

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-to-white gradient with a large, intricate, white geometric pattern of concentric, overlapping lines that form a complex, maze-like or cellular structure.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

May 2021

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Summary of PHARMAC decisions

EFFECTIVE 1 MAY 2021

New listings (pages 23-25)

- Sucralfate (Carafate) tab 1 g
- Pioglitazone (Vexazone) tab 15 mg
- Coenzyme Q10 cap 120 mg (Solgar) and cap 160 mg (Go Healthy)
– Special Authority – Retail pharmacy
- Levocarnitine tab 500 mg (Solgar), cap 250 mg (Solgar), cap 500 mg (Balance) and oral liq 500 mg per 10 ml, 300 ml (Balance) – Special Authority
– Retail pharmacy
- Riboflavin cap 100 mg (Solgar) and tab 100 mg (Country Life)
– Special Authority – Retail pharmacy
- Arginine tab 1,000 mg (Clinicians), cap 500 mg (Solgar) and powder (Biomed)
– Special Authority – Retail pharmacy
- Taurine cap 1,000 mg (Life Extension) and powder (Life Extension)
– Special Authority – Retail pharmacy
- Atropine sulphate (Hameln) inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO, S29 and wastage claimable
- Nifedipine (Mylan) tab long-acting 20 mg – S29 and wastage claimable
- Norethisterone (Primolut N) tab 5 mg – Up to 30 tab available on a PSO
- Oxycodone hydrochloride (Oxycodone Sandoz S29) tab controlled-release 10 mg, 30 tab, 50 tab and 100 tab packs, and 20 mg, 50 tab and 100 tab packs – only on a controlled drug form, no patient co-payment payable, safety medicine, S29 and wastage claimable
- Escitalopram (Escitalopram (Ethics)) tab 10 mg and 20 mg
- Varenicline tartrate (Champix) tab 0.5 mg × 11 and 1 mg × 42, 53 OP and tab 1 mg – Special Authority – Retail pharmacy
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe
– Special Authority – Retail pharmacy

Changes to restrictions (pages 27-31)

- Cilazapril (Zapril) tab 0.5 mg, 2.5 mg and 5 mg – addition of subsidy by endorsement
- Amlodipine tab 2.5 mg (Vasorex, Apo-Amlodipine and Bristol), tab 5 mg (Vasorex, Sandoz, Teva and Apo-Amlodipine) and tab 10 mg (Vasorex, Sandoz and Apo-Amlodipine) – reinstate stat dispensing
- Bendamustine hydrochloride inj 25 mg and 100 mg vial (Ribomustin) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Hydroxyurea [hydroxycarbamide] (Devatis) cap 500 mg – brand switch fee removed

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

- Lenalidomide (Revlimid) cap 5 mg, 10 mg, 15 mg and 25 mg
– amended Special Authority criteria
- Etanercept (Enbrel) inj 25 mg, inj 25 mg and 50 mg autoinjector and inj 50 mg prefilled syringe – amended Special Authority criteria
- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and 40 mg per 0.8 ml prefilled syringe (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen)
– amended Special Authority criteria
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter)
– amended Special Authority criteria
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe
– amended Special Authority criteria

Increased subsidy (page 34)

- Potassium chloride (Juno) inj 75 mg per ml, 10 ml
- Hypromellose (Methopt) eye drops 0.5 %, 15 ml OP

Decreased subsidy (page 34)

- Dosulepin [dothiepin] hydrochloride (Dosulepin Mylan) tab 75 mg

Tender News

Sole Subsidised Supply changes – effective 1 June 2021

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Amlodipine	Tab 2.5 mg; 90 tab	Vasorex (Rex Medical)
Amlodipine	Tab 5 mg; 90 tab	Vasorex (Rex Medical)
Amlodipine	Tab 10 mg; 90 tab	Vasorex (Rex Medical)
Imatinib mesilate	Cap 100 mg; 60 cap	Imatinib-Rex (Rex Medical)
Imatinib mesilate	Cap 400 mg; 30 cap	Imatinib-Rex (Rex Medical)
Teriflunomide	Tab 14 mg; 28 tab	Aubagio (Sanofi)

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 June 2021

- Ambrisentan (Ambrisentan -Mylan) tab 5 mg and 10 mg – removal of brand switch fee
- Paracetamol (Noumed Paracetamol) tab 500 mg - bottle pack – new listing
- Temozolomide cap 20 mg – addition of co-payment

Sole Subsidised Supply Products – cumulative to May 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	MycosNail	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	Crm	Boucher	2021
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Ascorbic acid	Tab 100 mg	Cvite	2022
Asprin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2022
Atazanavir sulphate	Cap 150 mg & 200 mg	Teva	2022
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2021
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg & 100 mg	Generic Partners	2022
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Eye drops 1%, 15 ml OP Inj 600 mcg per ml, 1 ml ampoule	Atropt Martindale	2023 2021
Azathioprine	Tab 25 mg & 50 mg	Azamun	2022

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

Sole Subsidised Supply Products – cumulative to May 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

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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 carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2023
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

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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 Gold Knight Moments Gold Knight	30/09/2022
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Hameln	2022
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021

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Generic Name	Presentation	Brand Name	Expiry Date*
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2023
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Dipyridamole	Tab long-acting 150 mg	Pytazen SR	2022
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2023
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2023
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2021
Dual blood glucose and blood ketone diagnostic test meter	Meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips, 1 OP	CareSens Dual	2022
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
Ethinylestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylestradiol and norethisterone	Tab 35 mcg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	2022
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2023

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Generic Name	Presentation	Brand Name	Expiry Date*
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg Tab long-acting 2.5 mg	Felo 5 ER Felo 10 ER Plendil ER	2021
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule Inj 50 mcg per ml, 10 ml ampoule	Boucher and Muir	2021
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2022
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental)	Ferrograd	2021
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2021
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-Baxter Urex Forte	2021 2022 2021
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Glibenclamide	Tab 5 mg	Daonil	2021
Glizclazide	Tab 80 mg	Glizide	2023
Glipizide	Tab 5 mg	Minidiab	2021

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Glucagon hydrochloride	Inj 1 mg syringe kit	Glucagen Hypokit	2023
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2023
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Liquid Suppos 3.6 g	healthE Glycerol BP PSM	2023 2021
Goserelin	Implant 3.6 mg & 10.8 mg, syringe	Teva	2023
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) Douglas	2022 2021
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2023
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	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 Ibuprofen BNM Ethics	2024 2021
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Ventavis	2022
Indapamide	Tab 2.5 mg	Dapa-Tabs	2023

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2022
Ipratropium bromide	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

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; 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

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Methylcellulose with glycerin and sucrose	Suspension	Ora Blend	2022
Methyl hydroxybenzoate	Powder	Midwest	2022
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	Multichem Micreme	2023
	Vaginal crn 2% with applicator, 40 g OP		
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

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Sole Subsidised Supply Products – cumulative to May 2021

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

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2021
	Cap pancreatin 300 mg (amylase 18,000 PH Eur U, lipase 25,000 PH Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Paracare Double Strength	2023
	Suppos 125 mg, 250 mg & 500 mg	Gacet	2021
Paraffin	White soft, 500 g & 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2022
			2021
Paroxetine	Tab 20 mg	Loxamine	2022
Perhexiline maleate	Tab 100 mg	Pexsig	2022
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
Phenoxymethylpenicillin (penicillin V)	Grans for oral liq 125 mg per 5 ml	AFT	2022
	Grans for oral liq 250 mg per 5 ml Cap 250 mg & 500 mg	Cilicaine VK	2021
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

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2023
Povidone iodine	Oint 10%, 65 g OP Antiseptic soln 10%, 15 ml & 500 ml Antiseptic soln 10%, 100 ml	Betadine Riodine	2023 2021 2022
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramipex	2022
Pravastatin	Tab 20 mg & 40 mg	Pravastatin Mylan	2023
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Pregabalin	Cap 25 mg, 75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Prochlorperazine	Tab 5 mg	Nausafix	2023
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridostigmine bromide	Tab 60 mg	Mestinon	2022
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2023
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2023
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2023
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 (Teva) 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
Ropinirelo hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2022

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2022
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2021
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
Sertraline	Tab 50 mg & 100 mg	Setrona	2022
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2023
Sodium bicarbonate	Powder BP	Midwest	2022
Sodium chloride	Inj 0.9%, 5 ml ampoule, 10 ml ampoule & 20 ml ampoule Nebuliser soln, 7%, 90 ml OP	Fresenius Kabi Biomed	2022
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2022
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2023
Sodium cromoglicate	Eye drops 2%, 5 ml OP	Rexacrom	2022
Sodium fusidate [fusidic acid]	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

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
Temazepam	Tab 10 mg	Normison	2023
Temozolomide	Cap 5 mg, 20 mg, 100 mg, 140 mg & 250 mg	Temaccord	2022
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
Tenoxicam	Tab 20 mg	Tilocolil	2022
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Tetrabenazine	Tab 25 mg	Motetis	2022
Theophylline	Tab long-acting 250 mg Oral liq 80 mg per 15 ml	Nuelin-SR Nuelin	2022
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP	Arrow-Timolol	2023
Tobramycin	Solution for inhalation 60 mg per ml, 5 ml	Tobramycin BNM	2023
	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2023
	Tab sustained-release 100 mg	Tramal SR 100	
	Tab sustained-release 150 mg	Tramal SR 150	
	Tab sustained-release 200 mg	Tramal SR 200	
Tranexamic acid	Tab 500 mg	Mercury Pharma	2022
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule	Kenacort-A 10	2023
	Inj 40 mg per ml, 1 ml ampoule	Kenacort-A 40	
	Paste 0.1%, 5 g OP	Kenalog in Orabase	
	Crm & oint 0.02%, 100 g OP	Aristocort	
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	Varenicline Pfizer	2021
	Tab 1 mg		
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Voriconazole	Powder for oral suspension 40 mg per ml	Vfend	2021
	Tab 50 mg & 200 mg	Vttack	
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2022
Ziprasidone	Cap 20 mg, 40 mg, 60 mg & 80 mg	Zusdone	2021

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Sole Subsidised Supply Products – cumulative to May 2021

Generic Name	Presentation	Brand Name	Expiry Date*
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

May changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 May 2021

10	SUCRALFATE Tab 1 g.....	35.50 (48.28)	120		Carafate
	Note – this is a new Pharmacode listing, 2602288.				
12	PIOGLITAZONE * Tab 15 mg.....	1.12	28	✓	Vexazone
	Note – this is a new pack size listing.				
27	COENZYME Q10 – Special Authority see SA2039 – Retail pharmacy Cap 120 mg CBS Cap 160 mg	CBS CBS	30 60	✓ ✓	Solgar Go Healthy
	<p>▶ SA2039 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 6 months where patient has a suspected inborn error of metabolism that may respond to coenzyme Q10 supplementation. Renewal only from a metabolic physician. Approvals valid for 24 months for applications meeting the following criteria: Both: 1. The patient has a confirmed diagnosis of an inborn error of metabolism that responds to coenzyme Q10 supplementation; and 2. The treatment remains appropriate and the patient is benefiting from treatment.</p>				
27	LEVOCARNITINE – Special Authority see SA2040 – Retail pharmacy Tab 500 mg..... Cap 250 mg Cap 500 mg Oral liq 500 mg per 10ml	CBS CBS CBS CBS	30 30 60 300 ml	✓ ✓ ✓ ✓	Solgar Solgar Balance Balance
	<p>▶ SA2040 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 6 months where patient has a suspected inborn error of metabolism that may respond to carnitine supplementation. Renewal only from a metabolic physician. Approvals valid for 24 months for applications meeting the following criteria: Both: 1. The patient has a confirmed diagnosis of an inborn error of metabolism that responds to carnitine supplementation; and 2. The treatment remains appropriate and the patient is benefiting from treatment.</p>				
27	RIBOFLAVIN – Special Authority see SA2041 – Retail pharmacy Cap 100 mg Tab 100mg.....	CBS CBS	100 100	✓ ✓	Solgar Country Life
	<p>▶ SA2041 Special Authority for Subsidy Initial application only from a metabolic physician or neurologist. Approvals valid for 6 months where patient has a suspected inborn error of metabolism that may respond to riboflavin supplementation. Renewal only from a metabolic physician or neurologist. Approvals valid for 24 months for applications meeting the following criteria: Both: 1. The patient has a confirmed diagnosis of an inborn error of metabolism that responds to riboflavin supplementation; and 2. The treatment remains appropriate and the patient is benefiting from treatment.</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

New Listings – effective 1 May 2021 (continued)

28	ARGININE – Special Authority see SA2042 – Retail pharmacy			
	Tab 1,000 mg.....	CBS	90	✓ Clinicians
	Cap 500 mg	CBS	50	✓ Solgar
	Powder.....	CBS	400 g	✓ Biomed
	<p>▶ SA2042 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 6 months where patient has a suspected inborn error of metabolism that may respond to arginine supplementation. Renewal only from a metabolic physician. Approvals valid for 24 months for applications meeting the following criteria: Both: 1. The patient has a confirmed diagnosis of an inborn error of metabolism that responds to arginine supplementation; and 2. The treatment remains appropriate and the patient is benefiting from treatment.</p>			
28	TAURINE – Special Authority see SA2043 – Retail pharmacy			
	Cap 1,000 mg	CBS	90	✓ Life Extension
	Powder.....	CBS	300 g	✓ Life Extension
	<p>▶ SA2043 Special Authority for Subsidy Initial application only from a metabolic physician. Approvals valid for 6 months where patient has a suspected specific mitochondrial disorder that may respond taurine supplementation. Renewal only from a metabolic physician. Approvals valid for 24 months for applications meeting the following criteria: Both: 1. The patient has a confirmed diagnosis of a specific mitochondrial disorder which responds to taurine supplementation; and 2. The treatment remains appropriate and the patient is benefiting from treatment.</p>			
48	ATROPINE SULPHATE			
	* Inj 600 mcg per ml, 1 ml ampoule			
	– Up to 5 inj available on a PSO.....	12.07	10	✓ Hameln S29
	Wastage claimable			
51	NIFEDIPINE			
	* Tab long-acting 20 mg.....	9.12	50	✓ Mylan S29
	Wastage claimable			
81	NORETHISTERONE			
	* Tab 5 mg – Up to 30 tab available on a PSO.....	5.49	30	✓ Primolut N
	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
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New Listings – effective 1 May 2021 (continued)

122	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 10 mg.....	3.23	30	✓ Oxycodone Sandoz \$29 \$29
		5.38	50	✓ Oxycodone Sandoz \$29 \$29
		10.75	100	✓ Oxycodone Sandoz \$29 \$29
	Wastage claimable			
	Tab controlled-release 20 mg.....	5.38	50	✓ Oxycodone Sandoz \$29 \$29
		10.75	100	✓ Oxycodone Sandoz \$29 \$29
	Wastage claimable			
124	ESCITALOPRAM			
	* Tab 10 mg.....	1.07	28	✓ Escitalopram (Ethics)
	* Tab 20 mg.....	1.92	28	✓ Escitalopram (Ethics)
141	VARENICLINE TARTRATE – Special Authority see SA1845 – Retail pharmacy			
	a) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack			
	b) Varenicline will not be funded in amounts less than 4 weeks of treatment.			
	c) The 6-month time period in which a patient can receive a funded 12-week course of varenicline tartrate starts from the date the Special Authority is approved.			
	Tab 0.5 mg × 11 and 1 mg × 42.....	25.64	53 OP	✓ Champix
	Tab 1 mg.....	27.10	56	✓ Champix
205	SECUKINUMAB – Special Authority see SA2044 – Retail pharmacy			
	Inj 150 mg per ml, 1 ml prefilled syringe	799.50	1	✓ Cosentyx
253	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]			
	Powder (orange) 36 g sachet.....	393.00	30	✓ PKU Anamix Junior Orange

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

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

New Listings – effective 9 April 2021

263	<p>INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm] 9.00</p> <p>A) INFLUENZA VACCINE – people 3 and 4 years of age (inclusive) is available each year for patients aged 3 and 4 years of age (inclusive) who meet the following criteria, as set by PHARMAC:</p> <ul style="list-style-type: none"> i. have any of the following cardiovascular diseases: <ul style="list-style-type: none"> a. ischaemic heart disease, or b. congestive heart failure, or c. rheumatic heart disease, or d. congenital heart disease, or e. cerebo-vascular disease; or ii. have either of the following chronic respiratory diseases: <ul style="list-style-type: none"> a. asthma, if on a regular preventative therapy, or b. other chronic respiratory disease with impaired lung function; or iii. have diabetes; or iv. have chronic renal disease; or v. have any cancer, excluding basal and squamous skin cancers if not invasive; or vi. have any of the following other conditions: <ul style="list-style-type: none"> a. autoimmune disease, or b. immune suppression or immune deficiency, or c. HIV, or d. transplant recipients, or e. neuromuscular and CNS diseases/disorders, or f. haemoglobinopathies, or g. are children on long term aspirin, or h. have a cochlear implant, or i. errors of metabolism at risk of major metabolic decompensation, or j. pre and post splenectomy, or k. down syndrome, or vii. have been hospitalised for respiratory illness or have a history of significant respiratory illness; <p>Unless meeting the criteria set out above, the following conditions are excluded from funding:</p> <ul style="list-style-type: none"> a. asthma not requiring regular preventative therapy, b. hypertension and/or dyslipidaemia without evidence of end-organ disease. <p>B) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.</p>	1	<p>✓ Influvac Tetra (2021 Formulation)</p>
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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

46	CILAZAPRIL – Subsidy by endorsement (addition of subsidy by endorsement) Subsidy by endorsement – Subsidised for patients who were taking cilazapril prior to 1 May 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril.			
	* Tab 0.5 mg.....	2.09	90	✓ Zapril
	* Tab 2.5 mg.....	4.80	90	✓ Zapril
	Tab 5 mg.....	8.35	90	✓ Zapril
51	AMLODIPINE (reinstate stat dispensing)			
	* Tab 2.5 mg.....	1.08	90	✓ Vasorex
		1.72	100	✓ Apo-Amlodipine
		16.20	28	✓ Bristol \$29
	* Tab 5 mg.....	0.96	90	✓ Vasorex
		1.56	28	✓ Sandoz \$29
				✓ Teva \$29
		3.33	250	✓ Apo-Amlodipine
	* Tab 10 mg.....	1.19	90	✓ Vasorex
		1.66	28	✓ Sandoz \$29
		4.40	250	✓ Apo-Amlodipine
143	BENDAMUSTINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA2046+667 (amended Special Authority criteria – new criteria shown only)			
	Inj 25 mg vial.....	77.00	1	✓ Ribomustin
	Inj 100 mg vial.....	308.00	1	✓ Ribomustin
	Inj 1 mg for ECP.....	3.23	1 mg	✓ Baxter
	➔ SA2046 +667 Special Authority for Subsidy			
	Initial application – (Hodgkin's lymphoma*) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:			
	All of the following:			
	1. Patient has Hodgkin's lymphoma requiring treatment; and			
	2. Patient has a ECOG performance status of 0-2; and			
	3. Patient has received one prior line of chemotherapy; and			
	4. Patient's disease relapsed or was refractory following prior chemotherapy; and			
	5. Bendamustine is to be administered in combination with gemcitabine and vinorelbine (BeGeV) at a maximum dose of no greater than 90 mg/m ² twice per cycle, for a maximum of four cycles.			
	Notes: Indications marked with * are unapproved indications.			
150	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy-Specialist (brand switch fee removed) Brand switch fee payable (Pharmacode 2603187)			
	Cap 500 mg.....	23.82	100	✓ Devatis

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

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

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 May 2021 (continued)

150 LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see ~~SA2047+897~~ (amended Special Authority – affected criteria shown only)

Wastage claimable

Cap 5 mg	5,122.76	28	✓ Revlimid
Cap 10 mg	4,655.25	21	✓ Revlimid
	6,207.00	28	✓ Revlimid
Cap 15 mg	5,429.39	21	✓ Revlimid
	7,239.18	28	✓ Revlimid
Cap 25 mg	7,627.00	21	✓ Revlimid

► ~~SA2047+897~~ Special Authority for Subsidy

Initial application - (Maintenance following first-line autologous stem cell transplant (SCT) only from a haematologist or relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1. Patient has newly diagnosed symptomatic multiple myeloma and has undergone first-line treatment that included an autologous stem cell transplantation; and
2. Patient has at least a stable disease response in the first 100 days after transplantation; and
3. Lenalidomide maintenance is to be commenced within 6 months of transplantation; and
4. The patient has ECOG performance score of 0-1; and
- 5.4. Lenalidomide to be administered at a maximum dose of 15 mg/day.

Renewal – (Maintenance following first line autologous SCT) only from a haematologist or relevant practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1. No evidence of disease progression; and
2. The treatment remains appropriate and patient is benefitting from treatment.

165 ETANERCEPT – Special Authority see ~~SA2048+974~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 25 mg.....	690.00	4	✓ Enbrel
Inj 25 mg autoinjector.....	690.00	4	✓ Enbrel
Inj 50 mg autoinjector.....	1,050.00	4	✓ Enbrel
Inj 50 mg prefilled syringe.....	1,050.00	4	✓ Enbrel

► ~~SA2048+974~~ Special Authority for Subsidy

Initial application — (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has had an initial Special Authority approval for adalimumab **or secukinumab** for psoriatic arthritis; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab **or secukinumab**; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab **or secukinumab** to meet the renewal criteria for adalimumab **or secukinumab** for psoriatic arthritis; or

2 All of the following:

- 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
- 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and

continued...

Changes to Restrictions – effective 1 May 2021 (continued)

continued...

- 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
 - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

172 ADALIMUMAB – Special Authority see **SA2049**~~1975~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2	✓ Humira
Inj 40 mg per 0.8 ml prefilled pen.....	1,599.96	2	✓ HumiraPen
Inj 40 mg per 0.8 ml prefilled syringe	1,599.96	2	✓ Humira

► **SA2049** ~~1975~~ Special Authority for Subsidy

Initial application — (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Both:

- 1.1 The patient has had an initial Special Authority approval for etanercept **or secukinumab** for psoriatic arthritis; and
- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from etanercept **or secukinumab**; or
 - 1.2.2 The patient has received insufficient benefit from etanercept **or secukinumab** to meet the renewal criteria for etanercept **or secukinumab** for psoriatic arthritis; or

2 All of the following:

- 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
- 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
- 2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
- 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
- 2.5 Any of the following:
 - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

▲ 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 May 2021 (continued)

184	INFLIXIMAB – PCT only – Special Authority see SA2050+982 (amended Special Authority criteria – affected criteria shown only)			
	Inj 100 mg.....	806.00	1	✓Remicade
	Inj 1 mg for ECP.....	8.29	1 mg	✓Baxter

► **SA2050+982** Special Authority for Subsidy

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

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept **and/or secukinumab** for psoriatic arthritis; and
- 2 Either:
 - 2.1 The patient has experienced intolerable side effects from adalimumab and/or etanercept **and/or secukinumab**; or
 - 2.2 Following 3 to 4 months' initial treatment with adalimumab and/or etanercept **and/or secukinumab**, the patient did not meet the renewal criteria for adalimumab and/or etanercept **and/or secukinumab** for psoriatic arthritis.

205	SECUKINUMAB – Special Authority see SA2044+754 – Retail pharmacy (amended Special Authority criteria – new criteria shown only)			
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Inj 150 mg per ml, 1 ml prefilled syringe	799.50	1	✓Cosentyx
	1,599.00	2	✓Cosentyx

► **SA2044+754** Special Authority for Subsidy

Initial application — (ankylosing spondylitis – second-line biologic) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 3 months for applications meeting the following criteria:

Both:

- 1 The patient has had an initial Special Authority approval for adalimumab and/or etanercept for ankylosing spondylitis; and
- 2 Either
 - 2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
 - 2.2 Following 12 weeks of adalimumab and/or etanercept treatment, the patient did not meet the renewal criteria for adalimumab and/or etanercept for ankylosing spondylitis.

Renewal — (ankylosing spondylitis – second-line biologic) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and
- 3 Secukinumab to be administered at doses no greater than 150 mg monthly.

Initial application — (psoriatic arthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for adalimumab or etanercept for psoriatic arthritis; and

continued...

Changes to Restrictions – effective 1 May 2021 (continued)

continued...

- 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects from adalimumab or etanercept; or
 - 1.2.2 The patient has received insufficient benefit from adalimumab or etanercept to meet the renewal criteria for adalimumab or etanercept for psoriatic arthritis; or
- 2 All of the following:
 - 2.1 Patient has had severe active psoriatic arthritis for six months duration or longer; and
 - 2.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
 - 2.3 Patient has tried and not responded to at least three months of sulfasalazine at a dose of at least 2 g per day or leflunomide at a dose of up to 20 mg daily (or maximum tolerated doses); and
 - 2.4 Either:
 - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen, tender joints; or
 - 2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
 - 2.5 Any of the following:
 - 2.5.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
 - 2.5.2 Patient has an elevated erythrocyte sedimentation rate (ESR) greater than 25 mm per hour; or
 - 2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Renewal — (psoriatic arthritis) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Either:
 - 1.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
 - 1.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior secukinumab treatment in the opinion of the treating physician; and
- 2 Secukinumab to be administered at doses no greater than 300 mg monthly.

▲ 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 9 April 2021

263	INFLUENZA VACCINE (amended restriction criteria) Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	90.00	10	✓ Afluria Quad (2021 Formulation)
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- a) Only on a prescription
- b) No patient co-payment payable
- c)
 - A) INFLUENZA VACCINE – people ≥ 5 years and over
is available each year for patients aged ≥ 5 years and over who meet the following criteria, as set by PHARMAC:
 - a) all people 65 years of age and over; or
 - b) people under 65 years of age who:
 - i) have any of the following cardiovascular diseases:
 - a) ischaemic heart disease, or
 - b) congestive heart failure, or
 - c) rheumatic heart disease, or
 - d) congenital heart disease, or
 - e) cerebo-vascular disease; or
 - ii) have either of the following chronic respiratory diseases:
 - a) asthma, if on a regular preventative therapy, or
 - b) other chronic respiratory disease with impaired lung function; or
 - iii) have diabetes; or
 - iv) have chronic renal disease; or
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive; or
 - vi) have any of the following other conditions:
 - a) autoimmune disease, or
 - b) immune suppression or immune deficiency, or
 - c) HIV, or
 - d) transplant recipients, or
 - e) neuromuscular and CNS diseases/disorders, or
 - f) haemoglobinopathies, or
 - g) are children on long term aspirin, or
 - h) have a cochlear implant, or
 - i) errors of metabolism at risk of major metabolic decompensation, or
 - j) pre and post splenectomy, or
 - k) down syndrome, or
 - vii) are pregnant; or
 - e) ~~children aged four years or less (but over three years) who have been hospitalised for respiratory illness or have a history of significant respiratory illness;~~

Unless meeting the criteria set out above, the following conditions are excluded from funding:

 - a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.- 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.

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

153	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy (addition of no patient co-payment payable) Cap 20 mg – no patient co-payment payable	16.38	5	✓ Temaccord
		18.30		✓ Apo-Temozolomide
		136.00	14	✓ Accord S29

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 May 2021

44	POTASSIUM CHLORIDE (↑ subsidy) * Inj 75 mg per ml, 10 ml	65.00	50	✓ Juno
123	DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement (↓ subsidy) a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride. Tab 75 mg.....	3.85	30	✓ Dosulepin Mylan
231	HYPROMELLOSE (↑ price and subsidy) * Eye drops 0.5%	19.50	15 ml OP	✓ Method

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 May 2021

33	CALCIUM CARBONATE * Tab 1.25 g (500 mg elemental).....	7.52	250	✓ Arrow-Calcium
47	CILAZAPRIL WITH HYDROCHLOROTHIAZIDE – Subsidy by endorsement – Subsidised for patients who were taking cilazapril with hydrochlorothiazide prior to 1 March 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril with hydrochlorothiazide. * Tab 5 mg with hydrochlorothiazide 12.5 mg.....	10.18	100	✓ Apo-Cilazapril/ Hydrochlorothiazide
54	NICOTINIC ACID Tab 50 mg..... Tab 500 mg.....	4.12 17.89	100 100	✓ Apo-Nicotinic Acid ✓ Apo-Nicotinic Acid
86	GOSERELIN Implant 3.6 mg, syringe..... Implant 10.8 mg, syringe.....	66.48 177.50	1 1	✓ Zoladex ✓ Zoladex
94	TOBRAMYCIN Solution for inhalation 60 mg per ml, 5 ml – Subsidy by endorsement..... a) Wastage claimable b) Only if prescribed for a cystic fibrosis patient and the prescription is endorsed accordingly.	2,200.00	56 dose	✓ TOBI
123	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 10 mg.....	13.99	100	✓ Anafranil S29
129	CYCLIZINE LACTATE Inj 50 mg per ml, 1 ml.....	14.95	5	✓ Nausicalm
147	METHOTREXATE * Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist..... * Inj 25 mg per ml, 2 ml vial – PCT – Retail pharmacy-Specialist.....	47.50 30.00	5 5	✓ Hospira ✓ DBL Methotrexate Onco-Vial
244	SODIUM CROMOGLICATE – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking sodium cromoglicate prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of sodium cromoglicate. Aerosol-inhaler, 5 mg per dose CFC-free..... Note – delist delayed until 1 November 2021.	28.07	112 dose OP	✓ Intal Forte CFC Free

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items – effective 1 May 2021 (continued)

233	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.			
241	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (vanilla).....	1.78 (2.10)	237 ml OP	Resource Diabetic

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

120	PARACETAMOL Tab 500 mg - blister pack	0.50 2.48	20 100	✓ Paracare ✓ Paracare
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Effective 1 August 2021

46	TERAZOSIN – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking terazosin prior to 1 October 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of terazosin.			
	Tab 2 mg.....	7.50	500	✓ Apo-Terazosin
		14.20	28	✓ Teva S29
	Tab 5 mg.....	10.90	500	✓ Apo-Terazosin
		24.80	28	✓ Teva S29

Effective 1 September 2021

64	AQUEOUS CREAM * Crm.....	5.75	500 g	✓ Topiderm
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Effective 1 October 2021

124	ESCITALOPRAM * Tab 10 mg..... * Tab 20 mg.....	1.40 2.49	28 28	✓ Escitalopram-Apotex ✓ Escitalopram-Apotex
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Effective 1 November 2021

72	ETHINYLLOESTRADIOL WITH DESOGESTREL * Tab 30 mcg with desogestrel 150 mcg and 7 inert tab	6.62 (19.80)	84	Marvelon 28
	a) Higher subsidy of \$13.80 per 84 tab with Special Authority see SA0500			
	b) Up to 84 tab available on a PSO			
244	SODIUM CROMOGLICATE – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking sodium cromoglicate prior to 1 July 2020 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of sodium cromoglicate. Aerosol inhaler, 5 mg per dose CFC-free	28.07	112 dose OP	✓ Intal Forte CFC Free

Effective 1 December 2021

10	SUCRALFATE Tab 1 g.....	35.50 (48.28)	120	Carafate
	Note – this delist applies to Pharmacode, 535273.			

▲ 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 February 2022

81	NORETHISTERONE * Tab 5 mg – up to 30 tab available on a PSO	18.29	100	✓ Primolut N
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Effective 1 March 2022

125	CLONAZEPAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 1 ml	21.00	5	✓ Rivotril
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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

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