PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

October 2022

Contents

Summary of Pharmac decisions
EFFECTIVE 1 OCTOBER 2022

New listings (pages 22-23)

- Metformin hydrochloride (Metformin Viatris) tab immediate-release 500 mg
- Ticagrelor (Ticagrelor Sandoz) tab 90 mg – Special Authority – Retail pharmacy
- Lisinopril (Teva Lisinopril) tab 5 mg, 10 mg and 20 mg
- Perindopril (Coversyl) tab 8 mg
- Iloprost (Vebulis) nebuliser soln 10 mcg per ml, 2 ml – Special Authority – Retail pharmacy
- Fluconazole (Dizole) cap 50 mg
- Darunavir (Darunavir Mylan) tab 400 mg – Special Authority – Retail pharmacy
- Orphenadrine citrate (Norflex) tab 100 mg
- Amantadine hydrochloride (Symmetrel S29) cap 100 mg – s29 and wastage claimable
- Morphine sulphate (Medsurge) inj 5 mg per ml, 10 mg per ml, 15 mg per ml and 30 mg per ml, 1 ml ampoule – only on a controlled drug form, no patient co-payment payable and safety medicine
- Dosulepin [dothiepin] hydrochloride (Dosulepin Viatris) tab 75 mg – subsidy by endorsement and safety medicine
- Phenytoin sodium (Dilantin) cap 100 mg
- Sodium cromoglicate (Allerfix) eye drops 2%, 10 ml OP
- Pharmacy services (BSF Amgevita) brand switch fee – may only be claimed once per patient
- Macrogol 400 and propylene glycol (Systane Unit Dose) eye drops 0.4% and propylene glycol 0.3%, 0.8 ml, 30 pack – Special Authority – Retail pharmacy

Changes to restrictions (pages 24-36)

- Perindopril (Coversyl) tab 2 mg and 4 mg – reinstate stat dispensing
- Losartan potassium (Losartan Actavis) tab 12.5 mg, 25 mg, 50 mg and 100 mg – reinstate stat dispensing
- Losartan potassium with hydrochlorothiazide (Arrow-Losartan & Hydrochlorothiazide) tab 50 mg with hydrochlorothiazide 12.5 mg – reinstate stat dispensing
- Medroxyprogesterone acetate (Provera) tab 2.5 mg and 5 mg, 56 tab – s29 and wastage claimable removed
- Ondansetron (Ondansetron ODT-DRLA) tab disp 4 mg and 8 mg – remove stat dispensing
- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe and inj 40 mg per 0.8 ml prefilled pen and syringe – addition of brand switch fee

- Adalimumab (Humira – alternative brand) inj 20 mg per 0.2 ml and 0.4 ml prefilled syringe and inj 40 mg per 0.8 ml prefilled syringe (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended chemical name and Special Authority criteria
- Gemtuzumab ozogamicin (Mylotarg) inj 5 mg vial – amended Special Authority criteria
- Tocilizumab inj 20 mg per ml, 4 ml vial (Actrema, Actrema S29, RoActemra S29), inj 20 mg per ml, 10 ml vial (Actrema, Actrema S29, RoActemra S29), inj 20 mg per ml, 20 ml vial (Actrema, Actrema S29, RoActemra S29) and inj 1 mg for ECP (baxter) – amended Special Authority criteria

Increased subsidy (page 38)

- Sodium chloride (Baxter) inj 0.9%, bag, 500 ml and 1,000 ml
- Aciclovir (Lovir) tab dispersible 200 mg
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Baxter) inj 1%, 5 ml ampoule
- Methadone hydrochloride (AFT) inj 10 mg per ml, 1 ml
- Paroxetine (Loxamine) tab 20 mg
- Midazolam (Midazolam-Baxter) inj 1 mg per ml, 5 ml ampoule and inj 5 mg per ml, 3 ml ampoule
- Azathioprine (Azamun) tab 50 mg

Decreased subsidy (page 38)

- Mitomycin C inj 20 mg vial (Teva) and inj 1 mg for ECP (Baxter)

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

We have amended or removed some explanatory notes in Community medicines (Section B). These notes are standalone pieces of clinical information, and this information is better accessed in the New Zealand Formulary monographs.

A summary of the changes to Section B is provided below (only the relevant parts are shown).

Prescribing Guideline note for Hormone Replacement Therapy

~~Prescribing Guideline~~

~~HRT should be taken at the lowest dose for the shortest period of time necessary to control symptoms. Patients should be reviewed 6 monthly in line with the updated NZGG "Evidence-based Best Practice Guideline on Hormone Replacement Therapy March 2004".~~

References to this prescribing guideline have also been removed from oestradiol, oestradiol valerate, oestrogens, medroxyprogesterone acetate and oestradiol with norethisterone

Note in the Special Authority for ursodeoxycholic acid

~~Note: Ursodeoxycholic acid is not an appropriate therapy for patients requiring a liver transplant (bilirubin >- 100 micromol/l, decompensated cirrhosis). These patients should be referred to an appropriate transplant centre. Treatment failure -- doubling of serum bilirubin levels, absence of a significant decrease in ALP or ALT and AST, development of varices, ascites or encephalopathy, marked worsening of pruritus or fatigue, histological progression by two stages, or to cirrhosis, need for transplantation.~~

Note in the Special Authority for Hypoplastic and Haemolytic (epoetin alfa)

Initial application and renewal — (chronic renal failure)

~~Note: Epoetin alfa is indicated in the treatment of anaemia associated with chronic renal failure (CRF) where no cause for anaemia other than CRF is detected and there is adequate monitoring of iron stores and iron replacement therapy.~~

Note in the Special Authority for midodrine

Initial application

~~Note: Treatment should be started with small doses and titrated upwards as necessary. Hypertension should be avoided, and the usual target is a standing systolic blood pressure of 90 mm Hg.~~

Note for sacubitril with valsartan

~~Note: Due to the angiotensin II receptor blocking activity of sacubitril with valsartan it should not be co-administered with an ACE inhibitor or another ARB.~~

Note in the Special Authority for ezetimibe

Initial application

~~Notes: A patient who has failed to reduce their LDL cholesterol to < 2.0 mmol/litre with the use of a less potent statin should use a more potent statin prior to consideration being given to the use of non-statin therapies. Other treatment options including fibrates, resins and nicotinic acid should be considered after failure of statin therapy. If a patient's LDL cholesterol cannot be calculated because the triglyceride level is too high then a repeat test should be performed and if the LDL cholesterol again cannot be calculated then it can be considered that the LDL cholesterol is greater than 2.0 mmol/litre~~

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

Note in the Special Authority for ezetimibe with simvastatin

Initial application

~~Notes: A patient who has failed to reduce their LDL cholesterol to < 2.0 mmol/litre with the use of a less potent statin should use a more potent statin prior to consideration being given to the use of non-statin therapies. Other treatment options including fibrates, resins and nicotinic acid should be considered after failure of statin therapy. If a patient's LDL cholesterol cannot be calculated because the triglyceride level is too high then a repeat test should be performed and if the LDL cholesterol again cannot be calculated then it can be considered that the LDL cholesterol is greater than 2.0 mmol/litre~~

Note in the Special Authority for isotretinoin

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

Note in the Special Authority for ivermectin

Initial application and renewal – (scabies)

~~Note: Ivermectin is no more effective than topical therapy for treatment of standard scabies infestation~~

Note in the Special Authority for finasteride

Initial application

~~Note: Patients with enlarged prostates are the appropriate candidates for therapy with finasteride.~~

Note for propylthiouracil

~~Propylthiouracil is not recommended for patients under the age of 18 years unless the patient is pregnant and other treatments are contraindicated.~~

Guidelines on Immune Modulators

~~Guidelines for the use of interferon in the treatment of hepatitis C:~~

~~Physicians considering treatment of patients with hepatitis C should discuss cases with a gastroenterologist or an infectious disease physician. All subjects undergoing treatment require careful monitoring for side effects.~~

~~Patients should be otherwise fit.~~

~~Hepatocellular carcinoma should be excluded by ultrasound examination and alpha-fetoprotein level.~~

~~Criteria for Treatment~~

~~Diagnosis~~

- ~~Anti-HCV positive on at least two occasions with a positive PCR for HCV-RNA and preferably confirmed by a supplementary RIBA test; or~~
- ~~PCR-RNA positive for HCV on at least 2 occasions if antibody negative; or~~
- ~~Anti-HCV positive on at least two occasions with a positive supplementary RIBA test with a negative PCR for HCV RNA but with a liver biopsy consistent with 2(b) following.~~

~~Exclusion Criteria~~

~~1) Autoimmune liver disease (Interferon may exacerbate autoimmune liver disease as well as other autoimmune diseases such as thyroid disease).~~
~~2) Pregnancy.~~
~~3) Neutropenia (< 2.0 × 109) and/or thrombocytopenia.~~
~~4) Continuing alcohol abuse and/or continuing intravenous drug users.~~

~~Dosage~~

~~The current recommended dosage is 3 million units of interferon alfa-2a or interferon alfa-2b administered subcutaneously 3 times a week for 52 weeks (twelve months)~~

Exit Criteria

The patient's response to interferon treatment should be reviewed at either three or four months. Interferon treatment should be discontinued in patients who do not show a substantial reduction (50%) in their mean pre-treatment ALT level at this stage.

Note for pegylated interferon alfa-2a

a) See prescribing guideline above

Renewal - (myeloproliferative disorder or cutaneous T cell lymphoma)

- Approved dose is 180 mcg once weekly.
- The recommended dose of Pegylated Interferon alfa-2a is 180 mcg once weekly.
- In patients with renal insufficiency (calculated creatinine clearance less than 50ml/min), Pegylated Interferon alfa 2a dose should be reduced to 135 mcg once weekly.
- In patients with neutropaenia and thrombocytopaenia, dose should be reduced in accordance with the datasheet guidelines.
- Pegylated Interferon-alfa 2a is not approved for use in children

Initial application – chronic hepatitis C – genotype 1,4,5 or 6 or infection or co-infection with HIV or genotype 2 or 3 or post liver transplant

Note:

- Consider stopping treatment if there is absence of a virological response (defined as at least a 2-log reduction in viral load) following 12 weeks of treatment since this is predictive of treatment failure.
- Consider reducing treatment to 24 weeks if serum HCV RNA level at Week 4 is undetectable by sensitive PCR assay (less than 50IU/ml) AND Baseline serum HCV RNA is less than 400,000IU/ml

Note in the Special Authority for febuxostat

Note: In chronic renal insufficiency, particularly when the glomerular filtration rate is 30 ml/minute or less, probenecid may not be effective. The efficacy and safety of febuxostat have not been fully evaluated in patients with severe renal impairment (creatinine clearance less than 30 ml/minute). No dosage adjustment of febuxostat is necessary in patients with mild or moderate renal impairment. Optimal treatment with allopurinol in patients with renal impairment is defined as treatment to the creatinine clearance-adjusted dose of allopurinol then, if serum urate remains greater than 0.36 mmol/l, a gradual increase of the dose of allopurinol to 600 mg or the maximum tolerated dose.

Note in the Special Authority for lacosamide

Initial application

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

Renewal from any relevant practitioner. Approvals valid for 24 months where the patient has demonstrated a significant and sustained improvement in seizure rate or severity and/or quality of life compared with that prior to starting lacosamide treatment (see Note).

Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective

Note in the Special Authority for sirolimus

Initial application — refractory seizures associated with tuberous sclerosis complex*

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

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

Note in the Special Authority for vigabatrin

Initial application

~~Note: ``Optimal treatment with other antiepilepsy agents'' is defined as treatment with other antiepilepsy agents which are indicated and clinically appropriate for the patient, given in adequate doses for the patient's age, weight, and other features affecting the pharmacokinetics of the drug with good evidence of compliance.~~

~~Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.~~

Renewal

~~Note: As a guideline, clinical trials have referred to a notional 50% reduction in seizure frequency as an indicator of success with anticonvulsant therapy and have assessed quality of life from the patient's perspective.~~

~~Vigabatrin is associated with a risk of irreversible visual field defects, which may be asymptomatic in the early stages.~~

Note in the Special Authority for olanzapine

Renewal

~~Note: The patient should be monitored for post-injection syndrome for at least two hours after each injection.~~

Note in the Special Authority for paliperidone

~~Note: Paliperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialling paliperidone depot injection.~~

Note in the Special Authority for risperidone

~~Note: Risperidone depot injection should ideally be used as monotherapy (i.e. without concurrent use of any other antipsychotic medication). In some cases, it may be clinically appropriate to attempt to treat a patient with typical antipsychotic agents in depot injectable form before trialing risperidone depot injection.~~

Note in the Special Authority for everolimus

~~Note: MRI should be performed at minimum once every 12 months, more frequent scanning should be performed with new onset of symptoms such as headaches, visual complaints, nausea or vomiting, or increase in seizure activity.~~

Tender News

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

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Celecoxib	Cap 100 mg; 60 cap	PSS	Celecoxib Pfizer (Aspen)
Celecoxib	Cap 200 mg; 30 cap	PSS	Celecoxib Pfizer (Aspen)
Clonidine hydrochloride	Tab 25 mcg; 112 tab	PSS	Clonidine Teva (Teva)
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg; 200 tab	PSS	Laxsol (Aspen)
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule; 3 inj	PSS	Hydroxocobalamin Panpharma (Boucher and Muir)

Looking Forward

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

Decisions for implementation 1 November 2022

- Posaconazole (Posaconazole Juno) tab modified-release 100 mg – new listing
- Durvalumab inj 50 mg per ml, 2.4 ml vial and 10 ml vial (Imfinzi) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria
- Olaparib (Lynparza) tab 100 mg and 150 mg – amend Special Authority criteria

Possible decisions for future implementation 1 November 2022

- Ramipril cap 1.25 mg, 2.5 mg, 5 mg and 10 mg – new listing

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

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Accarb	2024
Aciclovir	Eye oint 3%, 4.5 g OP	ViruPOS	2024
Acitretin	Cap 10 mg & 25 mg	Novatretin	2023
Adalimumab (Amgevita)	**Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen**	**Amgevita**	**31/07/2026**
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	MycoNail	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	Crm, 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	Crm & oint 0.05%, 50 g OP	Diprosone	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 October 2022

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Crm, 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	Crm 0.025%, 45 g OP Crm 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	Crm 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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to October 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
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	Crm 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 multichem	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	IPCA-Frusemide	2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glatiramer acetate	**Inj 40 mg prefilled syringe**	**Copaxone**	**2025**
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
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

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Lisinopril	**Tab 5 mg, 10 mg & 20 mg**	**Ethics Lisinopril**	**2025**
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
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	Crm & 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	Crm 2%, 15 g OP Vaginal crm 2% with applicator, 40 g OP	Multichem Micreme	2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule 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	Hameln Oxycodone Sandoz OxyNorm	2024
Pancreatic enzyme	Cap prancreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap prancreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2024
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
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	Cilicaine VK	2024
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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 Viatris	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	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
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
Spironolactone	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	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

**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 October 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2023
Valaciclovir	Tab 500 mg & 1,000 mg	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
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Mylan	2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

October 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 October 2022

11	METFORMIN HYDROCHLORIDE			
	✳ Tab immediate-release 500 mg	14.74	1,000	✔ **Metformin Viatris**
41	TICAGRELOR – Special Authority see SA1955 – Retail pharmacy			
	✳ Tab 90 mg	23.85	56	✔ **Ticagrelor Sandoz**
47	LISINOPRIL			
	✳ Tab 5 mg	11.07	90	✔ **Teva Lisinopril**
	✳ Tab 10 mg	11.67	90	✔ **Teva Lisinopril**
	✳ Tab 20 mg	14.69	90	✔ **Teva Lisinopril**
48	PERINDOPRIL			
	✳ Tab 8 mg	5.02	30	✔ **Coversyl**
60	ILOPROST – Special Authority see SA1705 – Retail pharmacy			
	Nebuliser soln 10 mcg per ml, 2 ml	185.03	30	✔ **Vebulis**
96	FLUCONAZOLE			
	Cap 50 mg	2.75	28	✔ **Dizole**
105	DARUNAVIR – Special Authority see SA2139 – Retail pharmacy			
	Tab 400 mg	132.00	60	✔ **Darunavir Mylan**
	Note – this is a new Pharmacode listing, 2595486.			
117	ORPHENADRINE CITRATE			
	Tab 100 mg	20.76	100	✔ **Norflex**
	Note – this is a new Pharmacode listing, 2645564.			
118	AMANTADINE HYDROCHLORIDE			
	▲ Cap 100 mg	63.73	100	✔ **Symmetrel S29** S29
	Wastage claimable			

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**

New Listings – effective 1 October 2022 (continued)

123 MORPHINE SULPHATE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Inj 5 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	5.38	5	✔**Medsurge**
Inj 10 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	4.68	5	✔**Medsurge**
Inj 15 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	5.53	5	✔**Medsurge**
Inj 30 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO	6.28	5	✔**Medsurge**

124 DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement
a) Safety medicine; prescriber may determine dispensing frequency
b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.

Tab 75 mg	3.85	30	✔**Dosulepin Viatris**

127 PHENYTOIN SODIUM

Cap 100 mg	37.00	200	✔**Dilantin**

Note – this is a new Pharmacode listing, 2619431.

241 SODIUM CROMOGLICATE

Eye drops 2%	2.62	10 ml OP	✔**Allerfix**

244 PHARMACY SERVICES
May only be claimed once per patient.

✻ Brand switch fee	4.50	1 fee	✔**BSF Amgevita**

The Pharmacode for BSF Amgevita is 2645165.

243 MACROGOL 400 AND PROPYLENE GLYCOL – Special Authority see SA2134 – Retail pharmacy

Eye drops 0.4% and propylene glycol 0.3%, 0.8 ml	10.78	30	✔**Systane Unit Dose**

Effective 9 September 2022

81 TESTOSTERONE CIPIONATE

Inj 100 mg per ml, 10 ml vial	393.00	1	✔**Taro-Testosterone** S29

Wastage claimable

254 PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]

Liquid (vanilla)	6.99	500 ml OP	✔**Pediasure Plus**

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

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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 October 2022

47 PERINDOPRIL (reinstate stat dispensing)

❋ Tab 2 mg	1.58	30	✔**Coversyl**
❋ Tab 4 mg	2.95	30	✔**Coversyl**

48 LOSARTAN POTASSIUM (reinstate stat dispensing)

❋ Tab 12.5 mg	1.56	84	✔**Losartan Actavis**
❋ Tab 25 mg	1.84	84	✔**Losartan Actavis**
❋ Tab 50 mg	2.25	84	✔**Losartan Actavis**
❋ Tab 100 mg	3.50	84	✔**Losartan Actavis**

48 LOSARTAN POTASSIUM WITH HYDROCHLOROTHIAZIDE (reinstate stat dispensing)

❋ Tab 50 mg with hydrochlorothiazide 12.5 mg	4.00	30	✔**Arrow-Losartan & Hydrochlorothiazide**

82 MEDROXYPROGESTERONE ACETATE (removal of s29 and wastage claimable)

✳ Tab 2.5 mg ~~Wastage claimable~~	8.75	56	✔**Provera** ~~S29~~
✳ Tab 5 mg ~~Wastage claimable~~	9.80	56	✔**Provera** ~~S29~~

130 ONDANSETRON (removal of stat dispensing)

Tab disp 4 mg – Up to 10 tab available on a PSO	0.76	10	✔**Ondansetron ODT-DRLA**
Tab disp 8 mg – Up to 10 tab available on a PSO	1.13	10	✔**Ondansetron ODT-DRLA**

174 ADALIMUMAB (AMGEVITA) – Special Authority see SA2142 – Retail pharmacy (addition of brand switch fee)

a) Brand switch fee payable (Pharmacode 2645165)

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**

184 ADALIMUMAB (HUMIRA – **ALTERNATIVE BRAND**) – Special Authority see **SA2157** ~~2101~~ – Retail pharmacy (amended chemical name and Special Authority criteria)

Inj 20 mg per 0.2 ml prefilled syringe	1,599.96	2	✔**Humira**
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**

➽ **SA2157** ~~2101~~ Special Authority for Subsidy

~~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.~~

~~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:~~

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

~~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.~~

~~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.~~

~~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.~~

~~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~~

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

~~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.~~

~~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.~~

~~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.~~

~~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.~~

~~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 October 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.~~

~~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.~~

~~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.~~

~~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~~
~~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.~~

~~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.~~

~~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:~~

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

~~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 value; 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~~

~~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~~.

Initial application – (Behcet's disease – severe) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:
1 Either:
1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
2 Patient has received a maximum of 6 months treatment with Amgevita; and
3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

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

Renewal – (Behcet's disease – severe) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 The patient has had a good clinical response to 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 – (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 Either:
1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
2 Patient has received a maximum of 6 months treatment with Amgevita; and
3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
4 Adalimumab is to be administered at doses no greater than 40mg every 7 days. Fortnightly dosing has been considered.

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 40 mg every 7 days. Fortnightly dosing has been considered.

Initial application – (Psoriasis - severe chronic plaque) 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 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or
1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and
2 Patient has received a maximum of 6 months treatment with Amgevita; and
3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal – (Psoriasis - severe chronic plaque) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Either:
1.1 Both:
1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

1.1.2 Either:

1.1.2.1 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

1.1.2.2 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 value; or

1.2 Both:

1.2.1 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

1.2.2 Either:

1.2.2.1 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

1.2.2.2 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

2 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 6 months for applications meeting the following criteria:
All of the following:

1 Either:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and

2 Patient has received a maximum of 6 months treatment with Amgevita; and

3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

4 A maximum of 8 doses.

Renewal – (Pyoderma gangrenosum) only from a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:

1 The patient has demonstrated clinical improvement and continues to require treatment; and

2 A maximum of 8 doses.

Initial application – (Crohn's disease - adult) 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 Any of the following:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or

1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

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

Renewal – (Crohn's disease - adult) from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:

1 Any of the following:

1.1 CDAI score has reduced by 100 points from the CDAI score when the patient was initiated on adalimumab; or

1.2 CDAI score is 150 or less; or

1.3 The patient has demonstrated an adequate response to treatment, but CDAI score cannot be assessed; and

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

Initial application – (Crohn's disease - children) 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 Any of the following:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or

1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and

2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

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

Renewal – (Crohn's disease - children) from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:
Both:

1 Any of the following:

1.1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or

1.2 PCDAI score is 15 or less; or

1.3 The patient has demonstrated an adequate response to treatment, but PCDAI score cannot be assessed; and

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

Initial application – (Crohn's disease - fistulising) 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 Any of the following:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or

1.3 Patient has Crohn's and is considered to be at risk of disease destabilisation if there were to be a change to current treatment; and

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

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

Renewal – (Crohn's disease - fistulising) from a gastroenterologist or any relevant Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Either:

1.1 The number of open draining fistulae have decreased from baseline by at least 50%; or

1.2 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; and

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

Initial application – (Ocular inflammation – chronic) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Any of the following:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or

1.3 Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment; and

2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

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

Renewal – (Ocular inflammation – chronic) 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 is to be administered at doses no greater than 40 mg every 14 days.

Initial application – (Ocular inflammation – severe) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Any of the following:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment, and a maximum of 6 months treatment with Amgevita; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with Amgevita, and a maximum of 6 months treatment with Amgevita and clinician attributes this loss of disease response to a change in treatment regimen; or

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

1.3 Patient has uveitis and is considered to be at risk of vision loss if they were to change treatment; and

2 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

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

Renewal – (Ocular inflammation – severe) from any relevant Practitioner.
Approvals valid for 12 months for applications meeting the following criteria:

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

Initial application – (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 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita); and

2 Patient has received a maximum of 6 months treatment with Amgevita; and

3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and

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

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:
Both:

1 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

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

Initial application (Arthritis – oligoarticular course juvenile idiopathic) 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:
All of the following:

1 Either:

1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or

1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and

2 Patient has received a maximum of 6 months treatment with Amgevita; and

3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

Renewal – (Arthritis – oligoarticular course juvenile idiopathic) only from a named specialist, rheumatologist, or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months where 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, rheumatologist, or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
All of the following:

1 Either:
- **1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or**
- **1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and**

2 Patient has received a maximum of 6 months treatment with Amgevita; and
3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

Renewal – (Arthritis - polyarticular course juvenile idiopathic) only from a named specialist, rheumatologist, or Practitioner on the recommendation of a named specialist or rheumatologist. Approvals valid for 6 months where 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 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:
All of the following:

1 Either:
- **1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or**
- **1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and**

2 Patient has received a maximum of 6 months treatment with Amgevita; and
3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; and
4 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Renewal – (Arthritis – psoriatic) 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 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
2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

Initial application – (Arthritis – rheumatoid) 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:

continued...

Changes to Restrictions – effective 1 October 2022 (continued)

continued...

1 Either:
- **1.1 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or**
- **1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and**

2 Patient has received a maximum of 6 months treatment with Amgevita; and
3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication; 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.**

Renewal – (Arthritis – rheumatoid) 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 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
2 Either:
- **2.1 Adalimumab to be administered at doses no greater than 40 mg every 14 days; or**
- **2.2 Patient cannot take concomitant methotrexate and requires doses of adalimumab higher than 40 mg every 14 days to maintain an adequate response.**

Initial application – (Still's disease – adult-onset (AOSD)) 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 The patient has experienced intolerable side effects from adalimumab (Amgevita) following a minimum of 4 weeks treatment; or**
- **1.2 Patient has developed symptoms of loss of disease control following a minimum of 4 weeks treatment with adalimumab (Amgevita) and clinician attributes this loss of disease response to a change in treatment regimen; and**

2 Patient has received a maximum of 6 months treatment with Amgevita; and
3 Patient has previously had a Special Authority approval for the Humira brand of adalimumab for this indication.

Renewal – (Still's disease – Adult onset) only from a rheumatologist or Practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months where the patient has demonstrated a sustained improvement in inflammatory markers and functional status.

Changes to Restrictions – effective 1 October 2022 (continued)

190 GEMTUZUMAB OZOGAMICIN – PCT only – Specialist – Special Authority see **SA2158** ~~2136~~ (amended Special Authority criteria)

Inj 5 mg vial	12,973.00	1	✔**Mylotarg**

➽ **SA2158** ~~2136~~ Special Authority for Subsidy

Initial application – only from a haematologist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1 Patient has not received prior chemotherapy for this condition; and
2 Patient has de novo CD33-positive acute myeloid leukaemia; and
3 Patient does not have acute promyelocytic leukaemia; and
4 Gemtuzumab ozogamicin will be used in combination with standard anthracycline and cytarabine (AraC); and
5 Patient is being treated with curative intent; and
6 Patient's disease risk has been assessed by cytogenetic testing to be good or intermediate; and
7 Patient must be considered eligible for standard intensive remission induction chemotherapy with ~~daunorubicin~~ **standard anthracycline** and cytarabine (AraC); and
8 Gemtuzumab ozogamicin to be funded for one course only **(one dose at 3 mg per m² body surface area or up to 2 vials of 5 mg as separate doses)**; ~~and~~
~~9 Either:~~
~~9.1 Gemtuzumab ozogamicin to be administered at one dose at 3 mg per m² body surface area; or~~
~~9.2 Up to 10 mg of gemtuzumab ozogamicin to be administered~~

Notes: Acute myeloid leukaemia excludes acute promyelocytic leukaemia and acute myeloid leukaemia that is secondary to another haematological disorder (eg myelodysplasia or myeloproliferative disorder).

217 TOCILIZUMAB – PCT only – Special Authority see **SA2159** ~~2100~~ (amended Special Authority – affected criteria shown only)

Inj 20 mg per ml, 4 ml vial	220.00	1	✔**Actemra**
			✔**Actemra S29** S29
			✔**RoActemra S29** S29
	880.00	4	✔**RoActemra S29** S29
Inj 20 mg per ml, 10 ml vial	550.00	1	✔**Actemra**
			✔**Actemra S29** S29
			✔**RoActemra S29** S29
Inj 20 mg per ml, 20 ml vial	1,100.00	1	✔**Actemra**
			✔**Actemra S29** S29
			✔**RoActemra S29** S29
	4,400.00	4	✔**RoActemra S29** S29
Inj 1 mg for ECP	2.85	1 mg	✔**Baxter**

➽ **SA2159** ~~2100~~ Special Authority for Subsidy

Initial application – (moderate to severe COVID-19~~*~~) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:

All of the following:

1 Patient has confirmed (or probable) COVID-19; and
2 Oxygen saturation of < 92% on room air, or requiring supplemental oxygen; and
3 Patient is receiving adjunct systemic corticosteroids, or systemic corticosteroids are contraindicated; and
4 Tocilizumab is to be administered at doses no greater than 8mg/kg IV for a maximum of one dose; and
5 Tocilizumab is not to be administered in combination with barcitinib.

~~Note: indications marked with * are unapproved indications.~~

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

121 PARACETAMOL (removal of s29)

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.

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

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

Changes to Subsidy and Manufacturer's Price

Effective 1 October 2022

45 SODIUM CHLORIDE (↑ subsidy)
Not funded for use as a nasal drop. Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use.
Inj 0.9%, bag – Up to 2000 ml available on a PSO ..... 1.33 500 ml ✔**Baxter**
1.36 1,000 ml ✔**Baxter**
Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)

100 ACICLOVIR (↑ subsidy)
✻ Tab dispersible 200 mg ..... 1.78 25 ✔**Lovir**

120 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↑ subsidy)
Inj 1%, 5 ml ampoule – Up to 25 inj available on a PSO ..... 9.50 25 ✔**Lidocaine-Baxter**

122 METHADONE HYDROCHLORIDE (↑ subsidy)
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.
Inj 10 mg per ml, 1 ml ..... 68.90 10 ✔**AFT**

125 PAROXETINE (↑ subsidy)
✻ Tab 20 mg ..... 4.11 90 ✔**Loxamine**
Note – this price and subsidy increase applies to Pharmacode 2626799.

136 MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)
Inj 1 mg per ml, 5 ml ampoule ..... 6.10 10 ✔**Midazolam-Baxter**
Inj 5 mg per ml, 3 ml ampoule ..... 5.00 5 ✔**Midazolam-Baxter**

152 MITOMYCIN C – PCT only – Specialist (↓ subsidy)
Inj 20 mg vial ..... 1,250.00 1 ✔**Teva**
Inj 1 mg for ECP ..... 269.85 1 mg ✔**Baxter**

167 AZATHIOPRINE (↑ subsidy)
✻ Tab 50 mg ..... 8.10 100 ✔**Azamun**

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

Delisted Items

Effective 1 October 2022

65 AQUEOUS CREAM

✳ Crm	1.73	500 g	✔Boucher

91 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

Note – this delist is for Pharmacode 243078.

▲ 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 November 2022

152 MITOMYCIN C – PCT only – Specialist
Inj 20 mg vial ..... 3,275.00 | 1 | ✔**Omegapharm** S29

Effective 1 January 2023

125 PAROXETINE
✻ Tab 20 mg ..... 4.11 | 90 | ✔**Loxamine**
Note – this delist applies to Pharmacode 2443015. Pharmacode 2626799 delisting revoked.

244 PHARMACY SERVICES
May only be claimed once per patient.
✻ Brand switch fee ..... 4.50 | 1 fee | ✔**BSF Amgevita**
The Pharmacode for BSF Amgevita is 2645165.

Effective 1 March 2023

41 TICAGRELOR – Special Authority see SA1955 – Retail pharmacy
✻ Tab 90 mg ..... 90.00 | 56 | ✔**Brilinta**

60 ILOPROST – Special Authority see SA1705 – Retail pharmacy
Nebuliser soln 10 mcg per ml, 2 ml ..... 740.10 | 30 | ✔**Ventavis**

123 MORPHINE SULPHATE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Inj 5 mg per ml, 1 ml ampoule – Up to 5 inj
available on a PSO ..... 6.99 | 5 | ✔**DBL Morphine Sulphate**

Inj 10 mg per ml, 1 ml ampoule – Up to 5 inj
available on a PSO ..... 5.61 | 5 | ✔**DBL Morphine Sulphate**

Inj 15 mg per ml, 1 ml ampoule – Up to 5 inj
available on a PSO ..... 7.08 | 5 | ✔**DBL Morphine Sulphate**

Inj 30 mg per ml, 1 ml ampoule – Up to 5 inj
available on a PSO ..... 7.28 | 5 | ✔**DBL Morphine Sulphate**

241 SODIUM CROMOGLICATE
Eye drops 2% ..... 1.79 | 5 ml OP | ✔**Rexacrom**

Effective 1 April 2023

8 SODIUM CROMOGLICATE
Cap 100 mg ..... 92.91 | 100 | ✔**Nalcrom**

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 June 2023

243 MACROGOL 400 AND PROPYLENE GLYCOL – Special Authority see SA2134 – Retail pharmacy
Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml ..... 4.30 24 ✔ **Systane Unit Dose**
Note – this delist applies to the 24 pack.

Effective 1 July 2023

117 ORPHENADRINE CITRATE
Tab 100 mg..... 20.76 100 ✔ **Norflex**
Note – this delist applies to Pharmacode 255009.

Effective 1 September 2023

243 NAPHAZOLINE HYDROCHLORIDE
✻ Eye drops 0.1% ..... 4.15 15 ml OP ✔ **Naphcon Forte**

Effective 1 March 2024

90 CEFUROXIME AXETIL – Subsidy by endorsement
Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly.
Tab 250 mg..... 45.93 50 ✔ **Zinnat**

Index
Pharmaceuticals and brands

New Zealand
Permit No. 478

Permit

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ISSN 1172-9376 (Print)
ISSN 1179-3686 (Online)

Te Kāwanatanga o Aotearoa New Zealand Government

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