 ml ampoule .....	78.20	10	✓ <b>Max Health</b>
153	DISULFIRAM (↑ subsidy) Tab 200 mg .....	250.00	100	✓ <b>Antabuse</b>
175	BICALUTAMIDE (↑ subsidy) Tab 50 mg .....	4.21	28	✓ <b>Binarex</b>
235	IPRATROPIUM BROMIDE (↑ subsidy) Aqueous nasal spray, 0.03% .....	5.23	15 ml OP	✓ <b>Univent</b>
236	CIPROFLOXACIN (↑ subsidy) Eye drops 0.3% – Subsidy by endorsement .....	12.15	5 ml OP	✓ <b>Ciprofloxacin Teva</b>
	When prescribed for the treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol; or for the second line treatment of chronic suppurative otitis media (CSOM)*; and the prescription is endorsed accordingly. Note: Indication marked with a * is an unapproved indication.			
239	BRIMONIDINE TARTRATE (↑ subsidy) * Eye drops 0.2% .....	12.25	5 ml OP	✓ <b>Arrow-Brimonidine</b>

## Effective 14 December 2021

72	ETHINYLOESTRADIOL WITH DESOGESTREL (↑ subsidy) * Tab 20 mcg with desogestrel 150 mcg and 7 inert tab .....	19.80	84	✓ <b>Mercilon 28</b>
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Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 March 2021

43	HEPARIN SODIUM Inj 5,000 iu per ml, 1 ml.....	28.40	5	✓Pfizer
43	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.				
52	FUROSEMIDE [FRUSEMIDE] * Inj 10 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO.....	1.15	5	✓Frusemide-Claris
56	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy Tab 5 mg..... Tab 10 mg.....	4,585.00 4,585.00	30 30	✓Volibris ✓Volibris
64	EMULSIFYING OINTMENT * Oint BP.....	3.59	500 g	✓AFT
82	CARBIMAZOLE * Tab 5 mg.....	10.80	100	✓AFT Carbimazole <b>S29</b>
88	MEBENDAZOLE – Only on a prescription Tab 100 mg.....	24.19	24	✓De-Worm
99	ADEFOVIR DIPIVOXIL – Special Authority see SA0829 – Retail pharmacy Tab 10 mg.....	670.00	30	✓Hepsera
121	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.				
147	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule .....	4.30	10	✓Midazolam-Claris
	Inj 5 mg per ml, 3 ml ampoule .....	2.50	5	✓Midazolam-Claris
156	MELPHALAN Inj 50 mg – PCT only – Specialist .....	213.00	1	✓Alkeran S29 <b>S29</b>
Note – this delist applies to Pharmacode 2586495.				

▲ 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  
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Subsidy  
(Mnfr's price)  
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Brand or  
Generic Mnfr  
✓ fully subsidised

### Delisted Items – effective 1 March 2021 (continued)

241	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.			
261	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 27.8 g sachets.....	936.00	30	✓PKU Lophlex Powder
270	INFLUENZA VACCINE Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – [Xpharm] .....	9.00	1	✓Afluria Quad Junior (2020 Formulation)
	a) Access criteria apply Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	9.00	1	✓Influvac Tetra (2020 formulation)
		90.00	10	✓Afluria Quad (2020 Formulation)
	a) Only on a prescription b) No patient co-payment payable c) Access criteria apply			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – effective 1 February 2021

35	MAGNESIUM HYDROXIDE Suspension 8%.....	72.20	500 ml	✓T&R <b>S29</b>
41	PRASUGREL – Special Authority see SA1954 – Retail pharmacy Tab 5 mg..... Tab 10 mg.....	108.00 120.00	28 28	✓Effient ✓Effient
55	ISOPRENALINE [ISOPROTERENOL] * Inj 200 mcg per ml, 1 ml ampoule.....	36.80 (164.20)	25	Isuprel
63	HYDROCORTISONE BUTYRATE Lipocream 0.1% ..... Note – this delist applies to the 30 g OP pack.	3.42	30 g OP	✓Locoid Lipocream
88	CEFALEXIN Cap 250 mg .....	3.33	20	✓Ibilex <b>S29</b>
118	LEVODOPA WITH CARBIDOPA * Tab long-acting 200 mg with carbidopa 50 mg .....	46.73	100	✓Mylan <b>S29</b>
124	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 12.53 25.06	30 50 100	✓Ludiomil ✓Ludiomil ✓Ludiomil
125	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. Cap 20 mg .....	9.93 7.49	30 90	✓Arrow-Fluoxetine ✓Arrow-Fluoxetine
162	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy-Specialist Cap 500 mg .....	31.76	100	✓Hydrea
234	NEDOCROMIL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking nedocromil prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record nedocromil: Aerosol inhaler, 2 mg per dose CFC-free .....	28.07	112 dose OP	✓Tilade
Note – delisting delayed until 1 September 2021.				

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
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Brand or  
Generic Mnfr  
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## Delisted Items – 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
42	ENOXAPARIN SODIUM – Special Authority see SA1646 – Retail pharmacy Inj 20 mg in 0.2 ml syringe ..... Inj 40 mg in 0.4 ml syringe ..... Inj 60 mg in 0.6 ml syringe ..... Inj 80 mg in 0.8 ml syringe ..... Inj 100 mg in 1 ml syringe ..... Inj 120 mg in 0.8 ml syringe ..... Inj 150 mg in 1 ml syringe .....	27.93 37.27 56.18 74.90 93.80 116.55 133.20	10 10 10 10 10 10 10	✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane ✓ Clexane
	Note – these delists apply to Pharmacodes 795615, 795623, 416991, 417009, 417017, 389366 and 389390. New Pharmacodes were listed 1 April 2020.			
43	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml.....	42.40	5	✓ Heparin Ratiopharm
		122.00	10	✓ Wockhardt <b>S29</b>
53	GEMFIBROZIL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking gemfibrozil prior to 1 August 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of gemfibrozil. * Tab 600 mg.....	19.56	60	✓ Lipazil
67	CALCIPOTRIOL Oint 50 mcg per g..... Note – this delist applies to the 100 g OP pack.	45.00	100 g OP	✓ Daivonex
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
122	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
124	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg..... Note – this delist applies to the 50 tab pack.	4.73	50	✓ Apo-Clomipramine
147	NITRAZEPAM – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – subsidised for patients who were taking nitrazepam prior to 1 August 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of nitrazepam in the preceding 12 months. Tab 5 mg.....	5.22	100	✓ Nitrados



Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Delisted Items – effective 1 January 2021 (continued)

230	SALMETEROL Aerosol inhaler 25 mcg per dose.....	9.90	120 dose OP	✓ Meterol
231	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 1 ml ampoule – Up to 40 neb available on a PSO.....	3.35	20	✓ Univent
241	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
244	MAGNESIUM HYDROXIDE Paste 29%.....	22.61	500 g	✓ PSM
256	ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid.....	5.29	1,000 ml OP	✓ Nutrison 800 Complete Multi Fibre

Note – this delist applies to Pharmacode 2510774.

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

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

## Items to be Delisted

Effective 1 April 2021

19	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1906 – Retail pharmacy			
	a) Maximum of 3 sets per prescription			
	b) Only on a prescription			
	c) Maximum of 13 infusion sets will be funded per year.			
	10 mm steel needle; 29 G; manual insertion; 60 cm tubing			
	× 10 with 10 needles .....	130.00	1 OP	✓Paradigm Sure-T MMT-884
	10 mm steel needle; 29 G; manual insertion; 80 cm tubing			
	× 10 with 10 needles .....	130.00	1 OP	✓Paradigm Sure-T MMT-886
	6 mm steel needle; 29 G; manual insertion; 60 cm tubing			
	× 10 with 10 needles .....	130.00	1 OP	✓Paradigm Sure-T MMT-864
	6 mm steel needle; 29 G; manual insertion; 80 cm tubing			
	× 10 with 10 needles .....	130.00	1 OP	✓Paradigm Sure-T MMT-866
	8 mm steel needle; 29 G; manual insertion; 60 cm tubing			
	× 10 with 10 needles .....	130.00	1 OP	✓Paradigm Sure-T MMT-874
	8 mm steel needle; 29 G; manual insertion; 80 cm tubing			
	× 10 with 10 needles .....	130.00	1 OP	✓Paradigm Sure-T MMT-876
22	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.			
	13 mm teflon cannula; angle insertion; 120 cm line × 10			
	with 10 needles.....	130.00	1 OP	✓Paradigm Silhouette MMT-382
	13 mm teflon cannula; angle insertion; 45 cm line × 10			
	with 10 needles.....	130.00	1 OP	✓Paradigm Silhouette MMT-368
	13 mm teflon cannula; angle insertion; 60 cm line × 10			
	with 10 needles.....	130.00	1 OP	✓Paradigm Silhouette MMT-381
	13 mm teflon cannula; angle insertion; 80 cm line × 10			
	with 10 needles.....	130.00	1 OP	✓Paradigm Silhouette MMT-383
	17 mm teflon cannula; angle insertion; 110 cm line × 10			
	with 10 needles.....	130.00	1 OP	✓Paradigm Silhouette MMT-377
	17 mm teflon cannula; angle insertion; 60 cm line × 10			
	with 10 needles.....	130.00	1 OP	✓Paradigm Silhouette MMT-378
	17 mm teflon cannula; angle insertion; 80 cm line × 10			
	with 10 needles.....	130.00	1 OP	✓Paradigm Silhouette MMT-384

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

23	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – 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; insertion device;				
	45 cm blue tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-941
	6 mm teflon cannula; straight insertion; insertion device;				
	45 cm pink tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-921
	6 mm teflon cannula; straight insertion; insertion device;				
	60 cm blue tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-943
	6 mm teflon cannula; straight insertion; insertion device;				
	60 cm pink tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-923
	6 mm teflon cannula; straight insertion; insertion device;				
	80 cm blue tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-945
	6 mm teflon cannula; straight insertion; insertion device;				
	80 cm clear tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-965
	6 mm teflon cannula; straight insertion; insertion device;				
	80 cm pink tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-925
	9 mm teflon cannula; straight insertion; insertion device;				
	80 cm clear tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Mio MMT-975
24	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.....	130.00	1	OP	✓ Paradigm Quick-Set MMT-398
	6 mm teflon cannula; straight insertion; 60 cm tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Quick-Set MMT-399
	6 mm teflon cannula; straight insertion; 80 cm tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Quick-Set MMT-387
	9 mm teflon cannula; straight insertion; 106 cm tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Quick-Set MMT-396
	9 mm teflon cannula; straight insertion; 60 cm tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Quick-Set MMT-397
	9 mm teflon cannula; straight insertion; 80 cm tubing × 10 with 10 needles.....	130.00	1	OP	✓ Paradigm Quick-Set MMT-386

▲ 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 April 2021 (continued)

111	CAPSAICIN Crm 0.025% – Special Authority see SA1289 – Retail pharmacy .....	6.95 13.27	25 g OP 60 g OP	✓ <b>Zostrix</b> ✓ <b>Rugby Capsaicin Topical Cream</b> <b>S29</b>
160	ANAGRELIDE HYDROCHLORIDE – PCT – Retail pharmacy-Specialist Cap 0.5 mg .....	CBS	100	✓ <b>Agrylin</b> <b>S29</b> <b>S29</b> ✓ <b>Teva</b> <b>S29</b>

### Effective 1 May 2021

241	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee .....	4.50	1 fee	✓ <b>BSF Hydroxycarbamide Devatis</b>
	a) The Pharmacode for BSF Hydroxycarbamide Devatis is 2603187.			
249	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (vanilla) .....	1.78 (2.10)	237 ml OP	Resource Diabetic

### Effective 1 June 2021

51	DILTIAZEM HYDROCHLORIDE * Tab 30 mg .....	4.60	100	✓ <b>Dilzem</b>
63	BETAMETHASONE VALERATE WITH CLIOQUINOL – Only on a prescription Crm 0.1% with clioquinol 3% .....	3.49 (4.90)	15 g OP	Betnovate-C
97	PRIMAQUINE – Special Authority see SA1684 – Retail pharmacy Tab 7.5 mg .....	117.99	56	✓ <b>Primacin</b> <b>S29</b>
123	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 30 mg .....	2.85	10	✓ <b>Arrow-Morphine LA</b>
131	ARIPIPRAZOLE – Safety medicine; prescriber may determine dispensing frequency Tab 5 mg .....	28.58	49	✓ <b>Aripiprazole 1A Pharma</b> <b>S29</b>
163	MITOMYCIN C – PCT only – Specialist Inj 5 mg vial .....	851.37	1	✓ <b>Teva</b>

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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### Items to be Delisted – effective 1 June 2021 (continued)

169	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 100 mg .....	98.00	60	✓ Imatinib-AFT
	* Cap 400 mg .....	197.50	30	✓ Imatinib-AFT

### Effective 1 July 2021

7	MESALAZINE Modified release granules, 1 g .....	141.72	120 OP	✓ Pentasa
	Note – this delist applies to the 120 OP pack.			
33	MULTIVITAMINS – Special Authority see SA1036 – Retail pharmacy * Powder.....	72.00	200 g OP	✓ Paediatric Seravit
	Note – this delist applies to Pharmacode 2361329.			
35	MAGNESIUM SULPHATE * Inj 2 mmol per ml, 5 ml ampoule.....	28.00	10	✓ DBL ✓ DBL S29 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
91	AMOXICILLIN WITH CLAVULANIC ACID Tab 500 mg with clavulanic acid 125 mg – Up to 30 tab available on a PSO.....	5.00	20	✓ Augmentin
97	QUININE SULPHATE * Tab 300 mg.....	61.91	500	✓ Q300
163	OLAPARIB – Retail pharmacy-Specialist – Special Authority see SA1883 Cap 50 mg – Wastage claimable.....	7,402.00	448	✓ Lynparza
241	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Ambrisentan Mylan
	a) The Pharmacode for BSF Ambrisentan Mylan is 2605309.			

### Effective 1 August 2021

9	OMEPRAZOLE For omeprazole suspension refer Standard Formulae			
	* Cap 10 mg .....	1.98	90	✓ Omeprazole actavis 10
	* Cap 20 mg .....	1.96	90	✓ Omeprazole actavis 20
	* Cap 40 mg .....	3.12	90	✓ Omeprazole actavis 40
	Note – these delists apply to Pharmacodes 2524317, 2524325 and 2524333.			

▲ 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 August 2021 (continued)

43	WARFARIN SODIUM Note: Marevan and Coumadin are not interchangeable. * Tab 5 mg.....	5.93	50	✓ Coumadin
	Note – this delist applies to Pharmacode, 796832.			
51	NIFEDIPINE * Tab long-acting 10 mg.....	10.63	60	✓ Adalat 10 ✓ Adefin <sup>S29</sup>
	* Tab long-acting 30 mg.....	3.14	30	✓ Adalat Oros
	* Tab long-acting 60 mg.....	5.67	30	✓ Adalat Oros ✓ Adefin XL
92	PHENOXYMETHYLPENICILLIN (PENICILLIN V) Cap 500 mg .....	4.26	50	✓ Cilicaine VK
	a) Up to 20 cap available on a PSO b) Up to 2 x the maximum PSO quantity for RFPP Note – this delist applies to Pharmacode, 2048868.			
96	TERBINAFINE * Tab 250 mg.....	1.33	14	✓ Deolate
	Note – this delist applies to the 14 tab pack.			
239	HYPROMELLOSE * Eye drops 0.5% .....	2.00 (3.92)	15 ml OP	Methopt
	Note – this delist applies to Pharmacode, 207462.			
250	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1099 – Hospital pharmacy [HP3] Liquid .....	54.00	400 g OP	✓ Kindergen
	Note – this delist applies to Pharmacode, 2037246.			

## Effective 1 September 2021

234	NEDOCROMIL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking nedocromil prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record nedocromil. Aerosol inhaler, 2 mg per dose CFC-free .....	28.07	112 dose OP	✓ Tilade
249	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid .....	7.50	1,000 ml OP	✓ Glucerna Select RTH
249	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (vanilla) .....	1.88	250 ml OP	✓ Glucerna Select
262	LOW CALCIUM INFANT FORMULA – Special Authority see SA1110 – Hospital pharmacy [HP3] Powder.....	44.40	400 g OP	✓ Locasol
	Note – this delist applies to Pharmacode 818372.			

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 December 2021

249 FAT MODIFIED FEED – Special Authority see SA1525 – Hospital pharmacy [HP3]  
Powder..... 60.48 400 g OP ✓ Monogen  
Note – this delist applies to Pharmacode, 477028.

### Effective 1 January 2022

51 DILTIAZEM HYDROCHLORIDE  
\* Tab 60 mg..... 8.50 100 ✓ Dilzem

▲ 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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