

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text 'PHARMAC' in a large, bold, sans-serif font, with 'TE PĀTAKA WHAIORANGA' in a smaller, all-caps, sans-serif font below it. The background of the entire page is a grey field with a large, intricate white pattern of concentric, overlapping lines that form a complex, organic shape resembling a stylized 'P' or a series of interlocking curves.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

April 2021

Cumulative for January, February, March and April 2021

Contents

Summary of PHARMAC decisions effective 1 April 2021	3
Switch between months in the online Schedule.....	5
Tender News	6
Looking Forward	6
Sole Subsidised Supply Products cumulative to April 2021	7
New Listings.....	23
Changes to Restrictions, Chemical Names and Presentations	31
Changes to Subsidy and Manufacturer’s Price.....	62
Delisted Items	67
Items to be Delisted	75
Index.....	79

Summary of PHARMAC decisions

EFFECTIVE 1 APRIL 2021

New listings (page 23)

- Mesalazine (Pentasa) suppos 1 g, 28 pack
- Mexiletine hydrochloride (Teva) tab 150 mg and 250 mg – S29 and wastage claimable
- Aqueous cream (Medco) crm, 500 g
- Tenoxicam (Tilcotil) tab 20 mg
- Moclobemide (Aurorix) tab 150 mg
- Atomoxetine (Strattera) cap 10 mg and 40 mg
- Mepolizumab (Nucala) inj 100 mg prefilled syringe – Special Authority – Retail pharmacy
- Loratadine (Haylor syrup) oral liq 1 mg per ml, 100 ml
- Latanoprost with timolol (Arrow - Lattim) eye drops 0.005% with timolol 0.5%, 2.5 ml OP
- Pharmacy services (BSF Bisoprolol Mylan and BSF Darunavir Mylan) brand switch fee – may only be claimed once per patient
- Diabetic oral feed 1kcal/ml (Nutren Diabetes) liquid (vanilla), 200 ml OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 31-36)

- Omeprazole cap 20 mg (Omeprazole Actavis 20) and cap 40 mg (Omeprazole Actavis 40) – stat dispensing removed
- SGLT2 inhibitors – amended therapeutic group name and addition of Special Authority
- 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
- Potassium chloride (Juno) inj 75 mg per ml, 10 ml – S29 and wastage removed
- Quinapril tab 5 mg (Arrow-Quinapril 5), tab 10 mg (Arrow-Quinapril 10) and tab 20 mg (Arrow-Quinapril 20) – stat dispensing removed
- Bisoprolol fumarate (Bisoprolol Mylan) tab 2.5 mg, 5 mg and 10 mg – addition of brand switch fee
- Zoledronic acid (Zoledronic Acid Mylan) inj 4 mg per 5 ml, vial – amended Special Authority criteria
- Somatropin (Omnitrope) inj 5 mg, 10 mg and 15 mg cartridge – amended Special Authority criteria

Summary of PHARMAC decisions – effective 1 April 2021 (continued)

- Darunavir (Darunavir Mylan) tab 400 mg and 600 mg – addition of brand switch fee
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe – amended Special Authority criteria
- Sertraline (Setrona, Setrona AU and Arrow-Sertraline) tab 50 mg and 100 mg – reinstate stat dispensing
- Lapatinib ditosylate (Tykerb) tab 250 mg – amended Special Authority criteria and addition of note

Decreased subsidy (page 62)

- Ethinyloestradiol with desogestrel (Mercilon 28) tab 20 mcg with desogestrel 150 mcg and 7 inert tab
- Bendamustine hydrochloride inj 25 mg and 100 mg vial (Ribomustine) and inj 1 mg for ECP (Baxter)
- Aciclovir (VirusPOS) eye oint 3%, 4.5 OP
- Brinzolamide (Azopt) eye drops 1%, 5 ml OP

Switch between months in the online Schedule

PHARMAC releases the upcoming month's Schedule around the 23rd of each month. Previously, the online Schedule and PDF wouldn't show the current month's results in the last week of each month. So if you needed to refer to the current month's schedule, you'd need to flip through old printouts or copies of the PDF if you needed to see the current month's results. Well not anymore.

PHARMAC has rolled out a minor upgrade to the online Schedule that lets you switch between results for the current and former or following month. Under the Schedule search bar there is a link to change what month you are searching. If a new Schedule for the next month has been released, you can click the link below the search bar to see the latest results. Before the 23rd, this link will let you jump back to search the previous month's results.

As PHARMAC is no longer printing and posting Schedule Updates or editions from next month, make sure you subscribe to get notified when the Schedule is changing:
pharmac.govt.nz/subscribe

Tender News

Sole Subsidised Supply changes – effective 1 May 2021

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Calcium carbonate	Tab 1.25 g (500 mg elemental); 250 tab	Calci-Tab 500 (AFT)
Cyclizine lactate	Inj 50 mg per ml, 1 ml; 10 inj	Hameln (Max Health)
Goserelin	Implant 3.6 mg, syringe; 1 inj	Teva (Teva)
Goserelin	Implant 10.8 mg, syringe; 1 inj	Teva (Teva)
Tobramycin	Solution for inhalation 60 mg per ml, 5 ml; 56 amp	Tobramycin BNM (Boucher and Muir)

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 May 2021

- Cilazapril (Zapril) tab 0.5 mg, 2.5 mg and 5 mg – addition of subsidy by endorsement
- Escitalopram (Escitalopram (Ethics)) tab 10 mg and 20 mg – new listing
- Ipratropium bromide (Atrovent) aerosol inhaler, 20 mcg per dose CFC-free – remove ‘no patient co-payment’

Possible decisions for future implementation 1 May 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 April 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
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Mylan	2023
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
Anastrozole	Tab 1 mg	Anatrole	2023
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
Aspirin	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 April 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
Bicalutamide	Tab 50 mg	Binarex	2023
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bisoprolol Mylan	2023
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

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2022
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2023
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
Capsaicin	Crn 0.025%, 45 g OP Crn 0.075%, 45 g OP	Zostrix Zostrix HP	2023
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

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	2022
Clobetasol propionate	Crn 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
Clonidine	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
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2023

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Darunavir	Tab 400 mg & 600 mg	Darunavir Mylan	2023
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
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%	
	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2021
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2023

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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
Efavirenz with emtricitabine and tenofovir disoproxil	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate)	Mylan	2022
Emtricitabine	Cap 200 mg	Emtriva	2022
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	Teva	2022
Emulsifying ointment	Oint BP	Emulsifying Ointment ADE	2023
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
Ethinylloestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylloestradiol 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

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule Inj 50 mcg per ml, 10 ml ampoule	Boucher and Muir	2021
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2022
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental)	Ferrograd	2021
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2021
Finasteride	Tab 5 mg	Ricit	2023
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

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Liquid Suppos 3.6 g	healthE Glycerol BP PSM	2023 2021
Haloperidol	Inj 5 mg per ml, 1 ml ampoule Oral liq 2 mg per ml Tab 500 mcg, 1.5 mg & 5 mg	Serenace	2022
Heparin sodium	Inj 1,000 iu per ml, 5 ml ampoule Inj 5,000 iu per ml, 5 ml ampoule	Pfizer	2021
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 0.5 ml syringe	Havrix Havrix Junior	2024
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	Crn 1%, 500 g Crn 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	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2023
Hyoscine butylbromide	Tab 10 mg Inj 20 mg, 1 ml	Buscopan	2023
Ibuprofen	Tab 200 mg Tab long-acting 800 mg Oral liq 20 mg per ml, 200 ml bottle	Relieve	2024
		Brufen SR	2021
		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 IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short	2022
		Choice TT380 Standard	
		Choice Load 375	

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP Nebuliser soln, 250 mcg per ml, 2 ml ampoule	Univent	2023 2022
Isoniazid	Tab 100 mg	PSM	2021
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	ISMO 20 ISMO 40 Retard Duride	2023
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2023
Itraconazole	Cap 100 mg	Itrazole	2022
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2023
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
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-Claris Lidocaine-Claris	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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2021
Methylprednisolone aceponate	Crn & 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	Metoclopramide Actavis 10	2023
	Inj 5 mg per ml, 2 ml ampoule	Pfizer	2022
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial	Metoprolol IV Mylan	01/02/2022
	Tab 50 mg & 100 mg	Apo-Metoprolol	2021
Metronidazole	Tab 200 mg & 400 mg	Metrogyl	2023
Metyrapone	Cap 250 mg	Metopirone	2023
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	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	Elocon Alcohol Free Elocon	2021
	Lotn 0.1%, 30 ml OP		
	Oint 0.1%, 15 g OP & 50 g OP		
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	Sevredol	2023
	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg	m-Eslon	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	Noflam 250	2021
	Tab 500 mg	Noflam 500	
	Tab long-acting 750 mg	Naprosyn SR 750	
	Tab long-acting 1 g	Naprosyn SR 1000	
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021

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

Sole Subsidised Supply Products – cumulative to April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Nicorandil	Tab 10 mg & 20 mg	Ikorel	2022
Norethisterone	Tab 5 mg Tab 350 mcg	Primolut N Noriday 28	2021
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2022
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2023
Oestriol	Crm 1 mg per g with applicator, 15 g OP Pessaries 500 mcg Tab 2 mg	Ovestin Ovestin	2023
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oil in water emulsion	Crm	O/W Fatty Emulsion Cream	2021
Olanzapine	Orodispersible tab 5 mg & 10 mg Tab 2.5 mg, 5 mg and 10 mg Inj 210 mg, 300 mg & 405 mg vial	Zypine ODT Zypine Zyprexa Relprevv	2023 2021
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2022
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2022
Ondansetron	Tab disp 4 mg & 8 mg Tab 4 mg & 8 mg	Ondansetron ODT-DRLA Onrex	2023 2022
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Oxycodone Sandoz OxyNorm	2021
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2021
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol	Oral liq 120 mg per 5 ml	Paracare	2023
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
Paraffin	White soft, 500 g & 2,500 g	healthE	2022
	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP		2021
Paroxetine	Tab 20 mg	Loxamine	2022
Perhexiline maleate	Tab 100 mg	Pexsig	2022
Permethrin	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
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
Pimecrolimus	Crn 1%, 15 g OP	Elidel	2023
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2021
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	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
Pravastatin	Tab 20 mg & 40 mg	Pravastatin Mylan	2023
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021

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

Sole Subsidised Supply Products – cumulative to April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Pregabalin	Cap 25 mg, 75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Prochlorperazine	Tab 5 mg	Nausafix	2023
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2023
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2023
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2023
Rifaximin	Tab 550 mg	Xifaxan	2023
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 Oral liq 1 mg per ml	Risperidone Risperon	2023
Ritonavir	Tab 100 mg	Norvir	2022
Rituximab	Inj 100 mg per 10 ml vial & 500 mg per 50 ml vial	Riximyo	30/09/2023
Rivastigmine	Patch 4.6 mg & 9.5 mg per 24 hour	Generic Partners	2021
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2023
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2022
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2022
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2021

*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 April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
Sertraline	Tab 50 mg & 100 mg	Setrona	2022
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2023
Sodium bicarbonate	Powder BP	Midwest	2022
Sodium chloride	Inj 0.9%, 5 ml ampoule, 10 ml ampoule & 20 ml ampoule Nebuliser soln, 7%, 90 ml OP	Fresenius Kabi Biomed	2022
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2022
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2023
Sodium cromoglicate	Eye drops 2%, 5 ml OP	Rexacrom	2022
Sodium fusidate [fusidic acid]	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	Tilocotil	2022
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021

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

Sole Subsidised Supply Products – cumulative to April 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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 acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Paste 0.1%, 5 g OP Crn & oint 0.02%, 100 g OP	Kenacort-A 10 Kenacort-A 40 Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	2021
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2023
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2021
Vancomycin	Inj 500 mg vial	Mylan	2023
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2021
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

April changes are in bold type

*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.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 April 2021

7	MESALAZINE Suppos 1 g.....	50.96	28	✓ Pentasa
	Note – this is a new pack size listing.			
48	MEXILETINE HYDROCHLORIDE ▲ Tab 150 mg.....	162.00	100	✓ Teva S29
	Wastage claimable			
	▲ Tab 250 mg.....	202.00	100	✓ Teva S29
	Wastage claimable			
64	AQUEOUS CREAM * Crm.....	1.92	500 g	✓ Medco
110	TENOXCAM * Tab 20 mg.....	9.15	100	✓ <u>Tilcotil</u>
	Note – this is a new Pharmacode listing, 2520559.			
125	MOCLOBEMIDE * Tab 150 mg.....	6.40	60	✓ <u>Aurorix</u>
	Note – this is a new Pharmacode listing, 2602385.			
148	ATOMOXETINE Cap 10 mg	107.03	28	✓ <u>Strattera</u>
	Cap 40 mg	107.03	28	✓ <u>Strattera</u>
203	MEPOLIZUMAB – Special Authority see SA1896 – Retail pharmacy Inj 100 mg prefilled pen	1,638.00	1	✓ <u>Nucala</u>
229	LORATADINE * Oral liq 1 mg per ml	1.43	100 ml	✓ <u>Haylor syrup</u>
239	LATANOPROST WITH TIMOLOL Eye drops 0.005% with timolol 0.5%	2.49	2.5 ml OP	✓ <u>Arrow - Lattim</u>
241	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ <u>BSF Bisoprolol Mylan</u> ✓ <u>BSF Darunavir Mylan</u>
	a) The Pharmacode for BSF Bisoprolol Mylan is 2607034.			
	b) The Pharmacode for BSF Darunavir Mylan is 2607026.			
249	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (vanilla).....	1.78 (2.10)	200 ml OP	Nutren Diabetes

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 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.				
52	FUROSEMIDE [FRUSEMIDE]				
	* Tab 500 mg.....	89.48	50	✓ Furosemid-Ratiopharm	\$29
	Wastage claimable				
		169.96	100	✓ Furosemid-Ratiopharm	\$29
	Wastage claimable				
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	\$29
	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.				

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 (continued)

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
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 S29 S29
	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.		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 March 2021 (continued)

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..... Note – this is a new Pharmacode listing, 2601443.	60.48	400 g OP	✓ Monogen
262	LOW CALCIUM INFANT FORMULA – Special Authority see SA1110 – Hospital pharmacy [HP3] Powder..... Note – this is a new Pharmacode listing, 2601451.	44.40	400 g OP	✓ Locasol
270	INFLUENZA VACCINE Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	9.00	1	✓ Afluria Quad Junior (2021 Formulation)
	a) Access criteria apply Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	90.00	10	✓ Afluria Quad (2021 Formulation)
	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	✓ Fluad Quad (2021 Formulation)
	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.			

New Listings – effective 1 February 2021

11	<p>EMPAGLIFLOZIN – Special Authority see SA2014 – Retail pharmacy</p> <p>* Tab 10 mg 58.56 30 ✓ Jardiance</p> <p>* Tab 25 mg 58.56 30 ✓ Jardiance</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/1.73m² 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 ✓ Jardiamet</p> <p>* Tab 5 mg with 1,000 mg metformin hydrochloride 58.56 60 ✓ Jardiamet</p> <p>* Tab 12.5 mg with 500 mg metformin hydrochloride 58.56 60 ✓ Jardiamet</p> <p>* Tab 12.5 mg with 1,000 mg metformin hydrochloride 58.56 60 ✓ Jardiamet</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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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/1.73m² 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 S29
	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 S29
	Wastage claimable			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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 \$29
	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 \$29
	Wastage claimable			
	* Tab long-acting 30 mg	34.10	100	✓ Mylan \$29
	Wastage claimable			
	* Tab long-acting 60 mg	52.81	100	✓ Mylan \$29
	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 \$29
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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 January 2021 (continued)

237	KETOROLAC TROMETAMOL – Special Authority see SA1981 – Retail pharmacy Eye drops 0.5%	9.50	5 ml OP	✓ Acular
	<p>▶ SA1981 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.</p>			
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 [CHLOROTHALIDONE] Tab 25 mg..... Wastage claimable	3.90	30	✓ Igroton S29
125	TRANLYCYPROMINE SULPHATE Tab 10 mg..... Wastage claimable	45.88	100	✓ Parnate S29 S29

Changes to Restrictions, Chemical Names and Presentations Effective 1 April 2021

9	<p>OMEPRAZOLE (stat dispensing removed) For omeprazole suspension refer Standard Formulae</p> <p>Cap 20 mg 1.86 90 ✓ Omeprazole actavis 20 Cap 40 mg 3.11 90 ✓ Omeprazole actavis 40</p>
---	--

- 11 Blood Glucose Lowering Agents **SGLT2 Inhibitors** (amended Therapeutic group name and addition of Special Authority criteria)
- ▶ SA2029** 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:
- 1 Patient has type 2 diabetes; and
 - 2 Any of the following:
 - 2.1 Patient is Maaori or any Pacific ethnicity*; or
 - 2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or
 - 2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 - 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
 - 2.5 Patient has diabetic kidney disease (see note b)*; and
 - 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.
- Notes: * Criteria intended to 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/1.73m² in the presence of diabetes, without alternative cause.

11	<p>EMPAGLIFLOZIN – Special Authority see SA20292019 – Retail pharmacy (amended Special Authority criteria)</p> <p>* Tab 10 mg 58.56 30 ✓ Jardiance * Tab 25 mg 58.56 30 ✓ Jardiance</p>
----	--

▶ SA2019 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:

- 1 Patient has type 2 diabetes; and
- 2 Any of the following:
 - 2.1 Patient is Maaori or any Pacific ethnicity*; or
 - 2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or
 - 2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 - 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
 - 2.5 Patient has diabetic kidney disease (see note b)*; 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 April 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.

Notes: * Criteria intended to 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/1.73m² in the presence of diabetes, without alternative cause.

12 EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE – Special Authority see **SA20292020** – Retail pharmacy (amended Special Authority criteria)

* Tab 5 mg with 1,000 mg metformin hydrochloride	58.56	60	✓ Jardiamet
* Tab 5 mg with 500 mg metformin hydrochloride	58.56	60	✓ Jardiamet
* Tab 12.5 mg with 1,000 mg metformin hydrochloride	58.56	60	✓ Jardiamet
* Tab 12.5 mg with 500 mg metformin hydrochloride	58.56	60	✓ Jardiamet

► **SA2020** – 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:

1 Patient has type 2 diabetes; and

2 Any of the following:

2.1 Patient is Maaori or any Pacific ethnicity*; or

2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or

2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or

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

2.5 Patient has diabetic kidney disease (see note b)*; and

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.

Notes: * Criteria intended to 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/1.73m² in the presence of diabetes, without alternative cause.

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

Changes to Restrictions – effective 1 April 2021 (continued)

44	POTASSIUM CHLORIDE (S29 and wastage removed) * Inj 75 mg per ml, 10 ml 55.00 Wastage claimable	50	✓ Juno S29
46	QUINAPRIL (stat dispensing removed) Tab 5 mg 6.01 Tab 10 mg 3.16 Tab 20 mg 4.89	90 90 90	✓ Arrow-Quinapril 5 ✓ Arrow-Quinapril 10 ✓ Arrow-Quinapril 20
49	BISOPROLOL FUMARATE – Brand switch fee payable (Pharmacode 2607034) (addition of brand switch fee) * Tab 2.5 mg 1.84 * Tab 5 mg 2.55 * Tab 10 mg 3.62	90 90 90	✓ Bisoprolol Mylan ✓ Bisoprolol Mylan ✓ Bisoprolol Mylan
77	ZOLEDRONIC ACID (amended Special Authority criteria – affected criteria shown only) Inj 4 mg per 5 ml, vial – Special Authority see SA20311687 – Retail pharmacy 38.03	1	✓ Zoledronic acid Mylan

► **SA2031 1687** Special Authority for Subsidy

Initial application - (bone metastases) **from any relevant practitioner only from an oncologist, haematologist, or palliative care specialist.** Approvals valid without further renewal unless notified for applications meeting the following criteria:

Any of the following:

- 1 Patient has hypercalcaemia of malignancy; or
- 2 Both:
 - 2.1 Patient has bone metastases or involvement; and
 - 2.2 Patient has severe bone pain resistant to standard first-line treatments; or
- 3 Both:
 - 3.1 Patient has bone metastases or involvement; or
 - 3.2 Patient is at risk of skeletal-related events pathological fracture, spinal cord compression, radiation to bone or surgery to bone.

Initial application — (early breast cancer) **from any relevant practitioner only from an oncologist or medical practitioner on the recommendation of a oncologist.** Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 Treatment to be used as adjuvant therapy for early breast cancer; and
- 2 Patient has been amenorrhoeic for 12 months or greater, either naturally or induced, with endocrine levels consistent with a postmenopausal state; and
- 3 Treatment to be administered at a minimum interval of 6-monthly for a maximum of 2 years.

▲ 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 Restrictions – effective 1 April 2021 (continued)

82 SOMATROPIN (OMNITROPE) – Special Authority see **SA2032+629** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

* Inj 5 mg cartridge	34.88	1	✓ <u>Omnitrope</u>
* Inj 10 mg cartridge	69.75	1	✓ <u>Omnitrope</u>
* Inj 15 mg cartridge	104.63	1	✓ <u>Omnitrope</u>

► **SA2032 +629** Special Authority for Subsidy

Renewal — (adults and adolescents) only from a paediatric endocrinologist or endocrinologist. Approvals valid for 12 months for applications meeting the following criteria:

Either **Any of the following:**

1 All of the following:

- 1.1 The patient has been treated with somatropin for < 12 months; and
- 1.2 There has been an improvement in Quality of Life defined as a reduction of at least 8 points on the Quality of Life Assessment of Growth Hormone Deficiency in Adults (QoL-AGHDA®) score from baseline; and
- 1.3 Serum IGF-I levels have been increased within $\pm 1SD$ of the mean of the normal range for age and sex; and
- 1.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients, or 1 mg per day for female patients; or

2 All of the following:

- 2.1 The patient has been treated with somatropin for more than 12 months; and
- 2.2 The patient has not had a deterioration in Quality of Life defined as a 6 point or greater increase from their lowest QoL-AGHDA® score on treatment (other than due to obvious external factors such as external stressors); and
- 2.3 Serum IGF-I levels have continued to be maintained within $\pm 1SD$ of the mean of the normal range for age and sex (other than for obvious external factors); and
- 2.4 The dose of somatropin has not exceeded 0.7 mg per day for male patients or 1 mg per day for female patients; or

3 All of the following:

- 3.1 The patient has had a Special Authority approval for somatropin for childhood deficiency in children and no longer meets the renewal criteria under this indication; and
- 3.2 The patient has undergone appropriate treatment of other hormonal deficiencies and psychological illnesses; and
- 3.3 The patient has severe growth hormone deficiency (see notes); and
- 3.4 The patient's serum IGF-I is more than 1 standard deviation below the mean for age and sex; and
- 3.5 The patient has poor quality of life, as defined by a score of 16 or more using the disease-specific quality of life questionnaire for adult growth hormone deficiency (QoL-AGHDA®).

Note: For the purposes of adults and adolescents, severe growth hormone deficiency is defined as a peak serum growth hormone level of less than or equal to 3 mcg per litre during an adequately performed insulin tolerance test (ITT) or glucagon stimulation test.

Patients with one or more additional anterior pituitary hormone deficiencies and a known structural pituitary lesion only require one test. Patients with isolated growth hormone deficiency require two growth hormone stimulation tests, of which, one should be ITT unless otherwise contraindicated. Where an additional test is required, an arginine provocation test can be used with a peak serum growth hormone level of less than or equal to 0.4 mcg per litre.

The dose of somatropin should be started at 0.2 mg daily and be titrated by 0.1 mg monthly until the serum IGF-I is within 1 standard deviation of the mean normal value for age and sex; and

Dose of somatropin not to exceed 0.7 mg per day for male patients, or 1 mg per day for female patients.

At the commencement of treatment for hypopituitarism, patients must be monitored for any required adjustment in replacement doses of corticosteroid and levothyroxine.

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

Changes to Restrictions – effective 1 April 2021 (continued)

105	DARUNAVIR – Special Authority see SA1651 – Retail pharmacy (addition of brand switch fee)		
	a) Brand switch fee payable (Pharmacode 2607026)		
	Tab 400 mg.....	132.00	60 ✓ Darunavir Mylan
	Tab 600 mg.....	196.65	60 ✓ Darunavir Mylan
106	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA2034 1995 – Retail pharmacy (amended Special Authority criteria – new criteria shown only)		
	a) See prescribing guideline		
	b) Note: PHARMAC will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin and meet Special Authority criteria. Please contact the Hepatitis C Coordinator at PHARMAC on 0800-023-588 option 4.		
	Inj 180 mcg prefilled syringe.....	500.00	4 ✓ Pegasys
	▶ SA2034 1995 Special Authority for Subsidy		
	Initial application – (post-allogenic bone marrow transplant) from any relevant practitioner. Approvals valid for 3 months where patient has received an allogeneic bone marrow transplant* and has evidence of disease relapse.		
	Renewal application – (post-allogenic bone marrow transplant) from any relevant practitioner. Approvals valid for 3 months where patient is responding and ongoing treatment remains appropriate		
	Note: Indications marked with * are unapproved indications		
125	SERTRALINE (reinstate stat dispensing)		
	* Tab 50 mg.....	0.92	30 ✓ Setrona
		3.05	90 ✓ Setrona AU
	* Tab 100 mg.....	1.61	30 ✓ Arrow-Sertraline
		5.25	90 ✓ Setrona AU
			90 ✓ Arrow-Sertraline

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

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

Changes to Restrictions – effective 1 April 2021 (continued)

169 LAPATINIB DITOSYLATE – Special Authority see **SA2035**†††† – Retail pharmacy (amended Special Authority criteria and addition of note)

Note – no new patients to be initiated on lapatinib ditosylate.

Tab 250 mg..... 1,899.00 70 ✓Tykerb

▶ **SA2035** †††† Special Authority for Subsidy

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

Either:

1 All of the following:

- 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 1.2 The patient has not previously received trastuzumab treatment for HER-2 positive metastatic breast cancer; and
- 1.3 Lapatinib not to be given in combination with trastuzumab; and
- 1.4 Lapatinib to be discontinued at disease progression; or

2 All of the following:

- 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2.2 The patient started trastuzumab for metastatic breast cancer but discontinued trastuzumab within 3 months of starting treatment due to intolerance; and
- 2.3 The cancer did not progress whilst on trastuzumab; and
- 2.4 Lapatinib not to be given in combination with trastuzumab; and
- 2.5 Lapatinib to be discontinued at disease progression.

Renewal – (metastatic breast cancer) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 The cancer has not progressed at any time point during the previous 12 months whilst on lapatinib; and
- 3 Lapatinib not to be given in combination with trastuzumab; and
- 4 Lapatinib to be discontinued at disease progression.

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

Changes to Restrictions – effective 1 March 2021

11	EMPAGLIFLOZIN – Special Authority see SA20192014 – Retail pharmacy (amended Special Authority criteria)		
	* Tab 10 mg.....	58.56	30 ✓ Jardiance
	* Tab 25 mg.....	58.56	30 ✓ Jardiance
	SA2019 2014 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: 1 Patient has type 2 diabetes; and 2 Any of the following: 2.1 Patient is Maaori or any Pacific ethnicity*; or 2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or 2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or 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 2.5 Patient has diabetic kidney disease (see note b)*; and 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 * D efined 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 ** D efined 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 ² in the presence of diabetes, without alternative cause.		
12	EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE – Special Authority see SA20202015 – Retail pharmacy (amended Special Authority criteria)		
	* Tab 5 mg with 1,000 mg metformin hydrochloride	58.56	60 ✓ Jardiamet
	* Tab 5 mg with 500 mg metformin hydrochloride	58.56	60 ✓ Jardiamet
	* Tab 12.5 mg with 1,000 mg metformin hydrochloride	58.56	60 ✓ Jardiamet
	* Tab 12.5 mg with 500 mg metformin hydrochloride	58.56	60 ✓ Jardiamet
	SA2020 2015 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: 1 Patient has type 2 diabetes; and 2 Any of the following: 2.1 Patient is Maaori or any Pacific ethnicity*; or 2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or 2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or 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 2.5 Patient has diabetic kidney disease (see note b)*; 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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 ² 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-Propranolol S29
50		TIMOLOL – Subsidy by endorsement (addition of Subsidy by endorsement)			
		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.			
		* Tab 10 mg.....	10.55	100	✓Apo-Timol
56		AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy (addition of brand switch fee)			
		a) Brand switch fee payable (Pharmacode 2605309)			
		Tab 5 mg.....	1,550.00	30	✓Ambrisentan Mylan
		Tab 10 mg.....	1,550.00	30	✓Ambrisentan Mylan
60		ISOTRETINOIN – Special Authority see SA20231475 – Retail pharmacy (amended Special Authority criteria)			
		Cap 5 mg.....	8.14	60	✓Oratane
		Cap 10 mg.....	13.34	120	✓Oratane
		Cap 20 mg.....	20.49	120	✓Oratane

► 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 SA2024 1476 – Retail pharmacy (amended Special Authority criteria)			
	Cap 10 mg	17.86	60	✓ Novatrein
	Cap 25 mg	41.36	60	✓ Novatrein

► **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...

▲ 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 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 SA20261559 – 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. | | | |
| | 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 SA20261562 – 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. | | | |
| | 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 SA20261563 – 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 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 SA20261867 – 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 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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 SA2028 1937 (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 m²; 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/m² 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/m² 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.

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

Changes to Restrictions – effective 1 February 2021 (continued)

- 24 INSULIN PUMP RESERVOIR – Special Authority see SA1906 – Retail pharmacy (amended brand name)
- a) Maximum of 3 sets per prescription
b) Only on a prescription
c) 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:
- 1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
 - 2 Alglucosidase alfa to be administered at doses no greater than 20 mg/kg every 2 weeks; and
 - 3 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
 - 4 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by ERT; and
 - 5 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT; and
 - 6 There is no evidence of life threatening progression of respiratory disease as evidenced by the need for >14 days of invasive ventilation; and
 - 7 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:
- 1 The treatment remains appropriate for the patient and the patient is benefiting from treatment; and
 - 2 Patient has not had severe infusion-related adverse reactions which were not preventable by appropriate pre-medication and/or adjustment of infusion rates; and
 - 3 Patient has not developed another life threatening or severe disease where the long term prognosis is unlikely to be influenced by Enzyme Replacement Therapy (ERT); and
 - 4 Patient has not developed another medical condition that might reasonably be expected to compromise a response to ERT.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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 | ✓ Kuvan |
|-------------------------|----------|-------|----------------|
- **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 | ✓ Pheburane |
|-------------------------|----------|----------|--------------------|
- **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 | ✓ Bosentan Dr Reddy's |
| Tab 125 mg..... | 141.00 | 60 | ✓ Bosentan Dr Reddy's |
- **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	✓ Vedafil
Tab 50 mg.....	0.64	4	✓ Vedafil
Tab 100 mg.....	6.60	12	✓ Vedafil

► **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⁻⁵); or
 - 4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age, or health system capacity constraints.

Note: Indications marked with * are unapproved indications.

▲ 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 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 | ✓ Valganciclovir Mylan |
|-----------------|--------|----|-------------------------------|
- ➔ **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
(300.6 mg as a succinate) | 61.15 | 30 | ✓ Teva |
|--|-------|----|---------------|
- ➔ **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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 February 2021 (continued)

153	MODAFINIL – Special Authority see SA1999+932 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)			
	Tab 100 mg.....	32.00	30	✓ Modavigil
		64.00	60	✓ Modavigil
	<p>➤ SA1999+932 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 Either: Any of the following:</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 Either:</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 – Brand switch fee payable (Pharmacode 2603187) (addition of brand switch fee)			
	Cap 500 mg	23.82	100	✓ Devatis
170	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA2000+915 (amended Special Authority criteria – affected criteria shown only)			
	Tab 100 mg.....	764.00	30	✓ Tarceva
	Tab 150 mg.....	1,146.00	30	✓ Tarceva
	<p>➤ SA2000+915 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:</p> <p>1 The patient is clinically benefiting from treatment and continued treatment remains appropriate; and</p> <p>2 Erlotinib to be discontinued at progression; and</p> <p>3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.</p>			
171	GEFITINIB – Retail pharmacy-Specialist – Special Authority see SA2001+916 (amended Special Authority criteria – affected criteria shown only)			
	Tab 250 mg.....	1,700.00	30	✓ Iressa
	<p>➤ SA2001+916 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:</p> <p>1 The patient is clinically benefiting from treatment and continued treatment remains; and</p> <p>2 Gefitinib to be discontinued at progression; and</p> <p>3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on the health sector.</p>			

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

Changes to Restrictions – effective 1 February 2021 (continued)

175	SUNITINIB – Special Authority see SA2002 1917 – 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>➤ SA2002 1917 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 SA2003 1914 (amended Special Authority criteria – affected criteria shown only)			
	Wastage claimable			
	Tab 250 mg.....	4,276.19	120	✓ Zytiga
	<p>➤ SA2003 1914 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 Significant decrease in serum PSA from baseline; and 2 No evidence of clinical disease progression; and 3 No initiation of taxane chemotherapy with abiraterone; and 4 The treatment remains appropriate and the patient is benefiting from treatment.</p>			
178	OCTREOTIDE LAR (SOMATOSTATIN ANALOGUE) – Special Authority see SA2004 1918 – 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>➤ SA2004 1918 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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.

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

Changes to Restrictions – effective 1 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	✓ Afinitor
	Tab 5 mg.....	4,555.76	30	✓ Afinitor
	<p>▶ 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.</p>			
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	TIOTROPIUM BROMIDE – Subsidy by endorsement (amended subsidy by endorsement) a) Tiotropium treatment will not be subsidised if patient is also receiving treatment with subsidised inhaled glycopyrronium or umeclidinium. b) Tiotropium bromide is subsidised only for patients who have been diagnosed as having COPD using spirometry , and the prescription is endorsed accordingly. Patients who had tiotropium dispensed before 1 October 2018 with a valid Special Authority are deemed endorsed.			
	Powder for inhalation, 18 mcg per dose	50.37	30 dose	✓ Spiriva
	Soln for inhalation 2.5 mcg per dose	50.37	60 dose OP	✓ Spiriva Respimat
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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✔ **fully subsidised**

Changes to Restrictions – effective 1 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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 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 – Special Authority see SA1401 – Retail pharmacy	25.00	30	✓ Minirin
	Tab 200 mcg – Special Authority see SA1401 – Retail pharmacy	54.45	30	✓ Minirin
	Inj 4 mcg per ml, 1 ml – Special Authority see SA1401 – 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 (Pharmacoed 259934)	50.00	30	✓ Lamictal
-----	--	-------	----	------------

196	INFLIXIMAB – PCT only – Special Authority see SA1982+951 (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 April 2021

72	ETHINYLOESTRADIOL WITH DESOGESTREL (↓ subsidy) * Tab 20 mcg with desogestrel 150 mcg and 7 inert tab	10.00	84	✓ Mercilon 28
155	BENDAMUSTINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA1667 (↓ subsidy) Inj 25 mg vial..... Inj 100 mg vial..... Inj 1 mg for ECP	77.00 308.00 3.23	1 1 1 mg	✓ Ribomustin ✓ Ribomustin ✓ Baxter
236	ACICLOVIR (↓ subsidy) * Eye oint 3%	14.88	4.5 g OP	✓ ViruPOS
238	BRINZOLAMIDE (↓ subsidy) * Eye drops 1%	7.30	5 ml OP	✓ Azopt

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
---	---------------------------------	-----	--

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 S29
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

▲ 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 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
---	---------------------------------	-----	--

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
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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	✓ Zostrix
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	✓ Zostrix HP
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	✓ Paracetamol + Codeine (Relieve)
125	ESCITALOPRAM (↑ subsidy) * Tab 10 mg	1.40	28	✓ Escitalopram-Apotex
	* Tab 20 mg	2.49	28	✓ Escitalopram-Apotex
148	PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy (↑ subsidy) Inj 200 mg per ml, 1 ml ampoule	78.20	10	✓ Max Health
153	DISULFIRAM (↑ subsidy) Tab 200 mg	250.00	100	✓ Antabuse
175	BICALUTAMIDE (↑ subsidy) Tab 50 mg	4.21	28	✓ Binarex
235	IPRATROPIUM BROMIDE (↑ subsidy) Aqueous nasal spray, 0.03%	5.23	15 ml OP	✓ Univent
236	CIPROFLOXACIN (↑ subsidy) Eye drops 0.3% – Subsidy by endorsement	12.15	5 ml OP	✓ Ciprofloxacin Teva
	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	✓ Arrow-Brimonidine

Effective 14 December 2021

72	ETHINYLOESTRADIOL WITH DESOGESTREL (↑ subsidy) * Tab 20 mcg with desogestrel 150 mcg and 7 inert tab	19.80	84	✓ Mercilon 28
----	---	-------	----	----------------------

Delisted Items

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

▲ 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

Delisted Items – 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

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

Delisted Items – effective 1 April 2021 (continued)

33	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental)	28.40	20	✓ Calcium Sandoz S29
43	WARFARIN SODIUM Note: Marevan and Coumadin are not interchangeable. * Tab 2 mg.....	4.31	50	✓ Coumadin
Note – this delist applies to Pharmacode 767204. A new Pharmacode was listed 1 October 2020.				
49	BISOPROLOL FUMARATE * Tab 2.5 mg..... * Tab 5 mg..... * Tab 10 mg.....	3.53 5.15 9.40	90 90 90	✓ Bosvate ✓ Bosvate ✓ Bosvate
49	CELIPROLOL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking celiprolol prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of celiprolol. * Tab 200 mg.....	21.40	180	✓ Celol
54	PRAVASTATIN * Tab 10 mg..... * Tab 20 mg..... * Tab 40 mg.....	3.55 4.72 8.06 4.65	28 100 100 28	✓ Pravastatin Mylan ✓ Apo-Pravastatin ✓ Apo-Pravastatin ✓ Pravastatin Mylan
Note – Pravastatin Mylan tab 40 mg delist applies to Pharmacode 2592819.				
87	DANAZOL Cap 100 mg	19.13	28	✓ Mylan S29
	Cap 200 mg	97.83	100	✓ Azol
105	DARUNAVIR – Special Authority see SA1651 – Retail pharmacy Tab 400 mg..... Tab 600 mg.....	335.00 476.00	60 60	✓ Prezista ✓ Prezista
111	CAPSAICIN Crm 0.025% – Special Authority see SA1289 below – Retail pharmacy	6.95 13.27	25 g OP 60 g OP	✓ Zostrix ✓ Rugby Capsaicin Topical Cream S29
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 60 mg.....	5.60	10	✓ Arrow-Morphine LA
151	MODAFINIL – Special Authority see SA1932 – Retail pharmacy Tab 100 mg.....	32.00	30	✓ Modavigil
Note – this delist applies to the 30 tab pack.				

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 April 2021 (continued)

156	CISPLATIN – PCT only – Specialist Inj 1 mg per ml, 50 ml vial	12.29	1	✓ DBL Cisplatin
160	ANAGRELIDE HYDROCHLORIDE – PCT – Retail pharmacy-Specialist Cap 0.5 mg	CBS	100	✓ Agrylin S29 S29 ✓ Teva S29
177	ANASTROZOLE * Tab 1 mg.....	5.04	30	✓ Rolin

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..... Note – this delist applies to Pharmacode 796824. A new Pharmacode was listed 1 October 2020.	3.46	50	✓ Coumadin
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 S29
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

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 (continued)

121	PARACETAMOL Tab 500 mg - bottle pack – Maximum of 300 tab per prescription; can be waived by endorsement24.82	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 S29	
	Note – this delist applies to Pharmacode 2586495.			
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			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 February 2021

35	MAGNESIUM HYDROXIDE Suspension 8%.....	72.20	500 ml	✓T&R S29
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%	3.42	30 g OP	✓Locoid Lipocream
Note – this delist applies to the 30 g OP pack.				
88	CEFALEXIN Cap 250 mg	3.33	20	✓Ibilex S29
118	LEVODOPA WITH CARBIDOPA * Tab long-acting 200 mg with carbidopa 50 mg	46.73	100	✓Mylan S29
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.				

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

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 S29
		122.00	10	✓ Wockhardt S29
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	ETHINYLLOESTRADIOL 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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 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.

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

Items to be Delisted

Effective 1 May 2021

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.			
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	✓ Dilzem
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	✓ Primacin S29
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	✓ Arrow-Morphine LA
131	ARIPRAZOLE – Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	28.58	49	✓ Aripiprazole 1A Pharma S29
163	MITOMYCIN C – PCT only – Specialist Inj 5 mg vial.....	851.37	1	✓ Teva
169	IMATINIB MESILATE Note: Imatinib-AFT is not a registered for the treatment of Gastro Intestinal Stromal Tumours (GIST). The Gleevec 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
169	LAPATINIB DITOSYLATE – Special Authority see SA2035 – Retail pharmacy Tab 250 mg.....	1,899.00	70	✓ Tykerb
	Note – delisting revoked			

▲ 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 June 2021 (continued)

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 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 S29
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
127	PRIMIDONE * Tab 250 mg.....	62.00	200	✓Mysoline S29 S29
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 Bisoprolol Mylan ✓BSF Darunavir Mylan
	a) The Pharmacode for BSF Bisoprolol Mylan is 2607034.			
	b) The Pharmacode for BSF Darunavir Mylan is 2607026.			

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.			

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	TIMOLOL – Subsidy by endorsement 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. * Tab 10 mg.....	10.55	100	✓ Apo-Timol
51	NIFEDIPINE * Tab long-acting 10 mg.....	10.63	60	✓ Adalat 10 ✓ Adefin S29
	* Tab long-acting 30 mg.....	3.14	30	✓ Adalat Oros
	* Tab long-acting 60 mg.....	5.67	30	✓ Adalat Oros ✓ Adefin XL
80	OESTRADIOL – See prescribing guideline * Patch 100 mcg per 24 hours	7.91	4	✓ Climara
	a) No more than 1 patch per week b) Only on a prescription			
	* Patch 50 mcg per 24 hours	7.04	4	✓ Climara
	a) No more than 1 patch per week b) Only on a prescription			
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

110	TENOXCAM * Tab 20 mg.....	9.15	100	✓ Tilcotil
	Note – this delist applies to Pharmacode, 729396.			

▲ 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 September 2021 (continued)

125	MOCLOBEMIDE * Tab 150 mg.....	6.40	60	✓ Aurorix
	Note – this delist applies to Pharmacode, 2560429.			
229	LORATADINE * Oral liq 1 mg per ml.....	2.95	120 ml	✓ Lorfast
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	✓ Lucasol
	Note – this delist applies to Pharmacode 818372.			

Effective 1 October 2021

249	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (vanilla).....	1.78 (2.10)	237 ml OP	Sustagen Diabetic
-----	---	----------------	-----------	-------------------

Effective 1 November 2021

7	MESALAZINE Suppos 1 g.....	54.60	30	✓ Pentasa
	Note – this delist applies to the 30 pack.			
44	POTASSIUM CHLORIDE * Inj 75 mg per ml, 10 ml.....	55.00	50	✓ AstraZeneca \$29 ✓ Potassium Chloride Aguettant \$29

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
----	---	------	-----	-----------------

Index

Pharmaceuticals and brands

A

Abiraterone acetate	53
Aciclovir	62
Acidex	62
Acitretin	39
Acular	30
Adalat 10	77
Adalat Oros	77
Adefin	77
Adefin XL	77
Adefovir dipivoxil	70
Adenuric	50
Afinitor	57
Afluria Quad (2020 Formulation)	71
Afluria Quad (2021 Formulation)	26
Afluria Quad Junior (2020 Formulation)	71
Afluria Quad Junior (2021 Formulation)	26
AFT Carbimazole	70
Agrylin S29	70
Alglucosidase alfa	45
Alkeran S29	71
Ambrisentan	38, 70
Ambrisentan Mylan	38
Aminoacid formula without phenylalanine	71
Aminophylline	65
Amoxicillin	64
Amoxicillin with clavulanic acid	28, 64, 76
Anagrelide hydrochloride	70
Anastrozole	70
Antabuse	66
Apo-Bromocriptine	40
Apo-Clomipramine	73
Apo-Perindopril	60
Apo-Pravastatin	69
Apo-Timol	38, 77
Aqueous cream	23, 24, 28
Aripiprazole	75
Aripiprazole 1A Pharma	75
Arrow-Brimonidine	66
Arrow-Fluoxetine	72
Arrow - Lattim	23
Arrow-Morphine LA	69, 75
Arrow-Quinapril 5	33
Arrow-Quinapril 10	33
Arrow-Quinapril 20	33
Arrow-Sertraline	35
Atomoxetine	23, 42
Atrovent	61
Aubagio	42, 62
Augmentin	64, 76
Aurorix	23, 40, 78

Avonex	42
Avonex Pen	42
Azol	69
Azopt	62

B

Basic AquaCream	28
Baxter (Riximyo)	43
Bendamustine hydrochloride	62
Benztropine mesylate	64
Benztrop	64
Betaferon	42
Betaine	45
Betamethasone valerate with clioquinol	75
Betnovate-C	75
Bicalutamide	28, 66
Binarex	66
Bisoprolol fumarate	33, 69
Bisoprolol Mylan	33
Boostrix	61
Bosentan	46
Bosentan Dr Reddy's	46
Bosvate	69
Brevinor 28	73
Brimonidine tartrate	66
Brinzolamide	62
Bromocriptine mesylate	40
BSF Ambrisentan Mylan	25, 76
BSF Atomoxetine Generic Partners	71
BSF Bisoprolol Mylan	23, 76
BSF Darunavir Mylan	23, 76
BSF Hydroxycarbamide Devatis	28, 75
BSF Lamictal	74

C

Calcipotriol	73
Calcium carbonate	69
Calcium Sandoz	69
Calutide-50	28
Capsaicin	66, 69
Captopril	28
Captopril-Mylan	28
Carbimazole	70
Cefalexin	72
Celecoxib	65
Celecoxib Pfizer	65
Celiprolol	69
Celol	69
Cetirizine hydrochloride	65
Chlorthalidone [Chlorthalidone]	30
Chlorthalidone	30
Cilicaine VK	24, 77
Ciprofloxacin	66

Index

Pharmaceuticals and brands

Ciprofloxacin Teva.....	66	Enteral feed with fibre 0.83 kcal/ml.....	74
Cisplatin.....	70	Enteral/oral feed 1kcal/ml.....	28, 77
Clexane.....	73	Ergometrine maleate.....	63
Climara.....	77	Erlotinib.....	52
Clomazol.....	62	Esbriet.....	58
Clomipramine hydrochloride.....	73	Escitalopram.....	66
Clotrimazole.....	62	Escitalopram-Apotex.....	66
Clozapine.....	25	Estradiol TDP Mylan.....	24
Colestid.....	63	Etanercept.....	28
Colestipol hydrochloride.....	63	Ethinylloestradiol with desogestrel.....	62, 66
Copaxone.....	42	Ethinylloestradiol with norethisterone.....	63, 73
Coumadin.....	24, 69, 70, 77	Everolimus.....	57
Coversyl.....	28	F	
Curam Duo 500/125.....	28	Famotidine.....	29
Cyclopentolate hydrochloride.....	30	Fat modified feed.....	26, 78
Cyproterone acetate with ethinylloestradiol.....	65	Febuxostat.....	50
Cystadane.....	45	Fentanyl.....	73
D		Fentanyl GH.....	73
Daivonex.....	73	Fingolimod.....	41
Danazol.....	69	Fluad Quad (2021 Formulation).....	26
Darunavir.....	35, 69	Flucloxacillin.....	64
Darunavir Mylan.....	35	Flucloxin.....	64
DBL Aminophylline.....	65	Fluoxetine hydrochloride.....	72
DBL Cisplatin.....	70	Frusemide.....	24, 70
DBL Docetaxel.....	65	Frusemide-Claris.....	70
DBL Ergometrine.....	63	Furosemide [Frusemide].....	24, 70
DBL Morphine Sulphate.....	64	Furosemid-Ratiopharm.....	24
DBL Octreotide.....	65	G	
DBL Pethidine Hydrochloride.....	65	Galsulfase.....	45
Deolate.....	24, 77	Galvumet.....	63
Depo-Testosterone.....	63	Galvus.....	63
Desmopressin.....	29	Gefitinib.....	52
Desmopressin acetate.....	60	Gemfibrozil.....	73
De-Worm.....	70	Gilenya.....	41
Diabetic enteral feed 1kcal/ml.....	26, 78	Ginet.....	65
Diabetic oral feed 1kcal/ml.....	23, 75, 78	Glatiramer acetate.....	42
Diltiazem hydrochloride.....	75, 78	Glucerna Select.....	26, 78
Dilzem.....	75, 78	Glucerna Select RTH.....	78
Dimethyl fumarate.....	41	Glyceril trinitrate.....	62
Diphtheria, tetanus and pertussis vaccine.....	61	Glycopyrronium.....	57
Disulfiram.....	66	Glycopyrronium bromide.....	62, 73
Docetaxel.....	65	H	
E		Haylor syrup.....	23
Effient.....	72	Heparin Ratiopharm.....	73
Empagliflozin.....	27, 31, 37	Heparin sodium.....	63, 70, 73
Empagliflozin with metformin hydrochloride.....	27, 32, 37	Hepsera.....	70
Emtricitabine with tenofovir disoproxil.....	48	Histaclear.....	65
Emulsifying ointment.....	70	Hydrea.....	72
Enbrel.....	28	Hydrocortisone butyrate.....	72
Enoxaparin sodium.....	73	Hydroxocobalamin.....	29
		Hydroxycarbamide.....	52, 72

Index

Pharmaceuticals and brands

Hydroxyurea [Hydroxycarbamide]	52, 72	Lipazil	73
Hyoscine hydrobromide	51	Locasol.....	26, 78
Hypromellose.....	28, 77	Locoid Lipocream	72
I		Loratadine.....	23, 78
Ibiamox.....	64	Lorfast.....	78
Ibilex.....	72	Low calcium infant formula	26, 78
Ibuprofen	64	Ludiomil.....	72
Igrotan	30	Lynparza.....	76
Ilevro	30	M	
Imatinib-AFT	75	Macrobid	25
Imatinib mesilate.....	29, 75	Magnesium hydroxide	72, 74
Imatinib-Rex	29	Magnesium sulphate	28, 63, 76
Incruse Ellipta	57	Maprotiline hydrochloride	72
Infliximab	60	Mebendazole.....	65, 70
Influenza vaccine.....	26, 71	Medroxyprogesterone acetate.....	63, 64
Influvac Tetra (2020 formulation)	71	Melphalan	71
Insulin pump infusion set (steel cannula)	67	Mepolizumab	23
Insulin pump infusion set (teflon cannula, angle insertion)	67	Mercilon 28	62, 66
Insulin pump infusion set (teflon cannula, straight insertion)	68	Mesalazine.....	23, 29, 76, 78
Insulin pump infusion set (teflon cannula, straight insertion with insertion device)	68	Meterol	74
Insulin pump reservoir	45	Methopt	28, 77
Interferon beta-1-alpha.....	42	Metoprolol IV Mylan	63
Interferon beta-1-beta.....	42	Metoprolol tartrate.....	63
Ipratropium bromide.....	61, 66, 74	Mexiletine hydrochloride.....	23
Iressa	52	Midazolam	28, 29, 71
Isoprenaline [Isoproterenol].....	72	Midazolam-Baxter	29
Isoproterenol.....	72	Midazolam-Claris	71
Isotretinoin.....	38	Mifegyne.....	24
Isuprel	72	Mifepristone.....	24
Ivacaftor	25	MiniMed 1.8 Reservoir MMT-326A.....	45
J		MiniMed 3.0 Reservoir MMT-332A.....	45
Jardiamet.....	27, 32, 37	Minims Cyclopentolate	30
Jardiance	27, 31, 37	Minirin	60
K		Minirin Melt	29
Kalydeco.....	25	Mitomycin C	29, 75
Ketorolac trometamol.....	30	Moclobemide	23, 40, 78
Keytruda	56	Modafinil.....	52, 69
Kindergen	28, 77	Modavigil.....	52, 69
Kuvan	46	Monogen	26, 78
L		Morphine sulphate.....	64, 69, 75
Lamictal.....	60	Multivitamins	29, 76
Lamotrigine.....	60	Mylan Midazolam	28
Lapatinib ditosylate	36, 75	Myozyme.....	45
Latanoprost with timolol	23	Mysoline S29.....	76
Levodopa with carbidopa	72	N	
Levothyroxine	65	Naglazyme	45
Lidocaine [Lignocaine] with chlorhexidine.....	64	Natalizumab	41
Lignocaine	64	Nedocromil	72, 78
		Nepafenac	30
		Nifedipine.....	29, 77
		Nintedanib.....	58

Index

Pharmaceuticals and brands

Nitrados	73	Paradigm Quick-Set MMT-399	68
Nitrazepam	73	Paradigm Silhouette MMT-368	67
Nitrofurantoin	25	Paradigm Silhouette MMT-377	67
Nitrolingual Pump Spray	62	Paradigm Silhouette MMT-378	67
Nivololumab	55	Paradigm Silhouette MMT-381	67
Norimin	63	Paradigm Silhouette MMT-382	67
Novatrelin	39	Paradigm Silhouette MMT-383	67
Nucala	23	Paradigm Silhouette MMT-384	67
Nutren Diabetes	23	Paradigm Sure-T MMT-864	67
Nutrison 800 Complete Multi Fibre	74	Paradigm Sure-T MMT-866	67
O		Paradigm Sure-T MMT-874	67
Ocrelizumab	41	Paradigm Sure-T MMT-876	67
Ocrevus	41	Paradigm Sure-T MMT-884	67
Octreotide	65	Paradigm Sure-T MMT-886	67
Octreotide LAR (somatostatin analogue)	53	Parnate S29	30
Oestradiol	24, 77	Paroxetine	25
Oestrogens	63	Paxtine	25
Ofev	58	Pegasys	35, 50
Olaparib	76	Pegylated interferon alfa-2a	35, 50
Omegapharm	29	Pembrolizumab	56
Omeprazole	24, 31, 76	Penicillin V	24, 77
Omeprazole actavis 10	24, 76	Pentasa	23, 29, 76, 78
Omeprazole actavis 20	24, 31, 76	Perindopril	28, 60
Omeprazole actavis 40	24, 31, 76	Pethidine hydrochloride	65
Omnitrope	34	Pharmacy services	23, 25, 28, 71, 74, 75, 76
Opdivo	55	Pheburane	46, 65
Oratane	38	Phenobarbitone sodium	66
Oxycodone hydrochloride	25	Phenoxymethylpenicillin (Penicillin V)	24, 77
Oxycodone Sandoz S29	25	Pirfenidone	58
P		PKU Lophlex Powder	71
Paediatric Seravit	29, 76	Potassium chloride	33, 78
Pamidronate disodium	64	Potassium Chloride Aguettant	78
Pamisol	64	Prasugrel	72
Paracetamol	71	Pravastatin	69
Paracetamol + Codeine (Relieve)	66	Pravastatin Mylan	69
Paracetamol with codeine	66	Premarin	63
Paradigm 1.8 Reservoir	45	Prezista	69
Paradigm 3.0 Reservoir	45	Primacin	75
Paradigm Mio MMT-921	68	Primaquine	25, 75
Paradigm Mio MMT-923	68	Primidone	76
Paradigm Mio MMT-925	68	Propranolol	38
Paradigm Mio MMT-941	68	Provera	63
Paradigm Mio MMT-943	68	Provera HD	64
Paradigm Mio MMT-945	68	Q	
Paradigm Mio MMT-965	68	Q300	76
Paradigm Mio MMT-975	68	Quinapril	33
Paradigm Quick-Set MMT-386	68	Quinine sulphate	76
Paradigm Quick-Set MMT-387	68	R	
Paradigm Quick-Set MMT-396	68	Rapamune	54
Paradigm Quick-Set MMT-397	68	Relieve	64
Paradigm Quick-Set MMT-398	68	Remicade	60

Index

Pharmaceuticals and brands

Resource Diabetic	75	Terbinafine	24, 77
Ribomustin	62	Teriflunomide	42, 62
Rituximab (Riximyo)	43	Testosterone cypionate	63
Riximyo	43	Thiamine hydrochloride	65
Robinul	73	Tilade	72, 78
Rolin	70	Tilcotil	23, 77
Roxane-Propranolol	38	Timolol	38, 77
Rugby Capsaicin Topical Cream	69	Tiotropium bromide	57
S		Topiderm	24
Sabril	50	Tranylcypropine sulphate	30
Salmeterol	74	Tykerb	36, 75
Sandostatin LAR	53	Tysabri	41
Sanofi Primaquine	25	U	
Sapropterin dihydrochloride	46	Umeclidinium	57
Scopoderm TTS	51	Univent	66, 74
Seebri Breezhaler	57	V	
Sertraline	35	Valganciclovir	48
Setrona	35	Valganciclovir Mylan	48
Setrona AU	35	Vedafil	47
Sildenafil	47	Vermox	65
Sirolimus	54	Versacloz	25
Sodium alginate	62	Vigabatrin	50
Sodium phenylbutyrate	46, 65	Vildagliptin	63
Somatropin (omnitrope)	34	Vildagliptin with metformin hydrochloride	63
Spiriva	57	ViruPOS	62
Spiriva Respimat	57	Vita-B12	29
Strattera	23	Volibris	70
Sunitinib	53	W	
Sustagen Diabetic	78	Warfarin sodium	24, 69, 70, 77
Sutent	53	Water	63
Synthroid	65	Z	
T		Zoledronic acid	33
Tarceva	52	Zoledronic acid Mylan	33
Tecfidera	41	Zostrix	66, 69
Tenoxicam	23, 77	Zostrix HP	66
Tensipine MR10	29	Zytiga	53

New Zealand
Permit No. 478



Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand

Phone: 64 4 460 4990 - Fax: 64 4 460 4995 - www.pharmac.govt.nz

Email: enquiry@pharmac.govt.nz

ISSN 1172-9376 (Print)

ISSN 1179-3686 (Online)

Te Kāwanatanga o Aotearoa New Zealand Government

While care has been taken in compiling this Update, Pharmaceutical Management Agency takes no responsibility for any errors or omissions and shall not be liable to any person for any damages or loss arising out of reliance by that person for any purpose on any of the contents of this Update. Errors and omissions brought to the attention of Pharmaceutical Management Agency will be corrected if necessary by an erratum or otherwise in the next edition of the update.

If Undelivered, Return To: PO Box 10254, Wellington 6143, New Zealand