PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

March 2022

Contents

Summary of Pharmac decisions
EFFECTIVE 1 MARCH 2022

New listings (pages 23-32)

- Ferrous fumarate with folic acid (Ferro-F-Tab) tab 310 mg (100 mg elemental) with folic acid 350 mcg, 100 tab pack
- Ambrisentan (Mylan) tab 10 mg – Special Authority – Retail pharmacy
- Erythromycin ethyl succinate (E-Mycin) grans for oral liq 200 mg per 5 ml, 100 ml (Pharmacode 2618877) – Up to 300 ml available on a PSO, up to 2 x maximum PSO for RFPP, wastage claimable
- Erythromycin ethyl succinate (E-Mycin) grans for oral liq 400 mg per 5 ml, 100 ml (Pharmacode 2618869) – Up to 200 ml available on a PSO and wastage claimable
- Paroxetine (Loxamine) tab 20 mg (Pharmacode 2626799)
- Atomoxetine (APO-Atomoxetine) cap 10 mg, 80 mg and 100 mg – section 29 and wastage claimable
- Mitomycin C (Accord) inj 5 mg vial – PCT only – Specialist, section 29
- Adalimumab (Amgevita) (Amgevita) inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled pen and inj 40 mg per 0.8 ml prefilled syringe – Special Authority – Retail pharmacy
- Renal oral feed 2 kcal/ml (NovaSource Renal) liquid, 200 ml bottle, 4 OP – Special Authority – Hospital pharmacy [HP3]
- Influenza vaccine (Afluria Quad Junior (2022 Formulation)) inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – Xpharm and access criteria apply
- Influenza vaccine (Afluria Quad (2022 Formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – only on a prescription, no patient co-payment payable and access criteria apply

Changes to restrictions (pages 33-45)

- Ethinyloestradiol (NZ Medical and Scientific) tab 10 mcg – addition of subsidy by endorsement and removal of stat dispensing
- Etanercept (Enbrel) inj 25 mg, 25 mg autoinjector, 50 mg autoinjector and 50 mg prefilled syringe – amended Special Authority criteria
- Adalimumab (Humira) inj 20 mg per 0.4 ml prefilled syringe, 40 mg per 0.8 ml prefilled syringe (Humira) and 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria - removal of initial applications
- Oral feed (powder) (Sustagen Hospital Formula) powder (vanilla) and powder (chocolate), 840 g OP – brand name change
- Influenza vaccine (Afluria Quad (2022 Formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – amended access criteria
- Varicella zoster virus (Oka strain) live attenuated vaccine [shingles vaccine] (Zostavax) inj 19,400 PFU prefilled syringe plus vial – amended access criteria

Increased subsidy (pages 46-48)

- Fluocortolone caproate with flucortolone pivalate and cinchocaine (Ultraproct) oint 950 mcg, with fluocortolone pivalate 920 mcg, and cinchocaine hydrochloride 5 mg per g, 30 g OP
- Fluocortolone caproate with flucortolone pivalate and cinchocaine (Ultraproct) suppos 630 mcg, with fluocortolone pivalate 610 mcg, and cinchocaine hydrochloride 1 mg, 12 supp pack
- Insulin pen needles (B-D Micro-Fine) 29 g × 12.7 mm, 31 g × 5 mm, 31 g × 8 mm and 32 g × 4 mm
- Insulin syringes, disposable with attached needle (BD Ultra Fine) syringe 0.3 ml with 29 g × 12.7 mm needle, syringe 0.5 ml with 29 g × 12.7 mm needle and syringe 1 ml with 29 g × 12.7 mm needle and (BD Ultra Fine II) syringe 0.3 ml with 31 g × 8 mm needle, syringe 0.5 ml with 31 g × 8 mm needle and syringe 1 ml with 31 g × 8 mm needle
- Hydroxocobalamin (Neo-B12) inj 1 mg per ml, 1 ml ampoule
- Heparin sodium inj 1,000 iu per ml, 5 ml ampoule, 5,000 iu per ml, 5 ml ampoule (Pfizer) and inj 25,000 iu per ml, 0.2 ml (Hospira)
- Atenolol (Atenolol-AFT) oral liq 25 mg per 5 ml, 300 ml OP
- Papaverine hydrochloride (Hospira) inj 12 mg per ml, 10 ml ampoule
- Methylprednisolone (Medrol) tab 100 mg
- Methylprednisolone (as sodium succinate) inj 40 mg vial, 125 mg vial and 500 mg vial (Solu-Medrol-Act-O-Vial) and inj 1 g vial (Solu-Medrol)
- Methylprednisolone acetate (Depo-Medrol) inj 40 mg per ml, 1ml vial
- Azithromycin (Zithromax) grans for oral liq for 200 mg per 5 ml (40 mg per ml), 15 ml
- Benzathine benzylpenicillin (Bicillin LA) inj 900 mg (1.2 million units) in 2.3 ml syringe
- Voriconazole (Vfend) powder for oral suspension 40 mg per ml, 70 ml
- Pyrazinamide (AFT-Pyrazinaimde) tab 500 mg
- Norfloxacin (Arrow-Norfloxacin) tab 400 mg
- Probenecid (Probenecid-AFT) tab 500 mg
- Paracetamol (Gacet) suppos 125 mg and 250 mg
- Phenytoin sodium (Hospira) inj 50 mg per ml, 2 ml ampoule and 5 ml ampoule
- Midazolam (Pfizer) inj 1 mg per ml, 5 ml plastic ampoule and inj 5 mg per ml, 3 ml plastic ampoule
- Bleomycin sulphate inj 15,000 iu, vial (DBL Bleomycin Sulfate) and inj 1,000 iu for ECP (Baxter)

Summary of Pharmac decisions – effective 1 March 2022 (continued)

- Idarubicin hydrochloride inj 5 mg vial and 10 mg vial (Zavedos) and inj 1 mg for ECP (Baxter)
- Antithymocyte globulin (equine) (ATGAM) inj 50 mg per ml, 5 ml
- Trastuzumab emtansine (Baxter) inj 1 mg for ECP
- Promethazine hydrochloride (Allersoothe) tab 10 mg, 25 mg and oral liq 1 mg per 1 ml
- Desferrioxamine mesliate (DBL Desferrioxamine Mesylate for Inj BP) inj 500 mg vial

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes – effective 1 April 2022

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Aqueous cream	Crm; 500 g	PSS	GEM Aqueous Cream (BioInnova)
Bimatoprost	Eye drops 0.03%; 3 ml OP	PSS	Bimatoprost Multichem (Multichem)
Cinacalcet	Tab 30 mg; 28 tab Tab 60 mg; 28 tab	PSS	Cinacalcet Devatis (Devatis)
Entacapone	Tab 200 mg; 100 tab	PSS	Comtan (Max Health)
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule; 10 inj Inj 50 mcg per ml, 10 ml ampoule; 10 inj	PSS	Boucher and Muir (Boucher and Muir)
Ibuprofen	Oral liq 20 mg per ml; 200 ml	PSS	Ethics (Multichem)
Melatonin	Tab modified-release 2 mg; 30 tab	PSS	Vigisom (Aspen)

Looking Forward

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

Decisions for implementation 1 April 2022

- Cinacalcet (Cinacalcet Devatis) tab 30 mg – addition of Brand Switch Fee
- Entacapone (Comtan) tab 200 mg – addition of Brand Switch Fee
- Melatonin (Vigisom) tab modified-release 2 mg – addition of Brand Switch Fee
- Salmeterol (Serevent) aerosol inhaler CFC-free, 25 mcg per dose, 120 dose OP – subsidy increase
- Salbutamol (Ventolin) aerosol inhaler,100 mcg per dose CFC free, 200 dose OP – manufacturer's price increase
- Ziprasidone (Zudone) cap 20 mg, 40 mg, 60 mg and 80 mg – subsidy increase

Possible decisions for future implementation 1 April 2022

- Benralizumab (Fasenra) inj 30 mg per ml prefilled pen – new listing with Special Authority
- Zoledronic acid (Zoledronic Acid Mylan) inj 4 mg per 5 ml, vial – amended Special Authority criteria
- Zoledronic acid (Aclasta) inj 0.05 mg per ml, 100 ml, vial – amended Special Authority criteria
- Rituximab (Riximyo) inj 100 mg per 10 ml vial, 500 mg per 50 ml and 1 mg for ECP – amended Special Authority criteria
- Aripiprazole (Aripiprazole Sandoz) tab 5 mg, 10 mg 15 mg, 20 mg and 30 mg – subsidy decrease

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

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	Accarb	2024
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 200 mg, 400 mg & 800 mg	ViruPOS Lovir	2024 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
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Vasorex	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
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Curam Duo 500/125	2023
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	Emend Tripack	2024
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	2024
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	2024
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2024 2023
Azathioprine	Tab 25 mg & 50 mg	Azamun	2022

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Azithromycin	Tab 500 mg	Zithromax	2024
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	Medsurge	2024
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2023
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~~ Serc	2023
Betamethasone dipropionate	Crm & oint 0.05%, 50 g OP	Diprosone	2023
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP	Daivobet	2024
Betamethasone valerate	**Lotn 0.1%, 50 ml OP** Oint 0.1%, 50 g OP Crm 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	**Betnovate** Beta Ointment Beta Cream Beta Scalp	**2024**
Bicalutamide	Tab 50 mg	Binarex	2023
Bisacodyl	Suppos 10 mg	Lax-suppositories	2024
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	2024
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2024
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2024
Budesonide	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	SteroClear	2023
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2022
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2024
Caffeine citrate	Oral liq 20 mg per ml (10 mg base per ml), 25 ml OP	Biomed	2022
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 Folinate Sandoz	2022
Candesartan cilexetil	Tab 4 mg, 8 mg,16 mg & 32 mg	Candestar	2024
Capecitabine	Tab 150 mg & 500 mg	Capercit	2022
Capsaicin	Crm 0.025%, 45 g OP Crm 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	Cefalexin ABM	2022
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	Oral liq 1 mg per ml, 200 ml Tab 10 mg	Hisatclear Zista	2024 2022
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP & 1,000 ml OP	Boucher	2022
Chloramphenicol	Eye oint 1%, 5 g OP Eye drops 0.5%, 10 ml OP	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
Cilazapril	Tab 0.5 mg, 2.5 mg & 5 mg	Zapril	2022
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2024 2023
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2024
Clindamycin	Cap hydrochloride 150 mg Inj phosphate 150 mg per ml, 4 ml ampoule	Dalacin C	2022
Clobetasol propionate	Crm 0.05%, 30 g OP Oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2022
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Clomipramine Teva	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
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 150 mcg	Medsurge Catapres	2024
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
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2023
Compound electrolytes	Powder for oral soln	Electral	2022
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	Crm 10%, 20 g OP	Itch-soothe	2024
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2024
Cyclizine lactate	Inj 50 mg per ml, 1 ml	Hameln	2022
Cyclophosphamide	Tab 50 mg	Cylconex	2024
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2024
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
Desmopressin acetate	Nasal spray 10 mcg per dos, 6 ml OP	Desmopressin-PH&T	2023
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2024
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Dexamethasone Phosphate Panpharma	2022
Dexamfetamine sulfate	Tab 5 mg	PSM	2024

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Generic Name	Presentation	Brand Name	Expiry Date*
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2023
Diclofenac	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	2024
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2024
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 180 mg & 240 mg**	**Cardizem CD**	**2024**
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2022
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
Disulfiram	Tab 200 mg	Antabuse	2024
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2023
Domperidone	Tab 10 mg	Pharmacy Health	2024
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2023
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2024
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Escitalopram	Tab 10 mg & 20 mg	Escitalopram (Ethics)	2024
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ethinyloestradiol and norethisterone	Tab 35 mcg with norethisterone 1 mg and 7 inert tab	Brevinor 1/28	2022
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2023
Febuxostat	Tab 80 mg & 120 mg	Febuxostat multichem	2023
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2024
Fentanyl	Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Fentanyl Sandoz	2024
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	2022
Filgrastim	Inj 300 mcg per 0.5 ml & 480 mcg per 0.5 ml	Nivestim	2024
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	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Inj 1 g vial	AFT Flucil	2024 2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2023
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2024
Fluticasone	Aerosol inhaler 50 mcg, 125 mcg & 250 mcg per dose, 120 dose OP	Flixotide	2023
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2024
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 5 mg	Folic Acid Mylan	2024
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	**IPCA-Frusemide** Lasix Frusemide-Baxter	**2024** 2022
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glibenclamide	Tab 5 mg	Daonil	2024
Gliclazide	Tab 80 mg	Glizide	2023
Glipizide	**Tab 5 mg**	**Minidiab**	**2024**
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	healthE Glycerol BP	2023
Glyceryl trinitrate	Oint 0.2%, 30 g OP	Rectogesic	2024
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
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	Inj 100 mg vial Crm 1%, 500 g Crm 1%, 100 g OP	Solu-Cortef Hydrocortisone (PSM)	2024 2022
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone butyrate	Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP Milky emuls 0.1%, 100 ml OP	Locoid Locoid Crelo	2024
Hydrocortisone with miconazole	Crm 1% with miconazole 2%, 15 g OP	Micreme H	2024
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2023
Hyoscine butylbromide	Tab 10 mg Inj 20 mg, 1 ml	Buscopan	2023
Ibuprofen	Tab long-acting 800 mg Tab 200 mg	Brufen SR Relieve	2024
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Ventavis	2022
Imatinib mesylate	Cap 100 mg & 400 mg	Imatinib-Rex	2023
Indapamide	Tab 2.5 mg	Dapa-Tabs	2023
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2022
Ipratropium bromide	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	2024
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2024
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**	**2024**
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	2024
Latanoprost	Eye drop 0.005%, 2.5 ml OP	Teva	2024

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

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Latanoprost with timolol	Eye drops 0.005% with timolol 0.5%, 2.5 ml OP	Arrow - Lattim	2023
Leflunomide	Tab 10 mg & 20 mg	Arava	2023
Letrozole	Tab 2.5 mg	Letrole	2024
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	**Tab 1.5 mg** Subdermal implant (2 x 75 mg rods) Tab 30 mcg Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg	**Postinor-1** Jadelle Microlut Mirena Jaydess	**2022** 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%, 20 ml vial Inj 2%, 20 ml vial	Lidocaine-Baxter Lidocaine-Claris Lidocaine-Baxter	2022
Lithium carbonate	Tab long-acting 400 mg	Priadel	2024
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2022
Lopinavir with ritonavir	Tab 100 mg with ritonavir 25 mg Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2024
Loratadine	Oral liq 1 mg per ml Tab 10 mg	Haylor syrup Lorafix	2022
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2023
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
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	Martindale	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
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Medroxyprogesterone acetate	Inj 150 mg per ml, 1 ml syringe	Depo-Provera	2022
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
Methadone	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2024
Methadone hydrochloride	Tab 5 mg	Methatabs	2022
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2024 2023
Methylcellulose	Powder Suspension	Midwest Ora Plus	2022
Methylcellulose with glycerin and sodium saccharin	Suspension	Ora Blend SF	2022
Methylcellulose with glycerin and sucrose	Suspension	Ora Blend	2022
Methyl hydroxybenzoate	Powder	Midwest	2022
Methylprednisolone aceponate	Crm & oint 0.1%, 15 g OP	Advantan	2023
Metoclopramide hydrochloride	Tab 10 mg Inj 5 mg per ml, 2 ml ampoule	Metoclopramide Actavis 10 Pfizer	2023 2022
Metoprolol tartrate	**Tab 50 mg & 100 mg**	**IPCA-Metoprolol**	**2024**
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	2024
Miconazole nitrate	Crm 2%, 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2023
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024
Modafinil	**Tab 100 mg**	**Modavigil**	**2024**
Mometasone furoate	Crm 0.1%, 15 g OP Crm 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2022
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**	**Nadolol BNM**	**2024**
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2023
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2024
Neostigmine metilsulfate	**Inj 2.5 mg per ml, 1 ml ampoule**	**Max Health**	**2024**
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2024
Nicorandil	Tab 10 mg & 20 mg	Ikorel	2022
Nitrofurantoin	Cap modified-release 100 mg	Macrobid	2023
Norethisterone	**Tab 350 mcg**	**Noriday 28**	**2024**
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
Octreotide long-acting	**Inj depot 10 mg, 20 mg & 30 mg prefilled syringe**	**Octreotide Depot Teva**	**2024**
Oestriol	Crm 1 mg per g with applicator, 15 g OP	Ovestin	2023
	Pessaries 500 mcg Tab 2 mg	 Ovestin	
Olanzapine	Orodispersible tab 5 mg & 10 mg Tab 2.5 mg, 5 mg and 10 mg	Zypine ODT Zypine	2023
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2022
Omeprazole	Cap 10 mg	Omeprazole actavis 10	2023
	Cap 20 mg	Omeprazole actavis 20	
	Cap 40 mg	Omeprazole actavis 40	
	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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024
Orphenadrine citrate	Tab 100 mg	Norflex	2024
Oxycodone hydrochloride	Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	OxyNorm	2024
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2024
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief	2022
Paracetamol	Tab 500 mg-bottle pack Tab 500 mg-blister pack Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Noumed Paracetamol Pacimol Paracare Paracare Double Strength	2024 2023
Paraffin	White soft, 500 g & 2,500 g	healthE	2022
Paroxetine	Tab 20 mg	Loxamine	2022
Perhexiline maleate	Tab 100 mg	Pexsig	2022
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
Permethrin	Crm 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2023
Pethidine hydrochloride	Tab 50 mg	PSM	2024
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg Cap 500 mg Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Cilicaine VK AFT	2024 2022
Pimecrolimus	Crm 1%, 15 g OP	Elidel	2023
Pine tar with trolamine laurisulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2023
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2024
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 iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2023
Povidone iodine	**Antiseptic solution 10%, 100 ml** Oint 10%, 65 g OP	**Riodone** Betadine	**2024** 2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
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	2024
Prochlorperazine	Tab 5 mg	Nausafix	2023
Propranolol	**Tab 10 mg** **Tab 40 mg**	**Drofate** **IPCA-Propranolol**	**2024**
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	2024
Quinapril with hydrochlorothiazide	**Tab 10 mg with hydrochlorothiazide 12.5 mg** **Tab 20 mg with hydrochlorothiazide 12.5 mg**	**Accuretic 10** **Accuretic 20**	**2024**
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	2024
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 per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2024
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	**Oral liq 400 mcg per ml, 150 ml** Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	**Ventolin** Asthalin	**2024**
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sertraline	Tab 50 mg & 100 mg	Setrona	2022
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2023
Sodium bicarbonate	Powder BP	Midwest	2022
Sodium chloride	Inj 0.9%, 5 ml ampoule, 10 ml ampoule & 20 ml ampoule Nebuliser soln, 7%, 90 ml OP	Fresenius Kabi Biomed	2022
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2022
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2023
Sodium cromoglicate	Eye drops 2%, 5 ml OP	Rexacrom	2022
Sodium fusidate [Fusidic acid]	Crm 2%, 5 g OP Oint 2%, 5 g OP	Foban	2024
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2024
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024
Sotalol	Tab 80 mg & 160 mg	Mylan	2022
Spironolactone	Oral liq 5 mg per ml, 25 ml OP	Biomed	2022
Sulfasalazine	Tab EC 500 mg	Salazopyrin EN	2022
Sumatriptan	Tab 50 mg & 100 mg Inj 12 mg per ml, 0.5 ml prefilled pen, 2 OP	Sumagran Imigran	2024 2022
Sunscreen, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF 50+	2022
Syrup (pharmaceutical grade)	Liq	Midwest	2022
Tacrolimus	**Oint 0.1%, 30 g OP**	**Zematop**	**2023**
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Temozolomide	Cap 5 mg, 20 mg, 100 mg, 140 mg & 250 mg	Temaccord	2022
Tenoxicam	Tab 20 mg	Tilocotil	2022
Terbinafine	Tab 250 mg	Deolate	2023
Teriflunomide	Tab 14 mg	Aubagio	2023
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 Solution for inhalation 60 mg per ml, 5 ml	Tobramycin Mylan Tobramycin BNM	2024 2023
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
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2024
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Paste 0.1%, 5 g OP Crm & oint 0.02%, 100 g OP	Kenacort-A 10 Kenacort-A 40 Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
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	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2024
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	2024
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Zinc sulphate	Cap 137.4 mg (50 mg elemental)	Zincaps	2022

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Mylan	2024
	Inj 0.05 mg per ml, 100 ml, vial, 100 ml OP	Aclasta	2022
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

March 2022 changes are in bold type

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New Listings

Effective 1 March 2022

36 FERROUS FUMARATE WITH FOLIC ACID
✻ Tab 310 mg (100 mg elemental) with folic acid 350 mcg ..... 5.98 | 100 | ✔**Ferro-F-Tabs**

58 AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy
Tab 10 mg ..... 1,550.00 | 30 | ✔**Mylan**

92 ERYTHROMYCIN ETHYL SUCCINATE
Grans for oral liq 200 mg per 5 ml ..... 5.00 | 100 ml | ✔**E-Mycin**
a) Up to 300 ml available on a PSO
b) Up to 2 x the maximum PSO quantity for RFPP
c) Wastage claimable
Grans for oral liq 400 mg per 5 ml ..... 6.77 | 100 ml | ✔**E-Mycin**
a) Up to 200 ml available on a PSO
b) Wastage claimable
Note – these listings are for Pharmacodes 2618877 (E-Mycin grans 200 mg per 5 ml) and 2618869 (E-Mycin grans 400 mg per 5 ml).

127 PAROXETINE
✻ Tab 20 mg ..... 3.61 | 90 | ✔**Loxamine**
Note – this listing is for Pharmacode 2626799.

139 ATOMOXETINE
Cap 10 mg ..... 18.41 | 28 | ✔**APO-Atomoxetine** S29
Cap 80 mg ..... 56.45 | 28 | ✔**APO-Atomoxetine** S29
Cap 100 mg ..... 58.48 | 28 | ✔**APO-Atomoxetine** S29
Wastage claimable

154 MITOMYCIN C – PCT only – Specialist
Inj 5 mg vial ..... 641.70 | 1 | ✔**Accord** S29

179 ADALIMUMAB (AMGEVITA) – Special Authority see SA2102 – Retail pharmacy
Inj 20 mg per 0.4 ml prefilled syringe ..... 190.00 | 1 | ✔**Amgevita**
Inj 40 mg per 0.8 ml prefilled pen ..... 375.00 | 2 | ✔**Amgevita**
Inj 40 mg per 0.8 ml prefilled syringe ..... 375.00 | 2 | ✔**Amgevita**
SA2102 Special Authority for Subsidy
Initial application — (Behcet's disease - severe) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
1 The patient has severe Behcet's disease* that is significantly impacting the patient's quality of life; and
2 Either:
2.1 The patient has severe ocular, neurological, and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s); or
2.2 The patient has severe gastrointestinal, rheumatological, and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s).
Note: Indications marked with * are unapproved indications.

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New Listings – effective 1 March 2022 (continued)

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Initial application — (Hidradenitis suppurativa) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas; and
2 Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or patient has demonstrated intolerance to or has contraindications for systemic antibiotics; and
3 Patient has 3 or more active lesions; and
4 The patient has a DLQI of 10 or more and the assessment is no more than 1 month old at time of application.

Renewal — (Hidradenitis suppurativa) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Both:
1 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; and
2 The patient has a DLQI improvement of 4 or more from baseline.

Initial application — (Plaque psoriasis - severe chronic) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 Both:
  1.1 Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
  1.2 Either:
    1.2.1 Patient has experienced intolerable side effects; or
    1.2.2 Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or
2 All of the following:
  2.1 Either:
    2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a PASI score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
    2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and
  2.2 Patient has tried, but had an inadequate response to, or has experienced intolerable side effects from at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
  2.3 A PASI assessment or DLQI assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application.

Renewal — (Plaque psoriasis - severe chronic) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 Both:
  1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
  1.2 Either:
    1.2.1 The patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
    1.2.2 The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value; or
2 Both:
  2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
  2.2 Either:

continued...

New Listings – effective 1 March 2022 (continued)

continued...

2.2.1 The patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

2.2.2 The patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value.

Initial application — (pyoderma gangrenosum) only from a dermatologist. Approvals valid without renewal unless notified for applications meeting the following criteria:
Both:
1 Patient has pyoderma gangrenosum*; and
2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and has not received an adequate response.
Note: Indications marked with * are unapproved indications.

Initial application — (Crohn's disease - adults) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient has active Crohn's disease; and
2 Any of the following:
2.1 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; or
2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
2.4 Patient has an ileostomy or colostomy and has intestinal inflammation; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal — (Crohn's disease - adults) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Any of the following:
1 CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced by 3 points, from when the patient was initiated on adalimumab; or
2 CDAI score is 150 or less, or HBI is 4 or less; or
3 The patient has demonstrated an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed.

Initial application — (Crohn's disease - children) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Paediatric patient has active Crohn's disease; and
2 Either:
2.1 Patient has a PCDAI score of greater than or equal to 30; or
2.2 Patient has extensive small intestine disease; and
3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal — (Crohn's disease - children) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Any of the following:
1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or
2 PCDAI score is 15 or less; or
3 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed.

continued...

New Listings – effective 1 March 2022 (continued)

continued...

Initial application — (Crohn's disease - fistulising) only from a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has confirmed Crohn's disease; and
2 Any of the following:
  2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
  2.2 Patient has one or more rectovaginal fistula(e); or
  2.3 Patient has complex peri-anal fistula; and
3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application.

Renewal — (Crohn's disease - fistulising) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 The number of open draining fistulae have decreased from baseline by at least 50%; or
2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

Initial application — (Ocular inflammation - chronic) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 Patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation; or
2 Both:
  2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and
  2.2 Any of the following:
    2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or
    2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or
    2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

Renewal — (Ocular inflammation - chronic) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Any of the following:
1 The patient has had a good clinical response following 12 weeks' initial treatment; or
2 Following each 2 year treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
3 Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Initial application — (Ocular inflammation - severe) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:
Either:
1 Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; or
2 Both:
  2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and
  2.2 Any of the following:
    2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or

continued...

New Listings – effective 1 March 2022 (continued)

continued...

2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

Renewal — (Ocular inflammation - severe) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Any of the following:
1 The patient has had a good clinical response following 3 initial doses; or
2 Following each 2 year treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
3 Following each 2 year treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old.

Initial application — (ankylosing spondylitis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
1.1 Patient has had an initial Special Authority approval for etanercept for ankylosing spondylitis; and
1.2 Either:
1.2.1 The patient has experienced intolerable side effects; or
1.2.2 The patient has received insufficient benefit to meet the renewal criteria for ankylosing spondylitis; or
2 All of the following:
2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and
2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and
2.3 Patient has bilateral sacroiliitis demonstrated by radiology imaging; and
2.4 Patient has not responded adequately to treatment with two or more NSAIDs, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis; and
2.5 Either:
2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following BASMI measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or
2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the average normal values corrected for age and gender; and
2.6 A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment and is no more than 1 month old at the time of application.

Renewal — (ankylosing spondylitis) from any relevant practitioner. Approvals valid for 2 years for applications where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less.

Initial application — (Arthritis - oligoarticular course juvenile idiopathic) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and
1.2 Either:
1.2.1 Patient has experienced intolerable side effects; or
1.2.2 Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA; or

continued...

New Listings – effective 1 March 2022 (continued)

continued...

2 All of the following:
  2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and
  2.3 Either:
    2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
    2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose).

Renewal — (Arthritis - oligoarticular course juvenile idiopathic) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initial application — (Arthritis - polyarticular course juvenile idiopathic) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
  1.1 Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA); and
  1.2 Either:
    1.2.1 Patient has experienced intolerable side effects; or
    1.2.2 Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA; or
2 All of the following:
  2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
  2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and
  2.3 Any of the following:
    2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or
    2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or
    2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

Renewal — (Arthritis - polyarticular course juvenile idiopathic) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 Following initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

Initial application — (Arthritis - psoriatic) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Either:
1 Both:
  1.1 Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis; and
  1.2 Either:
    1.2.1 Patient has experienced intolerable side effects; or

continued...

New Listings – effective 1 March 2022 (continued)

continued...

1.2.2 Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis; or

2 All of the following:
- 2.1 Patient has had active psoriatic arthritis for six months duration or longer; and
- 2.2 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
- 2.3 Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated); and
- 2.4 Either:
  - 2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen 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 CRP 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 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 — (Arthritis - psoriatic) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 Following initial treatment, the patient has at least a 50% decrease in swollen joint count from baseline and a clinically significant response in the opinion of the physician; or
2 Patient demonstrates at least a continuing 30% improvement in swollen joint count from baseline and a clinically significant response in the opinion of the treating physician.

Initial application — (Arthritis - rheumatoid) 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 for rheumatoid arthritis; and
- 1.2 Either:
  - 1.2.1 The patient has experienced intolerable side effects; or
  - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis; or

2 All of the following:
- 2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
- 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
- 2.3 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
- 2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and
- 2.5 Either:
  - 2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  - 2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate; and

continued...

New Listings – effective 1 March 2022 (continued)

continued...

2.6 Either:
- 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
- 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.

Renewal — (Arthritis - rheumatoid) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 Following 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
2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

Initial application — (Still's disease - adult-onset (AOSD)) only from a rheumatologist. Approvals valid without renewal unless notified for applications meeting the following criteria:
Either:
1 Both:
- 1.1 The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for AOSD; and
- 1.2 Either:
  - 1.2.1 Patient has experienced intolerable side effects from etanercept and/or tocilizumab; or
  - 1.2.2 Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab; or

2 All of the following:
- 2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria; and
- 2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, NSAIDs and methotrexate; and
- 2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Initial application – (ulcerative colitis) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient has histologically confirmed active ulcerative colitis; and
2 Either:
- 2.1 Patient's SCCAI score is greater than or equal to 4; or
- 2.2 Patient's PUCAI score is greater than or equal to 65; and

3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from prior therapy with immunomodulators and systemic corticosteroids; and
4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal – (ulcerative colitis) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on adalimumab; or
2 The PUCAI score has reduced by 30 points or more from the PUCAI score since initiation on adalimumab.

Initial application — (undifferentiated spondyloarthritis) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and
2 Patient has tried and not responded to at least three months of each of methotrexate, sulfasalazine and leflunomide, at maximum tolerated doses (unless contraindicated); and

continued...

New Listings – effective 1 March 2022 (continued)

continued...

3 Any of the following:
  3.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  3.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
  3.3 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.

Note: Indications marked with * are unapproved indications

Renewal — (undifferentiated spondyloarthritis) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 Following 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
2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response in the opinion of the treating physician.

Initial application — (inflammatory bowel arthritis – axial) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
2 Patient has axial inflammatory pain for six months or more; and
3 Patient is unable to take NSAIDs; and
4 Patient has bilateral sacroiliitis demonstrated by radiological imaging; and
5 Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and
6 A BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment.

Renewal — (inflammatory bowel arthritis – axial) from any relevant practitioner. Approvals valid for 2 years where treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less.

Initial application — (inflammatory bowel arthritis – peripheral) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and
3 Patient has tried and not responded to at least three months of methotrexate or azathioprine at a maximum tolerated dose; and
4 Patient has tried and not responded to at least three months of sulfasalazine at a maximum tolerated dose; and
5 Any of the following:
  5.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  5.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
  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.

continued...

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 2022 (continued)

continued...

Renewal — (inflammatory bowel arthritis – peripheral) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:
Either:
1 Following initial treatment, 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
2 Patient demonstrates at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician.

250 RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]

Liquid, 200 ml bottle	11.52 (13.24)	4 OP	NovaSource Renal

268 INFLUENZA VACCINE

Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	11.00	1	✔**Afluria Quad Junior (2022 Formulation)**
a) Access criteria apply			
Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	110.00	10	✔**Afluria Quad (2022 Formulation)**
a) Only on a prescription b) No patient co-payment payable c) Access criteria apply			

Effective 1 February 2022

34 CALCIUM LACTATE GLUCONATE WITH CALCIUM CARBONATE

Tab eff 2.94 g with calcium carbonate 0.3 g (500 mg elemental) – Subsidy by endorsement	260.00	100	✔**Calcium-Sandoz Forte** S29

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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 March 2022

83 ETHINYLOESTRADIOL – **Subsidy by endorsement** (addition of endorsement and removal of stat)

Subsidy by endorsement – Subsidised for patients who were taking ethinyloestradiol prior to 1 March 2022 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ethinyloestradiol.

✳ Tab 10 mcg	17.60	100	✔ **NZ Medical and Scientific**

171 ETANERCEPT – Special Authority see SA~~2048~~**2103** – Retail pharmacy (amended restriction 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**

➽ **SAQQQ** ~~2103~~ Special Authority for Subsidy

Initial application — (~~rheumatoid a~~**Arthritis - rheumatoid**) 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 for rheumatoid arthritis; and
   - 1.2 Either:
     - 1.2.1 The patient has experienced intolerable side effects ~~from adalimumab~~; or
     - 1.2.2 The patient has received insufficient benefit ~~from adalimumab~~ to meet the renewal criteria ~~for adalimumab~~ for rheumatoid arthritis; or
2. All of the following:
   - 2.1 Patient has had ~~severe and active erosive~~ rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
   - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
   - 2.3 Patient has tried and not responded to at least three months of ~~oral or parenteral~~ methotrexate at ~~a dose of at least 20 mg weekly or~~ a maximum tolerated dose **(unless contraindicated)**; and
   - 2.4 Patient has tried and not responded to at least three months of ~~oral or parenteral~~ methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses **unless contraindicated**); and
   - 2.5 ~~Any of the following~~ **Either**:
     - 2.5.1 Patient has tried and not responded to at least three months of ~~oral or parenteral~~ methotrexate in combination with the maximum tolerated dose of ciclosporin; or
     - ~~2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or~~
     - **2.5.2**~~2.5.3~~ Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with ~~oral or parenteral~~ methotrexate; and
   - 2.6 Either:
     - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least ~~20~~ **15** swollen~~, tender~~ joints; or
     - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.~~; and~~
   - ~~2.7 Either:~~
     - ~~2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or~~
     - ~~2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.~~

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

Renewal — (~~rheumatoid a~~**Arthritis - rheumatoid**) **from any relevant practitioner** ~~only from a rheumatologist or Practitioner on the recommendation of a rheumatologist.~~ Approvals valid for **2 years** ~~6 months~~ for applications meeting the following criteria:

All of the following:

~~1 Either:~~

~~1.1 Applicant is a rheumatologist; or~~

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

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

2~~3~~ Either:

2.1~~3.1~~ Following ~~3 to 4 months'~~ initial treatment, the patient has at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or

2.2~~3.2~~ On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

3~~4~~ Etanercept to be administered at doses no greater than 50 mg every 7 days.

178 ADALIMUMAB **(HUMIRA)** – Special Authority see SA~~2049~~**2101** – Retail pharmacy (amended chemical name and restriction criteria – removal of initial applications)

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**

➽ **SA2101** ~~2049~~ Special Authority for Subsidy

~~Initial application — (adult-onset Still's disease) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:~~

~~Either:~~

~~1 Both:~~

~~1.1 Either:~~

~~1.1.1 The patient has had an initial Special Authority approval for etanercept for adult-onset Still's disease (AOSD); or~~

~~1.1.2 The patient has been started on tocilizumab for AOSD in a DHB hospital in accordance with the HML rules; and~~

~~1.2 Either:~~

~~1.2.1 The patient has experienced intolerable side effects from etanercept and/or tocilizumab; or~~

~~1.2.2 The patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab such that they do not meet the renewal criteria for AOSD; or~~

~~2 All of the following:~~

~~2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria (J Rheumatol 1992;19:424-430); and~~

~~2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, non-steroidal anti-inflammatory drugs (NSAIDs) and methotrexate; and~~

~~2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.~~

Renewal — (adult-onset Still's disease) 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 Applicant is a rheumatologist; or

1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 The patient has a sustained improvement in inflammatory markers and functional status.

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

~~Initial application — (ankylosing spondylitis) 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 for ankylosing spondylitis; and~~
~~1.2 Either:~~
~~1.2.1 The patient has experienced intolerable side effects from etanercept; or~~
~~1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for ankylosing spondylitis; or~~
~~2 All of the following:~~
~~2.1 Patient has a confirmed diagnosis of ankylosing spondylitis for more than six months; and~~
~~2.2 Patient has low back pain and stiffness that is relieved by exercise but not by rest; and~~
~~2.3 Patient has bilateral sacroiliitis demonstrated by plain radiographs, CT or MRI scan; and~~
~~2.4 Patient's ankylosing spondylitis has not responded adequately to treatment with two or more non-steroidal anti-inflammatory drugs (NSAIDs), in combination with anti-ulcer therapy if indicated, while patient was undergoing at least 3 months of a regular exercise regimen for ankylosing spondylitis; and~~
~~2.5 Either:~~
~~2.5.1 Patient has limitation of motion of the lumbar spine in the sagittal and the frontal planes as determined by the following Bath Ankylosing Spondylitis Metrology Index (BASMI) measures: a modified Schober's test of less than or equal to 4 cm and lumbar side flexion measurement of less than or equal to 10 cm (mean of left and right); or~~
~~2.5.2 Patient has limitation of chest expansion by at least 2.5 cm below the following average normal values corrected for age and gender (see Notes); and~~
~~2.6 A Bath Ankylosing Spondylitis Disease Activity Index (BASDAI) of at least 6 on a 0-10 scale.~~
~~Notes: The BASDAI must have been determined at the completion of the 3 month exercise trial, but prior to ceasing NSAID treatment. The BASDAI measure must be no more than 1 month old at the time of initial application.~~
~~Average normal chest expansion corrected for age and gender:~~
~~18-24 years - Male: 7.0 cm; Female: 5.5 cm~~
~~25-34 years - Male: 7.5 cm; Female: 5.5 cm~~
~~35-44 years - Male: 6.5 cm; Female: 4.5 cm~~
~~45-54 years - Male: 6.0 cm; Female: 5.0 cm~~
~~55-64 years - Male: 5.5 cm; Female: 4.0 cm~~
~~65-74 years - Male: 4.0 cm; Female: 4.0 cm~~
~~75+ years - Male: 3.0 cm; Female: 2.5 cm~~

Renewal — (ankylosing spondylitis) 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 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Following 12 weeks' initial treatment and for subsequent renewals, treatment has resulted in an improvement in BASDAI of 4 or more points from pre-treatment baseline on a 10 point scale, or an improvement in BASDAI of 50%, whichever is less; and
3 Physician considers that the patient has benefited from treatment and that continued treatment is appropriate; and
4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

~~Initial application — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Both:~~
~~1.1 The patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation; and~~
~~1.2 Either:~~
~~1.2.1 The patient has experienced intolerable side effects from infliximab; or~~
~~1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for chronic ocular inflammation; or~~
~~2 Both:~~
~~2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and~~
~~2.2 Any of the following:~~
~~2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or~~
~~2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or~~
~~2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.~~

Renewal — (chronic ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Any of the following:
1.1 The patient has had a good clinical response following 12 weeks' initial treatment; or
1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.
Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

~~Initial application — (Crohn's disease - adults) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient has severe active Crohn's disease; and~~
~~2 Any of the following:~~
~~2.1 Patient has a Crohn's Disease Activity Index (CDAI) score of greater than or equal to 300; or~~
~~2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or~~
~~2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or~~
~~2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and~~
~~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 (unless contraindicated) and corticosteroids; and~~
~~4 Surgery (or further surgery) is considered to be clinically inappropriate.~~

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

Renewal — (Crohn's disease - adults) 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 Either:
  1.1 Applicant is a gastroenterologist; or
  1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Either:
  2.1 Either:
    2.1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or
    2.1.2 CDAI score is 150 or less; or
  2.2 Both:
    2.2.1 The patient has demonstrated an adequate response to treatment but CDAI score cannot be assessed; and
    2.2.2 Applicant to indicate the reason that CDAI score cannot be assessed; and
3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

~~Initial application — (Crohn's disease - children) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Paediatric patient has severe active Crohn's disease; and~~
~~2 Either:~~
  ~~2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or~~
  ~~2.2 Patient has extensive small intestine disease; and~~
~~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 (unless contraindicated) and corticosteroids; and~~
~~4 Surgery (or further surgery) is considered to be clinically inappropriate.~~

Renewal — (Crohn's disease - children) 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 Either:
  1.1 Applicant is a gastroenterologist; or
  1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Either:
  2.1 Either:
    2.1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or
    2.1.2 PCDAI score is 15 or less; or
  2.2 Both:
    2.2.1 The patient has demonstrated an adequate response to treatment but PCDAI score cannot be assessed; and
    2.2.2 Applicant to indicate the reason that PCDAI score cannot be assessed; and
3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

~~Initial application — (fistulising Crohn's disease) only from a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient has confirmed Crohn's disease; and~~

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

~~2 Either:~~
~~2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or~~
~~2.2 Patient has one or more rectovaginal fistula(e); and~~
~~3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application; and~~
~~4 The patient will be assessed for response to treatment after 4 months' adalimumab treatment (see Note).~~
~~Note: A maximum of 4 months' adalimumab will be subsidised on an initial Special Authority approval for fistulising Crohn's disease.~~

Renewal — (fistulising Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Applicant is a gastroenterologist; or
1.2 Applicant is a Practitioner and confirms that a gastroenterologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Either:
2.1 The number of open draining fistulae have decreased from baseline by at least 50%; or
2.2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment score, together with less induration and patient-reported pain.

~~Initial application — (hidradenitis suppurativa) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient has hidradenitis suppurativa Hurley Stage II or Hurley Stage III lesions in distinct anatomic areas; and~~
~~2 Patient has tried, but had an inadequate response to at least a 90 day trial of systemic antibiotics or patient has demonstrated intolerance to or has contraindications for systemic antibiotics; and~~
~~3 The patient has 3 or more active lesions (e.g. inflammatory nodules, abscesses, draining fistulae); and~~
~~4 The patient has a Dermatology Quality of Life Index of 10 or more and the assessment is no more than 1 month old at time of application; and~~
~~5 Following the initial loading doses, adalimumab is to be administered at doses no greater than 40mg every 7 days.~~

Renewal — (hidradenitis suppurativa) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 The patient has a reduction in active lesions (e.g. inflammatory nodules, abscesses, draining fistulae) of 25% or more from baseline; and
2 The patient has a Dermatology Quality of Life Index improvement of 4 or more from baseline; and
3 Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered.

~~Initial application — (polyarticular course juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Both:~~
~~1.1 The patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA); and~~
~~1.2 Either:~~
~~1.2.1 The patient has experienced intolerable side effects from etanercept; or~~
~~1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for polyarticular course JIA; or~~

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

~~2 All of the following:~~
~~2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
~~2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and~~
~~2.3 Any of the following:~~
~~2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or~~
~~2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or~~
~~2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.~~

Renewal — (polyarticular course juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or
2.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count and continued improvement in physician's global assessment from baseline.

~~Initial application — (oligoarticular course juvenile idiopathic arthritis) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Both:~~
~~1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and~~
~~1.2 Either:~~
~~1.2.1 The patient has experienced intolerable side effects from etanercept; or~~
~~1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for oligoarticular course JIA; or~~
~~2 All of the following:~~
~~2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
~~2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and~~
~~2.3 Any of the following:~~
~~2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or~~
~~2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose); or~~
~~2.3.3 High disease activity (cJADAS10 score greater than 4) after a 6-month trial of methotrexate.~~

Renewal — (oligoarticular course juvenile idiopathic arthritis) only from a named specialist, rheumatologist or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Subsidised as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
2 Either:
2.1 Following 3 to 4 months' initial treatment, the patient has at least a 50% decrease in active joint count and an improvement in physician's global assessment from baseline; or

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

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

~~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.~~

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:
All of the following:
1 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Either:
2.1 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
2.2 The patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to prior adalimumab treatment in the opinion of the treating physician; and
3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

~~Initial application — (pyoderma gangrenosum) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 Patient has pyoderma gangrenosum*; and~~
~~2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response; and~~
~~3 A maximum of 8 doses.~~
~~Note: Note: Indications marked with * are unapproved indications.~~

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

Renewal — (pyoderma gangrenosum) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Patient has shown clinical improvement; and
2 Patient continues to require treatment; and
3 A maximum of 8 doses.

~~Initial application — (rheumatoid 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 for rheumatoid arthritis; and~~
~~1.2 Either:~~
~~1.2.1 The patient has experienced intolerable side effects from etanercept; or~~
~~1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for rheumatoid arthritis; or~~
~~2 All of the following:~~
~~2.1 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and~~
~~2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and~~
~~2.3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and~~
~~2.4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and~~
~~2.5 Any of the following:~~
~~2.5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or~~
~~2.5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or~~
~~2.5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and~~
~~2.6 Either:~~
~~2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or~~
~~2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and~~
~~2.7 Either:~~
~~2.7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or~~
~~2.7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.~~

Renewal — (rheumatoid arthritis) 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 Either:
1.1 Applicant is a rheumatologist; or
1.2 Applicant is a Practitioner and confirms that a rheumatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and
2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

3 Either:
- 3.1 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
- 3.2 On subsequent reapplications, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and

4 Either:
- 4.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or
- 4.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.

~~Initial application — (severe Behcet's disease) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 The patient has severe Behcet's disease that is significantly impacting the patient's quality of life (see Notes); and~~
~~2 Either:~~
- ~~2.1 The patient has severe ocular, neurological, gastrointestinal, rheumatological, mucocutaneous and/or vasculitic symptoms and has not responded adequately to treatment with infliximab (see Notes); or~~
- ~~2.2 The patient has severe ocular, neurological, gastrointestinal, rheumatological, mucocutaneous and/or vasculitic symptoms and has experienced intolerable side effects from treatment with infliximab; and~~

~~3 The patient is experiencing significant loss of quality of life; and~~
~~4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.~~
~~Note: Behcet's disease diagnosed according to the International Study Group for Behcet's disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al, J Rheumatol. 2004;31:931-7.~~

Renewal — (severe Behcet's disease) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

~~Initial application — (severe chronic plaque psoriasis) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:~~
~~Either:~~
~~1 Both:~~
- ~~1.1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and~~
- ~~1.2 Either:~~
  - ~~1.2.1 The patient has experienced intolerable side effects from etanercept; or~~
  - ~~1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or~~

~~2 All of the following:~~
- ~~2.1 Either:~~
  - ~~2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or~~
  - ~~2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and~~
- ~~2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and~~

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

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

~~2.4 The most recent PASI or DLQI assessment is no more than 1 month old at the time of application.~~

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

Renewal — (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
- 1.1 Applicant is a dermatologist; or
- 1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:
- 2.1 Both:
  - 2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
  - 2.1.2 Either:
    - 2.1.2.1 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or
    - 2.1.2.2 Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline valuee; or
- 2.2 Both:
  - 2.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
  - 2.2.2 Either:
    - 2.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
    - 2.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value; and

3 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Note: A treatment course is defined as a minimum of 12 weeks adalimumab treatment

~~Initial application — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:~~

~~Either:~~

~~1 Both:~~
- ~~1.1 The patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; and~~
- ~~1.2 Either:~~
  - ~~1.2.1 The patient has experienced intolerable side effects from infliximab; or~~
  - ~~1.2.2 The patient has received insufficient benefit from infliximab to meet the renewal criteria for infliximab for severe ocular inflammation; or~~

~~2 Both:~~
- ~~2.1 Patient has severe, vision-threatening ocular inflammation requiring rapid control; and~~

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

~~2.2 Any of the following:~~
~~2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high-dose oral steroids has proven ineffective at controlling symptoms; or~~
~~2.2.2 Patient developed new inflammatory symptoms while receiving high-dose steroids; or~~
~~2.2.3 Patient is aged under 8 years and treatment with high-dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.~~

Renewal — (severe ocular inflammation) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:
Both:
1 Any of the following:
1.1 The patient has had a good clinical response following 3 initial doses; or
1.2 Following each 12-month treatment period, the patient has had a sustained reduction in inflammation (Standardisation of Uveitis Nomenclature (SUN) criteria < ½+ anterior chamber or vitreous cells, absence of active vitreous or retinal lesions, or resolution of uveitic cystoid macular oedema); or
1.3 Following each 12-month treatment period, the patient has a sustained steroid sparing effect, allowing reduction in prednisone to < 10mg daily, or steroid drops less than twice daily if under 18 years old; and
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.
Note: A trial withdrawal should be considered after every 24 months of stability, unless the patient is deemed to have extremely high risk of irreversible vision loss if adalimumab is withdrawn.

254 ORAL FEED (POWDER) – Special Authority see SA1859 – Hospital pharmacy [HP3] (brand name change)

Powder (chocolate)	14.00	840 g	OP	✔**Sustagen Hospital Formula** ~~Active~~
Powder (vanilla)	14.00	840 g	OP	✔**Sustagen Hospital Formula** ~~Active~~

269 INFLUENZA VACCINE (amended restriction criteria)

Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	110.00	10		✔**Afluria Quad (2022 Formulation)**

a) Only on a prescription
b) No patient co-payment payable
c)
A) INFLUENZA VACCINE – people ~~5~~ **3** years and over
is available each year for patients aged ~~5~~ **3** 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) cerebro-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

continued...

Changes to Restrictions – effective 1 March 2022 (continued)

continued...

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**

c) children 3 and 4 years of age (inclusive) 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.

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

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

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

Changes to Subsidy and Manufacturer's Price

Effective 1 March 2022

6 SODIUM ALGINATE (↑ manufacturer's price)

✻ Oral liq 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg per 10 ml	1.50	500 ml	
	(5.50)		Acidex

8 FLUOCORTOLONE CAPROATE WITH FLUOCORTOLONE PIVALATE AND CINCHOCAINE (↑ subsidy)

Oint 950 mcg, with fluocortolone pivalate 920 mcg, and cinchocaine hydrochloride 5 mg per g	11.06	30 g OP	✔**Ultraproct**
Suppos 630 mcg, with fluocortolone pivalate 610 mcg, and cinchocaine hydrochloride 1 mg	7.30	12	✔**Ultraproct**

16 INSULIN PEN NEEDLES – Maximum of 200 dev per prescription (↑ subsidy)

Subsidy is available for disposable insulin syringes, needles, and pen needles if prescribed on the same form as the one used for the supply of insulin or when prescribed for an insulin patient and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin.

✻ 29 g × 12.7 mm	10.95	100	✔**B-D Micro-Fine**
✻ 31 g × 5 mm	12.26	100	✔**B-D Micro-Fine**
✻ 31 g × 8 mm	10.95	100	✔**B-D Micro-Fine**
✻ 32 g × 4 mm	10.95	100	✔**B-D Micro-Fine**

16 INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 200 dev per prescription (↑ subsidy)

Subsidy is available for disposable insulin syringes, needles, and pen needles if prescribed on the same form as the one used for the supply of insulin or when prescribed for an insulin patient and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin.

✻ Syringe 0.3 ml with 29 g × 12.7 mm needle	13.56	100	✔**B-D Ultra Fine**
	1.36	10	
	(1.99)		B-D Ultra Fine
✻ Syringe 0.3 ml with 31 g × 8 mm needle	13.56	100	✔**B-D Ultra Fine II**
	1.36	10	
	(1.99)		B-D Ultra Fine II
✻ Syringe 0.5 ml with 29 g × 12.7 mm needle	13.56	100	✔**B-D Ultra Fine**
	1.36	10	
	(1.99)		B-D Ultra Fine
✻ Syringe 0.5 ml with 31 g × 8 mm needle	13.56	100	✔**B-D Ultra Fine II**
	1.36	10	
	(1.99)		B-D Ultra Fine II
✻ Syringe 1 ml with 29 g × 12.7 mm needle	13.56	100	✔**B-D Ultra Fine**
	1.36	10	
	(1.99)		B-D Ultra Fine
✻ Syringe 1 ml with 31 g × 8 mm needle	13.56	100	✔**B-D Ultra Fine II**
	1.36	10	
	(1.99)		B-D Ultra Fine II

34 HYDROXOCOBALAMIN (↑ subsidy)

✻ Inj 1 mg per ml, 1 ml ampoule			
– Up to 6 inj available on a PSO	2.84	3	✔**Neo-B12**

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

Changes to Subsidy and Manufacturer's Price – effective 1 March 2022 (continued)

45	HEPARIN SODIUM (↑ subsidy)			
	Inj 1,000 iu per ml, 5 ml ampoule	72.84	50	✔ **Pfizer**
	Inj 5,000 iu per ml, 5 ml ampoule	289.05	50	✔ **Pfizer**
	Inj 25,000 iu per ml, 0.2 ml	22.42	5	✔ **Hospira**
50	ATENOLOL			
	✻ Oral liq 25 mg per 5 ml	49.85	300 ml OP	✔ **Atenolol AFT**
59	PAPAVERINE HYDROCHLORIDE (↑ subsidy)			
	✻ Inj 12 mg per ml, 10 ml ampoule	257.12	5	✔ **Hospira**
81	METHYLPREDNISOLONE (↑ subsidy)			
	✻ Tab 100 mg	223.10	20	✔ **Medrol**
81	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) (↑ subsidy)			
	Inj 40 mg vial	22.30	1	✔ **Solu-Medrol-Act-O-Vial**
	Inj 125 mg vial	34.10	1	✔ **Solu-Medrol-Act-O-Vial**
	Inj 500 mg vial	26.88	1	✔ **Solu-Medrol-Act-O-Vial**
	Inj 1 g vial	32.84	1	✔ **Solu-Medrol**
82	METHYLPREDNISOLONE ACETATE (↑ subsidy)			
	Inj 40 mg per ml, 1 ml vial	47.06	5	✔ **Depo-Medrol**
92	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see SA1683 A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority. (↑ subsidy)			
	Grans for oral liq 200 mg per 5 ml (40 mg per ml)			
	– Wastage claimable	16.97	15 ml	✔ **Zithromax**
94	BENZATHINE BENZYLPENICILLIN (↑ subsidy)			
	Inj 900 mg (1.2 million units) in 2.3 ml syringe			
	– Up to 5 inj available on a PSO	375.97	10	✔ **Bicillin LA**
99	VORICONAZOLE – Special Authority see SA1273 – Retail pharmacy (↑ subsidy)			
	Powder for oral suspension 40 mg per ml			
	– Wastage claimable	1,523.22	70 ml	✔ **Vfend**
101	PYRAZINAMIDE – Retail pharmacy-Specialist (↑ subsidy)			
	a) No patient co-payment payable			
	b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician			
	✻ Tab 500 mg	64.95	100	✔ **AFT-Pyrazinamide**
111	NORFLOXACIN (↑ subsidy)			
	Tab 400 mg – Subsidy by endorsement	245.00	100	✔ **Arrow-Norfloxacin**
	Only if prescribed for a patient with an uncomplicated urinary tract infection that is unresponsive to a first line agent or with proven resistance to first line agents and the prescription is endorsed accordingly.			

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

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

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

Changes to Subsidy and Manufacturer's Price – effective 1 March 2022 (continued)

117	PROBENECID (↑ subsidy)			
	✳ Tab 500 mg	66.95	100	✔ **Probenecid-AFT**
122	PARACETAMOL (↑ subsidy)			
	✳ Suppos 125 mg	3.59	10	✔ **Gacet**
	✳ Suppos 250 mg	4.18	10	✔ **Gacet**
130	PHENYTOIN SODIUM (↑ subsidy)			
	✳ Inj 50 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO	104.58	5	✔ **Hospira**
	✳ Inj 50 mg per ml, 5 ml ampoule			
	– Up to 5 inj available on a PSO	154.01	5	✔ **Hospira**
140	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Inj 1 mg per ml, 5 ml plastic ampoule			
	– Up to 10 inj available on a PSO	17.28	10	✔ **Pfizer**
	On a PSO for status epilepticus use only. PSO must be endorsed for status epilepticus use only.			
	Inj 5 mg per ml, 3 ml plastic ampoule			
	– Up to 5 inj available on a PSO	13.09	5	✔ **Pfizer**
	On a PSO for status epilepticus use only. PSO must be endorsed for status epilepticus use only.			
154	BLEOMYCIN SULPHATE – PCT only – Specialist (↑ subsidy)			
	Inj 15,000 iu, vial	185.16	1	✔ **DBL Bleomycin Sulfate**
	Inj 1,000 iu for ECP	14.32	1,000 iu	✔ **Baxter**
156	IDARUBICIN HYDROCHLORIDE (↑ subsidy)			
	Inj 5 mg vial – PCT only – Specialist	109.74	1	✔ **Zavedos**
	Inj 10 mg vial – PCT only – Specialist	233.64	1	✔ **Zavedos**
	Inj 1 mg for ECP – PCT only – Specialist	25.77	1 mg	✔ **Baxter**
178	ANTITHYMOCYTE GLOBULIN (EQUINE) – PCT only – Specialist (↑ subsidy)			
	Inj 50 mg per ml, 5 ml	2,774.48	5	✔ **ATGAM**
218	TRASTUZUMAB EMTANSINE – PCT only – Specialist – Special Authority see SA1871 (↑ subsidy)			
	Inj 1 mg for ECP	24.52	1 mg	✔ **Baxter**
225	PROMETHAZINE HYDROCHLORIDE (↑ subsidy)			
	✳ Tab 10 mg	2.02	50	✔ **Allersoothe**
	✳ Tab 25 mg	2.27	50	✔ **Allersoothe**
	✳ Oral liq 1 mg per 1 ml	3.39	100 ml	✔ **Allersoothe**
242	DESFERRIOXAMINE MESILATE (↑ subsidy)			
	✳ Inj 500 mg vial	151.31	10	✔ **DBL Desferrioxamine Mesylate for Inj BP**

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 2022

7	MESALAZINE			
	Tab EC 500 mg	49.50	100	✔Asamax
11	METFORMIN HYDROCHLORIDE			
	✻ Tab immediate-release 500 mg	8.63	1,000	✔Apotex
	✻ Tab immediate-release 850 mg	7.04	500	✔Apotex
48	QUINAPRIL WITH HYDROCHLOROTHIAZIDE			
	Tab 10 mg with hydrochlorothiazide 12.5 mg	3.57	28	✔Accuretic
51	METOPROLOL TARTRATE			
	Tab 50 mg	5.66	100	✔Apo-Metoprolol
	Tab 100 mg	7.55	60	✔Apo-Metoprolol
51	NADOLOL			
	Tab 40 mg	16.69	100	✔Apo-Nadolol
	Tab 80 mg	26.43	100	✔Apo-Nadolol
51	PROPRANOLOL			
	Tab 10 mg	4.64	100	✔Apo-Propranolol
	Tab 40 mg	5.72	100	✔Apo-Propranolol
53	FUROSEMIDE [FRUSEMIDE]			
	Tab 40 mg – Up to 30 tab available on a PSO	7.24	1,000	✔Apo-Furosemide
75	ETHINYLOESTRADIOL WITH LEVONORGESTREL			
	✻ Tab 50 mcg with levonorgestrel 125 mcg and 7 inert tab – Up to 84 tab available on a PSO	9.45	84	✔Microgynon 50 ED
96	SODIUM FUSIDATE [FUSIDIC ACID]			
	Tab 250 mg	34.50	12	✔Fucidin
111	NEOSTIGMINE METILSULFATE			
	Inj 2.5 mg per ml, 1 ml ampoule	19.60	10	✔Juno S29
		98.00	50	✔AstraZeneca
119	BROMOCRIPTINE MESYLATE – 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
128	CLONAZEPAM – Safety medicine; prescriber may determine dispensing frequency			
	Inj 1 mg per ml, 1 ml	21.00	5	✔Rivotril
150	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist			
	Inj 20 mg per ml, 5 ml vial	71.44	1	✔Irinotecan 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

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**
Delisted Items – effective 1 March 2022 (continued)				
161	PALBOCICLIB – Retail pharmacy-Specialist – Special Authority see SA1894			
	Wastage claimable			
	Tab 75 mg	4,000.00	21	✔Ibrance
	Tab 100 mg	4,000.00	21	✔Ibrance
	Tab 125 mg	4,000.00	21	✔Ibrance
167	OCTREOTIDE LONG-ACTING – Special Authority see SA2072 – Retail pharmacy			
	Inj depot 10 mg prefilled syringe	1,772.50	1	✔Sandostatin LAR
	Inj depot 20 mg prefilled syringe	2,358.75	1	✔Sandostatin LAR
	Inj depot 30 mg prefilled syringe	2,951.25	1	✔Sandostatin LAR
225	ICATIBANT – Special Authority see SA1558 – Retail pharmacy			
	Inj 10 mg per ml, 3 ml prefilled syringe	2,668.00	1	✔Firazyr
	Note – this delist is for Pharmacode 2440180.			
239	PHARMACY SERVICES			
	May only be claimed once per patient.			
	✻ Brand switch fee	4.50	1	✔BSF Folic Acid Mylan
248	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1098 – Hospital pharmacy [HP3]			
	Powder (unflavoured)	78.97	400 g OP	✔Heparon Junior
	Note – this delist is for Pharmacode 2431645.			
268	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) Access criteria apply			
	Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	9.00	1	✔Influvac Tetra (2021 Formulation)
	a) Access criteria apply			

S29 Unapproved medicine supplied under Section 29
Principal Supply Status / Sole Subsidised Supply

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

Items to be Delisted

Effective 1 April 2022

176 ~~BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist~~
~~Subsidised only for bladder cancer.~~
~~Inj 40 mg per ml, vial~~ ..... ~~176.90~~ ~~3~~ ~~✔ **SII-Onco-BCG**~~ ~~S29~~
Note – SII-Onco-BCG inj 40 mg per ml, vial delist has been revoked.

234 PROPAMIDINE ISETHIONATE
✻ Eye drops 0.1% ..... 2.97 10 ml OP
(14.55) Brolene

Effective 1 May 2022

70 SALICYLIC ACID
Powder – Only in combination ..... 18.88 250 g ✔ **PSM**
1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain or collodion flexible
2) With or without other dermatological galenicals.

111 SULINDAC
✻ Tab 100 mg ..... 9.57 56 ✔ **Mylan** S29

Effective 1 August 2022

35 FERROUS FUMARATE WITH FOLIC ACID
✻ Tab 310 mg (100 mg elemental) with folic acid 350 mcg ..... 4.68 60 ✔ **Ferro-F-Tabs**
Note – this delist is for Pharmacode 2219476.

Effective 1 September 2022

250 RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]
Liquid ..... 2.88 237 ml OP
(3.31) NovaSource Renal

Effective 1 February 2023

83 ETHINYLOESTRADIOL – Subsidy by endorsement
Subsidy by endorsement – Subsidised for patients who were taking ethinyloestradiol prior to 1 March 2022 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ethinyloestradiol.
Tab 10 mcg ..... 17.60 100 ✔ **NZ Medical and Scientific**

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New Zealand
Permit No. 478

Permit

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