

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

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

**February 2023**

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# Summary of Pharmac decisions

EFFECTIVE 1 FEBRUARY 2023

## New listings (pages 20-25)

- Pantoprazole (Panzop Relief) tab EC 20 mg and 40 mg, 90 tab pack
- Heparin sodium (Heparin Sodium Panpharma) inj 5,000 iu per ml, 5 ml vial
- Bisoprolol fumarate (Bisoprolol Viatris) tab 2.5 mg, 5 mg and 10 mg
- Solifenacin succinate (Solifenacin Viatris) tab 5 mg and 10 mg
- Emtricitabine with tenofovir disoproxil (Tenofovir Disoproxil Emtricitabine Viatris) tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – subsidy by endorsement; can be waived by Special Authority
- Efavirenz with emtricitabine and tenofovir disoproxil (Viatris) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – Special Authority – Retail pharmacy
- Lamivudine (Lamivudine Viatris) tab 150 mg – Special Authority – Retail pharmacy
- Teriparatide (Forteo) inj 250 mcg per ml, 2.4 ml – Special Authority – Retail pharmacy
- Zoledronic acid (Zoledronic-US) inj 0.05 mg per ml, 100 ml, bag, 100 ml OP – Special Authority – Retail pharmacy and s29
- Dosulepin [dothiepin] hydrochloride (Dosulepin Viatris) cap 25 mg – s29 and wastage claimable, subsidy by endorsement and safety medicine
- Midazolam (Midazolam Mylan) inj 1 mg per ml, 5 ml ampoule – safety medicine
- Nicotine (Habitrol) gum 2 mg (mint), 204 pack – nicotine will not be funded in amounts less than 4 weeks of treatment
- Ustekinumab (Stelara) inj 90 mg per ml, 1 ml prefilled syringe – Special Authority – Retail pharmacy
- Vedolizumab (Entyvio) inj 300 mg vial – PCT only – Special Authority
- Adrenaline inj 0.15 mg per 0.3 ml auto-injector, 1 OP (Epipen Jr) and inj 0.3 mg per 0.3 ml auto-injector, 1 OP (Epipen) – Special Authority – Retail pharmacy, maximum of 2 dev per prescription
- Pharmacy services (BSF Alchemy) brand switch fee – may only be claimed once per patient
- Vancomycin oral liquid (25 mg per ml) – new Standard Formulae
- Paediatric enteral feed 1kcal/ml (Frebini Original) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Paediatric enteral feed with fibre 1kcal/ml (Frebini Original Fibre) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]

## Summary of Pharmac decisions – effective 1 February 2023 (continued)

- Paediatric enteral feed 1.5kcal/ml (Frebini Energy) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Paediatric enteral feed with fibre 1.5kcal/ml (Frebini Energy Fibre) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Semi-elemental enteral feed 1kcal/ml (Survimed OPD) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed 1kcal/ml (Fresubin Original) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed with fibre 1kcal/ml (Fresubin Original Fibre) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed with protein 1.2kcal/ml (Fresubin Intensive) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed 1.5kcal/ml (Fresubin HP Energy) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed with fibre 1.5kcal/ml (Fresubin HP Energy Fibre) liquid, 1,000 ml OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed 2 kcal/ml (Fresubin 2kcal HP) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]

### Changes to restrictions (pages 26-32)

- Erlotinib (Alchemy) tab 100 mg and 150 mg – addition of brand switch fee
- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe and inj 40 mg per 0.8 ml prefilled pen and syringe – amended Special Authority criteria
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Naloxone hydrochloride (HamelN) inj 400 mcg per ml, 1 ml ampoule – amended PSO quantity
- Glycerin with sodium saccharin (Ora-Sweet SF) suspension, 437 ml – amended note
- Glycerin with sucrose (Ora-Sweet) suspension, 437 ml – amended note

### Increased subsidy (pages 33-35)

- Sulfasalazine tab 500 mg (Salazopyrin) and tab EC 500 mg (Salazopyrin EN)
  - Misoprostol (Cytotec) tab 200 mcg
  - Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml ampoule
  - Acipimox (Olbetam) cap 250 mg
  - Adrenaline (DBL Adrenaline) inj 1 in 1,000, 1 ml ampoule
  - Minoxidil (Loniten) tab 10 mg
-

## Summary of Pharmac decisions – effective 1 February 2023 (continued)

- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 1,000 ml OP
- Ethinyloestradiol with norethisterone (Brevinor 1/28) tab 35 mcg with norethisterone 1 mg and 7 inert tab
- Medroxyprogesterone acetate (Depo-Provera) inj 150 mg per ml, 1 ml syringe
- Cabergoline (Dostinex) tab 0.5 mg, 2 and 8 tab pack
- Amoxicillin (Alphamox) cap 250 mg and 500 mg
- Clindamycin (Dalacin C) cap hydrochloride 150 mg
- Gentamicin sulphate (Pfizer) inj 40 mg per ml, 2 ml ampoule
- Fluconazole (Diflucan) powder for oral suspension 10 mg per ml, 35 ml
- Rifabutin (Mycobutin) cap 150 mg
- Abacavir sulphate with lamivudine (Kivexa) tab 600 mg with lamivudine 300 mg
- Pamidronate disodium (Pamisol) inj 3 mg, 6 mg and 9 mg per ml, 10 ml vial
- Dantrolene (Dantrium and Dantrium S29) cap 25 mg
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Baxter) inj 2%, 5 ml ampoule, inj 1%, 20 ml vial and inj 2%, 20 ml vial
- Diazepam (Hospira) inj 5 mg per ml, 2 ml ampoule
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg; patch 7 mg, 14 mg and 21 mg for direct distribution only; lozenge 1 mg and 2 mg; lozenge 1 mg and 2 mg for direct distribution only, gum 2 mg (Fruit and Mint) for direct distribution only and gum 4 mg (Fruit and Mint) for direct distribution only
- Calcium folinate (DBL Leucovorin Calcium) tab 15 mg
- Cytarabine (Pfizer) inj 20 mg per ml, 5 ml vial and inj 100 mg per ml, 20 ml vial
- Methotrexate (Methotrexate DBL) inj 2.5 mg per ml, 2 ml
- Dacarbazine (DBL Dacarbazine) inj 200 mg vial
- Daunorubicin (Pfizer) inj 2 mg per ml, 10 ml
- Promethazine hydrochloride (Hospira) inj 25 mg per ml, 2 ml ampoule
- Fluticasone (Flixotide Accuhaler) powder for inhalation, 50 mcg and 100 mcg per dose, 60 dose OP

### Decreased subsidy (pages 33-35)

- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 500 ml OP
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter)
- Fluticasone (Flixotide Accuhaler) powder for inhalation, 250 mcg per dose, 60 dose OP

### Increased price but not subsidy (page 34)

- Mefenamic acid (Ponstan) cap 250 mg

## Tender News

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

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Aciclovir	Tab dispersible 200 mg; 25 tab	PSS	Lovir (Douglas)
Azathioprine	Tab 50 mg; 100 tab	PSS	Azamun (Douglas)
Citalopram hydrobromide	Tab 20 mg; 84 tab	PSS	Celapram (Viatrix)
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml; 30 neb	PSS	Vebulis (Devatis)
Morphine sulphate	Inj 5 mg per ml, 1 ml ampoule; 5 inj	PSS	Medsurge (Medsurge)
Morphine sulphate	Inj 10 mg per ml, 1 ml ampoule; 5 inj	PSS	Medsurge (Medsurge)
Morphine sulphate	Inj 15 mg per ml, 1 ml ampoule; 5 inj	PSS	Medsurge (Medsurge)
Morphine sulphate	Inj 30 mg per ml, 1 ml ampoule; 5 inj	PSS	Medsurge (Medsurge)
Sodium cromoglicate	Eye drops 2%; 10 ml OP	PSS	Allerfix (Teva)
Ticagrelor	Tab 90 mg; 56 tab	PSS	Ticagrelor Sandoz (Novartis)

## 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 March 2023

- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – new listing with Special Authority
- Meningococcal B multicomponent vaccine (Bexsero) inj 175 mcg per 0.5 ml prefilled syringe – amended restriction criteria
- Rotarix oral vaccine (Rotarix) Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, squeezable tube – new listing
- Zoledronic acid inj 4 mg per 5 ml, vial (Zoledronic acid Mylan and Zoledronic acid Viatrix) and inj 0.05 mg per ml, 100 ml, bag (Zoledronic Acid Viatrix) and inj 0.05 mg per ml, 100 ml, vial (Aclasta) – all restrictions removed

## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to February 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	VirusPOS	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	MycosNail	2023
Amoxicillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Alphamox 125 Alphamox 250	2023
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Curam Duo 500/125	2023
Anastrozole	Tab 1 mg	Anatrole	2023
Apomorphine hydrochloride	Inj 10 mg per ml, 5 ml ampoule Inj 10 mg per ml, 2 ml ampoule	Movapo	2023
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tripack	2024
Aqueous cream	Crn, 500 g	GEM Aqueous Cream	2024
<b>Ascorbic acid</b>	<b>Tab 100 mg</b>	<b>CVite</b>	<b>2025</b>
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

\*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 February 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2023
Betahistine dihydrochloride	Tab 16 mg	Serc	2023
Betamethasone dipropionate	Crn & oint 0.05%, 50 g OP	Diprosone	2023
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP	Daivobet	2024
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crn 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
Bicalutamide	Tab 50 mg	Binarex	2023
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg Suppos 10 mg	Bisacodyl Viatrix 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 Viatrix	2024
Calamine	Crn, 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	Crn 0.025%, 45 g OP Crn 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Cefazolin	Inj 500 mg & 1 g vial	AFT	2023
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
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
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
Desmopressin acetate	Nasal spray 10 mcg per dos, 6 ml OP	Desmopressin-PH&T	2023
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2024
<b>Dexamethasone phosphate</b>	<b>Inj 4 mg per ml, 1 ml &amp; 2 ml ampoule</b>	<b>Hameln</b>	<b>2025</b>
Dexamfetamine sulfate	Tab 5 mg	PSM	2024
<b>Diazepam</b>	<b>Rectal tubes 5 mg</b> Tab 2 mg & 5 mg	<b>Stesolid</b> Arrow-Diazepam	<b>2025</b> 2023
Diclofenac	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 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
Emulsifying ointment	Oint BP	Emulsifying Ointment ADE	2023
Entacapone	Tab 200 mg	Comtan	2024
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
<b>Erlotinib</b>	<b>Tab 100 mg &amp; 150 mg</b>	<b>Alchemy</b>	<b>2023</b>

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Crn 5%, 20 g OP	Efudix	2024
<b>Fluoxetine hydrochloride</b>	<b>Tab dispersible 20 mg, scored</b>	<b>Floox</b>	<b>2025</b>
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Glizclazide	Tab 80 mg	Glizide	2023
Glipizide	Tab 5 mg	Minidiab	2024
Glucagon hydrochloride	Inj 1 mg syringe kit	Glucagen Hypokit	2023
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2023
<b>Glycerol</b>	<b>Suppos 4 g</b>	<b>Lax suppositories Glycerol</b>	<b>2025</b>
	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	Locoid	2024
	Scalp lotn 0.1%, 100 ml OP Milky emuls 0.1%, 100 ml OP	Locoid Crelo	
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	Buscopan	2023
	Inj 20 mg, 1 ml		
Ibuprofen	Oral liq 20 mg per ml, 200 ml	Ethics Brufen SR Relieve	2024
	Tab long-acting 800 mg		
	Tab 200 mg		
Imatinib mesylate	Cap 100 mg & 400 mg	Imatinib-Rex	2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
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)	Jadelle	2023
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
<b>Loratadine</b>	<b>Tab 10 mg</b>	<b>Lorafix</b>	<b>2025</b>
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2023
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	Martindale	2023
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2023
Melatonin	Tab modified-release 2 mg	Vigisom	2024
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
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
<b>Methadone hydrochloride</b>	<b>Tab 5 mg</b>	<b>Methadone BNM</b>	<b>2025</b>
<b>Methenamine (hexamine) hippurate</b>	<b>Tab 1 g</b>	<b>Hiprex</b>	<b>2025</b>
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2024 2023
Methylprednisolone aceponate	Crn & oint 0.1%, 15 g OP	Advantan	2023
Metoclopramide	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	Crn 2%, 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2023
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Modafinil	Tab 100 mg	Modavigil	2024
Mometasone furoate	Crn 0.1%, 15 g OP Crn 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free  Elocon	2024
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
<b>Multivitamins</b>	<b>Tab (BPC cap strength)</b>	<b>Mvite</b>	<b>2025</b>
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2024
<b>Naloxone hydrochloride</b>	<b>Inj 400 mcg per ml, 1 ml ampoule</b>	<b>Hamelin</b>	<b>2024</b>
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	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg Tab 2 mg	Ovestin  Ovestin	2023
Oil in water emulsion	Crn, 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

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## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to February 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 Oral liq 5 mg per 5 ml	OxyNorm	
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pancreatic enzyme	Cap prncreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prncreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Paracetamol	Tab 500 mg-bottle pack	Noumed Paracetamol	2024
	Tab 500 mg-blister pack	Pacimol	
	Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Paracare Paracare Double Strength	2023
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	Crn 5%, 30 g OP	Lyderm	2023
	Lotn 5%, 30 ml OP	A-Scabies	
Pethidine hydrochloride	Tab 50 mg	PSM	2024
Phenoxyethylpenicillin (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	Crn 1%, 15 g OP	Elidel	2023

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

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Rivastigmine	Patch 4.6 mg per 24 hour	Rivastigmine Patch BNM 5	2024
	Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 10	
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	Ventolin Asthalin	2024
	Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule		
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]	Crn 2%, 5 g OP	Foban	2024
	Oint 2%, 5 g OP		
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
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2024
Sunitinib	Cap 12.5 mg, 25 mg & 50 mg	Sunitinib Pfizer	2024
Tacrolimus	Oint 0.1%, 30 g OP	Zematop	2023
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2023
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

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## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to February 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	Crn 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 Crn & oint 0.02%, 100 g OP	Kenacort-A 10 Kenacort-A 40 Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2023
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2024
Vancomycin	Inj 500 mg vial	Mylan	2023
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

**February 2023 changes are in bold type**

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Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 February 2023

9	PANTOPRAZOLE * Tab EC 20 mg ..... 1.99 * Tab EC 40 mg ..... 2.74 Note – these are new 90 tab pack listings.	90 90	✓ <b>Panzop Relief</b> ✓ <b>Panzop Relief</b>
43	HEPARIN SODIUM Inj 5,000 iu per ml, 5 ml vial..... 83.00	10	✓ <b>Heparin Sodium Panpharma</b>
49	BISOPROLOL FUMARATE * Tab 2.5 mg..... 1.84 * Tab 5 mg..... 2.55 * Tab 10 mg..... 3.62	90 90 90	✓ <b>Bisoprolol Viatris</b> ✓ <b>Bisoprolol Viatris</b> ✓ <b>Bisoprolol Viatris</b>
76	SOLIFENACIN SUCCINATE Tab 5 mg..... 2.05 Tab 10 mg..... 3.72	30 30	✓ <b>Solifenacin Viatris</b> ✓ <b>Solifenacin Viatris</b>
102	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2138 a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP, should be applied using Special Authority SA2138. b) Endorsement for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure): Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA2139 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement, for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure), is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA2139. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the Pharmac website. * Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) ..... 15.45	30	✓ <b>Tenofovir Disoproxil Emtricitabine Viatris</b>
105	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA2139 – Retail pharmacy Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) ..... 106.88	30	✓ <b>Viatris</b>
105	LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy Tab 150 mg..... 84.50	60	✓ <b>Lamivudine Viatris</b>

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings – effective 1 February 2023 (continued)

112	TERIPARATIDE – Special Authority see SA1139 – Retail pharmacy Inj 250 mcg per ml, 2.4 ml.....490.00	1	✓ Forteo
	Note – this is a new Pharmacode listing, 2650908.		
113	ZOLEDRONIC ACID Inj 0.05 mg per ml, 100 ml, bag – Special Authority see SA2110 – Retail pharmacy .....22.53	100 ml OP	✓ Zoledronic-US <b>S29</b>
126	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. Cap 25 mg .....7.83	50	✓ Dosulepin Viatrix <b>S29</b>
	Wastage claimable		
138	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule .....3.95	10	✓ Midazolam Mylan
145	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 2 mg (mint).....21.42	204	✓ Habitrol
226	USTEKINUMAB – Special Authority see SA2182 – Retail pharmacy.. Inj 90 mg per ml, 1 ml prefilled syringe .....4,162.00	1	✓ Stelara
	<p>▶ SA2182 Special Authority for Subsidy Initial application – (Crohn's disease – adults) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: Either: 1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or 2 Both: 2.1 Patient has active Crohn's disease; and 2.2 Either: 2.2.1 Patient has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or 2.2.2 Both: 2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and 2.2.2.2 Other biologics for Crohn's disease are contraindicated</p> <p>Renewal – (Crohn's disease – adults) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 Any of the following: 1.1 CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy; or 1.2 CDAI score is 150 or less, or HBI is 4 or less; or 1.3 The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed; and 2 Ustekinumab to be administered at a dose no greater than 90 mg every 8 weeks.</p>		

continued...

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

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

## New Listings – effective 1 February 2023 (continued)

continued...

Initial application – (Crohn's disease – children\*) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or

2 Both:

2.1 Patient has active Crohn's disease; and

2.2 Either:

2.2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for Crohn's disease; and

2.2.2.2 Other biologics for Crohn's disease are contraindicated

Note: Indication marked with \* is an unapproved indication

Renewal – (Crohn's disease – children\*) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Any of the following:

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

1.2 PCDAI score is 15 or less; or

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

2 Ustekinumab to administered at a dose no greater than 90 mg every 8 weeks.

Note: Indication marked with \* is an unapproved indication

Initial application – (ulcerative colitis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 Patient is currently on treatment with ustekinumab commenced prior to 1 February 2023 and met all remaining criteria (criterion 2) below at the time of commencing treatment; or

2 Both:

2.1 Patient has active ulcerative colitis; and

2.2 Either:

2.2.1 Patient has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

2.2.2.1 Patient meets the initiation criteria for prior biologic therapies for ulcerative colitis; and

2.2.2.2 Other biologics for ulcerative colitis are contraindicated

Renewal – (ulcerative colitis) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Either

1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy; or

1.2 PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy\*; and

2 Ustekinumab will be used at a dose no greater than 90 mg intravenously every 8 weeks.

Note: Criterion marked with \* is for an unapproved indication

## New Listings – effective 1 February 2023 (continued)

226 VEDOLIZUMAB – PCT only – Special Authority see SA2183  
Inj 300 mg vial.....3,313.00 1 ✓Entyvio

▶ SA2183 Special Authority for Subsidy

Initial application – (Crohn's disease – Adult) from any relevant practitioner. Approvals valid for 6 months for application meeting the following criteria:

All of the following:

- 1 Patient has active Crohn's disease; and
- 2 Any of the following:
  - 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
  - 2.2 Patient has a CDAI score of greater than or equal to 300, or HBI score of greater than or equal to 10; or
  - 2.3 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  - 2.4 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  - 2.5 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Any of the following:
  - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
  - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
  - 3.3 Immunomodulators and corticosteroids are contraindicated

Renewal – (Crohn's disease – Adult) any relevant practitioner. Approvals valid for 2 years for application meeting the following criteria:

Both:

- 1 Any of the following:
  - 1.1 CDAI score has reduced by 100 points, or HBI score has reduced by 3 points, from when the patient was initiated on biologic therapy; or
  - 1.2 CDAI score is 150 or less, or HBI is 4 or less; or
  - 1.3 The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed; and
- 2 Vedolizumab to administered at a dose no greater than 300 mg every 8 weeks.

Initial application – (Crohn's disease – children\*) any relevant practitioner. Approvals valid for 6 months for application meeting the following criteria:

All of the following:

- 1 Paediatric patient has active Crohn's disease; and
- 2 Any of the following:
  - 2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or
  - 2.2 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
  - 2.3 Patient has extensive small intestine disease; and
- 3 Any of the following:
  - 3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or
  - 3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or
  - 3.3 Immunomodulators and corticosteroids are contraindicated.

Note: Indication marked with \* is an unapproved indication

continued...

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

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

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## New Listings – effective 1 February 2023 (continued)

continued...

Renewal – (Crohn's disease – children\*) any relevant practitioner. Approvals valid for 2 years for application meeting the following criteria:

Both:

1 Any of the following:

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

1.2 PCDAI score is 15 or less; or

1.3 The patient has experienced an adequate response to treatment, but CDAl score cannot be assessed; and 2 Vedolizumab to administered at a dose no greater than 300 mg every 8 weeks.

Note: Indication marked with \* is an unapproved indication

Initial application – (ulcerative colitis) from any relevant practitioner. Approvals valid for 6 months for application meeting the following criteria:

All of the following:

1 Patient has active ulcerative colitis; and

2 Any of the following:

2.1 Patient has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria (unless contraindicated); or

2.2 Patient has a SCCAI score is greater than or equal to 4; or

2.3 Patient's PUCAI score is greater than or equal to 20\*; and

3 Any of the following:

3.1 Patient has tried but experienced an inadequate response to (including lack of initial response and/or loss of initial response) from prior therapy with immunomodulators and corticosteroids; or

3.2 Patient has experienced intolerable side effects from immunomodulators and corticosteroids; or

3.3 Immunomodulators and corticosteroids are contraindicated.

Note: Criterion marked with \* is for an unapproved indication

Renewal – (ulcerative colitis) from any relevant practitioner. Approvals valid for 2 years for application meeting the following criteria:

Both:

1 Either

1.1 The SCCAI score has reduced by 2 points or more from the SCCAI score since initiation on biologic therapy; or

1.2 The PUCAI score has reduced by 10 points or more from the PUCAI score since initiation on biologic therapy\*; and

2 Vedolizumab will be used at a dose no greater than 300 mg intravenously every 8 weeks.

Note: Indication marked with \* is an unapproved indication

233 ADRENALINE – Special Authority see SA2185 – Retail pharmacy

a) Maximum of 2 inj per prescription

b) Additional prescriptions limited to replacement of up to two devices prior to expiry, or replacement of used device for treatment of anaphylaxis.

Inj 0.15 mg per 0.3 ml auto-injector ..... 90.00 1 OP ✓ Epipen Jr

Inj 0.3 mg per 0.3 ml auto-injector ..... 90.00 1 OP ✓ Epipen

► SA2185 Special Authority for Subsidy

Initial application – (anaphylaxis) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

1 Either:

1.1 Patient has experienced an anaphylactic reaction which has resulted in presentation to a hospital or emergency department; or

1.2 Patient has been assessed to be at significant risk of anaphylaxis by a relevant practitioner; and

2 Patient is not to be prescribed more than two devices in initial prescription.



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## New Listings – effective 1 February 2023 (continued)

247	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... 4.50	1 fee	✓ <b>BSF Alchemy</b> The Pharmacode for BSF Alchemy is 2651564.
250	VANCOMYCIN ORAL LIQUID (25 mg per ml) Vancomycin 500 mg injection 5 vials Glycerin with sucrose suspension 37.5 mL Water to 100 mL (Only funded if prescribed for treatment of Clostridium difficile following metronidazole failure)		
257	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... 6.50	500 ml OP	✓ <b>Frebini Original</b>
257	PAEDIATRIC ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... 7.00	500 ml OP	✓ <b>Frebini Original Fibre</b>
257	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... 6.50	500 ml OP	✓ <b>Frebini Energy</b>
257	PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... 7.00	500 ml OP	✓ <b>Frebini Energy Fibre</b>
258	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Liquid..... 9.60	500 ml OP	✓ <b>Survimed OPD</b>
262	ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... 6.50	1,000 ml OP	✓ <b>Fresubin Original</b>
262	ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... 7.00	1,000 ml OP	✓ <b>Fresubin Original Fibre</b>
262	ENTERAL FEED WITH PROTEIN 1.2KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... 9.60	500 ml OP	✓ <b>Fresubin Intensive</b>
262	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... 9.60	1,000 ml OP	✓ <b>Fresubin HP Energy</b>
262	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... 9.80	1,000 ml OP	✓ <b>Fresubin HP Energy Fibre</b>
264	ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Liquid..... 6.50	500 ml OP	✓ <b>Fresubin 2kcal HP</b>

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

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## Changes to Restrictions, Chemical Names and Presentations Effective 1 February 2023

158	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA2115 (addition of brand switch fee) <b>Brand switch fee payable (Pharmacode 2651564)</b>			
	Tab 100 mg.....	329.70	30	✓ <b>Alchemy</b>
	Tab 150 mg.....	569.70	30	✓ <b>Alchemy</b>
175	ADALIMUMAB (AMGEVITA) – Special Authority see <b>SA2178</b> <del>2177</del> – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)			
	Inj 20 mg per 0.4 ml prefilled syringe.....	190.00	1	✓ <b>Amgevita</b>
	Inj 40 mg per 0.8 ml prefilled pen.....	375.00	2	✓ <b>Amgevita</b>
	Inj 40 mg per 0.8 ml prefilled syringe.....	375.00	2	✓ <b>Amgevita</b>

➔ **SA2178** ~~2177~~ Special Authority for Subsidy

Initial application – (Crohn's disease - adults) **from any relevant practitioner only from a gastroenterologist.**

Approvals valid for **6** ~~3~~ months for applications meeting the following criteria:

All of the following:

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

Renewal – (Crohn's disease - adults) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

- 1 CDAI score has reduced by 100 points from the CDAI score, or HBI score has reduced by 3 points, from when the patient was initiated on adalimumab; or
- 2 CDAI score is 150 or less, or HBI is 4 or less; or
- 3 The patient has experienced an adequate response to treatment, but CDAI score and/or HBI score cannot be assessed.

Initial application – (Crohn's disease - children) **only from a gastroenterologist. from any relevant practitioner.**

Approvals valid for **3** ~~6~~ months for applications meeting the following criteria:

All of the following:

- 1 Paediatric patient has active Crohn's disease; and
- 2 Either:
  - 2.1 Patient has a PCDAI score of greater than or equal to 30; or
  - 2.2 Patient has extensive small intestine disease; and
- 3 Patient has tried but has experienced an inadequate response to, or intolerable side effects from, prior therapy with immunomodulators and corticosteroids; ~~and~~
- 4 ~~Surgery (or further surgery) is considered to be clinically inappropriate.~~

Renewal – (Crohn's disease - children) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

- 1 PCDAI score has reduced by 10 points from the PCDAI score when the patient was initiated on adalimumab; or
- 2 PCDAI score is 15 or less; or
- 3 The patient has experienced an adequate response to treatment but PCDAI score cannot be assessed.

*continued...*

## Changes to Restrictions – effective 1 February 2023 (continued)

continued...

Initial application – (Crohn's disease - fistulising) ~~only from a gastroenterologist.~~ **from any relevant practitioner.**

Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient has confirmed Crohn's disease; and
- 2 Any of the following:
  - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
  - 2.2 Patient has one or more rectovaginal fistula(e); or
  - 2.3 Patient has complex peri-anal fistula; and
- 3 A Baseline Fistula Assessment has been completed and is no more than 1 month old at the time of application.

Renewal – (Crohn's disease - fistulising) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 The number of open draining fistulae have decreased from baseline by at least 50%; or
- 2 There has been a marked reduction in drainage of all fistula(e) from baseline as demonstrated by a reduction in the Fistula Assessment

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

All of the following:

- 1 Patient has ~~histologically confirmed~~ **active** ulcerative colitis; and
- 2 Either:
  - 2.1 Patients SCCAI score is greater than or equal to 4; or
  - 2.2 Patients PUCAI score is greater than or equal to ~~20~~ **65**; and
- 3 Patient has tried but has experienced an inadequate response to, or intolerable side effects from, prior therapy with immunomodulators and systemic corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal – (ulcerative colitis) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

Either:

- 1 The SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on ~~adalimumab~~ **biologic therapy**; or
- 2 The PUCAI score has reduced by ~~10~~ **30**-points or more from the PUCAI score when the patient was initiated on ~~adalimumab~~ **biologic therapy**.

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

All of the following

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has had axial inflammatory pain for six months or more; and
- 3 Patient is unable to take NSAIDs; and
- 4 Patient has ~~bilateral~~ **unequivocal** sacroiliitis demonstrated by radiological imaging **or MRI**; and
- 5 Patient's disease has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and
- 6 Patient has a BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment

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

continued...

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

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## Changes to Restrictions – effective 1 February 2023 (continued)

continued...

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

All of the following:

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and
- 3 Patient has tried and not responded to **experienced a response** to at least three months of methotrexate or azathioprine at a maximum tolerated dose (**unless contraindicated**); and
- 4 Patient has tried and not responded to **experienced a response** to at least three months of sulfasalazine at a maximum tolerated dose (**unless contraindicated**); and
- 5 Any of the following:
  - 5.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 5.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
  - 5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

Renewal – (inflammatory bowel arthritis – peripheral) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Either:

- 1 Following initial treatment, patient has experienced at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 Patient **demonstrates has experienced** at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician.

194 INFLIXIMAB – PCT only – Special Authority see **SA2179 2082** (amended Special Authority criteria – new and affected criteria shown only)

Inj 100 mg.....	428.00	1	✓ <b>Remicade</b>
Inj 1 mg for ECP .....	4.40	1 mg	✓ <b>Baxter</b>

► **SA2179 2082** Special Authority for Subsidy

Initial application – (Crohn's disease (adults)) ~~only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.~~ **from any relevant practitioner.** Approvals valid for ~~3~~ **6** months for applications meeting the following criteria:

All of the following:

- 1 Patient has ~~severe~~ active Crohn's disease; and
- 2 Any of the following:
  - 2.1 Patient has a ~~Crohn's Disease Activity Index (CDAI)~~ score of greater than or equal to 300, **or HBI score of greater than or equal to 10**; or
  - 2.2 Patient has extensive small intestine disease affecting more than 50 cm of the small intestine; or
  - 2.3 Patient has evidence of short gut syndrome or would be at risk of short gut syndrome with further bowel resection; or
  - 2.4 Patient has an ileostomy or colostomy, and has intestinal inflammation; and
- 3 Patient has tried but has experienced an inadequate response to, or intolerable side effects from, prior systemic therapy with immunomodulators at ~~maximum tolerated doses (unless contraindicated)~~ and corticosteroids; and
- 4 ~~Surgery (or further surgery) is considered to be clinically inappropriate; and~~
- 5 ~~Patient must be reassessed for continuation after 3 months of therapy~~

continued...

## Changes to Restrictions – effective 1 February 2023 (continued)

continued...

Renewal – (Crohn's disease (adults)) ~~only from any relevant practitioner a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.~~ Approvals valid for **2 years 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, **or HBI score has reduced by 3 points, from** when the patient was initiated on infliximab; or
  - 1.2 CDAI score is 150 or less, **or HBI is 4 or less;** or
  - 1.3 The patient has experienced an adequate response to treatment, but CDAI score **and/or HBI score** cannot be assessed; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (Crohn's disease (children)) ~~only from any relevant practitioner a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.~~ Approvals valid for **3 6 months** for applications meeting the following criteria:

All of the following:

- 1 Paediatric patient has ~~severe~~ active Crohn's disease; and
- 2 Either:
  - 2.1 Patient has a Paediatric Crohn's Disease Activity Index (PCDAI) score of greater than or equal to 30; or
  - 2.2 Patient has extensive small intestine disease; and
- 3 Patient has tried but experienced an inadequate response to, or intolerable side effects from, prior ~~systemic~~ therapy with immunomodulators ~~at maximum tolerated doses (unless contraindicated)~~ and corticosteroids; ~~and~~
- 4 ~~Surgery (or further surgery) is considered to be clinically inappropriate; and~~
- 5 ~~Patient must be reassessed for continuation after 3 months of therapy.~~

Renewal – (Crohn's disease (children)) ~~only from any relevant practitioner a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.~~ Approvals valid for **2 years 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 infliximab; or
  - 1.2 PCDAI score is 15 or less; or
  - 1.3 The patient has experienced an adequate response to treatment but PCDAI score cannot be assessed; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (fistulising Crohn's disease) ~~only from any relevant practitioner a gastroenterologist or Practitioner on the recommendation of a gastroenterologist.~~ Approvals valid for **4 6 months** for applications meeting the following criteria:

Both:

- 1 Patient has confirmed Crohn's disease; and
- 2 **Either Any of the following:**
  - 2.1 Patient has one or more complex externally draining enterocutaneous fistula(e); or
  - 2.2 Patient has one or more rectovaginal fistula(e); **or**
  - 2.3 **Patent has complex peri-anal fistula.**

continued...

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

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

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## Changes to Restrictions – effective 1 February 2023 (continued)

*continued...*

Renewal – (fistulising Crohn's disease) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for **2 years 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 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (acute fulminant ulcerative colitis) only from a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for 6 weeks for applications meeting the following criteria:

Both:

- 1 Patient has acute, **severe** fulminant ulcerative colitis; and
- 2 Treatment with intravenous or high dose oral corticosteroids has not been successful.

Renewal – (fulminant ulcerative colitis) only from **any relevant practitioner** a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for **2 years 6 months** for applications meeting the following criteria:

Both:

- 1 Where maintenance treatment is considered appropriate, infliximab should be used in combination with immunomodulators and reassessed every 6 months; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

Initial application – (ulcerative colitis) only from **any relevant practitioner** a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for **3 6 months** for applications meeting the following criteria:

All of the following:

- 1 Patient has **histologically confirmed active** ulcerative colitis; and
- 2 Either:
  - 2.1 Patient is 18 years or older and the Simple Clinical Colitis Activity Index (**Patients** SCCAI) is greater than or equal to 4; or
  - 2.2 Patient is under 18 years and the Paediatric Ulcerative Colitis Activity Index (**Patients** PUCAI) score is greater than or equal to 20 65; and
- 3 Patient has tried but has experienced an inadequate response to, or intolerable side effects from, prior systemic therapy with immunomodulators at maximum tolerated doses for an adequate duration (unless contraindicated) and **systemic** corticosteroids; and
- 4 Surgery (or further surgery) is considered to be clinically inappropriate.

Renewal – (ulcerative colitis) only from **any relevant practitioner** a gastroenterologist or Practitioner on the recommendation of a gastroenterologist. Approvals valid for **2 years 6 months** for applications meeting the following criteria:

All of the following **Both**:

- 1 Patient is continuing to maintain remission and the benefit of continuing infliximab outweighs the risks; and

*continued...*

## Changes to Restrictions – effective 1 February 2023 (continued)

continued...

- 1 Either:
  - 1.1 ~~– Patient is 18 years or older~~ and the SCCAI score has reduced by 2 points or more from the SCCAI score when the patient was initiated on infliximab; or
  - 1.2 ~~– Patient is under 18 years~~ and the PUCAI score has reduced by ~~10~~ ~~30~~ points or more from the PUCAI score when the patient was initiated on infliximab; and
- 2 Infliximab to be administered at doses up to 5 mg/kg every 8 weeks. Up to 10 mg/kg every 8 weeks (or equivalent) can be used for up to 3 doses if required for secondary non-response to treatment for re-induction. Another re-induction may be considered sixteen weeks after completing the last re-induction cycle. Up to 10 mg/kg every 8 weeks (or equivalent) may be used for patients treated with this dose prior to 1 February 2019.

**Initial application – (inflammatory bowel arthritis – axial) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following**

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has had axial inflammatory pain for six months or more; and
- 3 Patient is unable to take NSAIDs; and
- 4 Patient has unequivocal sacroiliitis demonstrated by radiological imaging or MRI; and
- 5 Patient's disease has not responded adequately to prior treatment consisting of at least 3 months of an exercise regime supervised by a physiotherapist; and
- 6 Patient has a BASDAI of at least 6 on a 0-10 scale completed after the 3 month exercise trial, but prior to ceasing any previous pharmacological treatment

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

**Initial application – (inflammatory bowel arthritis – peripheral) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**All of the following:**

- 1 Patient has a diagnosis of active ulcerative colitis or active Crohn's disease; and
- 2 Patient has active arthritis in at least four joints from the following: hip, knee, ankle, subtalar, tarsus, forefoot, wrist, elbow, shoulder, sternoclavicular; and
- 3 Patient has tried and not experienced a response to at least three months of methotrexate or azathioprine at a maximum tolerated dose (unless contraindicated); and
- 4 Patient has tried and not experienced a response to at least three months of sulfasalazine at a maximum tolerated dose (unless contraindicated); and
- 5 Any of the following:
  - 5.1 Patient has a CRP level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  - 5.2 Patient has an ESR greater than 25 mm per hour measured no more than one month prior to the date of this application; or
  - 5.3 ESR and CRP not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months.

**Renewal – (inflammatory bowel arthritis – peripheral) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:**

**Either:**

- 1 Following initial treatment, patient has experienced at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 Patient has experienced at least a continuing 30% improvement in active joint count from baseline in the opinion of the treating physician.

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

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

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**Changes to Restrictions – effective 1 February 2023 (continued)**

247	NALOXONE HYDROCHLORIDE (amended PSO quantity) a) Up to <b>5 10</b> inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule.....	35.26	10	✓ <b>Hameln</b>
251	GLYCERIN WITH SODIUM SACCHARIN – Only in combination (amended note) Only in combination with Ora-Plus <b>or when used in the vancomycin oral liquid Standard Formulae</b> Suspension .....	30.95	473 ml	✓ <b>Ora-Sweet SF</b>
251	GLYCERIN WITH SUCROSE – Only in combination (amended note) Only in combination with Ora-Plus <b>or when used in the vancomycin oral liquid Standard Formulae</b> Suspension .....	30.95	473 ml	✓ <b>Ora-Sweet</b>



Check your Schedule for full details  
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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 February 2023

8	SULFASALAZINE († subsidy) * Tab 500 mg.....16.52 * Tab EC 500 mg .....17.86	100 100	✓ Salazopyrin ✓ Salazopyrin EN
9	MISOPROSTOL († subsidy) * Tab 200 mcg – Up to 120 tab available on a PSO.....47.73	120	✓ Cytotec
43	HEPARIN SODIUM († subsidy) Inj 1,000 iu per ml, 5 ml ampoule.....86.11	50	✓ Pfizer
54	ACIPIMOX († subsidy) * Cap 250 mg .....25.44	30	✓ Olbetam
56	ADRENALINE († subsidy) Inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO .... 12.65	5	✓ DBL Adrenaline
56	MINOXIDIL († subsidy) ▲ Tab 10 mg.....78.40	100	✓ Loniten
64	CETOMACROGOL WITH GLYCEROL († subsidy) Crm 90% with glycerol 10%.....2.13	500 ml OP	✓ Evara
64	CETOMACROGOL WITH GLYCEROL († subsidy) Crm 90% with glycerol 10%.....3.50	1,000 ml OP	✓ Evara
73	ETHINYLOESTRADIOL WITH NORETHISTERONE († subsidy) Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO.....12.25	84	✓ Brevinor 1/28
73	MEDROXYPROGESTERONE ACETATE († subsidy) Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO.....9.18	1	✓ Depo-Provera
87	CABERGOLINE († subsidy) Tab 0.5 mg – Maximum of 2 tab per prescription; can be waived by Special Authority see SA2070.....4.43 17.94	2 8	✓ Dostinex ✓ Dostinex
92	AMOXICILLIN († subsidy) Cap 250 mg .....43.45 a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP Cap 500 mg .....66.44 a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP	500 500	✓ Alphamox ✓ Alphamox
94	CLINDAMYCIN († subsidy) Cap hydrochloride 150 mg.....5.30	24	✓ Dalacin C

▲ 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  
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Subsidy  
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## Changes to Subsidy and Manufacturer's Price – effective 1 February 2023 (continued)

94	GENTAMICIN SULPHATE († subsidy) Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement..... 18.38	10	✓Pfizer
	Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.		
95	FLUCONAZOLE († subsidy) Powder for oral suspension 10 mg per ml – Special Authority see SA1359 – Retail pharmacy..... 129.02	35 ml	✓Diflucan
	Wastage claimable		
99	RIFABUTIN – Retail pharmacy-Specialist († subsidy) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, respiratory physician or gastroenterologist		
	* Cap 150 mg .....	353.71	30 ✓Mycobutin
105	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy († subsidy) Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority.		
	Tab 600 mg with lamivudine 300 mg .....	75.00	30 ✓Kivexa
109	MEFENAMIC ACID († price but not subsidy) * Cap 250 mg .....	1.25 (10.82)	50 Ponstan
111	PAMIDRONATE DISODIUM († subsidy) Inj 3 mg per ml, 10 ml vial .....	32.49	1 ✓Pamisol
	Inj 6 mg per ml, 10 ml vial .....	88.11	1 ✓Pamisol
	Inj 9 mg per ml, 10 ml vial .....	94.34	1 ✓Pamisol
119	DANTROLENE († subsidy) Cap 25 mg .....	112.13	100 ✓Dantrium ✓Dantrium S29 <span style="border: 1px solid black; border-radius: 50%; padding: 2px;">S29</span>
122	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE († subsidy) Inj 2%, 5 ml ampoule – Up to 5 inj available on a PSO .....	9.00	25 ✓Lidocaine-Baxter
	Inj 1%, 20 ml vial – Up to 5 inj available on a PSO .....	6.85	5 ✓Lidocaine-Baxter
	Inj 2%, 20 ml vial – Up to 5 inj available on a PSO .....	7.15	5 ✓Lidocaine-Baxter
128	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency († subsidy) Inj 5 mg per ml, 2 ml ampoule – Subsidy by endorsement..... 27.92	5	✓Hospira
	a) Up to 5 inj available on a PSO		
	b) Only on a PSO		
	c) PSO must be endorsed “not for anaesthetic procedures”.		

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Subsidy  
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## Changes to Subsidy and Manufacturer's Price – effective 1 February 2023 (continued)

145	NICOTINE († subsidy)			
	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.			
	Patch 7 mg – Up to 28 patch available on a PSO .....	19.14	28	✓ Habitrol
	Patch 7 mg for direct distribution only – [Xpharm] .....	4.13	7	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO .....	21.05	28	✓ Habitrol
	Patch 14 mg for direct distribution only – [Xpharm] .....	6.48	7	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO .....	24.12	28	✓ Habitrol
	Patch 21 mg for direct distribution only – [Xpharm] .....	10.93	7	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO .....	19.76	216	✓ Habitrol
	Lozenge 1 mg for direct distribution only – [Xpharm] .....	3.35	36	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO .....	21.65	216	✓ Habitrol
	Lozenge 2 mg for direct distribution only – [Xpharm] .....	3.40	36	✓ Habitrol
	Gum 2 mg (Fruit) for direct distribution only – [Xpharm] .....	9.04	96	✓ Habitrol
	Gum 2 mg (Mint) for direct distribution only – [Xpharm] .....	9.04	96	✓ Habitrol
	Gum 4 mg (Fruit) for direct distribution only – [Xpharm] .....	10.47	96	✓ Habitrol
	Gum 4 mg (Mint) for direct distribution only – [Xpharm] .....	10.47	96	✓ Habitrol
149	CALCIUM FOLINATE († subsidy)			
	Tab 15 mg – PCT – Retail pharmacy-Specialist .....	135.33	10	✓ DBL Leucovorin Calcium
150	CYTARABINE († subsidy)			
	Inj 20 mg per ml, 5 ml vial – PCT			
	– Retail pharmacy-Specialist .....	472.00	5	✓ Pfizer
	Inj 100 mg per ml, 20 ml vial – PCT			
	– Retail pharmacy-Specialist .....	48.80	1	✓ Pfizer
151	METHOTREXATE († subsidy)			
	* Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist .....	56.05	5	✓ Methotrexate DBL
153	DACARBAZINE – PCT only – Specialist († subsidy)			
	Inj 200 mg vial .....	72.11	1	✓ DBL Dacarbazine
153	DAUNORUBICIN – PCT only – Specialist († subsidy)			
	Inj 2 mg per ml, 10 ml .....	171.93	1	✓ Pfizer
194	INFLIXIMAB – PCT only – Special Authority see SA2179 (↓ subsidy)			
	Inj 100 mg .....	428.00	1	✓ Remicade
	Inj 1 mg for ECP .....	4.40	1 mg	✓ Baxter
235	PROMETHAZINE HYDROCHLORIDE († subsidy)			
	* Inj 25 mg per ml, 2 ml ampoule			
	– Up to 5 inj available on a PSO .....	21.09	5	✓ Hospira
236	FLUTICASONE († subsidy)			
	Powder for inhalation, 50 mcg per dose .....	8.61	60 dose OP	✓ Flixotide Accuhaler
	Powder for inhalation, 100 mcg per dose .....	7.81	60 dose OP	✓ Flixotide Accuhaler
236	FLUTICASONE (↓ subsidy)			
	Powder for inhalation, 250 mcg per dose .....	11.93	60 dose OP	✓ Flixotide Accuhaler

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

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

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### Changes to Subsidy and Manufacturer's Price – effective 1 January 2023

48	FLECAINIDE ACETATE (↑ subsidy)			
	▲ Cap long-acting 100 mg .....	108.65	90	✓ <b>Flecainide Controlled Release Teva</b>
	▲ Cap long-acting 200 mg .....	167.92	90	✓ <b>Flecainide Controlled Release Teva</b>
91	ROXITHROMYCIN (↑ subsidy)			
	Tab 150 mg .....	29.50	50	✓ <b>Arrow-Roxithromycin</b>
	Tab 300 mg .....	35.50	50	✓ <b>Arrow-Roxithromycin</b>
235	CETIRIZINE HYDROCHLORIDE (↑ subsidy)			
	* Tab 10 mg .....	7.50	100	✓ <b>Zista</b>

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Brand or  
Generic Mnfr  
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## Delisted Items

Effective 1 February 2023

26	GLYCEROL * Suppos 3.6 g – Only on a prescription .....	9.25	20	✓PSM
33	ASCORBIC ACID a) No more than 100 mg per dose b) Only on a prescription * Tab 100 mg..... Note – this delist applies to Pharmacode 2439697.	9.90	500	✓Cvite
34	VITAMINS * Tab (BPC cap strength)..... Note – this delist applies to Pharmacode 2439689.	11.45	1,000	✓Mvite
79	DEXAMETHASONE PHOSPHATE Dexamethasone phosphate injection will not be funded for oral use. * Inj 4 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....  * Inj 4 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO.....	9.25  16.37	10  10	✓Dexamethasone Phosphate Panpharma  ✓Dexamethasone Phosphate Panpharma
82	ETHINYLOESTRADIOL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking ethinyloestradiol prior to 1 March 2022 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of ethinyloestradiol. Tab 10 mcg.....	17.60	100	✓NZ Medical and Scientific
93	PROCAINE PENICILLIN Inj 1.5 g in 3.4 ml syringe – Up to 5 inj available on a PSO ....	123.50	5	✓Cilicaine
123	METHADONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). e) For methadone hydrochloride oral liquid refer Standard Formulae Tab 5 mg.....	1.40	10	✓Methatabs

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“certified exemption” by the prescriber or pharmacist

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

Check your Schedule for full details  
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Subsidy  
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**Delisted Items – effective 1 February 2023 (continued)**

125	<p>FLUOXETINE HYDROCHLORIDE</p> <p>* Tab dispersible 20 mg, scored – Subsidy by endorsement ..... 1.98</p> <p>Subsidised by endorsement</p> <p>1) When prescribed for a patient who cannot swallow whole tablets or capsules and the prescription is endorsed accordingly; or</p> <p>2) When prescribed in a daily dose that is not a multiple of 20 mg in which case the prescription is deemed to be endorsed. Note: Tablets should be combined with capsules to facilitate incremental 10 mg doses.</p> <p>Note – this delist applies to the 30 tab pack.</p>	30	✓ Fluox
159	<p>ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA2115</p> <p>Tab 100 mg ..... 764.00</p> <p>Tab 150 mg ..... 1,146.00</p>	30 30	✓ Tarceva ✓ Tarceva
166	<p>MEGESTROL ACETATE – Subsidy by endorsement</p> <p>Subsidy by endorsement – Subsidised for patients who were taking megestrol acetate prior to 1 August 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of megestrol acetate.</p> <p>Tab 160 mg ..... 48.80</p> <p>Wastage claimable</p>	30	✓ Megace <b>S29</b>
247	<p>NALOXONE HYDROCHLORIDE</p> <p>a) Up to 5 inj available on a PSO</p> <p>b) Only on a PSO</p> <p>* Inj 400 mcg per ml, 1 ml ampoule ..... 22.60</p>	5	✓ DBL Naloxone Hydrochloride

## Items to be Delisted

### Effective 1 April 2023

250	VANCOMYCIN ORAL SOLUTION (50 mg per ml)			
	Vancomycin 500 mg injection	10 vials		
	Glycerol BP	40 ml		
	Water to	100 ml		
	(Only funded if prescribed for treatment of Clostridium difficile following metronidazole failure)			

### Effective 1 May 2023

247	PHARMACY SERVICES			
	May only be claimed once per patient.			
	* Brand switch fee	4.50	1 fee	✓ BSF Alchemy
	The Pharmacode for BSF Alchemy is 2651564.			

### Effective 1 July 2023

9	PANTOPRAZOLE			
	* Tab EC 20 mg	2.02	100	✓ Panzop Relief
	* Tab EC 40 mg	2.85	100	✓ Panzop Relief
	Note – these delists apply to 100 tab pack.			
43	HEPARIN SODIUM			
	Inj 5,000 iu per ml, 5 ml ampoule	289.05	50	✓ Pfizer
64	CETOMACROGOL WITH GLYCEROL			
	Crm 90% with glycerol 10%	2.35	500 ml OP	✓ Pharmacy Health Sorbolene with Glycerin

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

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

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