PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

January 2023

Contents

Summary of Pharmac decisions
EFFECTIVE 1 JANUARY 2023

New listings (pages 19-20)

- Pegfilgrastim (Ziextenzo) inj 6 mg per 0.6 ml syringe – Special Authority – Retail pharmacy
- Nadolol (Nadolol BNM) tab 40 mg and tab 80 mg
- Ambrisentan (Ambrisentan Viatris) tab 10 mg – Special Authority – Retail pharmacy
- Levonorgestrel (Levonorgestrel BNM) tab 1.5 mg – maximum of 2 tab per prescription and up to 5 tab available on a PSO
- Ketoconazole (Taro) tab 200 mg – PCT and s29
- Nevirapine (Nevirapine Viatris) tab 200 mg – Special Authority – Retail pharmacy
- Zoledronic acid (Zoledronic Acid Viatris) inj 0.05 mg per ml, 100 ml, bag, 100 ml OP – Special Authority – Retail pharmacy
- Paracetamol (Paracetamol (Ethics)) oral liq 120 mg per 5 ml, 200 ml – maximum of 600 ml per prescription; can be waived by endorsement, up to 200 ml available on a PSO and not in combination
- Fluoxetine hydrochloride (Arrow – Fluoxetine) cap 20 mg
- Phenytoin sodium (Dilantin) cap 30 mg
- Domperidone (Domperidone Viatris) tab 10 mg
- Nusinersen (Spinraza) inj 12 mg per 5 ml vial – PCT only – Special Authority
- Nicotine (Habitrol) gum 4 mg (Fruit) 204 pack – Up to 384 piece available on a PSO and nicotine will not be funded in amounts less than 4 weeks of treatment.
- Adalimumab (humira - alternative brand) (Humira) inj 40 mg per 0.4 ml prefilled syringe – Special Authority – Retail pharmacy
- Montelukast (Montelukast Viatris) tab 5 mg and 10 mg

Changes to restrictions (pages 22-30)

- Paracetamol (Pamol and Paracare Double Strength) oral liq 250 mg per 5 ml – amended PSO quantity
- Cyclizine lactate (Hameln) inj 50 mg per ml, 1 ml ampoule – addition of PSO
- Multiple Sclerosis Treatments – amended Special Authority criteria
- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled pen and prefilled pen – amended Special Authority criteria and brand switch fee removed
- Polyethylene glycol 400 and propylene glycol (Systane Unit Dose) eye drops 0.4% and propylene glycol 0.3%, 0.4 ml and 0.8 ml – amended chemical name

Increased subsidy (page 31)

- Sodium citrate with sodium lauryl sulphoacetate (Micolette and Micolette-S29) enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml
- Tranexamic acid (Mercury Pharma) tab 500 mg
- Cilazapril (Zapril) tab 0.5 mg, 2.5 mg and 5 mg
- Oxytocin (Oxytocin BNM) inj 5 iu and 10 iu per ml, 1 ml ampoule
- Hyoscine hydrobromide (Scopoderm TTS) patch 1.5 mg
- Chloramphenicol (Chlorafast) eye drops 0.5 %, 10 ml OP

Decreased subsidy (page 31)

- Risedronate sodium (Risedronate Sandoz) tab 35 mg

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes – effective 1 February 2023

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Ascorbic acid	Tab 100 mg; 500 tab	PSS	CVite (Evara)
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml ampoule; 10 inj	PSS	Hameln (Max Health)
Dexamethasone phosphate	Inj 4 mg per ml, 2 ml ampoule; 10 inj	PSS	Hameln (Max Health)
Diazepam	Rectal tubes 5 mg; 5 tubes	PSS	Stesolid (Teva)
Erlotinib	Tab 100 mg; 30 tab	SSS	Alchemy (Alchemy)
Erlotinib	Tab 150 mg; 30 tab	SSS	Alchemy (Alchemy)
Fluoxetine hydrochloride	Tab dispersible 20 mg, scored; 28 tab	PSS	Fluox (Viatris)
Glycerol	Suppos 4 g; 20 suppos	PSS	Lax suppositories Glycerol (AFT)
Loratadine	Tab 10 mg; 100 tab	PSS	Lorafix (Teva)
Methadone hydrochloride	Tab 5 mg; 10 tab	PSS	Methadone BNM (Boucher and Muir)
Methenamine (hexamine) hippurate	Tab 1 g; 100 tab	PSS	Hiprex (Radiant Health)
Multivitamins	Tab (BPC cap strength); 1,000 tab	PSS	Mvite (Evara)
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule; 10 inj	PSS	Hameln (Max Health)

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 February 2023

- Adrenaline (Epipen Jr) inj 0.15 mg per 0.3 ml auto-injector – new listing with Special Authority
- Adrenaline (Epipen) inj 0.3 mg per 0.3 ml auto-injector – new listing with Special Authority
- Pharmacy Services (BSF Alchemy Erlotinib) brand switch fee – new listing
- Vedolizumab (Entyvio) inj 300 mg vial – new listing with Special Authority

Possible decisions for future implementation 1 February 2023

- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP – amend Special Authority criteria
- Ustekinumab (Stelara) inj 90 mg per ml, 1 ml prefilled syringe – new listing with Special Authority

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Accarb	2024
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	Martindale Pharma	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
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
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

**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 January 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Betahistine dihydrochloride	Tab 16 mg	Serc	2023
Betamethasone dipropionate	Crm & oint 0.05%, 50 g OP	Diprosone	2023
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP	Daivobet	2024
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crm 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
Bicalutamide	Tab 50 mg	Binarex	2023
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	**Tab 5 mg** Suppos 10 mg	**Bisacodyl Viatris** Pharmacy Health Lax-suppositories	**2025** 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
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2024
Calamine	Crm, aqueous, BP, 100 g	Calamine-AFT	2024
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2025
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
Cefalexin	**Grans for oral liq 25 mg per ml & 50 mg per ml**	**Flynn**	**2024**
Cefazolin	Inj 500 mg & 1 g vial	AFT	2023
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025

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Generic Name	Presentation	Brand Name	Expiry Date*
Cetirizine hydrochloride	Oral liq 1 mg per ml, 200 ml	Hisatclear	2024
Cetomacrogol	Crm BP, 500 g	Cetomacrogol-AFT	2024
Chloramphenicol	Eye oint 1%, 5 g OP	Devatis	2025
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
Clobetasol propionate	**Crm & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP**	**Dermol**	**2025**
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
Clonidine hydrochloride	Tab 25 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Clonidine Teva Medsurge Catapres	2025 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
Compound electrolytes	Powder for oral soln	Electral	2025
Condoms	60 mm 49 mm 53 mm, 0.05 mm thickness 53 mm 53 mm, strawberry, red 53 mm, chocolate, brown 56 mm 56 mm, 0.08 mm thickness 56 mm, 0.08 mm thickness, red 56 mm, 0.05 mm thickness 56 mm, chocolate 56 mm, strawberry	Shield XL Gold Knight Moments Gold Knight	30/09/2022
Crotamiton	Crm 10%, 20 g OP	Itch-soothe	2024
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2024
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Digoxin	**Tab 62.5 mcg** **Tab 250 mcg**	**Lanoxin PG** **Lanoxin**	**2025**
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg	Cardizem CD	2024
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Disulfiram	Tab 200 mg	Antabuse	2024
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2023
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
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
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Mylan	2025

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Generic Name	Presentation	Brand Name	Expiry Date*
Emulsifying ointment	Oint BP	Emulsifying Ointment ADE	2023
Entacapone	Tab 200 mg	Comtan	2024
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
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
Ferrous sulfate	**Tab long-acting 325 mg (105 mg elemental)** **Oral liq 30 mg (6 mg elemental) per ml**	**Ferrograd** **Ferodan**	**2025**
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
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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]	**Inj 10 mg per ml, 2 ml ampoule** Tab 40 mg	**Furosemide-Baxter** IPCA-Frusemide	**2025** 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
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
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	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 January 2023

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
Lidocaine [Lignocaine]	**Gel 2%, 11 ml urethral syringe**	**Instillagel lido**	**2025**
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Lithium carbonate	Tab long-acting 400 mg	Priadel	2024
Loperamide hydrochloride	**Cap 2 mg**	**Diamide Relief**	**2025**
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

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Generic Name	Presentation	Brand Name	Expiry Date*
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2023
Losartan potassium with hydrochlorothiazide	**Tab 50 mg with hydrochlorothiazide 12.5 mg**	**Arrow-Losartan & Hydrochlorothiazide**	**2025**
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
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
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	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
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
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2023

Generic Name	Presentation	Brand Name	Expiry Date*
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
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2025
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	Tab 50 mg & 100 mg Cap modified-release 100 mg	Nifuran Macrobid	2024 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
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025

**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 January 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Omeprazole	**Inj 40 mg ampoule with diluent**	**Dr Reddy's Omeprazole**	**2025**
	Cap 10 mg	Omeprazole actavis 10	2023
	Cap 20 mg	Omeprazole actavis 20	
	Cap 40 mg	Omeprazole actavis 40	
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	Hameln	2024
	Inj 50 mg per ml, 1 ml ampoule		
	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	
	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	
	Oral liq 5 mg per 5 ml		
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pancreatic enzyme	Cap prancreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prancreatin 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	
Paracetamol with codeine	**Tab paracetamol 500 mg with codeine phosphate 8 mg**	**Paracetamol + Codeine**	**2025**
Paroxetine	**Tab 20 mg**	**Loxamine**	**2025**
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
Permethrin	Crm 5%, 30 g OP	Lyderm	2023
	Lotn 5%, 30 ml OP	A-Scabies	
Pethidine hydrochloride	Tab 50 mg	PSM	2024
Phenoxymethylpenicillin (Penicillin V)	**Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml**	**AFT**	**2025**
	Cap 250 mg	Cilicaine VK	2024
	Cap 500 mg		
Pimecrolimus	Crm 1%, 15 g OP	Elidel	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 January 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Pine tar with trolamine laurisulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2023
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2024
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2024
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2024
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2024
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2023
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2023
Povidone iodine	Antiseptic solution 10%, 100 ml Oint 10%, 65 g OP	Riodone Betadine	2024 2023
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
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

**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 January 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2024
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2023
Ropinirole hydrochloride	**Tab 0.25 mg, 1 mg, 2 mg & 5 mg**	**Ropin**	**2025**
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
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 chloride	**Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule**	**Fresenius Kabi**	**2025**
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
Sotalol	**Tab 80 mg & 160 mg**	**Mylan**	**2025**
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
Tamsulosin	**Cap 400 mcg**	**Tamsulosin-Rex**	**2025**
Temazepam	Tab 10 mg	Normison	2023
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Mylan	2025
Tenoxicam	**Tab 20 mg**	**Tilcotil**	**2025**

**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 January 2023

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Water	**Inj 20 ml ampoule**	**Fresenius Kabi**	**2025**
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Mylan	2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

January 2023 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 January 2023

43 PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy

Inj 6 mg per 0.6 ml syringe	65.00	1	✔**Ziextenzo**

50 NADOLOL

✻ Tab 40 mg	19.19	100	✔**Nadolol BNM**
✻ Tab 80 mg	30.39	100	✔**Nadolol BNM**

Note – these are new Pharmacode listings, 2647540 and 2647559.

57 AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy

Tab 10 mg	1,550.00	30	✔**Ambrisentan Viatris**

74 LEVONORGESTREL

✻ Tab 1.5 mg	1.75	1	✔**Levonorgestrel BNM**

a) Maximum of 2 tab per prescription
b) Up to 5 tab available on a PSO
c) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.

97 KETOCONAZOLE

Tab 200 mg – PCT	CBS	100	✔**Taro** S29

105 NEVIRAPINE – Special Authority see SA2139 – Retail pharmacy

Tab 200 mg	84.00	60	✔**Nevirapine Viatris**

113 ZOLEDRONIC ACID

Inj 0.05 mg per ml, 100 ml, bag – Special Authority see SA2110 – Retail pharmacy	22.53	100 ml OP	✔**Zoledronic Acid Viatris**

121 PARACETAMOL

Oral liq 120 mg per 5 ml	3.98	200 ml	✔**Paracetamol (Ethics)**

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.

125 FLUOXETINE HYDROCHLORIDE

Cap 20 mg	3.13	90	✔**Arrow - Fluoxetine**

127 PHENYTOIN SODIUM

Cap 30 mg	74.00	200	✔**Dilantin**

Note – this is a new Pharmacode listing, 2619458.

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

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

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised
New Listings – effective 1 January 2023 (continued)				
130	DOMPERIDONE			
	✳ Tab 10 mg	4.00	100	✔ **Domperidone Viatris**
137	NUSINERSEN – PCT only – Special Authority see SA2174			
	Inj 12 mg per 5 ml vial	120,000.00	1	✔ **Spinraza**

SA2174 Special Authority for Subsidy

Initiation application – (spinal muscular atrophy (SMA)) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Patient has genetic documentation of homozygous SMN1 gene deletion, homozygous SMN1 point mutation, or compound heterozygous mutation; and
2 Patient is 18 years of age or under; and
3 Either:
  3.1 Patient has experienced the defined signs and symptoms of SMA type I, II or IIIa prior to three years of age; or
  3.2 Both:
    3.2.1 Patient is pre-symptomatic; and
    3.2.2 Patient has three or less copies of SMN2

Renewal – (spinal muscular atrophy (SMA)) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 There has been demonstrated maintenance of motor milestone function since treatment initiation; and
2 Patient does not require invasive permanent ventilation (at least 16 hours per day) in the absence of a potentially reversible cause while being treated with nusinersen; and
3 Nusinersen not to be administered in combination other SMA disease modifying treatments or gene therapy.

143	NICOTINE			
	a) Nicotine will not be funded in amounts less than 4 weeks of treatment.			
	b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.			
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	24.17	204	✔ **Habitrol**
185	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see SA2157 – Retail pharmacy			
	Inj 40 mg per 0.4 ml prefilled syringe	1,599.96	2	✔ **Humira**
239	MONTELUKAST			
	✳ Tab 5 mg	3.10	28	✔ **Montelukast Viatris**
	✳ Tab 10 mg	2.90	28	✔ **Montelukast Viatris**

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

New Listings – effective 1 December 2022

99 ENTECAVIR

✳ Tab 0.5 mg	52.00	30	✔**Entecavir Mylan**

117 DANTROLENE

Cap 25 mg Wastage claimable	97.50	100	✔**Dantrium S29** S29

278 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE – [Xpharm]

Either:

A) Any of the following:
   1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
   2) One dose for close contacts of meningococcal cases of any group; or
   3) One dose for person who has previously had meningococcal disease of any group; or
   4) A maximum of two doses for bone marrow transplant patients; or
   5) A maximum of two doses for person pre- and post-immunosuppression*; or

B) Both:
   1) Person is aged between 13 and 25 years, inclusive; and
   2) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons.

Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.

Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	0.00	5	✔**Menactra**

Effective 21 November 2022

83 SOMATROPIN (OMNITROPE) – Special Authority see SA2032 – Retail pharmacy

✳ Inj 5 mg cartridge Wastage claimable	69.75	1	✔**Omnitrope S29** S29
✳ Inj 10 mg cartridge Wastage claimable	69.75	1	✔**Omnitrope S29** S29
✳ Inj 15 mg cartridge Wastage claimable	139.50	1	✔**Omnitrope S29** S29

126 CARBAMAZEPINE

✳ Tab long-acting 200 mg	33.96	200	✔**Tegretol CR**

Changes to Restrictions, Chemical Names and Presentations

Effective 1 January 2023

121 PARACETAMOL (amended PSO quantity)

Oral liq 250 mg per 5 ml ..... 3.35 200 ml ✔**Pamol**
6.25 1,000 ml ✔**Paracare Double Strength**

a) Maximum of 600 ml per prescription; can be waived by endorsement
b) Up to ~~100 ml~~ **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

130 CYCLIZINE LACTATE (addition of PSO)

Inj 50 mg per ml, 1 ml ampoule
– **up to 10 inj available on a PSO** ..... 16.36 10 ✔**Hameln**

134 Multiple Sclerosis Treatments (amended Special Authority criteria)

➽ **SA2176** ~~2140~~ Special Authority for Subsidy

Initial application — (Multiple sclerosis) only from a neurologist or general physician. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and
2 Patients has an EDSS score between 0 – 6.0; and
3 Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and
4 All of the following:
4.1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and
4.2 Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and
4.3 Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and
4.4 Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T> 37.5°C); and
4.5 Either:
4.5.1 Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or
4.5.2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/ spasms, trigeminal neuralgia, Lhermitte's symptom); and
5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and
6 Any of the following:
6.1 A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

6.2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or
6.3 A sign of that new inflammatory is a T2 lesion with associated local swelling; or
6.4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or
6.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan.

Note: ~~Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier.~~ Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Renewal — (Multiple sclerosis) only from a neurologist or general physician. Approvals valid for 12 months where patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use of unilateral or bilateral aids at any time in the last six months (i.e. the patient has walked 100 metres or more with or without aids in the last six months).

Note: ~~Natalizumab can only be dispensed from a pharmacy registered in the Tysabri Australasian Prescribing Programme operated by the supplier.~~ Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

175 ADALIMUMAB (AMGEVITA) – Special Authority see **SA2177** ~~2142~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only and brand switch fee removed)

~~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**

➽ **SA2177** ~~2142~~ Special Authority for Subsidy

Initial application — (Behcet's disease - severe) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Both:
~~2~~.1 The patient has severe Behcet's disease* that is significantly impacting the patient's quality of life; and
~~2~~.2 Either:
~~2~~.2.1 The patient has severe ocular, neurological, and/or vasculitic symptoms and has not responded adequately to one or more treatment(s) appropriate for the particular symptom(s); or
~~2~~.2.2 The patient has severe gastrointestinal, rheumatological, and/or mucocutaneous symptoms and has not responded adequately to two or more treatments appropriate for the particular symptom(s).

Note: Indications marked with * are unapproved indications.

Initial application — (Hidradenitis suppurativa) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

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

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

Initial application — (Plaque psoriasis - severe chronic) only from a dermatologist. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Either:

~~2.~~1 Both:

~~2.~~1.1 Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and

~~2.~~1.2 Either:

~~2.~~1.2.1 Patient has experienced intolerable side effects; or

~~2.~~1.2.2 Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or

~~2.~~2 All of the following:

~~2.~~2.1 Either:

~~2.~~2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a PASI score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or

~~2.~~2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; and

~~2.~~2.2 Patient has tried, but had an inadequate response to, or has experienced intolerable side effects from at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

~~2.~~2.3 A PASI assessment or DLQI assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application.

Initial application — (pyoderma gangrenosum) only from a dermatologist. Approvals valid without renewal unless notified for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Both:

~~2.~~1 Patient has pyoderma gangrenosum*; and

~~2.~~2 Patient has received three months of conventional therapy including a minimum of three pharmaceuticals (e.g. prednisone, ciclosporin, azathioprine, or methotrexate) and not received an adequate response.

Note: Indications marked with * are unapproved indications.

Initial application — (Crohn's disease - adults) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ All of the following:

~~2.~~1 Patient has active Crohn's disease; and

~~2.~~2 Any of the following:

~~2.~~2.1 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; or

~~2.~~2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or

~~2.~~2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or

~~2.~~2.4 Patient has an ileostomy or colostomy and has intestinal inflammation; and

~~2.~~3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids; and

~~2.~~4 Surgery (or further surgery) is considered to be clinically inappropriate.

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

Initial application — (Crohn's disease - children) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ All of the following:

~~2.~~1 Paediatric patient has active Crohn's disease; and

~~2.~~2 Either:

~~2.~~2.1 Patient has a PCDAI score of greater than or equal to 30; or

~~2.~~2.2 Patient has extensive small intestine disease; and

~~2.~~3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from, prior therapy with immunomodulators and corticosteroids; and

~~2.~~4 Surgery (or further surgery) is considered to be clinically inappropriate.

Initial application — (Crohn's disease - fistulising) only from a gastroenterologist. Approvals valid for 6 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ All of the following:

~~2.~~1 Patient has confirmed Crohn's disease; and

~~2.~~2 Any of the following:

~~2.~~2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or

~~2.~~2.2 Patient has one or more rectovaginal fistula(e); or

~~2.~~2.3 Patient has complex peri-anal fistula; and

~~2.~~3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application.

Initial application — (Ocular inflammation - chronic) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Either:

~~2.~~1 Patient has had an initial Special Authority approval for infliximab for chronic ocular inflammation; or

~~2.~~2 Both:

~~2.~~2.1 Patient has severe uveitis uncontrolled with treatment of steroids and other immunosuppressants with a severe risk of vision loss; and

~~2.~~2.2 Any of the following:

~~2.~~2.2.1 Patient is 18 years or older and treatment with at least two other immunomodulatory agents has proven ineffective; or

~~2.~~2.2.2 Patient is under 18 years and treatment with methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or

~~2.~~2.2.3 Patient is under 8 years and treatment with steroids or methotrexate has proven ineffective or is not tolerated at a therapeutic dose; or disease requires control to prevent irreversible vision loss prior to achieving a therapeutic dose of methotrexate.

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

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Either:

~~2.~~1 Patient has had an initial Special Authority approval for infliximab for severe ocular inflammation; or

~~2.~~2 Both:

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

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

~~2.~~2.2 Any of the following:
~~2.~~2.2.1 Treatment with high-dose steroids (intravenous methylprednisolone) followed by high dose oral steroids has proven ineffective at controlling symptoms; or
~~2.~~2.2.2 Patient developed new inflammatory symptoms while receiving high dose steroids; or
~~2.~~2.2.3 Patient is aged under 8 years and treatment with high dose oral steroids and other immunosuppressants has proven ineffective at controlling symptoms.

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

Initial application — (Arthritis - oligoarticular course juvenile idiopathic) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
~~Either:~~
~~1 The patient has previously had an approval for Humira; or~~
~~2~~ Either:
~~2.~~1 Both:
~~2.~~1.1 The patient has had an initial Special Authority approval for etanercept for oligoarticular course juvenile idiopathic arthritis (JIA); and
~~2.~~1.2 Either:
~~2.~~1.2.1 Patient has experienced intolerable side effects; or
~~2.~~1.2.2 Patient has received insufficient benefit to meet the renewal criteria for oligoarticular course JIA; or
~~2.~~2 All of the following:
~~2.~~2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
~~2.~~2.2 Patient has had oligoarticular course JIA for 6 months duration or longer; and

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

~~2.~~2.3 Either:

~~2.~~2.3.1 At least 2 active joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

~~2.~~2.3.2 Moderate or high disease activity (cJADAS10 score greater than 1.5) with poor prognostic features after a 3-month trial of methotrexate (at the maximum tolerated dose).

Initial application — (Arthritis - polyarticular course juvenile idiopathic) only from a named specialist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Either:

~~2.~~1 Both:

~~2.~~1.1 Patient has had an initial Special Authority approval for etanercept for polyarticular course juvenile idiopathic arthritis (JIA); and

~~2.~~1.2 Either:

~~2.~~1.2.1 Patient has experienced intolerable side effects; or

~~2.~~1.2.2 Patient has received insufficient benefit to meet the renewal criteria for polyarticular course JIA; or

~~2.~~2 All of the following:

~~2.~~2.1 To be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

~~2.~~2.2 Patient has had polyarticular course JIA for 6 months duration or longer; and

~~2.~~2.3 Any of the following:

~~2.~~2.3.1 At least 5 active joints and at least 3 joints with limited range of motion, pain or tenderness after a 3-month trial of methotrexate (at the maximum tolerated dose); or

~~2.~~2.3.2 Moderate or high disease activity (cJADAS10 score of at least 2.5) after a 3-month trial of methotrexate (at the maximum tolerated dose); or

~~2.~~2.3.3 Low disease activity (cJADAS10 score between 1.1 and 2.5) after a 6-month trial of methotrexate.

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

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Either:

~~2.~~1 Both:

~~2.~~1.1 Patient has had an initial Special Authority approval for etanercept or secukinumab for psoriatic arthritis; and

~~2.~~1.2 Either:

~~2.~~1.2.1 Patient has experienced intolerable side effects; or

~~2.~~1.2.2 Patient has received insufficient benefit to meet the renewal criteria for psoriatic arthritis; or

~~2.~~2 All of the following:

~~2.~~2.1 Patient has had active psoriatic arthritis for six months duration or longer; and

~~2.~~2.2 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and

~~2.~~2.3 Patient has tried and not responded to at least three months of sulfasalazine or leflunomide at maximum tolerated doses (unless contraindicated); and

~~2.~~2.4 Either:

~~2.~~2.4.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

~~2.~~2.4.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

~~2.~~2.5 Any of the following:

~~2.~~2.5.1 Patient has CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or

~~2.~~2.5.2 Patient has an ESR greater than 25 mm per hour; or

~~2.~~2.5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

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

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Either:

~~2.~~1 Both:

~~2.~~1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and

~~2.~~1.2 Either:

~~2.~~1.2.1 The patient has experienced intolerable side effects; or

~~2.~~1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis; or

~~2.~~2 All of the following:

~~2.~~2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and

~~2.~~2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and

~~2.~~2.3 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and

~~2.~~2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and

~~2.~~2.5 Either:

~~2.~~2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin; or

~~2.~~2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with methotrexate; and

~~2.~~2.6 Either:

~~2.~~2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or

~~2.~~2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.

Initial application — (Still's disease - adult-onset (AOSD)) only from a rheumatologist. Approvals valid without renewal unless notified for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ Either:

~~2.~~1 Both:

~~2.~~1.1 The patient has had an initial Special Authority approval for etanercept and/or tocilizumab for AOSD; and

~~2.~~1.2 Either:

~~2.~~1.2.1 Patient has experienced intolerable side effects from etanercept and/or tocilizumab; or

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

~~2.~~1.2.2 Patient has received insufficient benefit from at least a three-month trial of etanercept and/or tocilizumab; or

~~2.~~2 All of the following:

~~2.~~2.1 Patient diagnosed with AOSD according to the Yamaguchi criteria; and

~~2.~~2.2 Patient has tried and not responded to at least 6 months of glucocorticosteroids at a dose of at least 0.5 mg/kg, NSAIDs and methotrexate; and

~~2.~~2.3 Patient has persistent symptoms of disabling poorly controlled and active disease.

Initial application – (ulcerative colitis) only from a gastroenterologist. Approvals valid for 3 months for applications meeting the following criteria:

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ All of the following:

~~2.~~1 Patient has histologically confirmed active ulcerative colitis; and

~~2.~~2 Either:

~~2.~~2.1 Patient's SCCAI score is greater than or equal to 4; or

~~2.~~2.2 Patient's PUCAI score is greater than or equal to 65; and

~~2.~~3 Patient has tried but had an inadequate response to, or has experienced intolerable side effects from prior therapy with immunomodulators and systemic corticosteroids; and

~~2.~~4 Surgery (or further surgery) is considered to be clinically inappropriate.

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

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ All of the following:

~~2.~~1 Patient has undifferentiated peripheral spondyloarthritis* with active peripheral joint arthritis in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip; and

~~2.~~2 Patient has tried and not responded to at least three months of each of methotrexate, sulfasalazine and leflunomide, at maximum tolerated doses (unless contraindicated); and

~~2.~~3 Any of the following:

~~2.~~3.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or

~~2.~~3.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or

~~2.~~3.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Note: Indications marked with * are unapproved indications

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

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ All of the following:

~~2.~~1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and

~~2.~~2 Patient has axial inflammatory pain for six months or more; and

~~2.~~3 Patient is unable to take NSAIDs; and

~~2.~~4 Patient has bilateral sacroiliitis demonstrated by radiological imaging; and

~~2.~~5 Patient has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and

~~2.~~6 A BASDAI of at least 6 on a 0 10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment.

continued...

Changes to Restrictions – effective 1 January 2023 (continued)

continued...

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

~~Either:~~

~~1 The patient has previously had an approval for Humira; or~~

~~2~~ All of the following:

~~2.~~1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and

~~2.~~2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and

~~2.~~3 Patient has tried and not responded to at least three months of methotrexate or azathioprine at a maximum tolerated dose; and

~~2.~~4 Patient has tried and not responded to at least three months of sulfasalazine at a maximum tolerated dose; and

~~2.~~5 Any of the following:

~~2.~~5.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or

~~2.~~5.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or

~~2.~~5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

245 **POLYETHYLENE GLYCOL** ~~MACROGOL~~ 400 AND PROPYLENE GLYCOL – Special Authority see SA2134 – Retail pharmacy (amended chemical name)

Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	4.30	24	✔**Systane Unit Dose**
Eye drops 0.4% and propylene glycol 0.3%, 0.8 ml	10.78	30	✔**Systane Unit Dose**

		Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 January 2023

26 SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription (↑ subsidy)
Enema 90 mg with sodium lauryl sulphoacetate
9 mg per ml, 5 ml ..... 35.89 50 ✔**Micolette**
✔**Micolette-S29** S29

40 TRANEXAMIC ACID (↑ subsidy)
Tab 500 mg..... 10.45 60 ✔**Mercury Pharma**

46 CILAZAPRIL – Subsidy by endorsement (↑ subsidy)
Subsidy by endorsement – Subsidised for patients who were taking cilazapril prior to 1 May 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril.
✻ Tab 0.5 mg..... 2.69 90 ✔**Zapril**
✻ Tab 2.5 mg..... 5.79 90 ✔**Zapril**
Tab 5 mg..... 10.05 90 ✔**Zapril**

74 OXYTOCIN – Up to 5 inj available on a PSO (↑ subsidy)
Inj 5 iu per ml, 1 ml ampoule..... 4.98 5 ✔**Oxytocin BNM**
Inj 10 iu per ml, 1 ml ampoule..... 5.98 5 ✔**Oxytocin BNM**

112 RISEDRONATE SODIUM (↓ subsidy)
Tab 35 mg..... 2.50 4 ✔**Risedronate Sandoz**

130 HYOSCINE HYDROBROMIDE (↑ subsidy)
Patch 1.5 mg – Special Authority see SA1998
– Retail pharmacy ..... 17.70 2 ✔**Scopoderm TTS**

242 CHLORAMPHENICOL (↑ subsidy)
Eye drops 0.5 % ..... 7.50 10 ml OP ✔**Chlorafast**
Funded for use in the ear*. Indications marked with * are unapproved indications.

Delisted Items

Effective 1 January 2023

26 BISACODYL – Only on a prescription
❋ Tab 5 mg ..... 5.80 200 ✔Pharmacy Health

44 WATER
1) On a prescription or Practitioner's Supply Order only when on the same form as an injection listed in the Pharmaceutical Schedule requiring a solvent or diluent; or
2) On a bulk supply order; or
3) When used in the extemporaneous compounding of eye drops; or
4) When used for the dilution of sodium chloride soln 7% for cystic fibrosis patients only.
Inj 20 ml ampoule – Up to 5 inj available on a PSO ..... 5.00 20 ✔Multichem

89 CEFALEXIN
Grans for oral liq 25 mg per ml – Wastage claimable ..... 8.75 100 ml ✔Cefalexin Sandoz
Grans for oral liq 50 mg per ml – Wastage claimable ..... 11.75 100 ml ✔Cefalexin Sandoz

118 ROPINIROLE HYDROCHLORIDE
▲ Tab 0.25 mg ..... 3.39 100 ✔Mylan S29

121 PARACETAMOL
Oral liq 240 mg per 5 ml ..... 11.92 200 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.

126 PAROXETINE
❋ Tab 20 mg ..... 4.11 90 ✔Loxamine
Note – this delist applies to Pharmacode 2443015.

128 PRIMIDONE
❋ Tab 250 mg ..... 37.35 100 ✔Apo-Primidone

168 AZATHIOPRINE
❋ Inj 50 mg vial ..... 199.00 1 ✔Imuran

247 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.

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

43 PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy

Inj 6 mg per 0.6 ml syringe	1,080.00	1	✔ **Neulastim**

74 LEVONORGESTREL

✻ Tab 1.5 mg	4.95	1	✔ **Postinor-1**

a) Maximum of 2 tab per prescription
b) Up to 5 tab available on a PSO
c) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.

113 ZOLEDRONIC ACID

Inj 0.05 mg per ml, 100 ml, vial – Special Authority see SA2110 – Retail pharmacy	60.00	100 ml OP	✔ **Aclasta**

120 LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE

Inj 1%, 20 ml vial – Up to 5 inj available on a PSO	6.20	5	✔ **Lidocaine-Claris**

121 PARACETAMOL

Oral liq 120 mg per 5 ml	5.45	1,000 ml	✔ **Paracare**

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.

125 FLUOXETINE HYDROCHLORIDE

Cap 20 mg	2.91	84	✔ **Fluox**

130 DOMPERIDONE

✻ Tab 10 mg	2.85	100	✔ **Pharmacy Health**

Effective 1 July 2023

97 KETOCONAZOLE

Tab 200 mg – PCT	CBS	30	✔ **Link Healthcare** S29
			✔ **Nizoral** S29
		100	✔ **Strides Shasun** S29

Effective 1 November 2023

137 ATOMOXETINE

Cap 10 mg	107.03	28	✔ **Strattera**
Cap 18 mg	107.03	28	✔ **Strattera**
Cap 40 mg	107.03	28	✔ **Strattera**

▲ 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

Index
Pharmaceuticals and brands

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