

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text 'PHARMAC' in a large, bold, sans-serif font, with 'TE PĀTAKA WHAIORANGA' in a smaller, all-caps, sans-serif font below it. The background of the entire page is a grey-to-white gradient with a large, intricate, white geometric pattern of concentric, overlapping lines that form a complex, maze-like or cellular structure.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

September 2022

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Summary of Pharmac decisions

EFFECTIVE 1 SEPTEMBER 2022

New listings (pages 18-21)

- Glycerol (Lax-suppositories Glycerol) suppos 4 g – only on a prescription
- Sodium citrate with sodium lauryl sulphoacetate (Micolette S29) enema 90 ml with sodium lauryl sulphoacetate 9 mg per ml, 5 ml – only on a prescription, s29 and wastage claimable
- Ascorbic acid (Cvite) tab 100 mg – no more than 100 mg per dose and only on a prescription
- Vitamins (Mvite) tab (BPC cap strength)
- Eplerenone (Inspra) tab 50 mg – Special authority – Retail pharmacy
- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 500 ml OP and 1,000 ml OP
- Intra-uterine device (Choice 380 7 MED NSHA Silver/Copper Short and 7 MED NSHA Silver/Copper Short) IUD 29.1 mm length × 23.2 mm width – up to 40 dev available on a PSO and only on a PSO
- Dexamethasone phosphate (Hameln) inj 4 mg per ml, 1 ml and 2 ml ampoule – up to 5 inj available on a PSO
- Medroxyprogesterone acetate (Provera S29) tab 2.5 mg and 5 mg, 56 tab pack – see prescribing guidelines, s29 and wastage claimable
- Paracetamol (Avallon) oral liq 120 mg per 5 ml, 200 ml OP – maximum of 600 ml per prescription; can be waived by endorsement, up to 200 ml available on a PSO, not in combination, s29
- Paracetamol (Avallon) oral liq 240 mg per 5 ml, 200 ml OP – maximum of 600 ml per prescription; can be waived by endorsement, up to 200 ml available on a PSO, not in combination, s29
- Codeine phosphate (Aspen) tab 30 mg – safety medicine, s29 and wastage claimable
- Methadone hydrochloride (Methadone BNM) tab 5 mg – only on a controlled drug form, no patient co-payment payable and safety medicine
- Levomepromazine hydrochloride (Nozinan S29) inj 25 mg per ml, 1 ml ampoule – safety medicine, s29 and wastage claimable
- Erlotinib (Alchemy) tab 100 mg and 150 mg – Retail pharmacy-Specialist – Special Authority
- Benralizumab (Fasenra) inj 30 mg per ml, 1 ml prefilled pen – Special Authority – Retail pharmacy
- Naloxone hydrochloride (Hameln) inj 400 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO and only on a PSO

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

- Aminoacid formula without phenylalanine powder (neutral) 28 g sachets (PKU Lophlex Powder) and powder (neutral) 36 g sachets (PKU Anamix Junior) – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 22-25)

- Enoxaparin sodium inj 20 mg in 0.2 ml syringe, inj 40 mg in 0.4 ml syringe, inj 60 mg in 0.6 ml syringe, inj 80 mg in 0.8 ml syringe and inj 100 mg in 1 ml syringe (Clexane) and inj 120 mg in 0.8 ml syringe and inj 150 mg in 1 ml syringe (Clexane Forte) – amended Special Authority criteria
- Tetracosactrin (UK Synacthen) inj 250 mcg per ml, 1 ml ampoule – s29 and wastage claimable removed
- Bendamustine hydrochloride inj 25 mg and 100 mg vial (Ribomustin) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Mepolizumab (Nucala) inj 100 mg prefilled pen and vial – amended Special Authority criteria
- Obinutuzumab inj 25 mg per ml, 40 ml vial (Gazyva) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Diphtheria, tetanus and pertussis vaccine (Boostrix) 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 – amended restriction criteria, addition of only on a prescription and no patient co-payment payable and Xpharm removed

Increased subsidy (page 26)

- Pregnancy tests – HCG urine (David One Step Cassette Pregnancy Test) cassette
- Tetrabromophenol (Albustix) blue diagnostic strips, 100 test OP
- Amoxicillin with clavulanic acid (Augmentin) grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml, 100 ml
- Fluoxetine hydrochloride (Fluox) tab dispersible 20 mg, scored, 28 tab pack
- Diazepam (Stesolid) rectal tubes 5 mg
- Loratadine (Lorafix) tab 10 mg

Decreased subsidy (page 26)

- Methenamine (hexamine) hippurate (Hiprex) tab 1 g

Increased price but not subsidy (page 26)

- Mefenamic acid (Ponstan) cap 250 mg

Tender News

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

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe; 1 inj	PSS	Amgevita (Amgen)
Adalimumab (Amgevita)	Inj 40 mg per 0.8 ml prefilled syringe; 2 inj	PSS	Amgevita (Amgen)
Adalimumab (Amgevita)	Inj 40 mg per 0.8 ml prefilled pen; 2 inj	PSS	Amgevita (Amgen)
Glatiramer acetate	Inj 40 mg prefilled syringe; 12 inj	PSS	Copaxone (Teva)
Lisinopril	Tab 5 mg; 90 tab	PSS	Ethics Lisinopril (Teva)
Lisinopril	Tab 10 mg; 90 tab	PSS	Ethics Lisinopril (Teva)
Lisinopril	Tab 20 mg; 90 tab	PSS	Ethics Lisinopril (Teva)

Looking Forward

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

Decisions for implementation 1 October 2022

- Adalimumab (Humira) inj 20 mg per 0.2 ml and 0.4 ml prefilled syringe and inj 40 mg per 0.8 ml prefilled pen and prefilled syringe – amend Special Authority criteria and chemical name
- Iloprost nebuliser (Vebulis) soln 10 mcg per ml, 2 ml – new listing
- Ticagrelor (Ticagrelor Sandoz) tab 90 mg – new listing

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

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Accarb	2024
Aciclovir	Eye oint 3%, 4.5 g OP	VirusPOS	2024
Acitretin	Cap 10 mg & 25 mg	Novatretin	2023
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2023
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Mylan	2023
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	MycosNail	2023
Amoxicillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Alphamox 125 Alphamox 250	2023
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
Aqueous cream	Crn, 500 g	GEM Aqueous Cream	2024
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2024
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
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	Serc	2023
Betamethasone dipropionate	Crn & 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

*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 September 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crn 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
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg Suppos 10 mg	Pharmacy Health Lax-suppositories	2024
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bisoprolol Mylan	2023
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
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2023
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2024
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2024
Calamine	Crn, aqueous, BP, 100 g	Calamine-AFT	2024
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2023
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2024
Capsaicin	Crn 0.025%, 45 g OP Crn 0.075%, 45 g OP	Zostrix Zostrix HP	2023
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefazolin	Inj 500 mg & 1 g vial	AFT	2023
Cetirizine hydrochloride	Oral liq 1 mg per ml, 200 ml	Hisatclear	2024
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2024
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
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Clomipramine Teva	2024
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Medsurge Catapres	2024
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2023
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2023
Condoms	60 mm 49 mm 53 mm, 0.05 mm thickness 53 mm 53 mm, strawberry, red 53 mm, chocolate, brown 56 mm 56 mm, 0.08 mm thickness 56 mm, 0.08 mm thickness, red 56 mm, 0.05 mm thickness 56 mm, chocolate 56 mm, strawberry	Shield XL Gold Knight Moments Gold Knight	30/09/2022
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2024
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2024
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
Dexamfetamine sulfate	Tab 5 mg	PSM	2024
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
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg	Cardizem CD	2024
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Emulsifying ointment	Oint BP	Emulsifying Ointment ADE	2023
Entacapone	Tab 200 mg	Comtan	2024
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
Escitalopram	Tab 10 mg & 20 mg	Escitalopram (Ethics)	2024
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2023
Febuxostat	Tab 80 mg & 120 mg	Febuxostat multicem	2023
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2024
Fentanyl	Inj 50 mcg per ml, 2ml ampoule Inj 50 mcg per ml, 10 ml ampoule 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	Boucher and Muir Fentanyl Sandoz	2024
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2024
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2024
Filgrastim	Inj 300 mcg per 0.5 ml & 480 mcg per 0.5 ml	Nivestim	2024
Finasteride	Tab 5 mg	Ricit	2023
Flucloxacillin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Inj 1 g vial	Flucloxacillin-AFT AFT Flucil	2024 2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2023
Fluorouracil sodium	Crn 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	IPCA-Frusemide	2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glibenclamide	Tab 5 mg	Daonil	2024
Glizclazide	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
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
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	Solu-Cortef	2024
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2023
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	Crn 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ibuprofen	Oral liq 20 mg per ml, 200 ml Tab long-acting 800 mg Tab 200 mg	Ethics Brufen SR Relieve	2024
Imatinib mesylate	Cap 100 mg & 400 mg	Imatinib-Rex	2023
Indapamide	Tab 2.5 mg	Dapa-Tabs	2023
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP	Univent	2023
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
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2023
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Alphapharm	2023
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2024
Latanoprost	Eye drop 0.005%, 2.5 ml OP	Teva	2024
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
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
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg	Jadelle Mirena Jaydess	2023 31/10/2022
Lithium carbonate	Tab long-acting 400 mg	Priadel	2024
Lopinavir with ritonavir	Tab 100 mg with ritonavir 25 mg Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2024
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Melatonin	Tab modified-release 2 mg	Vigisom	2024
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
Mesalazine	Tab long-acting 500 mg	Pentasa	2023
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
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2024 2023
Methylprednisolone aceponate	Crn & oint 0.1%, 15 g OP	Advantan	2023
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2023
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	Crn 2%, 15 g OP Vaginal crn 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	Crn 0.1%, 15 g OP Crn 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 September 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Tab immediate-release 10 mg & 20 mg	Sevredol	2023
Moxifloxacin	Tab 400 mg	Avelox	2023
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
Nitrofurantoin	Cap modified-release 100 mg	Macrobid	2023
Norethisterone	Tab 350 mcg	Noriday 28	2024
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	Inj 50 mcg per ml, 1 ml ampoule Inj 100 mcg per ml, 1 ml ampoule Inj 500 mcg per ml, 1 ml ampoule	Max Health	2024
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 Pessaries 500 mcg Tab 2 mg	Ovestin Ovestin	2023
Oil in water emulsion	Crm, 500 g	Fatty Cream AFT	2024
Olanzapine	Orodispersible tab 5 mg & 10 mg Tab 2.5 mg, 5 mg and 10 mg	Zypine ODT Zypine	2023
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2023
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT-DRLA	2023
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024
Orphenadrine citrate	Tab 100 mg	Norflex	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 September 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule	Hameln	2024
	Inj 50 mg per ml, 1 ml ampoule	Oxycodone Sandoz	
	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg		
	Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	OxyNorm	
Pancreatic enzyme	Cap prncreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prncreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Paracetamol	Tab 500 mg-bottle pack	Noumed Paracetamol	2024
	Tab 500 mg-blister pack	Pacimol	
	Oral liq 120 mg per 5 ml	Paracare	2023
	Oral liq 250 mg per 5 ml	Paracare Double Strength	
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
Permethrin	Crn 5%, 30 g OP	Lyderm	2023
	Lotn 5%, 30 ml OP	A-Scabies	
Pethidine hydrochloride	Tab 50 mg	PSM	2024
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg	Cilicaine VK	2024
	Cap 500 mg		
Pimecrolimus	Crn 1%, 15 g OP	Eliidel	2023
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2023
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	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	Riodone	2024
	Oint 10%, 65 g OP	Betadine	2023
Pravastatin	Tab 20 mg & 40 mg	Pravastatin Mylan	2023

*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 September 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2024
Prochlorperazine	Tab 5 mg	Nausafix	2023
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2024
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
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Risperidone (Teva) Risperon	2023
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
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg and 40 mg	Rosuvstatin Viatrix	2023
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
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
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2023
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium fusidate [Fusidic acid]	Crn 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
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2024
Sunitinib	Cap 12.5 mg, 25 mg & 50 mg	Sunitinib Pfizer	2024
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
Temazepam	Tab 10 mg	Normison	2023
Terbinafine	Tab 250 mg	Deolate	2023
Teriflunomide	Tab 14 mg	Aubagio	2023
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
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2024
Triamcinolone acetoneide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Paste 0.1%, 5 g OP Crn & oint 0.02%, 100 g OP	Kenacort-A 10 Kenacort-A 40 Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	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

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

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

September 2022 changes are in bold type

**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.*

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 September 2022

26	GLYCEROL * Suppos 4 g – only on a prescription	10.39	20	✓ Lax-suppositories Glycerol
26	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	29.98	50	✓ Micolette-S29 S29 Wastage claimable
33	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg.....	12.50	500	✓ Cvite Note – this is a new Pharmacode listing, 2642255.
34	VITAMINS * Tab (BPC cap strength).....	18.50	1,000	✓ Mvite Note – this is a new Pharmacode listing, 2642247.
53	EPLERENONE – Special Authority see SA1728 – Retail pharmacy Tab 50 mg.....	25.00	30	✓ Inspra Note – this is a new Pharmacode listing, 2619520.
65	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%	2.35 3.10	500 ml OP 1,000 ml OP	✓ Evara ✓ Evara
73	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 29.1 mm length × 23.2 mm width	18.45	1	✓ Choice 380 7 MED NSHA Silver/Copper Short ✓ 7 MED NSHA Silver/ Copper Short
79	DEXAMETHASONE PHOSPHATE Dexamethasone phosphate injection will not be funded for oral use. * Inj 4 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	7.86	10	✓ Hameln
	* Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	13.10	10	✓ Hameln

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 September 2022 (continued)

82	MEDROXYPROGESTERONE ACETATE – See prescribing guideline			
	* Tab 2.5 mg.....	8.75	56	✓ Provera S29 S29
	Wastage claimable			
	* Tab 5 mg.....	9.80	56	✓ Provera S29 S29
	Wastage claimable			
121	PARACETAMOL			
	Oral liq 120 mg per 5 ml	10.50	200 ml OP	✓ Avallon S29
	a) Maximum of 600 ml per prescription; can be waived by endorsement			
	b) Up to 200 ml available on a PSO			
	c) Not in combination			
	d)			
	1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing.			
	2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.			
	Oral liq 240 mg per 5 ml	11.98	200 ml OP	✓ Avallon S29
	a) Maximum of 600 ml per prescription; can be waived by endorsement			
	b) Up to 200 ml available on a PSO			
	c) Not in combination			
	d)			
	1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing.			
	2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition.			
121	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 30 mg.....	32.80	100	✓ Aspen S29
	Wastage claimable			
122	METHADONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	e) For methadone hydrochloride oral liquid refer Standard Formulae			
	Tab 5 mg.....	1.45	10	✓ Methadone BNM

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

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

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New Listings – effective 1 September 2022 (continued)

131 LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency
Inj 25 mg per ml, 1 ml ampoule 16.75 5 ✓ **Nozinan S29** **S29**
Wastage claimable

157 ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA2115
Tab 100 mg 329.70 30 ✓ **Alchemy**
Tab 150 mg 569.70 30 ✓ **Alchemy**

188 BENRALIZUMAB – Special Authority see SA2151 – Retail pharmacy
Inj 30 mg per ml, 1 ml prefilled pen 3,539.00 1 ✓ **Fasenra**

▶ SA2151 Special Authority for Subsidy

Initial application — (Severe eosinophilic asthma) only from a respiratory physician or clinical immunologist.

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

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
- 3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
- 4 Patient has a blood eosinophil count of greater than 0.5×10^9 cells/L in the last 12 months; and
- 5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long-acting beta-2 agonist, or budesonide/formoterol as part of the anti-inflammatory reliever therapy plus maintenance regimen, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or
 - 6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
- 7 Treatment is not to be used in combination with subsidised mepolizumab; and
- 8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; and
- 9 Either:
 - 9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or
 - 9.2 Both:
 - 9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and
 - 9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

Renewal — (Severe eosinophilic asthma) only from a respiratory physician or clinical immunologist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

1 An increase in the Asthma Control Test (ACT) score of at least 5 from baseline; and

2 Either:

- 2.1 Exacerbations have been reduced from baseline by 50% as a result of treatment with benralizumab; or
- 2.2 Reduction in continuous oral corticosteroid use by 50% or by 10 mg/day while maintaining or improving asthma control.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 September 2022 (continued)

241	NALOXONE HYDROCHLORIDE a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule.....	35.26	10	✓ Hameln
261	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (neutral) 28 g sachets	936.00	30	✓ PKU Lophlex Powder
	Powder (neutral) 36 g sachets	393.00	30	✓ PKU Anamix Junior

Effective 5 August 2022

165	OCTREOTIDE Inj 50 mcg per ml, 1 ml ampoule..... Wastage claimable	27.58	5	✓ Octreotide GH S29
232	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO	28.20	20	✓ Accord S29
	Wastage claimable			

Effective 1 August 2022

110	CELECOXIB Cap 100 mg	3.45	60	✓ Celebrex
	Cap 200 mg	3.20	30	✓ Celebrex
279	VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – [Xpharm] Funded for patients meeting the following criteria: 1) Two doses for all people aged 65 years Inj 50 mcg per 0.5 ml vial plus vial.....	0.00	1	✓ Shingrix

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

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

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Changes to Restrictions, Chemical Names and Presentations Effective 1 September 2022

43	ENOXAPARIN SODIUM – Special Authority see SA2152 4646 – Retail pharmacy (amended Special Authority – new criteria shown only)			
	Inj 20 mg in 0.2 ml syringe	31.28	10	✓Clexane
	Inj 40 mg in 0.4 ml syringe	42.49	10	✓Clexane
	Inj 60 mg in 0.6 ml syringe	60.67	10	✓Clexane
	Inj 80 mg in 0.8 ml syringe	80.89	10	✓Clexane
	Inj 100 mg in 1 ml syringe	101.30	10	✓Clexane
	Inj 120 mg in 0.8 ml syringe	125.87	10	✓Clexane Forte
	Inj 150 mg in 1 ml syringe	143.86	10	✓Clexane Forte

➔ **SA2152 4646** Special Authority for Subsidy

Initial application — (Short-term use during treatment of COVID-19 with nirmatrelvir with ritonavir) from any relevant practitioner. Approvals valid for 2 weeks for applications meeting the following criteria:

All of the following:

- 1 Patient is receiving an anticoagulation treatment that has drug/drug interactions with ritonavir that increases risk of bleeding; and**
- 2 Patient meets the Access Criteria for COVID-19 antivirals published on the Pharmac website*; and**
- 3 Other antiviral treatments for COVID-19 have been considered and are not clinically suitable options**

80	TETRACOSACTRIN (s29 and wastage claimable removed)			
	* Inj 250 mcg per ml, 1 ml ampoule.....	75.00	1	✓UK Synacthen S29
	Wastage claimable			

144	BENDAMUSTINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA2153 2046 (amended Special Authority – affected criteria shown only)			
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	Inj 25 mg vial.....	77.00	1	✓Ribomustin
	Inj 100 mg vial.....	308.00	1	✓Ribomustin
	Inj 1 mg for ECP	3.23	1 mg	✓Baxter

➔ **SA2153 2046** Special Authority for Subsidy

Initial application — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 The patient has indolent low grade NHL requiring treatment; and**
- 2 Patient has a WHO performance status of 0-2; and**
- 3 Either Any of the following:**
 - 3.1 Both:**
 - 3.1.1 Patient is treatment naive; and**
 - 3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or**
 - 3.2 All of the following Both:**
 - 3.2.1 Patient has relapsed disease following prior chemotherapy Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen; and**
 - 3.2.2 The patient has not received prior bendamustine therapy Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles; or**
 - ~~3.2.3~~ **3.2.3 Either**
- 3.3 ~~3.2.3.1~~ Both All of the following:**
 - 3.3.1 ~~3.2.2~~ The patient has not received prior bendamustine therapy; and**
 - 3.3.2 ~~3.2.3.1~~ Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and**

continued...

Changes to Restrictions – effective 1 September 2022 (continued)

continued...

3.3.3 ~~3-2-3-1-2~~ Patient has had a rituximab treatment-free interval of 12 months or more; or

3.4 ~~3-2-3-2~~ Bendamustine is to be administered as monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Renewal — (Indolent, Low-grade lymphomas) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Both **Either:**

1 Both:

1.1 Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine; and

1.2 Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles; or

2 Both:

2.1 Patients have not received a bendamustine regimen within the last 12 months; and

2.2 Either:

2.2.1 Both:

2.2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and

2.2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or

2.2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Note: 'indolent, low-grade lymphomas' includes follicular, mantle cell, marginal zone and lymphoplasmacytic/Waldenstrom's macroglobulinaemia.

197 MEPOLIZUMAB – Special Authority see **SA2154** ~~#896~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

Inj 100 mg prefilled pen	1,638.00	1	✓ Nucala
Inj 100 mg vial.....	1,638.00	1	✓ Nucala

▶ **SA2154** ~~#896~~ Special Authority for Subsidy

Initial application — (Severe eosinophilic asthma) only from a respiratory physician or clinical immunologist.

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

All of the following:

- 1 Patient must be aged 12 years or older; and
- 2 Patient must have a diagnosis of severe eosinophilic asthma documented by a respiratory physician or clinical immunologist; and
- 3 Conditions that mimic asthma eg. vocal cord dysfunction, central airway obstruction, bronchiolitis etc. have been excluded; and
- 4 Patient has a blood eosinophil count of greater than 0.5×10^9 cells/L in the last 12 months; and
- 5 Patient must be adherent to optimised asthma therapy including inhaled corticosteroids (equivalent to at least 1000 mcg per day of fluticasone propionate) plus long acting beta-2 agonist, or budesonide/formoterol as part of the single maintenance and reliever therapy regimen, unless contraindicated or not tolerated; and
- 6 Either:
 - 6.1 Patient has had at least 4 exacerbations needing systemic corticosteroids in the previous 12 months, where an exacerbation is defined as either documented use of oral corticosteroids for at least 3 days or parenteral corticosteroids; or
 - 6.2 Patient has received continuous oral corticosteroids of at least the equivalent of 10 mg per day over the previous 3 months; and
- 7 **Treatment is not to be used in combination with subsidised benralizumab; and**
- 8 Patient has an Asthma Control Test (ACT) score of 10 or less. Baseline measurements of the patient's asthma control using the ACT and oral corticosteroid dose must be made at the time of application, and again at around 52 weeks after the first dose to assess response to treatment; **and**

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 September 2022 (continued)

continued...

9 Either:

9.1 Patient has not previously received an anti-IL5 biological therapy for their severe eosinophilic asthma; or

9.2 Both:

9.2.1 Patient was refractory or intolerant to previous anti-IL5 biological therapy; and

9.2.2 Patient was not eligible to continue treatment with previous anti-IL5 biological therapy and discontinued within 12 months of commencing treatment.

198 OBINUTUZUMAB – PCT only – Specialist – Special Authority see **SA2155 4627** (amended Special Authority – new criteria shown only)

Inj 25 mg per ml, 40 ml vial 5,910.00 1 ✓ **Gazyva**

Inj 1 mg for ECP 6.21 1 mg ✓ **Baxter**

▶ **SA2155 4627** Special Authority for Subsidy

Initial application – (follicular / marginal zone lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Patient has follicular lymphoma; or

1.2 Patient has marginal zone lymphoma; and

2 Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen*; and

3 Patient has an ECOG performance status of 0-2; and

4 Patient has been previously treated with no more than four chemotherapy regimens; and

5 Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy*

Note: *includes unapproved indications.

Renewal - (follicular / marginal zone lymphoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

1 Patient has no evidence of disease progression following obinutuzumab induction therapy; and

2 Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years; and

3 Obinutuzumab to be discontinued at disease progression.

Changes to Restrictions – effective 1 September 2022 (continued)

270 DIPHtheria, TETANUS AND PERTUSSIS VACCINE – ~~Xpharm~~ (amended restriction criteria, addition of only on a prescription and no patient co-payment payable and Xpharm removed)

a) Only on a prescription

b) No patient co-payment payable

c) A) Funded for any of the following criteria:

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

Notes: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

B) Contractors will be entitled to claim payment from the Funder for the supply of diphtheria, tetanus and pertussis vaccine to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the diphtheria, tetanus and pertussis 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 paragraphs 1 – 9 above.

Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg

pertussis toxoid, 8 mcg pertussis filamentous

haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe..... 0.00

10

✓ **Boostrix**

1

✓ **Boostrix**

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 September 2022

76	PREGNANCY TESTS - HCG URINE (↑ subsidy) a) Up to 200 test available on a PSO b) Only on a PSO Cassette	16.00	40 test OP	✓ David One Step Cassette Pregnancy Test
77	TETRABROMOPHENOL (↑ subsidy) * Blue diagnostic strips.....	13.92	100 test OP	✓ Albustix
92	AMOXICILLIN WITH CLAVULANIC ACID (↑ subsidy) Grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml..... a) Up to 200 ml available on a PSO b) Wastage claimable	6.50	100 ml	✓ Augmentin
108	METHENAMINE (HEXAMINE) HIPPURATE (↓ subsidy) * Tab 1 g.....	19.95	100	✓ Hiprex
110	MEFENAMIC ACID (↑ price but not subsidy) * Cap 250 mg	0.50 (7.50)	20	Ponstan
125	FLUOXETINE HYDROCHLORIDE (↑ subsidy) * Tab dispersible 20 mg, scored – Subsidy by endorsement Subsidised by endorsement 1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or 2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.	2.50	28	✓ Fluox
125	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Rectal tubes 5 mg – Up to 5 tube available on a PSO.....	54.58	5	✓ Stesolid
230	LORATADINE (↑ subsidy) * Tab 10 mg.....	1.78	100	✓ Lorafix

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 September 2022

47	DOXAZOSIN * Tab 2 mg.....	17.35	500	✓ Apo-Doxazosin
	* Tab 4 mg.....	20.94	500	✓ Apo-Doxazosin
65	OIL IN WATER EMULSION * Crm.....	2.19	500 g	✓ O/W Fatty Emulsion Cream
91	ERYTHROMYCIN STEARATE Tab 500 mg.....	29.90 (44.58)	100	ERA
118	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.....	11.70	30	✓ Parlodel S29
145	CARMUSTINE – PCT only – Specialist Inj 100 mg vial.....	1,387.00	1	✓ Bicnu Heritage S29
253	PAEDIATRIC ORAL FEED – Special Authority see SA1379 – Hospital pharmacy [HP3] Powder (vanilla).....	21.07	850 g OP	✓ Pediasure
254	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid.....	2.88 (3.31)	237 ml OP	NovaSource Renal

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2022

154	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy			
	Cap 20 mg	136.00	14	✓ Accord S29
	Cap 100 mg	532.00	14	✓ Accord S29
	Cap 140 mg	400.00	5	✓ Amneal S29
	Cap 250 mg	688.00	5	✓ Amneal S29
261	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3]			
	Powder (unflavoured) 28 g sachets.....	936.00	30	✓ PKU Lophlex Powder
	Powder (unflavoured) 36 g sachets.....	393.00	30	✓ PKU Anamix Junior

Effective 1 February 2023

26	GLYCEROL			
	* Suppos 3.6 g – Only on a prescription	9.25	20	✓ PSM
33	ASCORBIC ACID			
	a) No more than 100 mg per dose			
	b) Only on a prescription			
	* Tab 100 mg.....	9.90	500	✓ Cvite
	Note – this delist applies to Pharmacode 2439697.			
34	VITAMINS			
	* Tab (BPC cap strength).....	11.45	1,000	✓ Mvite
	Note – this delist applies to Pharmacode 2439689.			
79	DEXAMETHASONE PHOSPHATE			
	Dexamethasone phosphate injection will not be funded for oral use.			
	* Inj 4 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	9.25	10	✓ Dexamethasone Phosphate Panpharma
	* Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	16.37	10	✓ Dexamethasone Phosphate Panpharma
122	METHADONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	e) For methadone hydrochloride oral liquid refer Standard Formulae			
	Tab 5 mg.....	1.40	10	✓ Methatabs

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 February 2023 (continued)

125	FLUOXETINE HYDROCHLORIDE * Tab dispersible 20 mg, scored – Subsidy by endorsement 1.98 Subsidised by endorsement 1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or 2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses. Note – this delist applies to the 30 tab pack.	30	✓ Fluox
157	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA2115 Tab 100 mg..... 764.00 Tab 150 mg..... 1,146.00	30 30	✓ Tarceva ✓ Tarceva
241	NALOXONE HYDROCHLORIDE a) Up to 5 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule..... 22.60	5	✓ DBL Naloxone Hydrochloride

Effective 1 March 2023

35	SODIUM FLUORIDE * Tab 1.1 mg (0.5 mg elemental)..... 8.64	100	✓ PSM
53	EPLERENONE – Special Authority see SA1728 – Retail pharmacy Tab 25 mg..... 18.50 Note – this delist applies to Pharmacode 2316129.	30	✓ <u>Inspira</u>
57	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy Tab 10 mg..... 1,550.00	30	✓ Ambrisentan Mylan
65	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%..... 2.35 3.10	500 ml OP 1,000 ml OP	✓ Boucher ✓ Boucher
80	TETRACOSACTRIN * Inj 250 mcg per ml, 1 ml ampoule..... 75.00	1	✓ AU Synacthen
130	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency Tab 400 mg..... 29.78 Note – this delist applies to Pharmacode 2500159.	60	✓ Sulprix

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

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

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