PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

August 2023

Contents

Summary of Pharmac decisions
EFFECTIVE 1 AUGUST 2023

New listings (pages 17-18)

- Hydralazine hydrochloride (Camber) tab 25 mg – Special Authority – Retail pharmacy – new listing and s29
- Aqueous cream (Evara) crm, 500 g
- Oxytocin (Oxytocin Panpharma) inj 10 iu per ml, 1 ml ampoule – Up to 5 inj available on a PSO
- Oestradiol patch 50 mcg per day (Estradiol Viatris), 75 mcg per day (Estradiol Viatris) and 100 mcg per day (Estradiol TDP Mylan) – no more than 2 patch per week – only on a prescription
- Naproxen (Noflam 250) tab 250 mg, new Pharmacode
- Capecitabine (Capecitabine Viatris) tab 150 mg and 500 mg – Retail pharmacy – Specialist
- Venetoclax (Venclexta) tab 10 mg, 2 OP – Retail pharmacy – Specialist – Special Authority
- Montelukast (Montelukast Viatris) tab 4 mg
- Dexamethasone with framycetin and gramicidin (Otodex) Ear/ Eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml, 8 ml OP
- Pharmacy services (BSF Midodrine Medsurge) brand switch fee – may only be claimed once per patient
- Pharmacy services (Immunisation Administration) immunisation administration fee

Changes to restrictions (pages 19-30)

- Calcium carbonate (Calcium carbonate PAI) oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml) – addition of s29 and wastage claimable
- Midodrine (Midodrine Medsurge) tab 2.5 mg and 5 mg – addition of brand switch fee
- Ambrisentan tab 5 mg (Ambrisentan Viatris and Ambrisentan Mylan) and tab 10 mg (Ambrisentan Viatris and Mylan) – amended Special Authority criteria
- Bosentan (Bosentan Dr Reddy's) tab 62.5 mg and 125 mg – amended Special Authority criteria
- Sildenafil (Vedafil) tab 25 mg, 50 mg and 100 mg – amended Special Authority criteria
- Epoprostenol (Veletri) inj 500 mcg vial and 1.5 mg vial – amended Special Authority criteria
- Iloprost (Vebulis) nebuliser soln 10 mcg per ml, 2 ml – amended Special Authority criteria

- Ethinyloestradiol with levonorgestrel (Lo-Oraclon 20 ED, Microgynon 20 ED and Femme-Tab ED) tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – amended PSO quantity
- Ethinyloestradiol with levonorgestrel (Oralcon 30 ED, Levlen ED and Femme-Tab ED) – tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – amended PSO quantity
- Oxybutynin (Alchemy Oxybutynin) tab 5 mg – removal of s29 and wastage claimable
- Bedaquiline (Sirturo) tab 100 mg – addition of no patient co-payment payable rule
- Linezolid (Zyvox) tab 600 mg and oral liq 20 mg per ml – addition of no patient co-payment payable rule
- Abacavir sulphate with lamivudine (Abacavir/Lamivudine Viatris) tab 600 mg with lamivudine 300 mg – brand switch fee removed
- Leflunomide (Avara) tab 10 mg and 20 mg – addition of stat dispensing
- Chlorpromazine hydrochloride (Largactil) tab 10 mg – safety medicine – removal of PSO and addition of subsidy by endorsement
- Pilocarpine nitrate (Minims Pilocarpine) eye drops 2% single dose – amended chemical name
- Atezolizumab inj 60 mg per ml, 20 ml vial (Tecentriq) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (page 31)

- Mifepristone (Mifegyne) tab 200 mg, 1 tab pack
- Fluconazole (Diflucan) powder for oral suspension 10 mg per ml
- Tramadol hydrochloride (Arrow-Tramadol) cap 50 mg
- Benzbromarone (Narcaricin mite) tab 50 mg

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Cetirizine hydrochloride	Tab 10mg; 100 tab	PSS	Zista (Teva)
Chloramphenicol	Eye drops 0.5%; 10 ml OP	PSS	Chlorsig (Aspen)
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule; 5 inj	PSS	Robinul (Aspen)
Water	Inj 10 ml ampoule; 50 inj	PSS	Multichem (Multichem)

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 September 2023

- Pegfilgrastrim (Ziextenzo) inj 6 mg per 0.6 ml syringe – removal of brand switch fee payable

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatris	2025
Acarbose	Tab 50 mg & 100 mg	Accarb	2024
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	Martindale Pharma	2024
Aciclovir	Tab dispersible 400 mg & 800 mg Tab dispersible 200 mg Eye oint 3%, 4.5 g OP	Lovir ViruPOS	2025 2024
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
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector, 1 OP Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen Jr Epipen	2025
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tripack	2024
Aqueous cream	Crm, 500 g	GEM Aqueous Cream	2024
Ascorbic acid	Tab 100 mg	CVite	2025
Atazanavir sulphate	Cap 150 mg & 200 mg	Atazanavir Mylan	2025
Atenolol	Tab 50 mg Tab 100 mg	Viatris 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	Martindale	2024
Azathioprine	Tab 25 mg Tab 50 mg	Azamun	2025
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
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
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
Candesartan cilexetil	Tab 4 mg, 8 mg,16 mg & 32 mg	Candestar	2024
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml & 50 mg per ml	Cephalexin ABM Flynn	2025 2024
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
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
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP Crm 90% with glycerol 10%, 1,000 ml OP	Evara	2025
Chloramphenicol	Eye oint 1%, 5 g OP	Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2024
Ciprofloxacin	Eye drops 0.3%, 5 ml OP	Ciprofloxacin Teva	2024
Citalopram hydrobromide	Tab 20 mg	Celapram PSM Citalopram	2025 2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2024
Clindamycin	**Inj 150 mg per ml**	**Hameln**	**2025**

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Generic Name	Presentation	Brand Name	Expiry Date*
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 hydrochloride	Tab 25 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Clonidine Teva Medsurge Catapres	2025 2024
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crm 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
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
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2024
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	PSM	2024
Diazepam	Rectal tubes 5 mg	Stesolid	2025
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 120 mg Cap long-acting 180 mg & 240 mg	Diltiazem CD Clinect Cardizem CD	2025 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

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Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Disulfiram	Tab 200 mg	Antabuse	2024
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
Domperidone	Tab 10 mg	Domperidone Viatris	2025
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 Viatris	2025
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
Ethinyloestradiol with levonorgestrel	**Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets** **Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets**	**Lo-Oralcon 20 ED** **Oralcon 30 ED**	**2025**
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

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Generic Name	Presentation	Brand Name	Expiry Date*
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
Flecainide acetate	**Cap long-acting 100 mg & 200 mg**	**Flecainide Controlled Release Teva**	**2026**
Flucloxacillin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Flucloxacillin-AFT AFT	2024
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluorouracil sodium	Crm 5%, 20 g OP	Efudix	2024
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow–Fluoxetine Fluox	2025
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2024
Folic acid	Tab 5 mg	Folic Acid Viatris	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
Glipizide	Tab 5 mg	Minidiab	2024
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025
Glyceryl trinitrate	Oint 0.2%, 30 g OP	Rectogesic	2024
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
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	**Crm 1%, 500 g** Crm 1%; 30 g OP Inj 100 mg vial	**Noumed** Ethics Solu-Cortef	**2025** 2024

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Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone butyrate	Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP Milky emuls 0.1%, 100 ml OP	Locoid Locoid Crelo	2024
Hydrocortisone with miconazole	Crm 1% with miconazole 2%, 15 g OP	Micreme H	2024
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2024
Ibuprofen	Oral liq 20 mg per ml, 200 ml Tab long-acting 800 mg Tab 200 mg	Ethics Brufen SR Relieve	2024
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2025
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
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2024
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2024
Latanoprost	Eye drop 0.005%, 2.5 ml OP	Teva	2024
Letrozole	Tab 2.5 mg	Letrole	2024
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Tab 1.5 mg	Levonorgestrel BNM	2025
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
Loratadine	Tab 10 mg	Lorafix	2025
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2025

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Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Metformin hydrochloride	**Tab immediate-release 500 mg & 850 mg**	**Metformin Viatris**	**2024**
Methadone	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2024
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Tab 2.5 mg & 10 mg	Trexate	2024
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2024
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2024
Midodrine	**Tab 2.5 mg & 5 mg**	**Midodrine Medsurge**	**2024**
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024
Modafinil	Tab 100 mg	Modavigil	2024
Mometasone furoate	Crm 0.1%, 15 g OP Crm 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2024
Montelukast	Tab 5 mg Tab 4 mg & 10 mg	Montelukast Viatris Montelukast Mylan	2025
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025
Multivitamins	Tab (BPC cap strength)	Mvite	2025

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Generic Name	Presentation	Brand Name	Expiry Date*
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2024
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	Hameln	2024
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	Nifuran	2024
Norethisterone	Tab 350 mcg	Noriday 28	2024
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
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
Oil in water emulsion	Crm, 500 g	Fatty Cream AFT	2024
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2025
Ondansetron	**Tab 4 mg & 8 mg**	**Periset**	**2025**
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024
Orphenadrine citrate	Tab 100 mg	Norflex	2024
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	Hameln Oxycodone Sandoz OxyNorm	2024
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
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) Cap prancreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2024

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Generic Name	Presentation	Brand Name	Expiry Date*
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief (Viatris)	2025
Paracetamol	Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml Tab 500 mg-bottle pack Tab 500 mg-blister pack	Paracetamol (Ethics) Pamol Noumed Paracetamol Pacimol	2025 2024
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
Pethidine hydrochloride	**Tab 50 mg**	**Noumed Pethidine**	**2025**
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml Cap 250 mg Cap 500 mg	AFT Cilicaine VK	2025 2024
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
Posaconazole	Oral liq 40 mg per ml, 105 ml OP Tab modified-release 100 mg	Devatis Posaconazole Juno	2025
Povidone iodine	Antiseptic solution 10%, 100 ml	Riodone	2024
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2024
Progesterone	Cap 100 mg	Utrogestan	2025
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2024
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow Quinapril 10 Arrow-Quinapril 20	2024

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2024
Ramipril	Cap 1.25 mg, 2.5 mg, 5 mg & 10 mg	Tryzan	2024
Riluzole	Tab 50 mg	Rilutek	2024
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2025
Rituximab	Inj 100 mg per 10 ml vial & 500 mg per 50 ml vial	Riximyo	30/09/2023
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2024
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Roxithromycin	**Tab 150 mg & 300 mg**	**Arrow-Roxithromycin**	**2026**
Salbutamol	Oral liq 400 mcg per ml, 150 ml Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2024
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
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 and 10 mg	Solifenacin Viatris	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

**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 August 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Mylan	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2024
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Viatris	2024
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2024
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
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2024
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 0.05 mg per ml, 100 ml bag Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris	2025 2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

August 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 August 2023

59	HYDRALAZINE HYDROCHLORIDE			
	✻ Tab 25 mg – Special Authority see SA1321			
	– Retail pharmacy ..... CBS		100	✔**Camber** S29
67	AQUEOUS CREAM			
	Crm.....	1.73	500 g	✔**Evara**
77	OXYTOCIN – Up to 5 inj available on a PSO			
	Inj 10 iu per ml, 1 ml ampoule.....	11.96	10	✔**Oxytocin Panpharma**
82	OESTRADIOL			
	Patch 50 mcg per day.....	10.75	8	✔**Estradiol Viatris**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 75 mcg per day.....	11.88	8	✔**Estradiol Viatris**
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 100 mcg per day.....	12.95	8	✔**Estradiol TDP Mylan**
	a) No more than 2 patch per week			
	b) Only on a prescription			
111	NAPROXEN			
	✻ Tab 250 mg.....	32.69	500	✔**Noflam 250**
	Note – this is a new Pharmacode listing, 2654458.			
148	CAPECITABINE – Retail pharmacy – Specialist			
	Tab 150 mg.....	9.80	60	✔**Capecitabine Viatris**
	Tab 500 mg.....	46.50	120	✔**Capecitabine Viatris**
157	VENETOCLAX – Retail pharmacy – Specialist – Special Authority see SA1868			
	Tab 10 mg.....	13.68	2 OP	✔**Venclexta**
248	MONTELUKAST			
	✻ Tab 4 mg.....	3.10	28	✔**Montelukast Viatris**
252	DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN			
	Ear/Eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml	4.50 (9.27)	8 ml OP	Otodex S29
257	PHARMACY SERVICES			
	✻ Brand switch fee			
	– May only be claimed once per patient.....	4.50	1 fee	✔**BSF Midodrine Medsurge**
	a) The Pharmacode for BSF Midodrine Medsurge is 2660741			

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

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

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

New Listings – effective 1 August 2023 (continued)

257 PHARMACY SERVICES

✻ Immunisation administration fee	21.52	1 fee	✔ **Immunisation Administration**

Effective 1 July 2023

122 OXYCODONE HYDROCHLORIDE

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

Tab controlled-release 5 mg	4.04	30	✔ **OxyContin** S29

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

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

Changes to Restrictions, Chemical Names and Presentations

Effective 1 August 2023

6 CALCIUM CARBONATE (addition of s29)

Oral liq 1,250 mg per 5 ml (500 mg elemental per 5 ml)

– Subsidy by endorsement	47.30	473 ml	✔**Calcium carbonate PAI** S29

Wastage claimable

Only when prescribed for patients unable to swallow calcium carbonate tablets or where calcium carbonate tablets are inappropriate and the prescription is endorsed accordingly.

51 MIDODRINE – Special Authority see SA1474 – Retail pharmacy – **Brand Switch Fee payable (Pharmacode 2660741**) (addition of brand switch fee)

Tab 2.5 mg	38.23	100	✔**Midodrine Medsurge**
Tab 5 mg	59.98	100	✔**Midodrine Medsurge**

59 AMBRISENTAN – Special Authority see **SA2253** ~~1702~~ – Retail pharmacy (amended Special Authority criteria)

Tab 5 mg	200.00	30	✔**Ambrisentan Viatris**
	1,550.00		✔**Ambrisentan Mylan**
Tab 10 mg	200.00	30	✔**Ambrisentan Viatris**
	1,550.00		✔**Mylan**

SA2253 ~~1702~~ Special Authority for Subsidy

~~Special Authority approved by the Pulmonary Arterial Hypertension Panel~~

~~Notes: Application details may be obtained from Pharmac's website schedule.pharmac.govt.nz/SAForms or:~~

~~The Coordinator, PAH Panel~~

~~Pharmac, PO Box 10-254, WELLINGTON~~

~~Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz~~

Initial application only from a respiratory specialist or cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has pulmonary arterial hypertension (PAH); and

2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and

3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and

4 Any of the following:

4.1 All of the following:

4.1.1 PAH has been confirmed by right heart catheterisation; and

4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and

4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm-5); and

4.1.5 Any of the following:

4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines)†; or

4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool; or**

4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or

4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including chronic neonatal lung disease; or

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

Changes to Restrictions – effective 1 August 2023 (continued)

continued...

4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and

5 Any of the following:

5.1 Both:

5.1.1 Ambrisentan is to be used as PAH monotherapy; and

5.1.2 Any of the following:

5.1.2.1 Patient has experienced intolerable side effects with both sildenafil and bosentan; or

5.1.2.2 Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or

5.1.2.3 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or

5.2 All of the following:

5.2.1 Ambrisentan is to be used as PAH dual therapy; and

5.2.2 Either:

5.2.2.1 Patient has tried a PAH monotherapy (sildenafil or bosentan) for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool; or**

5.2.2.2 Patient has tried PAH dual therapy including bosentan and has experienced intolerable side effects on bosentan; and

5.2.3 Both:

5.2.3.1 Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would benefit from initial dual therapy; and

5.2.3.2 Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or

5.3 Both:

5.3.1 Ambrisentan is to be used as PAH triple therapy; and

5.3.2 Any of the following:

5.3.2.1 Patient is on the lung transplant list; or

5.3.2.2 Both:

5.3.2.2.1 Patient is presenting in NYHA/WHO functional class IV; and

5.3.2.2.2 Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); or

5.3.2.3 Both:

5.3.2.3.1 Patient has tried PAH dual therapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool; and**

5.3.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Renewal only from a respiratory specialist, cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 2 years where the patient is continuing to derive benefit from ambrisentan treatment according to a validated PAH risk stratification tool.**

Note

† The European Respiratory Journal Guidelines can be found here: 2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension

**** The requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.**

Changes to Restrictions – effective 1 August 2023 (continued)

59 BOSENTAN – Special Authority see **SA2254** ~~1991~~ – Retail pharmacy (amended Special Authority criteria)

Tab 62.5 mg	119.85	60	✔**Bosentan Dr Reddy's**
Tab 125 mg	119.85	60	✔**Bosentan Dr Reddy's**

➽ **SA2254** ~~1991~~ Special Authority for Subsidy

~~Initial application only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 6 months for applications meeting the following criteria:~~

~~All of the following:~~

~~1 Patient has pulmonary arterial hypertension (PAH)*; and~~

~~2 PAH is in Group 1, 4 or 5 of the WHO (Venice) clinical classifications; and~~

~~3 PAH is at NYHA/WHO functional class II, III, or IV; and~~

~~4 Any of the following:~~

~~4.1 Both:~~

~~4.1.1 Bosentan is to be used as PAH monotherapy; and~~

~~4.1.2 Either:~~

~~4.1.2.1 Patient is intolerant or contraindicated to sildenafil; or~~

~~4.1.2.2 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or~~

~~4.2 Both:~~

~~4.2.1 Bosentan is to be used as PAH dual therapy; and~~

~~4.2.2 Either:~~

~~4.2.2.1 Patient has tried a PAH monotherapy for at least three months and failed to respond; or~~

~~4.2.2.2 Patient deteriorated while on a PAH monotherapy; or~~

~~4.3 Both:~~

~~4.3.1 Bosentan is to be used as PAH triple therapy; and~~

~~4.3.2 Any of the following:~~

~~4.3.2.1 Patient is on the lung transplant list; or~~

~~4.3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or~~

~~4.3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or~~

~~4.3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.~~

~~Renewal only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory physician or cardiologist. Approvals valid for 2 years for applications meeting the following criteria:~~

~~Any of the following:~~

~~1 Both:~~

~~1.1 Bosentan is to be used as PAH monotherapy; and~~

~~1.2 Patient is stable or has improved while on bosentan; or~~

~~2 Both:~~

~~2.1 Bosentan is to be used as PAH dual therapy; and~~

~~2.2 Patient has tried a PAH monotherapy for at least three months and either failed to respond or later deteriorated; or~~

~~3 Both:~~

~~3.1 Bosentan is to be used as PAH triple therapy; and~~

~~3.2 Any of the following:~~

~~3.2.1 Patient is on the lung transplant list; or~~

~~3.2.2 Patient is presenting acutely with idiopathic pulmonary arterial hypertension (IPAH) in New York Heart Association/World Health Organization (NYHA/WHO) Functional Class IV; or~~

~~3.2.3 Patient is deteriorating rapidly to NYHA/WHO Functional Class IV who may be lung transplant recipients in the future, if their disease is stabilised; or~~

continued...

Changes to Restrictions – effective 1 August 2023 (continued)

continued...

~~3.2.4 Patient has PAH associated with the scleroderma spectrum of diseases (APAHSSD) who have no major morbidities and are deteriorating despite combination therapy.~~

Initial application only from a respiratory specialist, cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has pulmonary arterial hypertension (PAH)*; and

2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and

3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and

4 Any of the following:

4.1 All of the following:

4.1.1 PAH has been confirmed by right heart catheterisation; and

4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and

4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm-5); and

4.1.5 Any of the following:

4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines)†; or

4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool; or**

4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or

4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or

4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and

5 Any of the following:

5.1 Both:

5.1.1 Bosentan is to be used as PAH monotherapy; and

5.1.2 Any of the following:

5.1.2.1 Patient has experienced intolerable side effects on sildenafil; or

5.1.2.2 Patient has an absolute contraindication to sildenafil; or

5.1.2.3 Patient is a child with idiopathic PAH or PAH secondary to congenital heart disease; or

5.2 Both:

5.2.1 Bosentan is to be used as part of PAH dual therapy; and

5.2.2 Either:

5.2.2.1 Patient has tried a PAH monotherapy (sildenafil) for at least three months and has experienced an inadequate therapeutic response to treatment according to a validated risk stratification tool; or**

5.2.2.2 Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would likely benefit from initial dual therapy; or

5.3 Both:

5.3.1 Bosentan is to be used as part of PAH triple therapy; and

5.3.2 Any of the following:

5.3.2.1 Patient is on the lung transplant list; or

5.3.2.2 Patient is presenting in NYHA/WHO functional class IV; or

continued...

Changes to Restrictions – effective 1 August 2023 (continued)

continued...

5.3.2.3 Both:

5.3.2.3.1 Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool; and**

5.3.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Renewal only from a respiratory specialist, cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 2 years where patient is continuing to derive benefit from bosentan treatment according to a validated PAH risk stratification tool.**

Note

† The European Respiratory Journal Guidelines can be found here: 2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension

**** The requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.**

61 SILDENAFIL – Special Authority see **SA2255** ~~1992~~ – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

Tab 25 mg	0.85	4	✔**Vedafil**
Tab 50 mg	1.70	4	✔**Vedafil**
Tab 100 mg	10.20	12	✔**Vedafil**

➽ **SA2255** ~~1992~~ Special Authority for Subsidy

~~Initial application — (Pulmonary arterial hypertension*) only from a respiratory specialist, cardiologist or medical practitioner on the recommendation of a respiratory specialist or cardiologist. Approvals valid without further renewal unless notified for applications meeting the following criteria:~~

~~All of the following:~~

~~1 Patient has pulmonary arterial hypertension (PAH)*; and~~

~~2 Any of the following:~~

~~2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or~~

~~2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or~~

~~2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and~~

~~3 Any of the following:~~

~~3.1 PAH is in NYHA/WHO functional class II; or~~

~~3.2 PAH is in NYHA/WHO functional class III; or~~

~~3.3 PAH is in NYHA/WHO functional class IV; and~~

~~4 Either:~~

~~4.1 All of the following:~~

~~4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and~~

~~4.1.2 Either:~~

~~4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) greater than 25 mmHg; or~~

~~4.1.2.2 Patient is peri Fontan repair; and~~

~~4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm-5); or~~

~~4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age.~~

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

Initial application – (Pulmonary arterial hypertension*) only from a respiratory specialist, cardiologist, **rheumatologist, or any relevant practitioner** ~~or medical practitioner~~ on the recommendation of a respiratory specialist ~~or~~, cardiologist **or rheumatologist**. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

continued...

Changes to Restrictions – effective 1 August 2023 (continued)

continued...

~~1 Patient has pulmonary arterial hypertension (PAH)*; and~~
~~2 Any of the following:~~
~~2.1 PAH is in Group 1 of the WHO (Venice) clinical classifications; or~~
~~2.2 PAH is in Group 4 of the WHO (Venice) clinical classifications; or~~
~~2.3 PAH is in Group 5 of the WHO (Venice) clinical classifications; and~~
~~3 Any of the following:~~
~~3.1 PAH is in NYHA/WHO functional class II; or~~
~~3.2 PAH is in NYHA/WHO functional class III; or~~
~~3.3 PAH is in NYHA/WHO functional class IV; and~~
~~4 Either:~~
~~4.1 All of the following:~~
~~4.1.1 Patient has a pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and~~
~~4.1.2 Either:~~
~~4.1.2.1 Patient has a mean pulmonary artery pressure (PAPm) greater than 25 mmHg; or~~
~~4.1.2.2 Patient is peri Fontan repair; and~~
~~4.1.3 Patient has a pulmonary vascular resistance (PVR) of at least 3 Wood Units or at least 240 International Units (dyn s cm-5); or~~
~~4.2 Testing for PCWP, PAPm, or PVR cannot be performed due to the patient's young age.~~

1 Patient has pulmonary arterial hypertension (PAH)*; and
2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
4 Any of the following:
4.1 All of the following:
4.1.1 PAH is confirmed by right heart catheterisation; and
4.1.2 A mean pulmonary artery pressure (PAPm) of greater than 20 mmHg; and
4.1.3 A pulmonary capillary wedge pressure (PCWP) that is less than or equal to 15 mmHg; and
4.1.4 Pulmonary vascular resistance (PVR) greater than 2 Wood Units or greater than 160 International Units (dyn s cm-5); and
4.1.5 Any of the following:
4.1.5.1 PAH is non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines)†; or
4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool; or**
4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or
4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures.

Note: Indications marked with * are Unapproved Indications.
† The European Respiratory Journal Guidelines can be found here: 2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension
**** The requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.**

Changes to Restrictions – effective 1 August 2023 (continued)

62 EPOPROSTENOL – Special Authority see **SA2256** ~~1696~~ – Retail pharmacy (amended Special Authority criteria)

Inj 500 mcg vial	36.61	1	✔**Veletri**
Inj 1.5 mg vial	73.21	1	✔**Veletri**

➽ **SA2256** ~~1696~~ Special Authority for Subsidy

~~Special Authority approved by the Pulmonary Arterial Hypertension Panel~~

~~Notes: Application details may be obtained from Pharmac's website schedule.pharmac.govt.nz/SAForms or:~~

~~The Coordinator, PAH Panel~~

~~Pharmac, PO Box 10-254, WELLINGTON~~

~~Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz~~

Initial application only from a respiratory specialist, cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has pulmonary arterial hypertension (PAH); and

2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and

3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class III or IV; and

4 Any of the following:

4.1 All of the following:

4.1.1 PAH has been confirmed by right heart catheterisation; and

4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and

4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm-5); and

4.1.5 Any of the following:

4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines)†; or

4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool; or**

4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or

4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or

4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and

5 Either:

5.1 All of the following:

5.1.1 Epoprostenol is to be used as part of PAH dual therapy with either sildenafil or an endothelin receptor antagonist; and

5.1.2 Patient is presenting in NYHA/WHO functional class IV; and

5.1.3 Patient has tried a PAH monotherapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool; or

5.2 Both:

5.2.1 Epoprostenol is to be used as PAH triple therapy; and

5.2.2 Any of the following:

5.2.2.1 Patient is on the lung transplant list; or

5.2.2.2 Patient is presenting in NYHA/WHO functional class IV; or

continued...

Changes to Restrictions – effective 1 August 2023 (continued)

continued...

5.2.2.3 Both:

5.2.2.3.1 Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool; and

5.2.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Renewal only from a respiratory specialist, cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist or cardiologist. Approvals valid for 2 years where patient is continuing to derive benefit from epoprostenol treatment according to a validated PAH risk stratification tool.**

Note

† The European Respiratory Journal Guidelines can be found here: 2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension

**** The requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.**

62 ILOPROST – Special Authority see **SA2257** ~~1705~~ – Retail pharmacy (amended Special Authority criteria)

Nebuliser soln 10 mcg per ml, 2 ml..... 185.03 30 ✔**Vebulis**

➽ **SA2257** ~~1705~~ Special Authority for Subsidy

~~Special Authority approved by the Pulmonary Arterial Hypertension Panel~~

~~Notes: Application details may be obtained from Pharmac's website schedule.pharmac.govt.nz/SAForms or:~~

~~The Coordinator, PAH Panel~~

~~Pharmac, PO Box 10-254, WELLINGTON~~

~~Tel: (04) 916 7561, Fax: (04) 974 4858, Email: PAH@pharmac.govt.nz~~

Initial application only from a respiratory specialist or cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has pulmonary arterial hypertension (PAH); and

2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and

3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and

4 Any of the following:

4.1 All of the following:

4.1.1 PAH has been confirmed by right heart catheterisation; and

4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and

4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and

4.1.4 A pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm-5); and

4.1.5 Any of the following:

4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH (see note below for link to these guidelines)†; or

4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool; or**

4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or

4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including severe chronic neonatal lung disease; or

continued...

Changes to Restrictions – effective 1 August 2023 (continued)

continued...

4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and

5 Any of the following:

5.1 Both

5.1.1 Iloprost is to be used as PAH monotherapy; and

5.1.2 Either:

5.1.2.1 Patient has experienced intolerable side effects on sildenafil and both the funded endothelin receptor antagonists (i.e. both bosentan and ambrisentan); or

5.1.2.2 Patient has an absolute contraindication to sildenafil and an absolute or relative contraindication to endothelin receptor antagonists; or

5.2 All of the following:

5.2.1 Iloprost is to be used as PAH dual therapy with either sildenafil or an endothelin receptor antagonist; and

5.2.2 Either:

5.2.2.1 Patient has an absolute contraindication to or has experienced intolerable side effects on sildenafil or

5.2.2.2 Patient has an absolute or relative contraindication to or experienced intolerable side effects with a funded endothelin receptor antagonist; and

5.2.3 Either:

5.2.3.1 Patient has tried a PAH monotherapy for at least three months and remains in an unacceptable risk category according to a validated risk stratification tool; or**

5.2.3.2 Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would benefit from initial dual therapy; or

5.3 Both:

5.3.1 Iloprost is to be used as PAH triple therapy; and

5.3.2 Any of the following:

5.3.2.1 Patient is on the lung transplant list; or

5.3.2.2 Patient is presenting in NYHA/WHO functional class IV; or

5.3.2.3 Both:

5.3.2.3.1 Patient has tried PAH dual therapy for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool; and**

5.3.2.3.2 Patient does not have major life-threatening comorbidities and triple therapy is not being used in a palliative scenario.

Renewal only from a respiratory specialist, cardiologist, rheumatologist, or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 2 years where patient is continuing to derive benefit from iloprost treatment according to a validated PAH risk stratification tool.**

Note

† The European Respiratory Journal Guidelines can be found here: 2022 ECS/ERS Guidelines for the diagnosis and treatment of pulmonary hypertension

**** The requirement to use a validated risk stratification tool to determine insufficient response applies to adults. Determining insufficient response in children does not require use of a validated PAH risk stratification tool, where currently no such validated tools exist for PAH risk stratification in children.**

Changes to Restrictions – effective 1 August 2023 (continued)

75 ETHINYLOESTRADIOL WITH LEVONORGESTREL (amended PSO quantity)

✳ Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to ~~112~~ **84** tab available on a PSO	1.50	84	✔**Lo-Oralcon 20 ED**
✳ Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to ~~112~~ **84** tab available on a PSO	1.50	84	✔**Oralcon 30 ED**

78 OXYBUTYNIN (removal of s29 restriction)

✳ Tab 5 mg	5.42	100	✔**Alchemy Oxybutynin** ~~S29~~

~~Wastage claimable~~

100 BEDAQUILINE – Special Authority see SA2244 – Retail pharmacy (addition of no patient co-payment payable rule)

No patient co-payment payable

Tab 100mg	3,084.51	24 OP	✔**Sirturo**

SA2244 Special Authority for Subsidy

Initial application — (multi-drug resistant tuberculosis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 The person has multi-drug resistant tuberculosis (MDR-TB); and
2 Manatū Hauora - Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and recommends bedaquiline as part of the treatment regimen.

101 LINEZOLID – Special Authority see SA2234 – Retail pharmacy (addition of no patient co-payment payable rule)

No patient co-payment payable

Tab 600 mg	276.89	10	✔**Zyvox**
Oral liq 20 mg per ml	1,879.00	150 ml	✔**Zyvox**

SA2234 Special Authority for Subsidy

Initial application — (multi-drug resistant tuberculosis) from any relevant practitioner. Approvals valid for 18 months for applications meeting the following criteria:

Both:

1 The person has multi-drug resistant tuberculosis (MDR-TB); and
2 Manatū Hauora - Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and recommends linezolid as part of the treatment regimen.

107 ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA2139 – Retail Pharmacy (brand switch fee removed)

~~a) Brand switch fee payable (Pharmacode 2655853)~~

~~b)~~ 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	29.50	30	✔**Abacavir/Lamivudine Viatris**

112 LEFLUNOMIDE (apply stat dispensing)

✳ Tab 10 mg	6.00	30	✔**Arava**
✳ Tab 20 mg	6.00	30	✔**Arava**

Changes to Restrictions – effective 1 August 2023 (continued)

130 CHLORPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (removal of PSO and addition of subsidy by endorsement)

Tab 10 mg ~~– Up to 30 tab available on a PSO~~ – **Subsidy by endorsement** ..... 14.83 100 ✔**Largactil**

Subsidised for patients who were taking chlorpromazine hydrochloride 10 mg tablets prior to 1 August 2023 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of chlorpromazine 10 mg tablets in the preceding 12 months.

225 PILOCARPINE ~~HYDROCHLORIDE~~ **NITRATE** (amended chemical name)

✻ Eye drops 2% single dose – Special Authority see SA0895 below – Retail pharmacy ..... 34.19 20 dose ✔**Minims Pilocarpine**

230 ATEZOLIZUMAB – PCT only – Specialist – Special Authority see **SA2264** ~~2240~~ (amended Special Authority criteria – new criteria shown only)

Inj 60 mg per ml, 20 ml vial ..... 9,503.00 1 ✔**Tecentriq**
Inj 1 mg for ECP ..... 8.08 1 mg ✔**Baxter**

➽ **SA2264** ~~2240~~ Special Authority for Subsidy

Initial application — (non-small cell lung cancer second line monotherapy) only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Patient has locally advanced or metastatic non-small cell lung cancer; and
2 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
3 **For patients with non-squamous histology t**~~T~~There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
4 Patient has an ECOG 0-2; and
5 Patient has documented disease progression following treatment with at least two cycles of platinum-based chemotherapy; and
6 Atezolizumab is to be used as monotherapy at a dose of 1200 mg every three weeks (or equivalent) for a maximum of **16** ~~12~~ weeks; and
7 Baseline measurement of overall tumour burden is documented clinically and radiologically.

231 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2265** ~~2241~~ (amended Special Authority criteria – new criteria shown only)

Inj 25 mg per ml, 4 ml vial ..... 4,680.00 1 ✔**Keytruda**
Inj 1 mg for ECP ..... 47.74 1 mg ✔**Baxter**

➽ **SA2265** ~~2241~~ Special Authority for Subsidy

Initial application — (non-small cell lung cancer first-line monotherapy) only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
2 Patient has not had chemotherapy for their disease in the palliative setting; and
3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
4 **For patients with non-squamous histology t**~~T~~There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
5 Pembrolizumab to be used as monotherapy; and
6 Either:
   6.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or

continued...

Changes to Restrictions – effective 1 August 2023 (continued)

continued...

6.2 Both:
6.2.1 There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and
6.2.2 Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and
7 Patient has an ECOG 0-2; and
8 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of **16** ~~12~~ weeks; and
9 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Initial application — (non-small cell lung cancer first-line combination therapy) only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
2 The patient has not had chemotherapy for their disease in the palliative setting; and
3 Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
4 **For patients with non-squamous histology t**~~T~~here is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
5 Pembrolizumab to be used in combination with platinum-based chemotherapy; and
6 Patient has an ECOG 0-2; and
7 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of **16** ~~12~~ weeks; and
8 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Renewal — (non-small cell lung cancer first line combination therapy) only from a medical oncologist or any relevant practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Any of the following:
1.1 Patient's disease has had a complete response to treatment; or
1.2 Patient's disease has had a partial response to treatment; or
1.3 Patient has stable disease; and
2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and
3 No evidence of disease progression; and
4 The treatment remains clinically appropriate and patient is benefitting from treatment; and
5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent **of 35 cycles dosed every 3 weeks**).

257 PHARMACY SERVICES (amended restriction criteria)
~~May only be claimed once per patient.~~
✻ Brand switch fee
– **May only be claimed once per patient** ..... 4.50 1 fee
✔**BSF Heparin Sodium Panpharma**
✔**BSF Midodrine Medsurge**
✔**BSF Noumed Phenobarbitone**
✔**BSF Ziextenzo**

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

Changes to Subsidy and Manufacturer's Price

Effective 1 August 2023

78	MIFEPRISTONE (↑ price)			
	Tab 200 mg – Up to 15 tab available on a PSO	79.90	1	✔ **Mifegyne**
97	FLUCONAZOLE (↑ price)			
	Powder for oral suspension 10 mg per ml – Special Authority see SA1359 – Retail pharmacy Wastage claimable	129.02	35 ml	✔ **Diflucan**
112	TRAMADOL HYDROCHLORIDE (↑ price)			
	Cap 50 mg	3.33	100	✔ **Arrow-Tramadol**
115	BENZBROMARONE – Special Authority see SA1963 – Retail pharmacy (↑ price)			
	Tab 50 mg	32.00	100	✔ **Narcaricin mite** S29

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

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

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

Delisted Items

Effective 1 August 2023

12	METFORMIN HYDROCHLORIDE			
	✻ Tab immediate-release 500 mg	14.74	1,000	✔ Metformin Mylan
51	MIDODRINE – Special Authority see SA1474 below – Retail pharmacy			
	Tab 2.5 mg	53.00	100	✔ Gutron
	Tab 5 mg	79.00	100	✔ Gutron
55	INDAPAMIDE			
	✻ Tab 2.5 mg	11.61	100	✔ Mylan Indapamide S29
65	HYDROCORTISONE			
	✻ Crm 1% – Only on a prescription	17.15	500 g	✔ Hydrocortisone (PSM)
73	CONDOMS			
	✻ 60 mm	14.87	144	✔ Shield XL
75	ETHINYLOESTRADIOL WITH LEVONORGESTREL			
	✻ Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets			
	– Up to 112 tab available on a PSO	2.18	84	✔ Microgynon 20 ED
		6.45	112	✔ Femme-Tab ED
	✻ Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets			
	– Up to 112 tab available on a PSO	1.77	84	✔ Levlen ED
		6.45	112	✔ Femme-Tab ED
95	CLINDAMYCIN			
	Inj 150 mg per ml, 4 ml ampoule	39.00	10	✔ Dalacin C
97	FLUCONAZOLE			
	Cap 50 mg	2.75	28	✔ Dizole
108	DARUNAVIR – Special Authority see SA2139 – Retail pharmacy			
	Tab 600 mg	196.65	60	✔ Darunavir Mylan
112	PETHIDINE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	Tab 50 mg	4.70	10	✔ PSM
123	TRANYLCYPROMINE SULPHATE			
	✻ Tab 10 mg	12.85	28	✔ Parnate S29 S29
		45.88	100	✔ Parnate S29 S29
		96.00	100	✔ Parnate S29 S29
	Note – this delist applies to Pharmacodes 2576449, 2603098 and 2571846 respectively.			
126	PHENYTOIN SODIUM			
	Cap 30 mg	74.00	200	✔ Dilantin
	Cap 100 mg	37.00	200	✔ Dilantin
	Note – this delist applies to Pharmacodes 2550229 and 2552140 respectively.			

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

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

Delisted Items – effective 1 August 2023 (continued)

129	ONDANSETRON			
	✻ Tab 4 mg	2.68	50	✔Onrex
	✻ Tab 8 mg	4.57	50	✔Onrex
225	TOCILIZUMAB – PCT only – Special Authority see SA2159			
	Inj 20 mg per ml, 4 ml vial	220.00	1	✔Actemra S29 **S29**
	Inj 20 mg per ml, 10 ml vial	550.00	1	✔Actemra S29 **S29**
	Inj 20 mg per ml, 20 ml vial	1,100.00	1	✔Actemra S29 **S29**
252	GENTAMICIN SULPHATE			
	Eye drops 0.3%	11.40	5 ml OP	✔Genoptic
257	PHARMACY SERVICES			
	May only be claimed once per patient.			
	✻ Brand switch fee	4.50	1 fee	✔BSF Abacavir/ Lamivudine Viatris

a) The Pharmacode for BSF Abacavir/Lamivudine Viatris is 2655853

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

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

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

Items to be Delisted

Effective 1 November 2023

257 PHARMACY SERVICES
May only be claimed once per patient.
✻ Brand switch fee ..... 4.50 — 1 fee — ✔**BSF Midodrine Medsurge**

a) The Pharmacode for BSF Midodrine Medsurge is 2660741

25 INSULIN PUMP RESERVOIR – Special Authority see SA1985 – Retail pharmacy
a) Maximum of 3 sets per prescription
b) Only on a prescription
c) Maximum of 13 packs of reservoir sets will be funded per year.
Cartridge for 5 and 7 series pump; 1.8 ml × 10 ..... 50.00 — 1 OP — ✔**MiniMed 1.8 Reservoir MMT-326A**

Effective 1 December 2023

157 VENETOCLAX – Retail pharmacy-Specialist – Special Authority see SA1868
Tab 10 mg ..... 95.78 — 14 OP — ✔**Venclexta**

Effective 1 January 2024

12 METFORMIN HYDROCHLORIDE
✻ Tab immediate-release 850 mg ..... 11.28 — 500 — ✔**Metformin Mylan**

59 HYDRALAZINE HYDROCHLORIDE
✻ Tab 25 mg – Special Authority see SA1321
– Retail Pharmacy ..... CBS — 100 — ✔**Onelink** S29

148 CAPECITABINE – Retail pharmacy-Specialist
Tab 150 mg ..... 9.80 — 60 — ✔**Capercit**
Tab 500 mg ..... 46.50 — 120 — ✔**Capercit**

Effective 1 February 2024

48 ENALAPRIL MALEATE
✻ Tab 5 mg ..... 1.82 — 100 — ✔**Acetec**
✻ Tab 10 mg ..... 2.02 — 100 — ✔**Acetec**
✻ Tab 20 mg ..... 2.42 — 100 — ✔**Acetec**

Effective 1 April 2024

130 CHLORPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency
Tab 10 mg – Subsidy by endorsement ..... 14.83 — 100 — ✔**Largactil**
Subsidised for patients who were taking chlorpromazine hydrochloride tab 10 mg prior to 1 August 2023 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of chlorpromazine hydrochloride tab 10 mg.

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

Index
Pharmaceuticals and brands

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