

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

October 2023

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Summary of Pharmac decisions

EFFECTIVE 1 OCTOBER 2023

New listings (pages 17-18)

- Ferrous sulfate (Ferro-Liquid) oral liq 30 mg (6 mg elemental) per 1 ml, 250 ml
- Flecainide acetate (Flecainide Sandoz) tab 50 mg, s29 and wastage claimable
- Colestyramine (Quantalan sugar free) powder for oral suspension 4 g sachet, s29 and wastage claimable
- Calamine (healthE Calamine Aqueous) cm, aqueous, BP – only on a prescription, not in combination
- Cefalexin (Cefalezin Sandoz) grans for oral liq 50 mg per ml, 100 ml – Wastage claimable
- Cefazolin (Cefazolin-AFT) inj 2 g vial – subsidy by endorsement
- Ciprofloxacin (Ciprofloxacin – Torrent) tab 500 mg – Up to 5 tab available on a PSO, s29 and wastage claimable
- Entecavir (Entecavir (Rex)) tab 0.5 mg
- Zidovudine [AZT] with lamivudine (Lamivudine/Zidovudine Viatris) tab 300 mg with lamivudine 150 mg – Special Authority – Retail Pharmacy, new Pharmacode listing
- Ondansetron (Periset ODT) tab disp 4 mg and 8 mg – Up to 10 tab available on a PSO
- Risperidone (Risperon) oral liq 1 mg per ml, 100 ml, Safety medicine; prescriber may determine dispensing frequency – new pack size listing
- Rivastigmine patch 4.6 mg per 24 hour (Exelon Patch 5) and patch 9.5 mg per 24 hour (Exelon Patch 10)
- Naltrexone hydrochloride (Naltrexone AOP) tab 50 mg – Special Authority – Retail pharmacy, s29 and wastage claimable

Changes to restrictions (pages 19-26)

- Emicizumab (Hemlibra) inj 30 mg in 1 ml vial, inj 60 mg in 0.4 ml vial, inj 105 mg in 0.7 ml vial and inj 150 mg in 1 ml vial – amended Special Authority criteria
- Heparin sodium (Heparin Sodium Panpharma) inj 5,000 iu per ml, 5 ml vial – removal of brand switch fee
- Cefazolin (Cefazolin-AFT) inj 500 mg vial and inj 1 g vial – amended brand name
- Phenobarbitone (Noumed Phenobarbitone) tab 30 mg – removal of brand switch fee
- Multiple Sclerosis Treatments – amended Special Authority criteria
- Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial – chemical moved to new TG3 and new Special Authority criteria

Summary of Pharmac decisions – effective 1 October 2023 (continued)

- Thiotepea (Tepadina) inj 15 mg vial and 100 mg vial – removal of s29
- Temozolomide cap 5 mg, 20 mg, 100 mg and 250 mg (Temaccord), cap 20 mg (Apo-Temozolomide), cap 140 mg (Apo-Temozolomide) and cap 180 mg (Accord) – amended Special Authority criteria
- Pertuzumab inj 30 mg per ml, 14 ml vial (Perjeta) and inj 420 mg for ECP (Baxter) – amended Special Authority criteria
- Trastuzumab inj 150 mg vial and inj 440 mg vial (Herceptin) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (pages 27-28)

- Amitriptyline (Arrow-Amitriptyline) tab 10 mg, 25 mg and 50 mg
- Bendroflumethiazide [Bendrofluazide] (Arrow-Bendrofluazide) tab 2.5 mg and 5 mg
- Cefazolin (Cefazolin-AFT) inj 1 g vial
- Diazepam (Arrow-Diazepam) tab 2 mg and 5 mg
- Famotidine (Hovid) tab 40 mg
- Famotidine (Mylan) inj 10 mg per ml, 4 ml vial
- Latanoprost with timolol (Arrow – Lattim) eye drops 0.005% with timolol 0.5%
- Losartan potassium (Losartan Actavis) tab 12.5 mg, 25 mg, 50 mg and 100 mg
- Metoclopramide hydrochloride (Metoclopramide Actavis 10) tab 10 mg
- Nifedipine (Tensipine MR10) tab long-acting 10 mg
- Omeprazole cap 10 mg (Omeprazole actavis 10), cap 20 mg (Omeprazole actavis 20) and cap 40 mg (Omeprazole actavis 40)
- Prochlorperazine (Nausafix) tab 5 mg
- Risperidone (Risperidone (Teva)) tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg
- Risperidone (Risperon) oral liq 1 mg per ml
- Simvastatin (Mylan) tab 10 mg, 20 mg, 40 mg and 80 mg
- Timolol (Arrow-Timolol) eye drops 0.25% and 0.5%

Editorial amendments

We have changed all Health NZ references to Te Whatu Ora. There are corresponding amendments to the General Rules of the Pharmaceutical Schedule.

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Zinc and castor oil	Oint; 500 g	PSS	Evora (Evora)
Exemestane	Tab 25 mg; 30 tab	PSS	Pfizer (Exemestane)

Looking Forward

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

Decisions for implementation 1 November 2023

- Midodrine (Midodrine Medsurge) tab 2.5 mg and 5 mg – removal of brand switch fee

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to October 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	Lovir	2025
	Tab dispersible 200 mg Eye oint 3%, 4.5 g OP	VirusPOS	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	Epipen Jr	2025
	Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen	
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Max Health Aratac	2025
	Tab 100 mg & 200 mg		
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tripack	2024
Aqueous cream	Crn, 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	Viatris Mylan Atenolol	2024
	Tab 100 mg		
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	Azamun	2025
	Tab 50 mg		
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	Daivobet	2024
	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP		
Betamethasone valerate	Lotn 0.1%, 50 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
	Oint 0.1%, 50 g OP		
	Crn 0.1%, 50 g OP		
	Scalp app 0.1%, 100 ml OP		

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg	Bisacodyl Viatris Pharmacy Health Lax-suppositories	2025
	Suppos 10 mg		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	Bezalip	2024
	Tab long-acting 400 mg	Bezalip Retard	
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	Crn, 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	Cephalexin ABM Flynn	2025
	Grans for oral liq 25 mg per ml & 50 mg per ml		2024
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg	Zista Hisatclear	2026
	Oral liq 1 mg per ml, 200 ml		2024
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP	Evara	2025
	Crn 90% with glycerol 10%, 1,000 ml OP		
Chloramphenicol	Eye drops 0.5%	Chlorsig Devatis	2025
	Eye oint 1%, 5 g OP		
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	2025
		PSM Citalopram	2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Clindamycin	Inj 150 mg per ml	Hameln	2025
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 Clinct Cardizem CD	2025 2024
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 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
Ethinylestradiol 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Crn 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 Viatrix	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
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule	Robinul	2025
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	2025
		Solu-Cortef	2024
Hydrocortisone butyrate	Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP Milky emuls 0.1%, 100 ml OP	Locoid	2024
		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
Ibuprofen	Oral liq 20 mg per ml, 200 ml Tab long-acting 800 mg Tab 200 mg	Ethics	2024
		Brufen SR	
		Relieve	
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	2025
		Choice TT380 Standard	
		Choice Load 375	
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	2024
		Mylan	

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 Viatrix	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	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 Viatrix	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Crn, 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Pancreatic enzyme	Cap prandreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prandreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief (Viatris)	2025
Paracetamol	Oral liq 120 mg per 5 ml	Paracetamol (Ethics)	2025
	Oral liq 250 mg per ml, 200 ml	Pamol	
	Tab 500 mg-bottle pack Tab 500 mg-blister pack	Noumed Paracetamol Pacimol	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	AFT	2025
		Cilicaine VK	2024
	Cap 250 mg Cap 500 mg		
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	Devatis	2025
	Tab modified-release 100 mg	Posaconazole Juno	
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2024
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg and 10 mg	Solifenacin Viatris	2024
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 Viartis	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 Viartis	2024
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crn 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 Viartis	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
Vinorelbine	Cap 20 mg, 30 mg & 80 mg	Vinorelbine Te Arai	2025
Water	Inj 10 ml ampoule Inj 20 ml ampoule	Multichem Fresenius Kabi	2025
Zoledronic acid	Inj 0.05 mg per ml, 100 ml bag	Zoledronic Acid Viartis	2025
	Inj 4 mg per 5 ml, vial		2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

October 2023 changes are in bold type

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(Mnfr's price)
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Generic Mnfr
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New Listings

Effective 1 October 2023

36	FERROUS SULFATE * Oral liq 30 mg (6 mg elemental) per 1 ml	9.25	250 ml	✓ Ferro-Liquid
46	FLECAINIDE ACETATE ▲ Tab 50 mg..... Wastage claimable	19.95	60	✓ Flecainide Sandoz S29
56	COLESTYRAMINE Powder for oral suspension 4 g sachet..... Wastage claimable	61.50	50	✓ Quantalan sugar free S29
73	CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP.....	3.45	100 g	✓ healthE Calamine Aqueous
98	CEFALEXIN Grans for oral liq 50 mg per ml – Wastage claimable.....	11.75	100 ml	✓ Cefalexin Sandoz
98	CEFAZOLIN – Subsidy by endorsement Only if prescribed for dialysis or cellulitis in accordance with a Te Whatu Ora Hospital approved protocol and the prescription is endorsed accordingly. Inj 2 g vial.....	7.09	5	✓ Cefazolin-AFT
102	CIPROFLOXACIN Recommended for patients with any of the following: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea. Tab 500 mg – Up to 5 tab available on a PSO..... Wastage claimable	4.25	10	✓ Ciprofloxacin – Torrent S29
110	ENTECAVIR * Tab 0.5 mg.....	12.04	30	✓ Entecavir (Rex)
115	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg	92.40	60	✓ Lamivudine/ Zidovudine Viatrix
137	ONDANSETRON Tab disp 4 mg – Up to 10 tab available on a PSO	0.56	10	✓ Periset ODT
	Tab disp 8 mg – Up to 10 tab available on a PSO	0.90	10	✓ Periset ODT

▲ 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 October 2023 (continued)

139	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Oral liq 1 mg per ml.....	17.80	100 ml	✓ Risperon
	Note – this is a new pack size listing, 2662396.			
149	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy Patch 4.6 mg per 24 hour.....	90.00	30	✓ Exelon Patch 5
	Patch 9.5 mg per 24 hour.....	90.00	30	✓ Exelon Patch 10
150	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy Tab 50 mg.....	77.77	28	✓ Naltrexone AOP S29
	Wastage claimable			

Effective 23 August 2023

90	OESTRADIOL Patch 100 mcg per day.....	12.95	8	✓ Estradiol Viatrix
	a) No more than 2 patch per week b) Only on a prescription			

Effective 1 September 2023

251	SALBUTAMOL Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO.....	51.11	20	✓ Accord S29
		8.96	20	✓ Ventolin Nebules S29
	Wastage claimable			

Changes to Restrictions, Chemical Names and Presentations Effective 1 October 2023

40	EMICIZUMAB – [Xpharm] – Special Authority see SA2272 4969 (amended Special Authority criteria)			
	Inj 30 mg in 1 ml vial	3,570.00	1	✓ Hemlibra
	Inj 60 mg in 0.4 ml vial	7,138.00	1	✓ Hemlibra
	Inj 105 mg in 0.7 ml vial	12,492.00	1	✓ Hemlibra
	Inj 150 mg in 1 ml vial	17,846.00	1	✓ Hemlibra

► **SA2272 4969** Special Authority for Subsidy

Initial application – (**Severe Haemophilia A with or without FVIII inhibitors**) only from a haematologist.

Approvals valid for ~~6 months~~ **without further renewal unless notified** for applications meeting the following criteria:

Both:

- 1 Patient has severe congenital haemophilia A with a severe bleeding phenotype (endogenous factor VIII activity less than or equal to 2%); and**
- 2 Emicizumab is to be administered at a dose of no greater than 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly.**

All of the following:

- ~~1 Patient has severe congenital haemophilia A and history of bleeding and bypassing agent usage within the last six months; and~~
- ~~2 Either:~~
 - ~~2.1 Patient has had greater than or equal to 6 documented and treated spontaneous bleeds within the last 6 months if on an on-demand bypassing agent regimen; or~~
 - ~~2.2 Patient has had greater than or equal to 2 documented and treated spontaneous bleeds within the last 6 months if on a bypassing agent prophylaxis regimen; and~~
- ~~3 Patient has a high-titre inhibitor to Factor VIII (greater than or equal to 5 Bethesda units per ml) which has persisted for six months or more; and~~
- ~~4 There is no immediate plan for major surgery within the next 12 months; and~~
- ~~5 Either:~~
 - ~~5.1 Patient has failed immune tolerance induction (ITI) after an initial period of 12 months; or~~
 - ~~5.2 The Haemophilia Treators Group considers the patient is not a suitable candidate for ITI; and~~
- ~~6 Treatment is to be administered at a maximum dose of 3 mg/kg weekly for 4 weeks followed by the equivalent of 1.5 mg/kg weekly.~~

Renewal only from a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- ~~1 Patient has had no more than two spontaneous and clinically significant treated bleeds after the end of the loading dose period (i.e. after the first four weeks of treatment until the end of the 24-week treatment period); and~~
- ~~2 The treatment remains appropriate and the patient is benefiting from treatment.~~

44	HEPARIN SODIUM (removal of brand switch fee)			
	Inj 5,000 iu per ml, 5 ml vial – Brand switch fee payable (Pharmacode 2659158)	83.00	10	✓ Heparin Sodium Panpharma

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Generic Mnfr
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Changes to Restrictions – effective 1 October 2023 (continued)

- 98 CEFAZOLIN – Subsidy by endorsement (amended brand name)
Only if prescribed for dialysis or cellulitis in accordance with a Te Whatu Ora Hospital approved protocol and the prescription is endorsed accordingly.
- | | | | |
|----------------------|------|---|-----------------|
| Inj 500 mg vial..... | 3.39 | 5 | ✓ Cefazolin-AFT |
| Inj 1 g vial..... | 3.59 | 5 | ✓ Cefazolin-AFT |
- 133 PHENOBARBITONE (removal of brand switch fee)
For phenobarbitone oral liquid refer Standard Formulae
* Tab 30 mg – ~~Brand switch fee payable (Pharmacode 2659166)~~..... 398.50 500 ✓ Noured Phenobarbitone
- 141 Multiple Sclerosis Treatments (amended Special Authority criteria)
► **SA2274 2476** Special Authority for Subsidy
Initial application — (Multiple Sclerosis – **dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**) only from a neurologist or general physician **any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:
Either:
- 1 All of the following:
 - 1.1 1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and
 - 1.2 2 Patients has an EDSS score between 0 – 6.0; and
 - 1.3 3 Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and
 - 1.4 4 All of the following:
 - 1.4.1 4-1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and
 - 1.4.2 4-2 Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and
 - 1.4.3 4-3 Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and
 - 1.4.4 4-4 Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever (T > 37.5°C); and
 - 1.4.5 4-5 Either:
 - 1.4.5.1 4-5-1 Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or
 - 1.4.5.2 4-5-2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and
 - 1.5 5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and
 - 1.6 6 Any of the following:
 - 1.6.1 6-1 A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or
 - 1.6.2 6-2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or
 - 1.6.3 6-3 A sign of that new inflammatory is a T2 lesion with associated local swelling; or
 - 1.6.4 6-4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or
 - 1.6.5 6-5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan; or
 - 2 Patient has an active approval for ocrelizumab and does not have primary progressive MS.
- Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

continued...

Changes to Restrictions – effective 1 October 2023 (continued)

continued...

Renewal — (Multiple Sclerosis – **dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab and teriflunomide**) only from a neurologist or general physician from any relevant practitioner. Approvals valid for 12 months where patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use of unilateral or bilateral aids at any time in the last six months (ie i.e. the patient has walked 100 metres or more with or without aids in the last six months).

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

DIMETHYL FUMARATE – Special Authority see **SA2274 2176** – Retail pharmacy

a) Wastage claimable

b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Cap 120 mg 520.00 14 ✓ **Tecfidera**

Cap 240 mg 2,000.00 56 ✓ **Tecfidera**

FINGOLIMOD – Special Authority see **SA2274 2176** – Retail pharmacy

a) Wastage claimable

b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Cap 0.5 mg 2,200.00 28 ✓ **Gilenya**

GLATIRAMER ACETATE – Special Authority see **SA2274 2176** – Retail pharmacy

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Inj 40 mg prefilled syringe 1,137.48 12 ✓ **Copaxone**

INTERFERON BETA-1-ALPHA – Special Authority see **SA2274 2176** – Retail pharmacy

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Inj 6 million iu prefilled syringe 1,170.00 4 ✓ **Avonex**

Inj 6 million iu per 0.5 ml pen injector 1,170.00 4 ✓ **Avonex Pen**

INTERFERON BETA-1-BETA – Special Authority see **SA2274 2176** – Retail pharmacy

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Inj 8 million iu per 1 ml 1,322.89 15 ✓ **Betaferon**

NATALIZUMAB – Special Authority see **SA2274 2176** – Retail pharmacy

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Inj 20 mg per ml, 15 ml vial 1,750.00 1 ✓ **Tysabri**

TERIFLUNOMIDE – Special Authority see **SA2274 2176** – Retail pharmacy

a) Wastage claimable

b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Tab 14 mg 659.90 28 ✓ **Aubagio**

143 Multiple Sclerosis Treatments (chemical moved to new TG3 and new Special Authority criteria)

Multiple Sclerosis Treatments – Other

OCRELIZUMAB – Special Authority see **SA2273** – Retail pharmacy

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Inj 30 mg per ml, 10 ml vial 9,346.00 1 ✓ **Ocrevus**

► **SA2273** Special Authority for Subsidy

Initial application — (Multiple Sclerosis – ocrelizumab) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 All of the following:

1.1 Diagnosis of multiple sclerosis (MS) meets the McDonald 2017 diagnostic criteria for MS and has been confirmed by a neurologist; and

1.2 Patients has an EDSS score between 0 – 6.0; and

continued...

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

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

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Changes to Restrictions – effective 1 October 2023 (continued)

continued...

- 1.3 Patient has had at least one significant attack of MS in the previous 12 months or two significant attacks in the past 24 months; and
- 1.4 All of the following:
 - 1.4.1 Each significant attack must be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the attack, but the neurologist/physician must be satisfied that the clinical features were characteristic); and
 - 1.4.2 Each significant attack is associated with characteristic new symptom(s)/sign(s) or substantially worsening of previously experienced symptoms(s)/sign(s); and
 - 1.4.3 Each significant attack has lasted at least one week and has started at least one month after the onset of a previous attack (where relevant); and
 - 1.4.4 Each significant attack can be distinguished from the effects of general fatigue; and is not associated with a fever ($T > 37.5^{\circ}\text{C}$); and
 - 1.4.5 Either:
 - 1.4.5.1 Each significant attack is severe enough to change either the EDSS or at least one of the Kurtze Functional System scores by at least 1 point; or
 - 1.4.5.2 Each significant attack is a recurrent paroxysmal symptom of multiple sclerosis (tonic seizures/spasms, trigeminal neuralgia, Lhermitte's symptom); and
- 1.5 Evidence of new inflammatory activity on an MRI scan within the past 24 months; and
- 1.6 Any of the following:
 - 1.6.1 A sign of that new inflammatory activity on MRI scanning (in criterion 5 immediately above) is a gadolinium enhancing lesion; or
 - 1.6.2 A sign of that new inflammatory activity is a lesion showing diffusion restriction; or
 - 1.6.3 A sign of that new inflammatory activity is a T2 lesion with associated local swelling; or
 - 1.6.4 A sign of that new inflammatory activity is a prominent T2 lesion that clearly is responsible for the clinical features of a recent attack that occurred within the last 2 years; or
 - 1.6.5 A sign of that new inflammatory activity is new T2 lesions compared with a previous MRI scan; or

2 Patient has an active Special Authority approval for either dimethyl fumarate, fingolimod, glatiramer acetate, interferon beta-1-alpha, interferon beta-1-beta, natalizumab or teriflunomide.

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Renewal — (Multiple Sclerosis - ocrelizumab) from any relevant practitioner. Approvals valid for 12 months where patient has had an EDSS score of 0 to 6.0 (inclusive) with or without the use of unilateral or bilateral aids at any time in the last six months (ie the patient has walked 100 metres or more with or without aids in the last six months).

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Initial application — (Primary Progressive Multiple Sclerosis) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Diagnosis of primary progressive multiple sclerosis (PPMS) meets the 2017 McDonald criteria and has been confirmed by a neurologist; and
- 2 Patient has an EDSS 2.0 (score equal to or greater than 2 on pyramidal functions) to EDSS 6.5; and
- 3 Patient has no history of relapsing remitting multiple sclerosis.

Renewal – (Primary Progressive Multiple Sclerosis) from any relevant practitioner. Approvals valid for 12 months for applications where the patient has had an EDSS score of 2.0 to 6.5 (inclusive) at any time in the last six months (ie patient has walked 20 metres with bilateral assistance/aids, without rest in the last six months).

155 THIOTEPA – PCT only – Specialist (removal of s29)

Inj 15 mg vial.....	CBS	1	✓ Tepadina S29
Inj 100 mg vial.....	CBS	1	✓ Tepadina S29

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(Mnfr's price)
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Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 October 2023 (continued)

164	TEMOZOLOMIDE – Special Authority see SA2275 1741 – Retail pharmacy (amended Special Authority criteria – amended criteria shown only)			
	Cap 5 mg	9.13	5	✓ Temaccord
	Cap 20 mg	16.38	5	✓ Temaccord
		18.30		✓ Apo-Temozolomide
	Cap 100 mg	35.98	5	✓ Temaccord
		40.20		✓ Apo-Temozolomide
	Cap 140 mg	50.12	5	✓ Temaccord
	Cap 180 mg	620.00	14	✓ Accord S29
	Cap 250 mg	86.34	5	✓ Temaccord

► SA2275 1741 Special Authority for Subsidy

Initial application — (high-grade gliomas) only from a relevant specialist. Approvals valid for 12 months **where the patient has a glioma**, for applications meeting the following criteria:

All of the following:

1 Either:

- 1.1 Patient has newly diagnosed glioblastoma multiforme; or
- 1.2 Patient has newly diagnosed anaplastic astrocytoma*[‡]; and

2 Temozolomide is to be (or has been) given concomitantly with radiotherapy; and

3 Following concomitant treatment temozolomide is to be used for a maximum of 5 days treatment per cycle, at a maximum dose of 200 mg/m² per day.

Renewal — (high-grade gliomas) only from a relevant specialist. Approvals valid for 12 months **where treatment remains appropriate and patient is benefitting from treatment**, for applications meeting the following criteria:

Either:

1 Both:

- 1.1 Patient has glioblastoma multiforme; and
- 1.2 The treatment remains appropriate and the patient is benefitting from treatment; or

2 All of the following:

- 2.1 Patient has anaplastic astrocytoma*[‡]; and
- 2.2 The treatment remains appropriate and the patient is benefitting from treatment; and
- 2.3 Adjuvant temozolomide is to be used for a maximum of 24 months.

214	PERTUZUMAB – PCT only – Specialist – Special Authority see SA2276 1606 (amended Special Authority criteria)			
	Inj 30 mg per ml, 14 ml vial	3,927.00	1	✓ Perjeta
	Inj 420 mg for ECP	3,927.00	420 mg OP	✓ Baxter

► SA2276 1606 Special Authority for Subsidy

Initial application — (metastatic breast cancer) **only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

2 Either:

- 2.1 Patient is chemotherapy treatment naïve; or
- 2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and

3 The patient has good performance status (ECOG grade 0-1); and

4 Pertuzumab to be administered in combination with trastuzumab; and

5 Pertuzumab maximum first dose of 840 mg, followed by maximum of 420 mg every 3 weeks; and

6 Pertuzumab to be discontinued at disease progression.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 October 2023 (continued)

continued...

Renewal — (metastatic breast cancer) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

~~Both~~ **Either:**

1 Both:

- 1.1 † The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 1.2 ‡ The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab; **or**

2 All of the following:

- 2.1 **Patient has previously discontinued treatment with pertuzumab and trastuzumab for reasons other than severe toxicity or disease progression; and**
- 2.2 **Patient has signs of disease progression; and**
- 2.3 **Disease has not progressed during previous treatment with pertuzumab and trastuzumab.**

232	TRASTUZUMAB – PCT only – Specialist – Special Authority see SA2277 4632 (amended Special Authority criteria)
	Inj 150 mg vial..... 1,350.00 1 ✓ Herceptin
	Inj 440 mg vial..... 3,875.00 1 ✓ Herceptin
	Inj 1 mg for ECP 9.36 1 mg ✓ Baxter

➔ **SA2277 4632** Special Authority for Subsidy

Initial application — (early breast cancer) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 15 months for applications meeting the following criteria:

All of the following:

- 1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH + (including FISH or other current technology); and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
- 3 Any of the following:
 - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
 - 3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
 - 3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

Renewal — (early breast cancer*) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

All of the following **Either:**

1 All of the following:

- 1.1 † The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 1.2 ‡ The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 1.3 ‡ Any of the following:
 - 1.3.1 ‡-† The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 1.3.2 ‡-‡ Both:
 - 1.3.2.1 ‡-‡-† The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to ~~intolerance~~ **intolerable side effects**; and
 - 1.3.2.2 ‡-‡-‡ The cancer did not progress whilst on lapatinib; or
 - 1.3.3 ‡-‡ The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and

continued...

Changes to Restrictions – effective 1 October 2023 (continued)

continued...

- 1.4 4 Either:
 - 1.4.1 4-1 Trastuzumab will not be given in combination with pertuzumab; or
 - 1.4.2 4-2 All of the following:
 - 1.4.2.1 4-2-1 Trastuzumab to be administered in combination with pertuzumab; and
 - 1.4.2.2 4-2-2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 1.4.2.3 4-2-3 The patient has good performance status (ECOG grade 0-1); and
- 1.5 5 Trastuzumab not to be given in combination with lapatinib; and
- 1.6 6 Trastuzumab to be discontinued at disease progression-; **or**
- 2 **All of the following:**
 - 2.1 **Patient has previously discontinued treatment with trastuzumab in the metastatic setting for reasons other than severe toxicity or disease progression; and**
 - 2.2 **Patient has signs of disease progression; and**
 - 2.3 **Disease has not progressed during previous treatment with trastuzumab.**

Note: * For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

Initial application — (metastatic breast cancer) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:
 - 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
 - 2.2 Both:
 - 2.2.1 The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to ~~intolerance~~ **intolerable side effects**; and
 - 2.2.2 The cancer did not progress whilst on lapatinib; and
- 3 Either:
 - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 3.2 All of the following:
 - 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab not to be given in combination with lapatinib; and
- 5 Trastuzumab to be discontinued at disease progression.

Renewal — (metastatic breast cancer) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

All of the following **Either:**

- 1 **All of the following:**
 - 1.1 1-The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 1.2 2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
 - 1.3 3 Trastuzumab not to be given in combination with lapatinib; and
 - 1.4 4 Trastuzumab to be discontinued at disease progression-; **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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 October 2023 (continued)

continued...

2 All of the following:

- 2.1 Patient has previously discontinued treatment with trastuzumab for reasons other than severe toxicity or disease progression; and
- 2.2 Patient has signs of disease progression; and
- 2.3 Disease has not progressed during previous treatment with trastuzumab.

Effective 1 September 2023

- 12 DULAGLUTIDE – Special Authority see SA2065 – Retail pharmacy (removal of stat dispensing)
Note: Not to be given in combination with a funded SGLT-2 inhibitor.
* Inj 1.5mg per 0.5 ml prefilled pen..... 115.23 4 ✓ Trulicity
- ▶ SA2065 Special Authority for Subsidy

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 October 2023

9	FAMOTIDINE – Only on a prescription († subsidy)				
	* Tab 40 mg	10.32	100	✓ Famotidine Hovid	S29
	* Inj 10 mg per ml, 4 ml – Subsidy by endorsement.....CBS		10	✓ Mylan	S29
	Subsidy by endorsement – Subsidised for patients receiving treatment as part of palliative care.				
9	OMEPRAZOLE († subsidy)				
	* Cap 10 mg	2.06	90	✓ Omeprazole actavis	10
	* Cap 20 mg	2.02	90	✓ Omeprazole actavis	20
	* Cap 40 mg	3.18	90	✓ Omeprazole actavis	40
49	LOSARTAN POTASSIUM († subsidy)				
	* Tab 12.5 mg.....	2.00	84	✓ Losartan Actavis	
	* Tab 25 mg.....	2.29	84	✓ Losartan Actavis	
	* Tab 50 mg.....	2.86	84	✓ Losartan Actavis	
	* Tab 100 mg.....	4.57	84	✓ Losartan Actavis	
53	NIFEDIPINE († subsidy)				
	* Tab long-acting 10 mg – Subsidy by endorsement.....	19.42	56	✓ Tensipine MR10	S29
55	BENDROFLUMETHIAZIDE [BENDROFLUAZIDE] († subsidy)				
	* Tab 2.5 mg – Up to 150 tab available on a PSO.....	51.50	500	✓ Arrow-Bendrofluazide	
	May be supplied on a PSO for reasons other than emergency.				
	* Tab 5 mg.....	61.00	500	✓ Arrow-Bendrofluazide	
58	SIMVASTATIN († subsidy)				
	* Tab 10 mg.....	1.68	90	✓ Simvastatin Mylan	
	* Tab 20 mg.....	2.54	90	✓ Simvastatin Mylan	
	* Tab 40 mg.....	4.11	90	✓ Simvastatin Mylan	
	* Tab 80 mg.....	8.81	90	✓ Simvastatin Mylan	
98	CEFAZOLIN – Subsidy by endorsement († subsidy)				
	Only if prescribed for dialysis or cellulitis in accordance with a Te Whatu Ora Hospital approved protocol and the prescription is endorsed accordingly.				
	Inj 1 g vial.....	3.59	5	✓ Cefazolin-AFT	
131	AMITRIPTYLINE – Safety medicine; prescriber may determine dispensing frequency († subsidy)				
	Tab 10 mg.....	2.99	100	✓ Arrow-Amitriptyline	
	Tab 25 mg.....	1.99	100	✓ Arrow-Amitriptyline	
	Tab 50 mg.....	3.14	100	✓ Arrow-Amitriptyline	
137	METOCLOPRAMIDE HYDROCHLORIDE († subsidy)				
	* Tab 10 mg – Up to 30 tab available on a PSO.....	1.57	100	✓ Metoclopramide	Actavis 10
137	PROCHLORPERAZINE († subsidy)				
	* Tab 5 mg – Up to 30 tab available on a PSO.....	25.00	250	✓ Nausafix	

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
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Changes to Subsidy and Manufacturer's Price – effective 1 October 2023 (continued)

139	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 0.5 mg.....	2.17	60	✓ Risperidone (Teva)
	Tab 1 mg.....	2.44	60	✓ Risperidone (Teva)
	Tab 2 mg.....	2.72	60	✓ Risperidone (Teva)
	Tab 3 mg.....	4.50	60	✓ Risperidone (Teva)
	Tab 4 mg.....	6.25	60	✓ Risperidone (Teva)
	Oral liq 1 mg per ml.....	10.29	30 ml	✓ Risperon
141	DIAZEPAM – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 2 mg.....	95.00	500	✓ Arrow-Diazepam
	Tab 5 mg.....	115.00	500	✓ Arrow-Diazepam
260	TIMOLOL († subsidy)			
	* Eye drops 0.25%.....	2.42	5 ml OP	✓ Arrow-Timolol
	* Eye drops 0.5%.....	2.50	5 ml OP	✓ Arrow-Timolol
261	LATANOPROST WITH TIMOLOL († subsidy)			
	Eye drops 0.005% with timolol 0.5%.....	4.95	2.5 ml OP	✓ Arrow - Lattim

Changes to General Rules

Effective 1 October 2023

Editorial amendments

We have changed all Health NZ references to Te Whatu Ora. There are corresponding amendments to the General Rules of the Pharmaceutical Schedule.

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

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Check your Schedule for full details
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Generic Mnfr
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Delisted Items

Effective 1 October 2023

26	MUCILAGINOUS LAXATIVES WITH STIMULANTS			
	* Dry.....	2.41	200 g OP	
		(8.72)		Normacol Plus
		6.02	500 g OP	
		(17.32)		Normacol Plus
131	SERTRALINE			
	* Tab 50 mg.....	0.99	30	✓ Setrona AU
	* Tab 100 mg.....	1.74	30	✓ Setrona AU
263	PHARMACY SERVICES			
	* Brand switch fee.....	4.50	1 fee	✓ BSF Heparin Sodium Panpharma ✓ BSF Noumed Phenobarbitone
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Heparin Sodium Panpharma is 2659158			
	c) The Pharmacode for BSF Noumed Phenobarbitone is 2659166			
296	MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE			
	a) Only on a prescription			
	b) No patient co-payment payable			
	c)			
	A) Any of the following:			
	1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or			
	2) One dose for close contacts of meningococcal cases of any group; or			
	3) One dose for person who has previously had meningococcal disease of any group; or			
	4) A maximum of two doses for bone marrow transplant patients; or			
	5) A maximum of two doses for person pre- and post-immunosuppression*; or			
	B) Both:			
	1) Person is aged between 13 and 25 years, inclusive; and			
	2) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, Youth Justice residences, or prisons.			
	C) Contractors will be entitled to claim payment from the Funder for the supply of Meningococcal A, C, Y and W-135 vaccine to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the Meningococcal A, C, Y and W-135 vaccine listed in the Pharmaceutical Schedule.			
	D) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A-B above.			
	Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.			
	*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.			
	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	0.00	1	✓ Menactra
			5	✓ Menactra

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 December 2023

53	NIFEDIPINE * Tab long-acting 20 mg.....	9.12	50	✓ Mylan (12 hr release) S29
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Effective 1 February 2024

58	SIMVASTATIN * Tab 10 mg.....	1.23	90	✓ Simvastatin Mylan
	* Tab 20 mg.....	2.03	90	✓ Simvastatin Mylan
	* Tab 40 mg.....	3.58	90	✓ Simvastatin Mylan
	* Tab 80 mg.....	7.12	90	✓ Simvastatin Mylan

Effective 1 March 2024

110	ENTECAVIR * Tab 0.5 mg.....	52.00	30	✓ Entecavir Mylan ✓ Entecavir Sandoz
134	PHENYTOIN SODIUM * Tab 50 mg..... Note – this delist applies to Pharmacode 258628.	75.00	200	✓ Dilantin Infatab
134	PHENYTOIN SODIUM * Oral liq 30 mg per 5 ml.....	22.03	500 ml	✓ Dilantin
137	ONDANSETRON Tab disp 4 mg – Up to 10 tab available on a PSO.....	0.76	10	✓ Ondansetron ODT-DRLA
	Tab disp 8 mg – Up to 10 tab available on a PSO.....	1.13	10	✓ Ondansetron ODT-DRLA

Effective 1 August 2024

210	MEPOLIZUMAB – Special Authority see SA2154 – Retail pharmacy Inj 100 mg vial.....	1,638.00	1	✓ Nucala
	➡ SA2154 Special Authority for Subsidy			

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

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