

Pharmaceutical Management Agency

Update

New Zealand Pharmaceutical Schedule

Effective 1 August 2019

Cumulative for May, June, July and August 2019



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Summary of PHARMAC decisions

EFFECTIVE 1 AUGUST 2019

New listings (page 26)

- Hydrocortisone acetate with pramoxine hydrochloride (Proctofoam) topical aerosol foam, 1% with pramoxine hydrochloride, 10 g OP – S29
- Calcium carbonate (Calcium Sandoz) tab eff 1.75 g (1 g elemental) – S29 and wastage claimable
- Iron polymaltose (Ferrum H) inj 50 mg per ml, 2 ml ampoule
- Furosemide [frusemide] (Apo-Furosemide) tab 40 mg – up to 30 tab available on a PSO
- Cefaclor monohydrate (Keflor) grans for oral liq 125 mg per 5 ml – wastage claimable
- Ceftriaxone (Ceftriaxone-AFT) inj 500 mg and 1 g vial – up to 10 inj available on a PSO
- Tranylcypromine sulphate (Parnate S29) tab 10 mg – S29 and wastage claimable
- Ethosuximide (Zarontin) cap 250 mg, 100 cap pack
- Azathioprine (Azamun) tab 25 mg and 50 mg – Retail pharmacy-Specialist
- Montelukast (Montelukast Mylan) tab 4 mg and 10 mg
- Paediatric enteral feed with fibre 0.76 kcal/ml (Nutrini Low Energy Multi Fibre) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]
- Syrup (pharmaceutical grade) (Midwest) liq, 500 ml – only in combination

Changes to restrictions (pages 31-34)

- Insulin pen needles 29 g × 12.7 mm, 31 g × 5 mm, 31 g × 8 mm and 32 g × 4 mm (B-D Micro-Fine) and 31 g × 6 mm (Berpu) – amended maximum quantity
- Insulin syringe, disposable with attached needle syringe 0.3 ml with 29 g × 12.7 mm needle, 0.5 ml with 29 g × 12.7 mm needle and 1 ml with 29 g × 12.7 mm needle (B-D Ultra Fine) and syringe 0.3 ml with 31 g × 8 mm needle, 0.5 ml with 31 g × 8 mm needle and 1 ml with 31 g × 8 mm needle (B-D Ultra Fine II) – amended maximum quantity
- Ferrous sulfate (Ferodan) oral liq 30 mg (6 mg elemental) per 1 ml – amended chemical name
- Diltiazem hydrochloride (Apo-Diltiazem CD) cap long-acting 120 mg – reinstate stat dispensing
- Sodium fusidate [fusidic acid] (Foban) crm 2% and oint 2%, 5 g OP – amended maximum quantity
- Ivermectin (Stromectol) tab 3 mg – amended note

Summary of PHARMAC decisions – effective 1 August 2019 (continued)

- Tetracosactrin (AU Synacthen) inj 250 mcg per ml, 1 ml ampoule – remove S29 and wastage claimable
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – addition of wastage
- Efavirenz with emtricitabine and tenofovir disoproxil (Mylan) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) – addition of wastage
- Fluoxetine hydrochloride (Arrow-Fluoxetine) cap 20 mg – reinstate stat dispensing
- Adalimumab inj 20 mg per 0.4 ml prefilled syringe and 40 mg per 0.8 ml prefilled syringe (Humira) and inj 40 mg per 0.8 ml prefilled pen (HumiraPen) – amended Special Authority criteria
- Rituximab inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Codeine linctus (3 mg per 5 ml) and (15 mg per 5 ml) – amended chemical name
- Codeine phosphate (Douglas) powder, 25 g – amended note

Increased subsidy (pages 51-53)

- Ranitidine (Zantac) inj 25 mg per ml, 2 ml
- Sodium citrate with sodium lauryl sulfoacetate (Micolette) enema 90 mg with sodium lauryl sulfoacetate 9 mg per ml, 5 ml
- Ferrous sulfate (Ferodan) oral liq 30 mg (6 mg elemental) per 1 ml, 500 ml
- Lactulose (Laevolac) oral liq 10 g per 15 ml, 500 ml
- Warfarin sodium (Marevan) tab 1 mg, 3 mg and 5 mg
- Digoxin tab 62.5 mcg (Lanoxin PG) and tab 250 mcg (Lanoxin)
- Furosemide [frusemide] (Lasix) oral liq 10 mg per ml, 30 ml OP and inj 10 mg per ml, 25 ml ampoule
- Spironolactone (Biomed) oral liq 5 mg per ml, 25 ml OP
- Coal tar (Midwest) soln BP, 200 ml
- Cefuroxime axetil (Zinnat) cap 250 mg
- Roxithromycin (Rulide D) tab disp 50 mg
- Itraconazole (Itrazole) tab 100 mg
- Pyridostigmine bromide (Mestinon) tab 60 mg
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Claris) inj 2%, 5 ml ampoule
- Amisulpride (Sulprix) tab 100 mg and 200 mg

Summary of PHARMAC decisions – effective 1 August 2019 (continued)

- Chlorpromazine hydrochloride (Largactil) tab 10 mg, 25 mg and 100 mg and inj 25 mg per ml, 2 ml
- Calcium folinate (Calcium Folate Sandoz) inj 10 mg per ml, 10 ml and 35 ml vial
- Fludarabine phosphate inj 50 mg vial (Fludarabine Ebewe) and inj 50 mg for ECP, 50 mg OP (Baxter)
- Mesna tab 400 mg and 600 mg and inj 100 mg per ml, 4 ml and 10 ml ampoule (Uromitexan) and inj 1 mg for ECP (Baxter)
- Azathioprine (Imuran) inj 50 mg vial
- Cetirizine hydrochloride (Zista) tab 10 mg
- Ipratropium bromide (Univent) nebuliser soln, 250 mcg per ml, 2 ml ampoule
- Sodium chloride (Biomed) soln 7%, 90 ml OP
- Theophylline tab long-acting 250 mg (Neulin-SR) and oral liq 80 mg per 15 ml, 500 ml (Neulin)
- Caffeine citrate (Biomed) oral liq 20 mg per ml (10 mg base per ml), 25 ml OP
- Sodium cromoglicate (Rexacrom) eye drops 2%, 5 ml OP
- Sodium bicarbonate (Midwest) powder BP, 500 g

Decreased subsidy (pages 51-52)

- Aspirin (Ethics Aspirin EC) tab 100 mg
- Clobetasol propionate (Dermol) crm 0.05%, 30 g OP and oint 0.05%, 30 g OP and scalp app 0.05%, 30 ml OP
- Intra-uterine device IUD 29.1 mm length x 23.2 mm width (Choice TT380 Short), IUD 33.6 mm length x 29.9 mm width (Choice TT380 Standard) and IUD 35.3 mm length x 19.6 mm width (Choice Load 375)
- Cefalexin (Cephalexin ABM) cap 250 mg

News Stories – August 2019 Update

New tender listings

- Azathioprine (Azamun) tab 25 mg and 50 mg
- Montelukast (Montelukast Mylan) tab 4 mg and 10 mg
- Ceftriaxone (Ceftriaxone-AFT) inj 500 mg and 1 g vial



New listings

Calcium carbonate effervescent tablets

From 1 August 2019, we are temporarily listing the Calcium Sandoz brand of calcium carbonate 1.75 g (1 g elemental) effervescent tablets. Calcium Sandoz tablets are supplied via Section 29 of the Medicines Act, 1981 and will replace the Calsource product that has been discontinued. We are working on a longer-term solution for a suitable calcium product.

Ferrum H – relist

We delisted Ferrum H (iron polymaltose) inj 50 mg per ml, 2 ml ampoule from 1 July 2019. However, we have become aware that there is still more stock remaining in New Zealand. We are listing this again temporarily from 1 August 2019, until supplies are exhausted. The alternative Ferrosig brand remains available.

Changed listings

Nutrini Low Energy Multi Fibre liquid

From 1 August 2019, we are listing a new Pharmacode (P'code 2565234) for Nutrini Low Energy Multi Fibre paediatric enteral feed with fibre 0.76 kcal/ml liquid. This product is now being supplied in 500 ml bottles. The pouch presentation (P'code 2400421) will be delisted from 1 February 2020.

Tetracosactin (AU Synacthen S29) injection 250 mcg per ml, 1 ml ampoule

AU Synacthen S29 is now registered with Medsafe, so we will be removing the S29 and wastage rule from this product from 1 August 2019.

Amiodarone hydrochloride inj 50 mg per ml, 3 ml ampoule – delayed listing

The listing of amiodarone hydrochloride (Max Health) inj 50 mg per ml, 3 ml ampoule has been delayed by one month. The delists and Sole supply dates will also be delayed by one month.

Emtricitabine with tenofovir disoproxil (Teva) tablets and efavirenz with emtricitabine and tenofovir disoproxil (Mylan) tablets – addition of wastage

From 1 August 2019, the wastage rule will apply to the following products:

- Emtricitabine with tenofovir disoproxil tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) (Teva)
- Efavirenz with emtricitabine and tenofovir disoproxil tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) (Mylan)

These two products come in pack sizes of 30 tablets and have a 30-day expiry once opened. Applying wastage will allow pharmacists dispensing these products in blister packs to claim for the remaining two unused tablets.

Insulin pen needles and insulin syringe, disposable attached needle

From 1 August 2019, the number of needles available on a prescription has been increase to 200 dev, pharmacies can dispense 100 dev with one repeat of 100 dev per prescription

Furosemide tab 40 mg

The listing of furosemide (Apo-Furosemide) tab 40 mg has been brought forward from 1 October 2019 to 1 August 2019 due to a stock issue with Diurin 40

Stock issues

Hydrocortisone acetate with pramoxine hydrochloride – new alternative

From 1 August 2019, we are temporarily listing the Proctofoam brand of hydrocortisone acetate 1% with pramoxine hydrochloride 1% topical aerosol foam. This is due to a supply issue with Colifoam. Proctofoam has a lower strength and is a smaller pack size (10 g OP). Proctofoam is supplied via section 29 of the Medicines Act, 1981.

Influenza vaccine

We listed the FluQuadri brand from 10 July 2019.

For more information about the availability, use and claiming of influenza vaccine, visit The Immunisation Advisory Centre website at www.immune.org.nz/hot-topic/influenza-vaccine-supply-issue

Diltiazem hydrochloride cap long-acting 120 mg

Stock of the Apo-Diltiazem brand is now available. STAT (three months all-at-once) dispensing will be reinstated from 1 August 2019.

Fluoxetine hydrochloride cap 20 mg

Stock of Arrow-Fluoxetine 20 mg capsules is now available. STAT (three months all-at-once) dispensing will be reinstated from 1 August 2019.



Delistings

Timolol (Timoptol XE) gel-forming eye drops

Timoptol XE 0.25% eye drops are no longer being manufactured and supplied. The supplier's stock is now exhausted. This product will be delisted 1 January 2020.

Diprosone OV (betamethasone dipropionate) cream

The supplier of Diprosone OV betamethasone dipropionate 0.05% cream in propylene glycol base (30 g) is discontinuing supply of this product on 4 September 2019. The ointment (in propylene glycol base, 30 g) remains available.

Dalteparin sodium (Fragmin) injection

Pfizer is discontinuing supply of all strengths of dalteparin sodium (Fragmin) prefilled syringes due to low usage. There are no other registered brands. An alternative such as enoxaparin will need to be used instead. Enoxaparin has the same Special Authority criteria but will require a new application.

Supplies of the 2,500 iu, 5,000 iu, 7,500 iu and 10,000 iu syringes are expected to be exhausted soon and will be delisted 1 April 2020. Supplies of the 12,500 iu, 15,000 iu and 18,000 iu syringes have been exhausted and these strengths will be delisted 1 January 2020.

Acarbose Mylan tab 100 mg – delayed delist

Acarbose Mylan 100 mg tablets were listed temporarily due to a supply issue with the Accarb and Glucobay brand. We are delaying the delist date of Acarbose Mylan until 1 January 2020. Stock of the registered product, Accarb, is expected to be available by September 2019.

Other

Pharmacy communications from fax to email

We are no longer sending faxes. Thanks to the pharmacies that have been in touch with us to provide their email addresses. Pharmacies can sign up to receive emails at www.pharmac.govt.nz/information-for/#pharmacists

Tender News

Sole Subsidised Supply changes – effective 1 September 2019

Chemical Name	Presentation; Pack size	Sole Subsidised Supply brand (and supplier)
Atazanavir sulphate	Cap 150 mg; 60 cap	Teva (Teva)
Atazanavir sulphate	Cap 200 mg; 60 cap	Teva (Teva)
Cilazapril	Tab 0.5 mg; 90 tab	Zapril (Mylan)
Efavirenz with emtricitabine and tenofovir disoproxil	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate); 30 tab	Mylan (Mylan)
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate); 30 tab	Teva (Teva)
Etanercept	Inj 25 mg; 4 inj	Enbrel (Pfizer)
Etanercept	Inj 50 mg autoinjector; 4 inj	Enbrel (Pfizer)
Etanercept	Inj 50 mg prefilled syringe; 4 inj	Enbrel (Pfizer)
Levomepromazine maleate	Tab 25 mg; 100 tab	Nozinan (Sanofi-Aventis)
Levomepromazine maleate	Tab 100 mg; 100 tab	Nozinan (Sanofi-Aventis)
Methadone hydrochloride	Tab 5 mg; 10 tab	Methatabs (API)
Roxithromycin	Tab 150 mg; 50 tab	Arrow-Roxithromycin (Teva)
Roxithromycin	Tab 300 mg; 50 tab	Arrow-Roxithromycin (Teva)

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 2019

- Pharmacy services (BSF Teva Atazanavir Sulphate) brand switch fee – new listing
- Pharmacy services (BSF Teva Emtricitabine Tenofovir Disoproxil Fumarate) brand switch fee – new listing
- Pharmacy services (BSF Mylan Efavirenz Emtricitabine Tenofovir) brand switch fee – new listing

Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate	Tab 300 mg	Ziagen	2022
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Kivexa	2022
Acarbose	Tab 50 mg & 100 mg	Glucobay	2021
Acetazolamide	Tab 250 mg	Diamox	2020
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2021
Acitretin	Cap 10 mg & 25 mg	Novatretin	2020
Adult diphtheria and tetanus vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid in 0.5 ml	ADT Booster	2020
Alendronate sodium	Tab 70 mg	Fosamax	2022
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600	Fosamax Plus	2022
Alfacalcidol	Cap 0.25 mcg & 1 mcg Oral drops 2 mcg per ml, 20 ml OP	One-Alpha	2020
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2020
Aminophylline	Inj 25 mg per ml, 10 ml ampoule	DBL Aminophylline	2020
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2020
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Apo-Amlodipine	2020
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2020
Amoxicillin	Grans for oral liq 125 mg per 5 ml, 100 ml OP Grans for oral liq 250 mg per 5 ml, 100 ml OP	Alphamox 125 Alphamox 250	2020
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Augmentin	2020
Anastrozole	Tab 1 mg	Rolin	2020
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg, 3 OP	Emend Tri-Pack	2021
Aqueous cream	Crn	Boucher	2021
Aripiprazole	Tab 5 mg, 10 mg, 15 mg, 20 mg & 30 mg	Aripiprazole Sandoz	2021
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2021
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2021
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2021 2020
Azithromycin	Grans for oral liq 200 mg per 5 ml (40 mg per ml) Tab 250 mg & 500 mg	Zithromax Apo-Azithromycin	2021
Baclofen	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Medsurge Pacifen	2021

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

Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Bendroflumethiazide [bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2020
Benzathine benzylpenicillin	Inj 900 mg (1.2 million units) in 2.3 ml syringe	Bicillin LA	2021
Benzylpenicillin sodium [penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2020
Betahistine dihydrochloride	Tab 16 mg	Vergo 16	2020
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2021
Betamethasone valerate	Lotn 0.1%, 50 ml OP Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Cream Beta Ointment Beta Scalp	2021
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2021
Bicalutamide	Tab 50 mg	Binarex	2020
Bisacodyl	Tab 5 mg Suppos 10 mg	Lax-Tab Lax-Suppositories	2021
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bosvate	2020
Blood glucose diagnostic test meter	Meter with 50 lancets, a lancing device and 10 diagnostic test strips, 1 OP	CareSens N CareSens N POP CareSens N Premier	2022
Blood glucose diagnostic test strip	Test strips, 50 test OP	CareSens N CareSens PRO	2022
Blood ketone diagnostic test strip	Test strips, 10 strip OP	KetoSens	2022
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2021
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2020
Budesonide	Metered aqueous nasal spray, 50 mcg per dose & 100 mcg per dose, 200 dose OP	SteroClear	2020
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2020
Buspirone hydrochloride	Tab 5 mg & 10 mg	Orion	2021
Cabergoline	Tab 0.5 mg, 2 & 8 tab	Dostinex	2021
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous Cream BP	2021
Calcipotriol	Oint 50 mcg per g, 100 g OP	Daivonex	2020
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Arrow-Calcium	2020
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Carvedilol	Tab 6.25 mg, 12.5 mg & 25 mg	Carvedilol Sandoz	2020
Cefalexin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Cefalexin Sandoz	2021
Cefazolin	Inj 500 mg & 1 g vials	AFT	2020
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2020
Cetomacrogol	Crn BP, 500 g	healthE	2021
Ciclopirox olamine	Nail-soln 8%, 7 ml OP	Apo-Ciclopirox	2021
Cinacalcet	Tab 30 mg	Sensipar	2021
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2020
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2021
Clarithromycin	Tab 250 mg & 500 mg	Apo-Clarithromycin	2020
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Apo-Clomipramine	2021
Clonazepam	Tab 500 mcg & 2 mg	Paxam	2021
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2020
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Medsurge Clonidine BMN	2021
Clotrimazole	Crn 1%; 20 g OP	Clomazol	2020
Colchicine	Tab 500 mcg	Colgout	2021
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2020
Compound electrolytes with glucose [dextrose]	Soln with electrolytes (2 x 500 ml), 1,000 ml OP	Pedialyte – bubblegum	2021
Compound hydroxybenzoate	Soln, 100 ml bottle	Midwest	2022
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2021
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2021
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2021
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2020
Darunavir	Tab 400 mg & 600 mg	Prezista	2020
Desferrioxamine mesilate	Inj 500 mg vial	DBL Desferrioxamine Mesylate for Injection BP	2021
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-Ph&T	2020
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethasone	2021
Dexamfetamine sulfate	Tab 5 mg	PSM	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2020
Diclofenac sodium	Tab EC 25 mg & 50 mg Tab long-acting 75 mg & 100 mg	Diclofenac Sandoz Apo-Diclo SR	2021
Diltiazem hydrochloride	Cap long-acting 120 mg, 180 mg & 240 mg	Apo-Diltiazem CD	2021
Dimethicone	Crn 10% pump bottle, 500 ml OP	healthE Dimethicone 10%	2021
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	2020
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	2020
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria toxoid with 40IU tetanus toxoid, 25mcg pertussis toxoid, 25mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-antigen units poliomyelitis virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe	Infanrix-hexa	2020
Docosate sodium	Tab 50 mg & 120 mg	Coloxyl	2020
Docosate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2021
Domperidone	Tab 10 mg	Pharmacy Health	2021
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2020
Doxazosin	Tab 2 mg & 4 mg	Apo-Doxazosin	2020
Dual blood glucose and blood ketone diagnostic test meter	Meter with 50 lancets, a lancing device and 10 blood glucose diagnostic test strips, 1 OP	CareSens Dual	2022
Emtricitabine	Cap 200 mg	Emtriva	2022
Emulsifying ointment	Oint BP; 500 g	AFT	2020
Entacapone	Tab 200 mg	Entapone	2021
Eplerenone	Tab 50 mg Tab 25 mg	Inspra	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Epoetin alfa	Inj 1,000 iu in 0.5 ml, syringe Inj 2,000 iu in 1 ml, syringe Inj 3,000 iu in 0.3 ml, syringe Inj 4,000 iu in 0.4 ml, syringe Inj 5,000 iu in 0.5 ml, syringe Inj 6,000 iu in 0.6 ml, syringe Inj 8,000 iu in 0.8 ml, syringe Inj 10,000 iu in 1 ml, syringe Inj 40,000 iu in 1 ml, syringe	Binocrit	2022
Ergometrine maleate	Inj 500 mcg per ml, 1 ml ampoule	DBL Ergometrine	2020
Escitalopram	Tab 10 mg & 20 mg	Escitalopram-Apotex	2020
Ethinylloestradiol	Tab 10 mcg	NZ Medical & Scientific	2021
Ethinylloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Microgynon 20 ED Levlen ED	2020
Etoposide	Cap 50 mg & 100 mg	Vepesid	2022
Exemestane	Tab 25 mg	Pfizer Exemestane	2020
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2020
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg Tab long-acting 2.5 mg	Felo 5 ER Felo 10 ER Plendil ER	2021
Fentanyl	Inj 50 mcg per ml, 2 ml 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	2021 2020
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2021
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2021
Ferrous sulphate	Tab long-acting 325 mg (105 mg elemental)	Ferrograd	2021
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2021
Finasteride	Tab 5 mg	Ricit	2020
Flucloxacillin	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Cap 250 mg & 500 mg Inj 1 g vial Inj 250 mg & 500 mg vials	AFT Staphlex Flucil Flucloxin	2021 2020
Fluconazole	Cap 50 mg, 150 mg and 200 mg	Mylan	2020
Fludarabine phosphate	Tab 10 mg	Fludara Oral	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2021
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2021
Folic acid	Tab 0.8 mg & 5 mg	Apo-Folic Acid	2021
Furosemide [frusemide]	Tab 500 mg	Urex Forte	2021
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Apo-Gabapentin	2021
Glibenclamide	Tab 5 mg	Daonil	2021
Gliclazide	Tab 80 mg	Glizide	2020
Glipizide	Tab 5 mg	Minidiab	2021
Glucose [dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2020
Glycerin with sodium saccharin	Suspension	Ora-Sweet SF	2022
Glycerin with sucrose	Suspension	Ora-Sweet	2022
Glycerol	Suppos 3.6 g Liquid	PSM healthE Glycerol BP	2021 2020
Haemophilus influenzae type B vaccine	Haemophilus influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml	Hiberix	2020
Heparin sodium	Inj 1,000 iu per ml, 5 ml ampoule Inj 5,000 iu per ml, 5 ml ampoule	Pfizer	2021
Hepatitis A vaccine	Inj 720 ELISA units in 0.5 ml syringe Inj 1440 ELISA units in 1 ml syringe	Havrix Junior Havrix	2020
Hepatitis B recombinant vaccine	Inj 5 mcg per 0.5 ml vial Inj 40 mcg per 1 ml vial	HBvaxPRO	2020
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2020
Hydrocortisone	Tab 5 mg & 20 mg Powder	Douglas ABM	2021 2020
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn HC	2020
Hydrocortisone butyrate	Milky emul 0.1%, 100 g OP Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP	Locoid Crelo Locoid	2021
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2021
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Neo-B12	2021
Hydroxychloroquine	Tab 200 mg	Plaquenil	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Hyoscine butylbromide	Tab 10 mg	Buscopan	2020
Ibuprofen	Oral liq 20 mg per ml, 200 ml bottle Tab 200 mg	Ethics Relieve	2021 2020
Imatinib mesilate	Cap 100 mg & 400 mg	Imatinib-AFT	2020
Imiquimod	Crn 5%, 250 mg sachet	Perrigo	2020
Ipratropium bromide	Aqueous nasal spray 0.03%, 15 ml OP	Univent	2020
Isoniazid	Tab 100 mg	PSM	2021
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg & 150 mg with rifampicin 300 mg	Rifinah	2021
Isosorbide mononitrate	Tab 20 mg Tab long-acting 60 mg	Ismo 20 Duride	2020
Isotretinoin	Cap 10 mg & 20 mg Cap 5 mg	Oratane	2021
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2020
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2020
Lamivudine	Tab 100 mg	Zetlam	2020
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2021
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2021
Leflunomide	Tab 10 mg & 20 mg	Apo-Leflunomide	2020
Letrozole	Tab 2.5 mg	Letrole	2021
Levetiracetam	Tab 250 mg, 500 mg, 750 mg and 1,000 mg Oral liq 100 mg per ml, 300 ml OP	Everet Levetiracetam-AFT	2022 2020
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2020
Levonorgestrel	Subdermal implant (2 x 75 mg rods)	Jadelle	2020
Lidocaine [lignocaine] hydrochloride	Inj 1% & 2%, 20 ml vial Oral (gel) soln 2%	Lidocaine-Claris Mucosoothe	2022 2020
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2021
Lopinavir with ritanovir	Tab 200 mg with ritonavir 50 mg	Kaletra	2020
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2021
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2020
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2021
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2020

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	DBL	2020
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2020
Megestrol acetate	Tab 160 mg	Apo-Megestrol	2021
Meningococcal C conjugate vaccine	Inj 10 mcg in 0.5 ml syringe	Neisvac-C	2020
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	2020
Mercaptopurine	Tab 50 mg	Puri-nethol	2022
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Apotex	2021
Methadone hydrochloride	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2021
Methodrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2021 2020
Methylcellulose	Powder Suspension	Midwest Ora Plus	2022
Methylcellulose with glycerin and sodium saccharin	Suspension	Ora Blend SF	2022
Methylcellulose with glycerin and sucrose	Suspension	Ora Blend	2022
Methyl hydroxybenzoate	Powder	Midwest	2022
Methylprednisolone	Tab 4 mg & 100 mg	Medrol	2021
Methylprednisolone acetate	Inj 40 mg per ml, 1 ml vial	Depo-Medrol	2021
Methylprednisolone (as sodium succinate)	Inj 1 g vial Inj 40 mg, 125 mg & 500 mg vial	Solu-Medrol Solu-Medrol-Act-O-Vial	2021
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2020
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg & 190 mg	Betaloc CR	2020
Metoprolol tartrate	Inj 1 mg per ml, 5 ml vial Tab 50 mg & 100 mg	Metoprolol IV Mylan Apo-Metoprolol	01/02/2022 2021
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2021
Miconazole nitrate	Crn 2%; 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2020

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Mirtazapine	Tab 30 mg & 45 mg	Apo-Mirtazapine	2021
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2021
Mometasone furoate	Crn 0.1%, 15 g OP & 50 g OP Lotn 0.1%, 30 ml OP Oint 0.1%, 15 g OP & 50 g OP	Elocon Alcohol Free Elocon	2021
Morphine hydrochloride	Oral liq 1 mg per ml, 2 mg per ml, 5 mg per ml & 10 mg per ml	RA-Morph	2021
Morphine sulphate	Tab immediate-release 10 mg & 20 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	Sevredol DBL Morphine Sulphate	2020
Nadolol	Tab 40 mg & 80 mg	Apo-Nadolol	2021
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2021
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2020
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	2021
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	AstraZeneca	2020
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2021
Nicotine	Gum 2 mg & 4 mg (Fruit & Mint) Lozenge 1 mg & 2 mg Patch 7 mg, 14 mg & 21 mg Gum 2 mg & 4 mg (Fruit & Mint) for direct distribution only Lozenge 1 mg & 2 mg for direct distribution only Patch 7 mg, 14 mg & 21 mg for direct distribution only	Habitrol	2020
Nicotinic acid	Tab 50 mg & 500 mg	Apo-Nicotinic Acid	2020
Nifedipine	Tab long-acting 60 mg	Adalat Oros	2020
Norethisterone	Tab 350 mcg	Noriday 28	2021
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2020
Octreotide	Inj 50 mcg per ml, 1 ml vial Inj 100 mcg per ml, 1 ml vial Inj 500 mcg per ml, 1 ml vial	DBL Octreotide	2020
Oestradiol valerate	Tab 1 mg & 2 mg	Progynova	2021
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg	Ovestin	2020

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Oil in water emulsion	Crn	O/W Fatty Emulsion Cream	2021
Olanzapine	Inj 210 mg, 300 mg & 405 mg vial Tab 2.5 mg, 5 mg & 10 mg Tab orodispersible 5 mg & 10 mg	Zyprexa Relprevv Zypine Zypine ODT	2021 2020
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2020
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT-DRLA	2020
Orphenadrine citrate	Tab 100 mg	Norflex	2021
Oxazepam	Tab 10 mg & 15 mg	Ox-Pam	2020
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg and 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Oxycodone Sandoz OxyNorm	2021
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2021
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml	Syntometrine	2021
Pancreatic enzyme	Cap pancreatin 150 mg (amylase 8,000 PH Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap pancreatin 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	2021
Pamidronate disodium	Inj 3 mg per ml, 10 ml vial Inj 6 mg per ml, 10 ml vial Inj 9 mg per ml, 10 ml vial	Pamisol	2020
Paracetamol	Suppos 500 mg Suppos 125 mg & 250 mg Oral liq 250 mg per 5 ml Oral liq 120 mg per 5 ml Tab 500 mg – bottle pack Tab 500 mg – blister pack	Gacet Gacet Paracare Double Strength Paracare Pharmacare	2021 2021 2020
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine (Relieve)	2020
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 ml OP	healthE	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Pegylated interferon alpha-2a	Inj 180 mcg prefilled syringe	Pegasys	2020
Perindopril	Tab 2 mg & 4 mg	Apo-Perindopril	2020
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2020
Pethidine hydrochloride	Tab 50 mg Inj 50 mg per ml, 1 ml & 2 ml ampoules	PSM DBL Pethidine Hydrochloride	2021 2020
Phenobarbitone	Tab 15 mg & 30 mg	PSM	2021
Phenoxyethylpenicillin (penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2021
Pindolol	Tab 5 mg, 10 mg & 15 mg	Apo-Pindolol	2021
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium, 500 ml	Pinetarsol	2020
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2021
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	2020
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2020
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2020
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2020
Potassium chloride	Tab long-acting 600 mg (8 mmol)	Span-K	2021
Potassium citrate	Oral liq 3 mmol per ml, 200 ml OP	Biomed	2021
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2020
Pravastatin	Tab 20 mg and 40 mg	Apo-Pravastatin	2020
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2021
Prednisone	Tab 1 mg, 2.5 mg, 5 mg & 20 mg	Apo-Prednisone	2020
Pregabalin	Cap 25 mg, 75 mg, 150 mg & 300 mg	Pregabalin Pfizer	2021
Pregnancy tests - HCG urine	Cassette, 40 test OP	Smith BioMed Rapid Pregnancy Test	2020
Procaine penicillin	Inj 1.5 g in 3.4 ml syringe	Cilicaine	2020
Prochlorperazine	Tab 5 mg	Nausafix	2020
Promethazine hydrochloride	Tab 10 mg & 25 mg Oral liq 1 mg per 1 ml	Allersoothe	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Propranolol	Tab 10 mg & 40 mg	Apo-Propranolol	2021
Pyridoxine hydrochloride	Tab 25 mg Tab 50 mg	Vitamin B6 25 Apo-Pyridoxine	2020
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2020
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2021
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2021
Ranitidine	Tab 150 mg & 300 mg Oral liq 150 mg per 10 ml	Ranitidine Relief Peptisothe	2020
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2020
Rifaximin	Tab 550 mg	Xifaxan	2020
Riluzole	Tab 50 mg	Rilutek	2021
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml	Actavis Risperon	2020
Ritonavir	Tab 100 mg	Norvir	2022
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2020
Rotavirus vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2020
Salbutamol	Oral liq 400 mcg per ml Nebuliser soln, 1 mg per ml, 2.5 ml ampoule Nebuliser soln, 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2021
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2021
Sildenafil	Tab 100 mg Tab 25 mg & 50 mg	Vedafil	2021
Simvastatin	Tab 10 mg, 20 mg, 40 mg and 80 mg	Simvastatin Mylan	2020
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2020
Sodium fusidate [fusidic acid]	Crn 2%, 5 g OP	Foban	2021
	Oint 2%, 5 g OP Tab 250 mg	Fucidin	2020
Sodium polystyrene sulphonate	Powder, 454 g OP	Resonium-A	2021

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2021
Somatropin	Inj 5 mg, 10 mg & 15 mg	Omnitrope	2021
Sulfadiazine silver	Crn 1%, 50 g OP	Flamazine	2020
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2020
Temazepam	Tab 10 mg	Normison	2020
Tenofovir disoproxil	Tab 245 mg (300.6 mg as a succinate)	Tenofovir Disoproxil Teva	2021
Terbinafine	Tab 250 mg	Deolate	2020
Testosterone cypionate	Inj 100 mg per ml, 10 ml vial	Depo-Testosterone	2020
Testosterone undecanoate	Cap 40 mg	Andriol Testocaps	2021
Thiamine hydrochloride	Tab 50 mg	Max Health	2020
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP	Arrow-Timolol	2020
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Mylan	2021
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2020
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2021
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Paste 0.1%, 5 g OP	Kenacort-A 10 Kenacort-A 40 Aristocort Kenalog in Orabase	2020
Trimethoprim	Tab 300 mg	TMP	2021
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Oral liq 8 mg with sulphamethoxazole 40 mg per ml, 100 ml	Deprim	2020
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2020
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2020
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2021
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2021
Vancomycin	Inj 500 mg vial	Mylan	2020
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2021
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2020
Venlafaxine	Cap 37.5 mg, 75 mg & 150 mg	Enlafax XR	2020

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Sole Subsidised Supply Products – cumulative to August 2019

Generic Name	Presentation	Brand Name	Expiry Date*
Voriconazole	Powder for oral suspension 40 mg per ml Tab 50 mg & 200 mg	Vfend Vttack	2021
Zidovudine [AZT] with lamivudine	Tab 300 mg with lamivudine 150 mg	Alphapharm	2020
Zinc and castor oil	Oint, 500 g	Boucher	2020
Ziprasidone	Cap 20 mg Cap 40 mg, 60 mg & 80 mg	Zusdone	2021
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic acid Mylan	2021
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2021

August changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 August 2019

7	HYDROCORTISONE ACETATE WITH PRAMOXINE HYDROCHLORIDE Topical aerosol foam, 1% with pramoxine hydrochloride 1%.....	26.55	10 g OP	✓ Proctofoam S29
34	CALCIUM CARBONATE * Tab eff 1.75 g (1 g elemental)..... Wastage claimable	28.40	20	✓ Calcium Sandoz S29
36	IRON POLYMALTOSE * Inj 50 mg per ml, 2 ml ampoule	15.22	5	✓ Ferrum H
51	FUROSEMIDE [FRUSEMIDE] Tab 40 mg – Up to 30 tab available on a PSO	7.24	1,000	✓ Apo-Furosemide
87	CEFACLOR MONOHYDRATE Grans for oral liq 125 mg per 5 ml – Wastage claimable.....	4.33	100 ml	✓ Keflor
87	CEFTRIAXONE – Subsidy by endorsement a) Up to 10 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningococcal disease, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial	0.89	1	✓ Ceftriaxone-AFT
	Inj 1 g vial	3.99	5	✓ Ceftriaxone-AFT
124	TRANLYCYPROMINE SULPHATE * Tab 10 mg	96.00	100	✓ Parnate S29 S29
	Wastage claimable			
126	ETHOSUXIMIDE Cap 250 mg	140.88	100	✓ Zarontin
170	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 25 mg	7.35	60	✓ Azamun
	* Tab 50 mg	7.60	100	✓ Azamun
217	MONTELUKAST * Tab 4 mg	4.25	28	✓ Montelukast Mylan
	* Tab 10 mg	3.95	28	✓ Montelukast Mylan
237	PAEDIATRIC ENTERAL FEED WITH FIBRE 0.76 KCAL/ML – Special Authority see SA1196 – Hospital pharmacy [HP3] Liquid.....	4.00	500 ml OP	✓ Nutrini Low Energy Multi Fibre
	Note – this is a new bottle presentation, Pharmacode, 2565234.			
229	SYRUP (PHARMACEUTICAL GRADE) – Only in combination Only in extemporaneously compounded oral liquid preparations. Liq	14.95	500 ml	✓ Midwest
	Note – this is a new 500 ml bottle pack.			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 10 July 2019

253	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)..... 45.00	5	✓ FluQuadri
	a) Only on a prescription		
	b) No patient co-payment payable		
	c) Access criteria apply		

Effective 1 July 2019

45	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO 2.80	20	✓ Fresenius Kabi
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO 5.40	50	✓ Fresenius Kabi
	Inj 0.9%, 20 ml ampoule..... 5.00	20	✓ Fresenius Kabi
48	AMIODARONE HYDROCHLORIDE ▲ Tab 100 mg – Retail pharmacy-Specialist..... 3.80	30	✓ Aratac
	▲ Tab 200 mg – Retail pharmacy-Specialist..... 5.25	30	✓ Aratac
48	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Cap long-acting 100 mg 39.51	90	✓ Flecainide Controlled Release Teva
	▲ Cap long-acting 200 mg 61.06	90	✓ Flecainide Controlled Release Teva
71	ETHINYLLOESTRADIOL WITH LEVONORGESTREL * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 112 tab available on a PSO 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 6.45	112	✓ Femme-Tab ED
131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency Tab 25 mg 11.36	100	✓ Clozaril
	Note – this is a new Pharmacode listing, 2534851.		
146	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA1151 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab extended-release 18 mg..... 18.20	30	✓ Methylphenidate ER - Teva
	Tab extended-release 27 mg..... 22.00	30	✓ Methylphenidate ER - Teva
	Tab extended-release 36 mg..... 22.40	30	✓ Methylphenidate ER - Teva
	Tab extended-release 54 mg..... 26.40	30	✓ Methylphenidate ER - Teva

▲ 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 July 2019 (continued)

152	CARMUSTINE – PCT only – Specialist Inj 100 mg vial	1,387.00	1	✓ BICNU
158	DOCETAXEL – PCT only – Specialist Inj 20 mg per ml, 4 ml vial	26.95	1	✓ Docetaxel Accord S29
209	PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1657 Inj 25 mg per ml, 4 ml vial	4,680.00	1	✓ Keytruda
217	MONTELUKAST * Tab 5 mg	4.25	28	✓ Montelukast Mylan

Effective 13 June 2019

253	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	90.00	10	✓ Afluria Quad
	a) Only on a prescription			
	b) No patient co-payment payable			
	c) Access criteria apply			

Effective 1 June 2019

11	ACARBOSE * Tab 100 mg	20.23	90	✓ Accarb
43	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml	190.00	50	✓ Pfizer S29 Wastage claimable
49	LABETALOL Tab 100 mg	11.36	100	✓ Presolol S29
	Tab 200 mg	29.74	100	✓ Presolol S29 Wastage claimable
51	METHYLDOPA * Tab 250 mg	52.85	500	✓ Methyldopa Mylan S29 Wastage claimable
122	METHADONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). e) For methadone hydrochloride oral liquid refer Standard Formulae Tab 5 mg	1.40	10	✓ Methatabs

Note – this is a new blister pack presentation
New Listings – effective 1 June 2019 (continued)

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 June 2019 (continued)

130	METOCLOPRAMIDE HYDROCHLORIDE * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	13.56	10	✓ Link Healthcare S29
	Wastage claimable			
156	ARSENIC TRIOXIDE – PCT only – Specialist Inj 10 mg for ECP	481.70	10 mg OP	✓ Baxter

Effective 27 May 2019

130	METOCLOPRAMIDE HYDROCHLORIDE * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO	13.56	10	✓ Link Healthcare S29
	Wastage claimable			

Effective 1 May 2019

11	ACARBOSE * Tab 50 mg	10.47	90	✓ Accarb S29
	Wastage claimable			
39	EFTRENACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm] For patients with haemophilia B receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu vial	612.50	1	✓ Alprolix
	Inj 500 iu vial	1,225.00	1	✓ Alprolix
	Inj 1,000 iu vial	2,450.00	1	✓ Alprolix
	Inj 2,000 iu vial	4,900.00	1	✓ Alprolix
	Inj 3,000 iu vial	7,350.00	1	✓ Alprolix
40	RURIOTOCOG ALFA PEGOL [RECOMBINANT FACTOR VIII] – [Xpharm] For patients with haemophilia A receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu vial	300.00	1	✓ Adynovate
	Inj 500 iu vial	600.00	1	✓ Adynovate
	Inj 1,000 iu vial	1,200.00	1	✓ Adynovate
	Inj 2,000 iu vial	2,400.00	1	✓ Adynovate

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

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

Check your Schedule for full details
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New Listings – effective 1 May 2019 (continued)

43	HEPARIN SODIUM Inj 5,000 iu per ml, 1 ml	28.40	5	✓ Pfizer
78	TETRACOSACTRIN * Inj 250 mcg per ml, 1 ml ampoule	75.00	1	✓ AU Synacthen S29 S29
	Wastage claimable Note – this is a new Pharmacode listing, 2566494.			
94	DOXYCYCLINE * Tab 100 mg – Up to 30 tab available on a PSO	64.43	500	✓ Doxine
97	CYCLOSERINE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician. Cap 250 mg	344.00	60	✓ Cycloclin S29
	Wastage claimable			
109	CELECOXIB Cap 200 mg	2.30	30	✓ Celebrex
122	LEVODOPA WITH CARBIDOPA * Tab long-acting 100 mg with carbidopa 25 mg	23.84	100	✓ Mylan S29
	Wastage claimable			
123	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg	4.73	50	✓ Apo-Clomipramine
124	PHENELZINE SULPHATE * Tab 15 mg	70.80	60	✓ Nardil S29 S29
	Wastage claimable			
155	IRINOTECAN HYDROCHLORIDE – PCT only – Specialist Inj 20 mg per ml, 5 ml vial	71.44	1	✓ Irinotecan Accord S29

Changes to Restrictions, Chemical Names and Presentations Effective 1 August 2019

14	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (amended maximum quantity)			
	a) Maximum of 200 dev per prescription			
	b) Maximum of 100 dev per dispensing			
	* 29 g × 12.7 mm.....	10.50	100	✓ B-D Micro-Fine
	* 31 g × 5 mm.....	11.75	100	✓ B-D Micro-Fine
	* 31 g × 6 mm.....	9.50	100	✓ Berpu
	* 31 g × 8 mm.....	10.50	100	✓ B-D Micro-Fine
	* 32 g × 4 mm.....	10.50	100	✓ B-D Micro-Fine
14	INSULIN SYRINGES, DISPOSABLE WITH ATTACHED NEEDLE – Maximum of 100 dev per prescription (amended maximum quantity)			
	a) Maximum of 200 dev per prescription			
	b) Maximum of 100 dev per dispensing			
	* Syringe 0.3 ml with 29 g × 12.7 mm needle	13.00	100	✓ B-D Ultra Fine
		1.30	10	
		(1.99)		B-D Ultra Fine
	* Syringe 0.3 ml with 31 g × 8 mm needle	13.00	100	✓ B-D Ultra Fine II
		1.30	10	
		(1.99)		B-D Ultra Fine II
	* Syringe 0.5 ml with 29 g × 12.7 mm needle	13.00	100	✓ B-D Ultra Fine
		1.30	10	
		(1.99)		B-D Ultra Fine
	* Syringe 0.5 ml with 31 g × 8 mm needle	13.00	100	✓ B-D Ultra Fine II
		1.30	10	
		(1.99)		B-D Ultra Fine II
	* Syringe 1 ml with 29 g × 12.7 mm needle	13.00	100	✓ B-D Ultra Fine
		1.30	10	
		(1.99)		B-D Ultra Fine
	* Syringe 1 ml with 31 g × 8 mm needle	13.00	100	✓ B-D Ultra Fine II
		1.30	10	
		(1.99)		B-D Ultra Fine II
35	FERROUS SULPHATE SULFATE (amended chemical name)			
	* Oral liq 30 mg (6 mg elemental) per 1 ml.....	12.08	500 ml	✓ Ferodan
51	DILTIAZEM HYDROCHLORIDE (reinstate stat dispensing)			
	* Cap long-acting 120 mg.....	33.42	500	✓ Apo-Diltiazem CD
60	SODIUM FUSIDATE [FUSIDIC ACID] (amended maximum quantity)			
	Crm 2%.....	1.59	5 g OP	✓ <u>Foban</u>
	a) Maximum of ±5 5 g per prescription			
	b) Only on a prescription			
	c) Not in combination			
	Oint 2%.....	1.59	5 g OP	✓ <u>Foban</u>
	a) Maximum of ±5 5 g per prescription			
	b) Only on a prescription			
	c) Not in combination			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
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Changes to Restrictions – effective 1 August 2019 (continued)

65	<p>IVERMECTIN – Special Authority see SA1225 – Retail pharmacy (amended note) Tab 3 mg – Up to 100 tab available on a PSO 17.20 4 ✓ Stromectol</p> <p>1) PSO for institutional use only. Must be endorsed with the name of the institution for which the PSO is required and a valid Special Authority for patient of that institution.</p> <p>2) Ivermectin available on BSO provided the BSO includes a valid Special Authority for a patient of the institution.</p> <p>3) For the purposes of subsidy of ivermectin, institution means age related residential care facilities, disability care facilities or penal institutions prisons.</p>
78	<p>TETRACOSACTRIN (removal of S29 and wastage claimable) * Inj 250 mcg per ml, 1 ml ampoule 75.00 1 ✓ AU Synacthen S29</p> <p style="text-align: center;">S29</p> <p style="text-align: center;">Wastage claimable</p>
102	<p>EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1714 (addition of wastage)</p> <p>Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.</p> <p>Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website.</p> <p>Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) 61.15 30 ✓ Teva</p> <p style="text-align: center;">Wastage claimable</p>
105	<p>EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy (addition of wastage)</p> <p>Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority</p> <p>Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) 106.88 30 ✓ Mylan</p> <p style="text-align: center;">Wastage claimable</p>
125	<p>FLUOXETINE HYDROCHLORIDE (reinstate stat dispensing) * Cap 20 mg 1.99 90 ✓ Arrow-Fluoxetine</p>
176	<p>ADALIMUMAB – Special Authority see SA1817 4742 – Retail pharmacy (amended Special Authority criteria – new criteria shown only)</p> <p>Inj 20 mg per 0.4 ml prefilled syringe 1,599.96 2 ✓ Humira</p> <p>Inj 40 mg per 0.8 ml prefilled pen 1,599.96 2 ✓ HumiraPen</p> <p>Inj 40 mg per 0.8 ml prefilled syringe 1,599.96 2 ✓ Humira</p> <p>➔ SA1817 4742 Special Authority for Subsidy Initial application – (severe Behcet's disease) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria: All of the following: 1 The patient has severe Behcet's disease that is significantly impacting the patient's quality of life (see Notes); and</p>

continued...

Changes to Restrictions – effective 1 August 2019 (continued)

continued...

2 Either:

- 2.1 The patient has severe ocular, neurological, gastrointestinal, rheumatological, mucocutaneous and/or vasculitic symptoms and has not responded adequately to treatment with infliximab (see Notes); or
- 2.2 The patient has severe ocular, neurological, gastrointestinal, rheumatological, mucocutaneous and/or vasculitic symptoms and has experienced intolerable side effects from treatment with infliximab; and

3 The patient is experiencing significant loss of quality of life; and

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

Notes: Behcet's disease diagnosed according to the International Study Group for Behcet's disease. Lancet 1990;335(8697):1078-80. Quality of life measured using an appropriate quality of life scale such as that published in Gilworth et al, J Rheumatol. 2004;31:931-7

Renewal – (severe Behcet's disease) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Patient has had a good clinical response to initial treatment with measurably improved quality of life; and
- 2 Adalimumab to be administered at doses no greater than 40 mg every 14 days.

194 RITUXIMAB – PCT only – Specialist – Special Authority see **SA1818 4783** (amended Special Authority criteria – new criteria shown only)

Inj 100 mg per 10 ml vial.....	1,075.50	2	✓ Mabthera
Inj 500 mg per 50 ml vial.....	2,688.30	1	✓ Mabthera
Inj 1 mg for ECP.....	5.64	1 mg	✓ Baxter

► **SA1818 4783** Special Authority for Subsidy

Initial application – (Neuromyelitis Optica Spectrum Disorder (NMOSD)) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks; and

2 Either:

- 2.1 The patient has experienced a severe episode or attack of NMOSD (rapidly progressing symptoms and clinical investigations supportive of a severe attack of NMOSD); or
- 2.2 All of the following:
 - 2.2.1 The patient has experienced a breakthrough attack of NMOSD; and
 - 2.2.2 The patient is receiving treatment with mycophenolate; and
 - 2.2.3 The patients is receiving treatment with corticosteroids.

Initial application – (Severe Refractory Myasthenia Gravis) only from a neurologist or medical practitioner on the recommendation of a neurologist. Approvals valid for 2 years for applications meeting the following criteria:

Both:

- 1 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and

2 Either:

- 2.1 Treatment with corticosteroids and at least one other immunosuppressant for at least a period of 12 months has been ineffective; or
- 2.2 Both:
 - 2.2.1 Treatment with at least one other immunosuppressant for a period of at least 12 months; and
 - 2.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

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Subsidy
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\$ Per

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Changes to Restrictions – effective 1 August 2019 (continued)

continued...

Renewal – (Neuromyelitis Optica Spectrum Disorder) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 One of the following dose regimens is to be used: 2 doses of 1,000 mg rituximab administered fortnightly, or 4 doses of 375 mg/m² administered weekly for four weeks; and
- 2 The patients has responded to the most recent course of rituximab; and
- 3 The patient has not received rituximab in the previous 6 months.

Renewal – (Severe Refractory Myasthenia Gravis) only from a neurologist or medical practitioner on the recommendation of a neurologist. Approvals valid for 2 years for applications meeting the following criteria:

All of the following:

- 1 One of the following dose regimens is to be used: 375 mg/m² of body surface area per week for a total of four weeks, or 500 mg once weekly for four weeks, or two 1,000 mg doses given two weeks apart; and
- 2 An initial response lasting at least 12 months was demonstrated; and
- 3 Either:
 - 3.1 The patient has relapsed despite treatment with corticosteroids and at least one other immunosuppressant for a period of at least 12 months; or
 - 3.2 Both
 - 3.2.1 The patient's myasthenia gravis has relapsed despite treatment with at least one immunosuppressant for a period of at least 12 months; and
 - 3.2.2 Corticosteroids have been trialed for at least 12 months and have been discontinued due to unacceptable side effects.

Standard Formulae

227	CODEINE LINCTUS PAEDIATRIG (3 mg per 5 ml) (amended chemical name)		
	Codeine phosphate.....	60 mg	
	Glycerol.....	40 ml	
	Preservative	qs	
	Water	to 100 ml	

Standard Formulae

227	CODEINE LINCTUS DIABETIG (15 mg per 5 ml) (amended chemical name)		
	Codeine phosphate.....	300 mg	
	Glycerol.....	40 ml	
	Preservative	qs	
	Water	to 100 ml	

228	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency (amended note)		
	Powder – Only in combination	63.09	25 g
		(90.09)	Douglas

Only in extemporaneously compounded codeine linctus ~~diabetic or codeine linctus paediatric~~.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 July 2019

51	DILTIAZEM HYDROCHLORIDE (remove stat dispensing) Cap long-acting 120 mg	33.42	500	✓ Apo-Diltiazem CD
51	FUROSEMIDE [FRUSEMIDE] (remove stat dispensing) Tab 40 mg – Up to 30 tab available on a PSO	8.00	1,000	✓ Diurin 40
71	ETHINYLLOESTRADIOL WITH LEVONORGESTREL (amend PSO quantity) * Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – Up to 84 112 tab available on a PSO	2.18 6.45	84 112	✓ Microgynon 20 ED ✓ Femme-Tab ED
	* Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – Up to 84 112 tab available on a PSO	1.77 6.45	84 112	✓ Levlen ED ✓ Femme-Tab ED
140	Other Multiple Sclerosis Treatments (Special Authority moved to chemical level) SA1564 Special Authority for Subsidy			
142	GLATIRAMER ACETATE – Special Authority see SA1808 1564 – Retail pharmacy (amended Special Authority) Inj 40 mg prefilled syringe – No patient co-payment payable	2,275.00	12	✓ Copaxone
	SA1808 1564 Special Authority for Subsidy			
	Special Authority approved by the Multiple Sclerosis Treatment Committee			
	Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC). Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).			
	Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The coordinator Phone: 04 460 4990 Multiple Sclerosis Treatment Assessment Committee Facsimile: 04 916 7571 PHARMAC PO Box 10 Email: mstacoordinator@pharmac.govt.nz Wellington			
	Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.			
	Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).			
	Only glatiramer acetate inj 40 mg prefilled syringe will be subsidised if dispensed from a community pharmacy. The other agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.			
	Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.			
	Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, 20 mg glatiramer acetate daily or 40 mg glatiramer acetate 3 times weekly will be subsidised. Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC. As a new Special Authority approval number is required the MSTAC coordinator should be notified of the change and a new prescription provided.			

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 July 2019 (continued)

continued...

Entry Criteria

- 1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
- 2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
- 3) patients must have:
 - a) EDSS score 0 - 4.0 and:
 - Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
 - Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
 - i) a gadolinium enhancing lesion; or
 - ii) a Diffusion Weighted Imaging positive lesion; or
 - iii) a T2 lesion with associated local swelling; or
 - iv) a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
 - v) new T2 lesions compared with a previous MR scan; and
 - 4) A significant relapse must:
 - a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
 - b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
 - c) last at least one week;
 - d) start at least one month after the onset of a previous relapse;
 - e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
 - f) be distinguishable from the effects of general fatigue; and
 - g) not be associated with a fever ($T > 37.5^{\circ}\text{C}$); and
 - 5) applications must be made by the patient's neurologist; and
 - 6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
 - 7) patients must have either:
 - a) intolerance to both natalizumab and fingolimod; or
 - b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
 - 8) patient will not be co-prescribed natalizumab or fingolimod.

Stopping Criteria

Any of the following:

- 1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following EDDSS Points:
 - a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; or
 - b) 1.0 to 3.0; or
 - c) 1.5 to 3.5; or
 - d) 2.0 to 4.0; or
 - e) 2.5 to 4.5; or
 - f) 3.0 to 4.5; or
 - g) 3.5 to 4.5; or
 - h) 4.0 to 4.5.
- 2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
- 3) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
- 4) non-compliance with treatment, including refusal to undergo annual assessment.

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

Note: Treatment with interferon beta -1-beta, interferon beta-1-alpha and glatiramer acetate, is permitted only if treatment with both natalizumab and fingolimod is not tolerated or treatment with both would be clinically inappropriate. Beta-interferon or glatiramer acetate will not be funded as second line treatments if EDSS progression has occurred on treatment with natalizumab or fingolimod. Patients who have an increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet the EDSS Stopping Criteria at annual review may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa. Patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa for increased relapses only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to increasing relapse rate over 12 months of treatment). If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur. In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

142 INTERFERON BETA-1-ALPHA – [Xpharm] – Special Authority see SA1809 1564 – **No patient co-payment payable** (amended Special Authority, addition of no patient co-payment payable and Xpharm removed)

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

► SA1809 1564 Special Authority for Subsidy

Special Authority approved by the Multiple Sclerosis Treatment Committee

Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC).

Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).

Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The coordinator	Phone: 04 460 4990
Multiple Sclerosis Treatment Assessment Committee	Facsimile: 04 916 7571
PHARMAC PO Box 10	Email: mstaccordinator@pharmac.govt.nz
Wellington	

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.

Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

~~Only glatiramer acetate inj 40 mg prefilled syringe will be subsidised if dispensed from a community pharmacy. The other agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.~~

~~Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.~~

~~Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, 20 mg glatiramer acetate daily or 40 mg glatiramer acetate 3 times weekly will be subsidised.~~

~~Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC.~~

~~As a new Special Authority approval number is required the MSTAC coordinator should be notified of the change and a new prescription provided.~~

Entry Criteria

- 1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
- 2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
- 3) patients must have:
 - a) EDSS score 0 - 4.0 and:
 - Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; 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

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

- Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
 - i) a gadolinium enhancing lesion; or
 - ii) a Diffusion Weighted Imaging positive lesion; or
 - iii) a T2 lesion with associated local swelling; or
 - iv) a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
 - v) new T2 lesions compared with a previous MR scan; and
- 4) A significant relapse must:
 - a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
 - b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);
 - c) last at least one week;
 - d) start at least one month after the onset of a previous relapse;
 - e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
 - f) be distinguishable from the effects of general fatigue; and
 - g) not be associated with a fever ($T > 37.5^{\circ}\text{C}$); and
- 5) applications must be made by the patient's neurologist; and
- 6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
- 7) patients must have either:
 - a) intolerance to both natalizumab and fingolimod; or
 - b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
- 8) patient will not be co-prescribed natalizumab or fingolimod.

Stopping Criteria

Any of the following:

- 1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following EDDSS Points:
 - a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; or
 - b) 1.0 to 3.0; or
 - c) 1.5 to 3.5; or
 - d) 2.0 to 4.0; or
 - e) 2.5 to 4.5; or
 - f) 3.0 to 4.5; or
 - g) 3.5 to 4.5; or
 - h) 4.0 to 4.5.
- 2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
- 3) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
- 4) non-compliance with treatment, including refusal to undergo annual assessment.

Note: Treatment with interferon beta -1-beta, interferon beta-1-alpha and glatiramer acetate, is permitted only if treatment with both natalizumab and fingolimod is not tolerated or treatment with both would be clinically inappropriate. Beta-interferon or glatiramer acetate will not be funded as second line treatments if EDSS progression has occurred on treatment with natalizumab or fingolimod. Patients who have an increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet the EDSS Stopping Criteria at annual review may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa. Patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa for increased relapses only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to increasing relapse rate over 12 months of treatment).

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur. In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

- 142 INTERFERON BETA-1-BETA – ~~(Xpharm)~~ Special Authority see SA1810 ~~1564~~ – **No patient co-payment payable** (amended Special Authority, addition of no patient co-payment payable and Xpharm removed)
Inj 8 million iu per 1 ml 1,322.89 15 ✓ **Betaferon**

➔ **SA1810 ~~1564~~** Special Authority for Subsidy

Special Authority approved by the Multiple Sclerosis Treatment Committee

Notes: Special Authority approved by the Multiple Sclerosis Treatment Assessment Committee (MSTAC).

Applications will be considered by MSTAC at its regular meetings and approved subject to eligibility according to the Entry and Stopping criteria (below).

Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz> or:

The coordinator Phone: 04 460 4990

Multiple Sclerosis Treatment Assessment Committee

Facsimile: 04 916 7571

PHARMAC PO Box 10

Email: mstacoordinator@pharmac.govt.nz

Wellington

Completed application forms must be sent to the coordinator for MSTAC and will be considered by MSTAC at the next practicable opportunity.

Notification of MSTAC's decision will be sent to the patient, the applying clinician and the patient's GP (if specified).

~~Only glatiramer acetate inj 40 mg pre-filled syringe will be subsidised if dispensed from a community pharmacy. The other agents will NOT be subsidised if dispensed from a community or hospital pharmacy. Regular supplies will be distributed to all approved patients or their clinicians by courier.~~

~~Prescribers must send quarterly prescriptions for approved patients to the MSTAC coordinator.~~

~~Only prescriptions for 6 million iu of interferon beta-1-alpha per week, or 8 million iu of interferon beta-1-beta every other day, 20 mg glatiramer acetate daily or 40 mg glatiramer acetate 3 times weekly will be subsidised.~~

~~Switching between treatments is permitted within the 12 month approval period without reapproval by MSTAC.~~

~~As a new Special Authority approval number is required the MSTAC coordinator should be notified of the change and a new prescription provided.~~

Entry Criteria

- 1) Diagnosis of multiple sclerosis (MS) must be confirmed by a neurologist. Diagnosis must include MRI confirmation; and
- 2) patients must have Clinically Definite Relapsing Remitting MS with or without underlying progression; and
- 3) patients must have:
 - a) EDSS score 0 - 4.0 and:
 - Experienced at least 1 significant relapse of MS in the previous 12 months or 2 significant relapses in the past 24 months; and
 - Evidence of new inflammatory activity on an MR scan within the past 24 months, any of the following:
 - i) a gadolinium enhancing lesion; or
 - ii) a Diffusion Weighted Imaging positive lesion; or
 - iii) a T2 lesion with associated local swelling; or
 - iv) a prominent T2 lesion that clearly is responsible for the clinical features of a recent relapse; or
 - v) new T2 lesions compared with a previous MR scan; and
- 4) A significant relapse must:
 - a) be confirmed by the applying neurologist or general physician (the patient may not necessarily have been seen by them during the relapse but the neurologist/physician must be satisfied that the clinical features were characteristic and met the specified criteria);
 - b) be associated with characteristic new symptom(s)/sign(s) or substantial worsening of previously experienced symptom(s)/sign(s);

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 July 2019 (continued)

continued...

- c) last at least one week;
 - d) start at least one month after the onset of a previous relapse;
 - e) be severe enough to change either the EDSS or at least one of the Kurtzke Functional System scores by at least 1 point;
 - f) be distinguishable from the effects of general fatigue; and
 - g) not be associated with a fever ($T > 37.5^{\circ}\text{C}$); and
- 5) applications must be made by the patient's neurologist; and
- 6) patients must have no previous history of lack of response to beta-interferon or glatiramer acetate; and
- 7) patients must have either:
- a) intolerance to both natalizumab and fingolimod; or
 - b) treatment with both natalizumab and fingolimod is considered clinically inappropriate; and
- 8) patient will not be co-prescribed natalizumab or fingolimod.

Stopping Criteria

Any of the following:

- 1) Confirmed progression of disability that is sustained for six months during a minimum of one year of treatment. Progression of disability is defined as progress by any of the following EDDSS Points:
 - a) from starting at EDSS 0 increasing to (i.e. stopping on reaching) EDSS 3.0; or
 - b) 1.0 to 3.0; or
 - c) 1.5 to 3.5; or
 - d) 2.0 to 4.0; or
 - e) 2.5 to 4.5; or
 - f) 3.0 to 4.5; or
 - g) 3.5 to 4.5; or
 - h) 4.0 to 4.5.
- 2) increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) (see note); or
- 3) intolerance to interferon beta-1-alpha, and/or interferon beta-1-beta and/or glatiramer acetate; or
- 4) non-compliance with treatment, including refusal to undergo annual assessment.

Note: Treatment with interferon beta -1-beta, interferon beta-1-alpha and glatiramer acetate, is permitted only if treatment with both natalizumab and fingolimod is not tolerated or treatment with both would be clinically inappropriate. Beta-interferon or glatiramer acetate will not be funded as second line treatments if EDSS progression has occurred on treatment with natalizumab or fingolimod. Patients who have an increasing relapse rate over 12 months of treatment (compared with the relapse rate on starting treatment) and who do not meet the EDSS Stopping Criteria at annual review may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa. Patients may switch from either of the beta-interferon's [interferon beta-1-beta or interferon beta-1-alpha] to glatiramer acetate or vice versa for increased relapses only once, after which they will be required to stop funded treatment if they meet any of the Stopping Criteria at annual review (including the criterion relating to increasing relapse rate over 12 months of treatment). If a relapse has resulted in an increased EDSS score that potentially may lead to discontinuation of treatment according to stopping criteria, a period of 6 months is allowed from the start of the relapse for recovery to occur. In this setting anti-JCV antibody positive status may be accepted as a clinically inappropriate reason for treatment with natalizumab.

143 NITRAZEPAM – **Subsidy by endorsement** (subsidy by endorsement added)

- a) Safety medicine; prescriber may determine dispensing frequency
- b) **Subsidy by endorsement – subsidised for patients who were taking nitrazepam prior to 1 August 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of nitrazepam in the preceding 12 months.**

Tab 5 mg 5.22 100 ✓ Nitrados

Changes to Restrictions – effective 1 July 2019 (continued)

170	ETANERCEPT – Special Authority see SA1812 4620 – Retail pharmacy (amended Special Authority – affected criteria shown only)			
	Inj 25 mg	799.96	4	✓ Enbrel
	Inj 50 mg autoinjector.....	1,599.96	4	✓ Enbrel
	Inj 50 mg prefilled syringe.....	1,599.96	4	✓ Enbrel

➔ **SA1812 4620** Special Authority for Subsidy

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from adalimumab; or

1.2.2 The patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of ~~greater than 15~~ **greater than 10**, where lesions have been present for at least 6 months from the time of initial diagnosis; or

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

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

2.3 A PASI assessment **or Dermatology Quality of Life Index (DLQI) assessment** has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

2.4 The most recent PASI **or DLQI** assessment is no more than 1 month old at the time of application.

Note: “Inadequate response” is defined as: for whole body severe chronic plaque psoriasis, a PASI score of ~~greater than 15~~ **greater than 10**, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Renewal — (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Applicant is a dermatologist; or

1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and

2 Either:

2.1 Both:

2.1.1 Patient had “whole body” severe chronic plaque psoriasis at the start of treatment; 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

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

2.1.2 Either

2.1.2.1 Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-treatment baseline value; or

2.1.2.2 Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or

2.2 Both:

2.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

2.2.2 Either:

2.2.2.1 Following each prior etanercept treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

2.2.2.2 Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; and

3 Etanercept to be administered at doses no greater than 50 mg every 7 days.

Note: A treatment course is defined as a minimum of 12 weeks of etanercept treatment.

176 ADALIMUMAB – Special Authority see SA1813 1742 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg per 0.4 ml prefilled syringe.....	1,599.96	2	✓ Humira
Inj 40 mg per 0.8 ml prefilled pen	1,599.96	2	✓ HumiraPen
Inj 40 mg per 0.8 ml prefilled syringe.....	1,599.96	2	✓ Humira

► SA1813 1742 Special Authority for Subsidy

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

Either:

1 Both:

1.1 The patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and

1.2 Either:

1.2.1 The patient has experienced intolerable side effects from etanercept; or

1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or

2 All of the following:

2.1 Either:

2.1.1 Patient has “whole body” severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than ~~15~~ **10**, where lesions have been present for at least 6 months from the time of initial diagnosis; or

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

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

2.3 A PASI assessment **or Dermatology Quality of Life Index (DLQI) assessment** has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

2.4 The most recent PASI **or DLQI** assessment is no more than 1 month old at the time of application.

continued...

Changes to Restrictions – effective 1 July 2019 (continued)

continued...

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than ~~45~~ **10**, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand or foot, at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Renewal — (severe chronic plaque psoriasis) only from a dermatologist or Practitioner on the recommendation of a dermatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

- 1.1 Applicant is a dermatologist; or
- 1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with adalimumab treatment; and

2 Either:

2.1 Both:

2.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and

2.1.2 **Either:**

2.1.2.1 Following each prior adalimumab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-adalimumab treatment baseline value; or

2.1.2.2 **Following each prior adalimumab treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or**

2.2 Both:

2.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

2.2.2 Either:

2.2.2.1 Following each prior adalimumab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

2.2.2.2 Following each prior adalimumab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-adalimumab treatment baseline value; and

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

Note: A treatment course is defined as a minimum of 12 weeks adalimumab treatment

Changes to Restrictions – effective 1 July 2019 (continued)

249 DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE – [Xpharm] (amended restriction)

Funded for any of the following criteria:

- 1) A single ~~vaccine~~ **dose** for pregnant ~~women~~ **woman between gestational weeks 28 and 38 in the second or third trimester of each pregnancy**; or
- 2) **A single dose for parents or primary caregivers of infants admitted to a Neonatal Intensive Care Unit or Specialist Care Baby Unit for more than 3 days, who had not been exposed to maternal vaccination at least 14 days prior to birth; or**
- 3) A course of up to four ~~vaccines~~ **doses** is funded for children from age 7 up to the age of 18 years inclusive to complete full primary immunisation; or
- 4) An additional four doses (as appropriate) are funded for (re-)immunisation for patients post haematopoietic stem cell transplantation or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens.

Notes: Tdap is not registered for patients aged less than 10 years. Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

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 0.00
1

10

✓ **Boostrix**
✓ **Boostrix**

Changes to Restrictions – effective 13 June 2019

- | | | | | |
|-----|--|------|---|------------------------|
| 253 | INFLUENZA VACCINE (amended restriction criteria)
Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine)
– [Xpharm] | 9.00 | 1 | ✓ Fluarix Tetra |
|-----|--|------|---|------------------------|
- A) INFLUENZA VACCINE – child aged 6 months to 35 months
is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by PHARMAC:
- i) have any of the following cardiovascular diseases
 - a) ischaemic heart disease, or
 - b) congestive heart failure, or
 - c) rheumatic heart disease, or
 - d) congenital heart disease, or
 - e) cerebo-vascular disease; or
 - ii) have either of the following chronic respiratory diseases:
 - a) asthma, if on a regular preventative therapy, or
 - b) other chronic respiratory disease with impaired lung function; or
 - iii) have diabetes; or
 - iv) have chronic renal disease; or
 - v) have any cancer, excluding basal and squamous skin cancers if not invasive; or
 - vi) have any of the following other conditions:
 - a) autoimmune disease, or
 - b) immune suppression or immune deficiency, or
 - c) HIV, or
 - d) transplant recipients, or
 - e) neuromuscular and CNS diseases/disorders, or
 - f) haemoglobinopathies, or
 - g) on long term aspirin, or
 - h) have a cochlear implant, or
 - i) errors of metabolism at risk of major metabolic decompensation, or
 - j) pre and post splenectomy, or
 - k) down syndrome, or
 - vii) have been hospitalised for respiratory illness or have a history of significant respiratory illness;
- Unless meeting the criteria set out above, the following conditions are excluded from funding:
- a) asthma not requiring regular preventative therapy,
 - b) hypertension and/or dyslipidaemia without evidence of end-organ disease.
- B) INFLUENZA VACCINE – pregnant women**
- a. **are pregnant.**
- C) Doctors are the only Contractors entitled to claim payment from the Funder for the supply of influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.**

▲ 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 June 2019

11	ACARBOSE (S29 and wastage claimable removed) * Tab 50 mg Wastage claimable	10.47	90	✓ Accarb S29
14	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (amended brand name) * 31 g × 6 mm.....	9.50	100	✓ ABM Berpu
31	TALIGLUCERASE ALFA – Special Authority see SA1734 – Retail pharmacy (Brand switch fee removed) Brand switch fee payable (Pharmacode 2561972)- Inj 200 unit vial.....	1,072.00	1	✓ Eleyso
98	PARA-AMINO SALICYLIC ACID – Retail pharmacy-Specialist (amended note) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, Specialist must be an infectious disease specialist, clinical microbiologist or respiratory specialist. Grans for oral liq 4 g sachet.....	280.00	30	✓ Paser S29
98	PROTIONAMIDE – Retail pharmacy-Specialist (amended note) a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, Specialist must be an infectious disease specialist, clinical microbiologist or respiratory specialist. Tab 250 mg	305.00	100	✓ Peteha S29
121	PARACETAMOL (restrictions removed and stat dispensing reinstated) * Tab 500 mg - blister pack..... a) Maximum of 300 tab per prescription; can be waived by endorsement b) Up to 30 tab available on a PSO c) 1) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater who do not use compliance packaging, and the prescription is annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long term condition. 2) Maximum of 100 tab per dispensing for non-endorsed patients. If quantities prescribed for more than 100 tabs (for non-endorsed patients), then dispense in repeat dispensings not exceeding 100 tab per dispensing.	0.71 7.12	100 1,000	✓ Priceline ✓ Paracetamol Pharmacare ✓ Pharmacare ✓ Pharmacy Health
122	METHADONE HYDROCHLORIDE (amended presentation description) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). e) For methadone hydrochloride oral liquid refer Standard Formulae Tab 5 mg – bottle pack Note – this applies to Pharmacode 765503.	1.40	10	✓ Methatabs

Changes to Restrictions – effective 1 June 2019 (continued)

124	DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement (subsidy by endorsement added)			
	a) Safety medicine; prescriber may determine dispensing frequency			
	b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.			
	Tab 75 mg	11.19	100	✓ Dopress
	Cap 25 mg	6.45	100	✓ Dopress
162	DASATINIB –[Xpharm] – Special Authority see SA1805 0976 – Retail pharmacy (amended Special Authority, removal of Xpharm and addition of wastage claimable)			
	Tab 20 mg	3,774.06	60	✓ Sprycel
	Tab 50 mg	6,214.20	60	✓ Sprycel
	Tab 70 mg	7,692.58	60	✓ Sprycel

Wastage claimable

► **SA1805 0976** Special Authority for Subsidy

Special Authority approved by the CML/GIST Co-ordinator

Notes: Application details may be obtained from PHARMAC's website <http://www.pharmac.govt.nz>, and prescriptions should be sent to:

The CML/GIST Co-ordinator	Phone: (04) 460 4990
PHARMAC	Facsimile: (04) 016 7571
PO Box 10 254	Email: cmlgisteordinator@pharmac.govt.nz
Wellington	

Special Authority criteria for CML – access by application

- a) Funded for patients with diagnosis (confirmed by a haematologist) of a chronic myeloid leukaemia (CML) in blast crisis, accelerated phase, or in chronic phase.
- b) Maximum dose of 140 mg/day for accelerated or blast phase, and 100 mg/day for chronic phase CML.
- e) Subsidised for use as monotherapy only.
- d) Initial approvals valid seven months.
- e) Subsequent approval(s) are granted on application and are valid for six months. The first reapplication (after seven months) should provide details of the haematological response. The third reapplication should provide details of the cytogenetic response after 14-18 months from initiating therapy. All other reapplications should provide details of haematological response, and cytogenetic response if such data is available. Applications to be made and subsequent prescriptions can be written by a haematologist or an oncologist.

Note: Dasatinib is indicated for the treatment of adults with chronic, accelerated or blast phase CML with resistance or intolerance to prior therapy including imatinib.

Guideline on discontinuation of treatment for patients with CML

- a) Prescribers should consider discontinuation of treatment if, after 6 months from initiating therapy, a patient did not obtain a haematological response as defined as any one of the following three levels of response:
 - 1) complete haematologic response (as characterised by an absolute neutrophil count (ANC) $> 1.5 \times 10^9/L$, platelets $> 100 \times 10^9/L$, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts $< 5\%$ (or FISH Ph + 0-35% metaphases), and absence of extramedullary disease); or
 - 2) no evidence of leukaemia (as characterised by an absolute neutrophil count (ANC) $> 1.0 \times 10^9/L$, platelets $> 20 \times 10^9/L$, absence of peripheral blood (PB) blasts, bone marrow (BM) blasts $< 5\%$ (or FISH Ph + 0-35% metaphases), and absence of extramedullary disease); or
 - 3) return to chronic phase (as characterised by BM and PB blasts $< 15\%$, BM and PB blasts and promyelocytes $< 30\%$, PB basophils $< 20\%$ and absence of extramedullary disease other than spleen and liver).
- b) Prescribers should consider discontinuation of treatment if, after 18 months from initiating therapy, a patient did not obtain a major cytogenetic response defined as 0-35% Ph + metaphases.

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 June 2019 (continued)

continued...

Initial application only from a haematologist or Practitioner on the recommendation of a haematologist.

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

Any of the following:

1 Both:

1.1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; and

1.2 Maximum dose of 140 mg/day; or

2 Both:

2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); and

2.2 Maximum dose of 140 mg/day; or

3 All of the following:

3.1 The patient has a diagnosis of CML in chronic phase; and

3.2 Maximum dose of 100 mg/day; and

3.3 Any of the following:

3.3.1 Patient has documented treatment failure* with imatinib; or

3.3.2 Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or

3.3.3 Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system; or

3.3.4 Patients is enrolled in the KISS study and requires dasatinib treatment according to the study protocol.**

Renewal only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Lack of treatment failure while on dasatinib*; and

2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment; and

3 Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.

Note: *treatment failure for CML as defined by Leukaemia Net Guidelines. **Kinase-Inhibition Study with Sprycel Start-up <https://www.cancertrialsnz.ac.nz/kiss/>

228 CHLOROFORM (note added)

a) Only in combination

b) Maximum of 100 ml per prescription

c) Only in aspirin and chloroform application.

d) Note: This product is no longer being manufactured by the supplier and will be delisted from the Schedule at a date to be determined.

Chloroform BP.....25.50 500 ml ✓PSM

228 COLLODION FLEXIBLE (note added)

Note: This product is no longer being manufactured by the supplier and will be delisted from the Schedule at a date to be determined.

Collodion flexible19.30 100 ml ✓PSM

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 May 2019

14	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy (amended presentation description) a) Maximum of 1 dev per prescription b) Only on a prescription c) Maximum of 1 insulin pump per patient each four year period. Min basal rate 0.00† 0.1 U/h	4,500.00	1	✓ Tandem t:slim X2
39	EPTACOG ALFA [RECOMBINANT FACTOR VIIA] – [Xpharm] (amended restriction) For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 1 mg syringe	1,178.30	1	✓ NovoSeven RT
	Inj 2 mg syringe	2,356.60	1	✓ NovoSeven RT
	Inj 5 mg syringe	5,891.50	1	✓ NovoSeven RT
	Inj 8 mg syringe	9,426.40	1	✓ NovoSeven RT
39	FACTOR EIGHT INHIBITOR BYPASSING FRACTION – [Xpharm] (amended restriction) For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 U	1,315.50	1	✓ FEIBA NF
	Inj 1,000 U	2,630.00	1	✓ FEIBA NF
	Inj 2,500 U	6,575.00	1	✓ FEIBA NF
39	MOROCTOCOG ALFA [RECOMBINANT FACTOR VIII] – [Xpharm] (amended restriction) Preferred Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu prefilled syringe.....	210.00	1	✓ Xyntha
	Inj 500 iu prefilled syringe.....	420.00	1	✓ Xyntha
	Inj 1,000 iu prefilled syringe.....	840.00	1	✓ Xyntha
	Inj 2,000 iu prefilled syringe.....	1,680.00	1	✓ Xyntha
	Inj 3,000 iu prefilled syringe.....	2,520.00	1	✓ Xyntha
40	NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm] (amended restriction) For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 iu vial.....	435.00	1	✓ RIXUBIS
	Inj 1,000 iu vial.....	870.00	1	✓ RIXUBIS
	Inj 2,000 iu vial.....	1,740.00	1	✓ RIXUBIS
	Inj 3,000 iu vial.....	2,610.00	1	✓ RIXUBIS

▲ 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
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\$ Per

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Changes to Restrictions – effective 1 May 2019 (continued)

40	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – [Xpharm] (amended restriction) Rare Clinical Circumstances Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016. Access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Co-ordinator, Haemophilia Treatments Panel Phone: 0800 023 588 Option 2 PHARMAC PO Box 10 254 Facsimile: (04) 974 4881 Wellington Email: haemophilia@pharmac.govt.nz			
	For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu vial.....	210.00	1	✓ Advate
	Inj 500 iu vial.....	420.00	1	✓ Advate
	Inj 1,000 iu vial.....	840.00	1	✓ Advate
	Inj 1,500 iu vial.....	1,260.00	1	✓ Advate
	Inj 2,000 iu vial.....	1,680.00	1	✓ Advate
	Inj 3,000 iu vial.....	2,520.00	1	✓ Advate
40	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (KOGENATE FS) – [Xpharm] (amended restriction) Second Brand of recombinant factor VIII for patients with haemophilia from 1 March 2016. Access to funded treatment by application to the Haemophilia Treatments Panel. Application details may be obtained from PHARMAC's website http://www.pharmac.govt.nz or: The Co-ordinator, Haemophilia Treatments Panel Phone: 0800 023 588 Option 2 PHARMAC PO Box 10 254 Facsimile: (04) 974 4881 Wellington Email: haemophilia@pharmac.govt.nz			
	For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu vial.....	237.50	1	✓ Kogenate FS
	Inj 500 iu vial.....	475.00	1	✓ Kogenate FS
	Inj 1,000 iu vial.....	950.00	1	✓ Kogenate FS
	Inj 2,000 iu vial.....	1,900.00	1	✓ Kogenate FS
	Inj 3,000 iu vial.....	2,850.00	1	✓ Kogenate FS
43	RIVAROXABAN (PSO restriction added) Tab 15 mg – Up to 14 tab available on a PSO	77.56	28	✓ Xarelto
112	DICLOFENAC SODIUM (reinstate stat dispensing) * Tab long-acting 75 mg	22.80	500	✓ Apo-Diclo SR
129	PIZOTIFEN (removal of S29 and wastage) * Tab 500 mcg.....	23.21	100	✓ Sandomigran S29
	Wastage claimable			S29

Changes to Subsidy and Manufacturer's Price

Effective 1 August 2019

8	RANITIDINE – Only on a prescription († subsidy) * Inj 25 mg per ml, 2 ml	13.40	5	✓ Zantac
12	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription († subsidy) Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	29.98	50	✓ Micolette
35	FERROUS SULFATE († subsidy) * Oral liq 30 mg (6 mg elemental) per 1 ml	12.08	500 ml	✓ Ferodan
27	LACTULOSE – Only on a prescription († subsidy) * Oral liq 10 g per 15 ml	3.33	500 ml	✓ Laevolac
41	ASPIRIN (↓ subsidy) * Tab 100 mg	10.80	990	✓ Ethics Aspirin EC
43	WARFARIN SODIUM († subsidy) Note: Marevan and Coumadin are not interchangeable. * Tab 1 mg	7.60	100	✓ Marevan
	* Tab 3 mg	11.80	100	✓ Marevan
	* Tab 5 mg	13.50	100	✓ Marevan
48	DIGOXIN († subsidy) * Tab 62.5 mcg – Up to 30 tab available on a PSO.....	7.00	240	✓ Lanoxin PG
	* Tab 250 mcg – Up to 30 tab available on a PSO.....	15.20	240	✓ Lanoxin
51	FUROSEMIDE [FRUSEMIDE] († subsidy) * Oral liq 10 mg per ml.....	11.20	30 ml OP	✓ Lasix
	* Inj 10 mg per ml, 25 ml ampoule	60.65	6	✓ Lasix
52	SPIRONOLACTONE († subsidy) Oral liq 5 mg per ml.....	30.60	25 ml OP	✓ Biomed
62	CLOBETASOL PROPIONATE (↓ subsidy) * Crm 0.05%.....	2.18	30 g OP	✓ Dermal
	* Oint 0.05%	2.12	30 g OP	✓ Dermal
67	COAL TAR († subsidy) Soln BP – Only in combination.....	36.25	200 ml	✓ Midwest
	1) Up to 10% only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain			
	2) With or without other dermatological galenicals.			
68	CLOBETASOL PROPIONATE (↓ subsidy) * Scalp app 0.05%	5.69	30 ml OP	✓ Dermal

▲ 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
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Changes to Subsidy and Manufacturer's Price – effective 1 August 2019 (continued)

70	INTRA-UTERINE DEVICE (↓ subsidy) a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 29.1 mm length × 23.2 mm width..... 18.45 * IUD 33.6 mm length × 29.9 mm width..... 18.45 * IUD 35.5 mm length × 19.6 mm width..... 15.50	1 1 1	✓ Choice TT380 Short ✓ Choice TT380 Standard ✓ Choice Load 375
87	CEFALEXIN (↓ subsidy) Cap 250 mg..... 3.33	20	✓ Cephalexin ABM
87	CEFUROXIME AXETIL – Subsidy by endorsement (↑ subsidy) Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly. Tab 250 mg 45.93	50	✓ Zinnat
89	ROXITHROMYCIN (↑ subsidy) Tab disp 50 mg 8.29 Restricted to children under 12 years of age.	10	✓ Rulide D
95	ITRACONAZOLE (↑ subsidy) Cap 100 mg – Subsidy by endorsement 4.27 Funded for tinea vesicular where topical treatment has not been successful and diagnosis has been confirmed by mycology, or for tinea unguium where terbinafine has not been successful in eradication or the patient is intolerant to terbinafine and diagnosis has been confirmed by mycology and the prescription is endorsed accordingly. Can be waived by endorsement - Retail pharmacy - Specialist. Specialist must be an infectious disease physician, clinical microbiologist, clinical immunologist or dermatologist.	15	✓ Itrazole
109	PYRIDOSTIGMINE BROMIDE (↑ subsidy) ▲ Tab 60 mg 45.79	100	✓ Mestinon
120	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE (↑ subsidy) Inj 2%, 5 ml ampoule – Up to 5 inj available on a PSO 8.25	25	✓ Lidocaine-Claris
130	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 100 mg 5.15 Tab 200 mg 14.96	30 60	✓ Sulprix ✓ Sulprix
131	CHLORPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 10 mg – Up to 30 tab available on a PSO 14.83 Tab 25 mg – Up to 30 tab available on a PSO 15.62 Tab 100 mg – Up to 30 tab available on a PSO 36.73 Inj 25 mg per ml, 2 ml – Up to 5 inj available on a PSO 30.79	100 100 100 10	✓ Largactil ✓ Largactil ✓ Largactil ✓ Largactil

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 August 2019 (continued)

154	CALCIUM FOLINATE (↑ subsidy)				
	Inj 10 mg per ml, 10 ml vial – PCT only – Specialist.....	9.49	1	✓ Calcium Folate Sandoz	
	Inj 10 mg per ml, 35 ml vial – PCT only – Specialist.....	25.14	1	✓ Calcium Folate Sandoz	
154	FLUDARABINE PHOSPHATE (↑ subsidy)				
	Inj 50 mg vial – PCT only – Specialist.....	576.45	5	✓ Fludarabine Ebewo	
	Inj 50 mg for ECP – PCT only – Specialist.....	115.29	50 mg OP	✓ Baxter	
159	MESNA (↑ subsidy)				
	Tab 400 mg – PCT – Retail pharmacy-Specialist	314.00	50	✓ Uromitexan	
	Tab 600 mg – PCT – Retail pharmacy-Specialist	448.50	50	✓ Uromitexan	
	Inj 100 mg per ml, 4 ml ampoule – PCT only – Specialist.....	177.45	15	✓ Uromitexan	
	Inj 100 mg per ml, 10 ml ampoule – PCT only – Specialist.....	407.40	15	✓ Uromitexan	
	Inj 1 mg for ECP – PCT only – Specialist.....	2.96	100 mg	✓ Baxter	
170	AZATHIOPRINE – Retail pharmacy-Specialist (↑ subsidy)				
	* Inj 50 mg vial	199.00	1	✓ Imuran	
213	CETIRIZINE HYDROCHLORIDE (↑ subsidy)				
	* Tab 10 mg	1.12	100	✓ Zista	
215	IPRATROPIUM BROMIDE (↑ subsidy)				
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO	11.73	20	✓ Univent	
218	SODIUM CHLORIDE (↑ subsidy)				
	Not funded for use as a nasal drop. Soln 7%	24.50	90 ml OP	✓ Biomed	
218	THEOPHYLLINE (↑ subsidy)				
	* Tab long-acting 250 mg	23.02	100	✓ Nuelin-SR	
	* Oral liq 80 mg per 15 ml	16.60	500 ml	✓ Nuelin	
219	CAFFEINE CITRATE (↑ subsidy)				
	Oral liq 20 mg per ml (10 mg base per ml).....	15.10	25 ml OP	✓ Biomed	
222	SODIUM CROMOGLICATE (↑ subsidy)				
	Eye drops 2%	1.79	5 ml OP	✓ Rexacrom	
229	SODIUM BICARBONATE (↑ subsidy)				
	Powder BP – Only in combination.....	10.05	500 g	✓ Midwest	
	Only in extemporaneously compounded omeprazole and lansoprazole suspension.				

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Schedule page ref

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Changes to Subsidy and Manufacturer's Price – effective 1 July 2019

6	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO (↓ subsidy) * Cap 2 mg.....	6.25	400	✓ Diamide Relief
9	PANTOPRAZOLE (↓ subsidy) * Tab EC 20 mg..... * Tab EC 40 mg.....	2.02 2.85	100 100	✓ Panzop Relief ✓ Panzop Relief
33	CALCITRIOL (↓ subsidy) * Cap 0.25 mcg..... * Cap 0.5 mcg.....	7.95 13.75	100 100	✓ Calcitriol-AFT ✓ Calcitriol-AFT
41	DIPYRIDAMOLE (↓ subsidy) * Tab long-acting 150 mg.....	10.90	60	✓ Pytazen SR
46	CILAZAPRIL (↑ subsidy) * Tab 0.5 mg.....	2.09	90	✓ Zapril
50	SOTALOL (↓ subsidy) * Tab 80 mg..... * Tab 160 mg.....	32.58 10.98	500 100	✓ Mylan ✓ Mylan
51	FUROSEMIDE [FRUSEMIDE] (↓ subsidy) * Inj 10 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO.....	1.15	5	✓ Frusemide-Claris
63	DIMETHICONE (↓ subsidy) * Crm 5% pump bottle.....	4.48	500 ml OP	✓ healthE Dimethicone 5%
92	CLINDAMYCIN (↓ subsidy) Inj phosphate 150 mg per ml, 4 ml ampoule – Retail pharmacy-Specialist.....	39.00	10	✓ Dalacin C
92	GENTAMICIN SULPHATE (↑ subsidy) Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.	17.50	10	✓ Pfizer
104	ABACAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy) Tab 300 mg.....	180.00	60	✓ Ziagen
104	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy) Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 600 mg with lamivudine 300 mg.....	63.00	30	✓ Kivexa
109	TENOXCAM (↓ subsidy) * Tab 20 mg.....	9.15	100	✓ Tilcotil

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 July 2019 (continued)

112	RISEDRONATE SODIUM (↓ subsidy) Tab 35 mg	3.10	4	✓ Risedronate Sandoz
113	ZOLEDRONIC ACID (↓ subsidy) Inj 0.05 mg per ml, 100 ml, vial – Special Authority see SA1780 – Retail pharmacy.....	60.00	100 ml OP	✓ Aclasta
118	PRAMIPEXOLE HYDROCHLORIDE (↓ subsidy) ▲ Tab 0.25 mg	6.12	100	✓ Ramipex
	▲ Tab 1 mg	20.73	100	✓ Ramipex
120	ASPIRIN (↑ subsidy) * Tab dispersible 300 mg – Up to 30 tab available on a PSO	4.50	100	✓ Ethics Aspirin
121	DIHYDROCODEINE TARTRATE (↓ subsidy) Tab long-acting 60 mg	8.60	60	✓ DHC Continus
124	NORTRIPTYLINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 10 mg	2.44	100	✓ Norpress
	Tab 25 mg	5.98	180	✓ Norpress
149	NICOTINE (↑ subsidy) a) Nicotine will not be funded in amounts less than 4 weeks of treatment. b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A. Patch 7 mg – Up to 28 patch available on a PSO.....	17.28	28	✓ Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO.....	19.00	28	✓ Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO.....	21.77	28	✓ Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO.....	18.27	216	✓ Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO.....	20.02	216	✓ Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO	36.39	384	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO	36.39	384	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO	42.07	384	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO	42.07	384	✓ Habitrol
152	CARMUSTINE – PCT only – Specialist (↑ subsidy) Inj 100 mg for ECP	1,387.00	100 mg OP	✓ Baxter
168	FLUTAMIDE – Retail pharmacy-Specialist (↑ subsidy) Tab 250 mg	100.38	84	✓ Flutamide Mylan
		119.50	100	✓ Flutamin
215	SALBUTAMOL (↑ subsidy) Inj 500 mcg per ml, 1 ml – Up to 5 inj available on a PSO	53.00	5	✓ Ventolin
215	SALBUTAMOL (↓ price) Infusion 1 mg per ml, 5 ml.....	118.38	10	✓ Ventolin
220	CHLORAMPHENICOL (↓ subsidy) Eye drops 0.5%.....	1.54	10 ml OP	✓ Chlorafast
	Funded for use in the ear*. Indications marked with * are unapproved indications.			

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

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Changes to Subsidy and Manufacturer's Price – effective 1 June 2019

14	INSULIN PEN NEEDLES – Maximum of 100 dev per prescription (↓ subsidy) * 31 g × 6 mm.....	9.50	100	✓ Berpu
39	FACTOR EIGHT INHIBITOR BYPASSING FRACTION – [Xpharm] (↓ subsidy) For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 500 U	1,315.00	1	✓ FEIBA NF
89	ROXITHROMYCIN (↑ subsidy) Tab 150 mg	8.28	50	✓ Arrow-Roxithromycin
	Tab 300 mg	16.33	50	✓ Arrow-Roxithromycin
102	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1714 (↓ subsidy) Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website. Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate)	61.15 (190.02)	30	Truvada
105	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see – Retail pharmacy (↓ subsidy) Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)	106.88 (237.52)	30	Atripla
105	ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy (↓ subsidy) Cap 150 mg	141.68 (568.34)	60	Reyataz
	Cap 200 mg	188.91 (757.79)	60	Reyataz
119	LIDOCAINE [LIGNOCAINE] (↓ subsidy) Gel 2%, 10 ml urethral syringe – Subsidy by endorsement	105.00	25	✓ Cathejell
	a) Up to 5 each available on a PSO			
	b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 June 2019 (continued)

122	METHADONE HYDROCHLORIDE (↓ subsidy)			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	e) For methadone hydrochloride oral liquid refer Standard Formulae			
	Tab 5 mg – bottle pack.....	1.40	10	✓ Methatabs
131	LEVOMEPRMAZINE MALEATE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy)			
	Tab 25 mg	16.10	100	✓ Nozinan
	Tab 100 mg	41.75	100	✓ Nozinan
152	CARBOPLATIN – PCT only – Specialist (↑ subsidy)			
	Inj 1 mg for ECP	0.10	1 mg	✓ Baxter

Effective 1 May 2019

39	FACTOR EIGHT INHIBITOR BYPASSING FRACTION – [Xpharm] (↓ subsidy)			
	For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 U	1,315.50	1	✓ FEIBA NF
	Inj 1,000 U	2,630.00	1	✓ FEIBA NF
	Inj 2,500 U	6,575.00	1	✓ FEIBA NF
40	NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm] (↓ subsidy)			
	For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 500 iu vial.....	435.00	1	✓ RIXUBIS
	Inj 1,000 iu vial.....	870.00	1	✓ RIXUBIS
	Inj 2,000 iu vial.....	1,740.00	1	✓ RIXUBIS
	Inj 3,000 iu vial.....	2,610.00	1	✓ RIXUBIS
40	OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – [Xpharm] (↓ subsidy)			
	For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.			
	Inj 250 iu vial.....	210.00	1	✓ Advate
	Inj 500 iu vial.....	420.00	1	✓ Advate
	Inj 1,000 iu vial.....	840.00	1	✓ Advate
	Inj 1,500 iu vial.....	1,260.00	1	✓ Advate
	Inj 2,000 iu vial.....	1,680.00	1	✓ Advate
	Inj 3,000 iu vial.....	2,520.00	1	✓ Advate
44	FILGRASTIM – Special Authority see SA1259 – Retail pharmacy (↓ subsidy)			
	Inj 300 mcg per 0.5 ml prefilled syringe	48.11	5	
		(270.00)		Zarzio
	Inj 480 mcg per 0.5 ml prefilled syringe	80.75	5	
		(432.00)		Zarzio

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

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

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Changes to Subsidy and Manufacturer's Price – effective 1 May 2019 (continued)

76	ZOLEDRONIC ACID (↓ subsidy) Inj 4 mg per 5 ml, vial – Special Authority see SA1687 – Retail pharmacy.....	38.03 (550.00)	1	Zometa
94	TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] (↑ subsidy) * Tab trimethoprim 80 mg and sulphamethoxazole 400 mg – Up to 30 tab available on a PSO.....	53.96	500	✓ Trisul
100	VALGANCICLOVIR – Special Authority see SA1404 – Retail pharmacy (↓ subsidy) Tab 450 mg	225.00 (1,050.00)	60	Valcyte
109	IBUPROFEN (↓ subsidy) * Oral liq 20 mg per ml.....	1.88	200 ml	✓ Fenpaed
123	OXYCODONE HYDROCHLORIDE (↓ subsidy) 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	2.15 (2.63)	20	BNM
	Tab controlled-release 10 mg	2.15 (2.76)	20	BNM
	Tab controlled-release 20 mg	2.15 (4.72)	20	BNM
	Tab controlled-release 40 mg	3.20 (7.69)	20	BNM
	Tab controlled-release 80 mg	10.98 (14.11)	20	BNM
127	LAMOTRIGINE (↓ subsidy) ▲ Tab dispersible 25 mg	2.76	56	✓ Logem
	▲ Tab dispersible 50 mg	3.31	56	✓ Logem
	▲ Tab dispersible 100 mg	4.40	56	✓ Logem
127	LEVETIRACETAM (↓ subsidy) Tab 250 mg	4.99	60	✓ Everet
	Tab 500 mg	8.79	60	✓ Everet
	Tab 750 mg	14.39	60	✓ Everet
	Tab 1,000 mg	18.59	60	✓ Everet
162	VINORELBINE – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	1.25	1 mg	✓ Baxter

Delisted Items

Effective 1 August 2019

33	VITAMIN A WITH VITAMINS D AND C * Soln 1000 u with Vitamin D 400 u and ascorbic acid 30 mg per 10 drops.....	4.50	10 ml OP	✔ Vitadol C
44	FILGRASTIM – Special Authority see SA1259 – Retail pharmacy Inj 300 mcg per 0.5 ml prefilled syringe	48.11 (270.00)	5	Zarzio
	Inj 480 mcg per 0.5 ml prefilled syringe	80.75 (432.00)	5	Zarzio
49	LABELALOL Tab 50 mg	8.99	100	✔ Hybloc
60	SODIUM FUSIDATE [FUSIDIC ACID] Crn 2%.....	2.52	15 g OP	✔ DP Fusidic Acid Cream
	a) Maximum of 5 g per prescription b) Only on a prescription c) Not in combination			
	Oint 2%	3.45	15 g OP	✔ Foban
	a) Maximum of 5 g per prescription b) Only on a prescription c) Not in combination			
	Note – this delist applies to the 15 g OP pack.			
76	ZOLEDRONIC ACID Inj 4 mg per 5 ml, vial – Special Authority see SA1687 – Retail pharmacy.....	38.03 (550.00)	1	Zometa
79	MEDROXYPROGESTERONE ACETATE – See prescribing guideline * Tab 5 mg	7.84	56	✔ Provera
	Note – this delist applies to the 56 tab pack.			
100	VALGANCICLOVIR – Special Authority see SA1404 – Retail pharmacy Tab 450 mg	225.00 (1,050.00)	60	Valcyte
109	IBUPROFEN * Oral liq 20 mg per ml.....	1.88	200 ml	✔ Fenpaed
121	PARACETAMOL * Tab 500 mg - blister pack – Up to 30 tab available on a PSO.....	0.71	100	✔ Priceline

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 2019 (continued)

123	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	2.15	20	
		2.63		BNM
	Tab controlled-release 10 mg	2.15	20	
		2.76		BNM
	Tab controlled-release 20 mg	2.15	20	
		4.72		BNM
	Tab controlled-release 40 mg	3.20	20	
		7.69		BNM
	Tab controlled-release 80 mg	10.98	20	
		14.11		BNM
228	COMPOUND HYDROXYBENZOATE – Only in combination Only in extemporaneously compounded oral mixtures.			
	Soln	34.18	100 ml	✓ David Craig
246	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3]			
	Powder	53.00	400 g OP	✓ Neocate LCP

Effective 1 July 2019

34	CALCIUM GLUCONATE * Inj 10%, 10 ml ampoule.....	34.24	10	✓ Hospira
36	IRON POLYMALTOSE * Inj 50 mg per ml, 2 ml ampoule	15.22	5	✓ Ferrum H
	Note – relisted from 1 August 2019.			
45	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO.....	6.63	50	✓ Pfizer
	Note – this delist applies to Pharmacode 2549484. Pharmacode 691968 remains subsidised.			
51	VERAPAMIL HYDROCHLORIDE * Tab 80 mg	11.74	100	✓ Isoptin
	Note – this delist applies to Pharmacode 253502. A new Pharmacode was listed 1 August 2018.			
71	ETHINYLESTRADIOL WITH NORETHISTERONE * Tab 35 mcg with norethisterone 500 mcg – Up to 63 tab available on a PSO.....	6.62	63	✓ Brevinor 21
	Note – delisting delayed until 1 July 2020.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 July 2019 (continued)

73	ERGOMETRINE MALEATE Inj 250 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	454.00	5	✓ Ergonovine S29
116	BACLOFEN Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement (209.29)	74.60	1	Lioresal Intrathecal Subsidised only for use in a programmable pump in patients where oral antispastic agents have ineffective or have caused intolerable side effects and the prescription is endorsed accordingly.
124	MOCLOBEMIDE * Tab 150 mg	53.33 (85.10)	500	Apo-Moclobemide
	* Tab 300 mg	16.33 (30.70)	100	Apo-Moclobemide
131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency Tab 100 mg	14.73 29.45	50 100	✓ Clozaril ✓ Clozaril
	Note – this delist applies to Pharmacode 454699 (50 tab pack) and 2317338 (100 tab pack). New Pharmacodes were listed from 1 January 2019.			
142	GLATIRAMER ACETATE – Special Authority see SA1564 – Retail pharmacy Inj 20 mg prefilled syringe – [Xpharm]	2,250.00	28	✓ Copaxone
152	CARMUSTINE – PCT only – Specialist Inj 100 mg vial	532.00	1	✓ BiCNU
	Note – this delist applies to Pharmacode 332801.			
223	LATANOPROST * Eye drops 0.005%	1.50	2.5 ml OP	✓ Hysite
253	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)..... a) Only on a prescription b) No patient co-payment payable c) Access criteria apply	90.00	10	✓ Influvac Tetra
	Note – this delist applies to Pharmacode 2538466.			

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

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

Check your Schedule for full details
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Delisted Items – effective 1 June 2019

48	PROPAPENONE HYDROCHLORIDE – Retail pharmacy-Specialist ▲ Tab 150 mg 40.90 50 ✓ Rytmonorm Note – this delist applies to Pharmacode 791326. A new Pharmacode was listed 1 December 2018.
53	CHOLESTYRAMINE Powder for oral liq 4 g 19.25 50 (52.68) (52.68) Questran-Lite Questran-Lite S29 S29
59	HYDROGEN PEROXIDE * Crm 1% 8.56 10 g OP ✓ Crystaderm Note – delisting delayed until further notice.
65	POVIDONE IODINE Skin preparation, povidone iodine 10% with 70% alcohol 1.63 100 ml (6.04) Orion 8.13 500 ml Orion (18.63)
88	AZITHROMYCIN – Maximum of 5 days treatment per prescription; can be waived by Special Authority see SA1683 A maximum of 24 months of azithromycin treatment for non-cystic fibrosis bronchiectasis will be subsidised on Special Authority. Tab 250 mg 8.50 6 ✓ Zithromax Tab 500 mg – Up to 8 tab available on a PSO 0.93 2 ✓ Apo-Azithromycin Note – the delist for Apo-Azithromycin tab 500 mg applies to Pharmacode 2550059.
127	LAMOTRIGINE ▲ Tab dispersible 25 mg 2.76 56 ✓ Logem ▲ Tab dispersible 50 mg 3.31 56 ✓ Logem ▲ Tab dispersible 100 mg 4.40 56 ✓ Logem Note – this delist applies to Pharmacodes 2271761, tab dispersible 25 mg; 2271788, tab dispersible 50 mg and 2271796, tab dispersible 100 mg. New Pharmacodes were listed 1 December 2018.
130	DOMPERIDONE * Tab 10 mg 2.25 100 (3.20) Prokinex
131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency Tab 25 mg 5.69 50 ✓ Clozaril Note – this delist applies to Pharmacode 454680. A new Pharmacode was listed 1 December 2018.

Check your Schedule for full details
Schedule page ref

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(Mnfr's price)
\$ Per

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Generic Mnfr
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Delisted Items – effective 1 June 2019 (continued)

133	PIPOTHIAZINE PALMITATE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidised for patients who were taking pipothiazine palmitate prior to 1 August 2014 and the prescription or PSO is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of pipothiazine palmitate.			
	Inj 50 mg per ml, 1 ml – Up to 5 inj available on a PSO	178.48	10	✓ Piportil
	Inj 50 mg per ml, 2 ml – Up to 5 inj available on a PSO	353.32	10	✓ Piportil
143	PHENOBARBITONE SODIUM – Special Authority see SA1386 – Retail pharmacy Inj 200 mg per ml, 1 ml ampoule	46.20	10	✓ Martindale S29
149	VARENICLINE TARTRATE – Special Authority see SA1771 – Retail pharmacy a) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack b) Varenicline will not be funded in amounts less than 4 weeks of treatment.			
	Tab 1 mg	13.55 (67.74) 27.10 (135.48)	28 56	Champix
	Tab 0.5 mg × 11 and 1 mg × 14	12.09 (60.48)	25 OP	Champix
154	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist Inj 200 mg	8.36	1	✓ Gemcitabine Ebewe
158	EPIRUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 50 ml vial	32.50	1	✓ Epirubicin Ebewe
162	DASATINIB – Retail pharmacy-Specialist – Special Authority see SA0976 Tab 100 mg	6,214.20	30	✓ Sprycel
222	LEVOBUNOLOL * Eye drops 0.5%	7.00	5 ml OP	✓ Betagan
224	PARAFFIN LIQUID WITH SOFT WHITE PARAFFIN * Eye oint with soft white paraffin	3.63	3.5 g OP	✓ Refresh Night Time
225	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Eleylyso is 2561972	4.50	1 fee	✓ BSF Eleylyso
226	DEFERRIOXAMINE MESILATE * Inj 500 mg vial	51.52	10	✓ Desferal

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Delisted Items – effective 1 May 2019

11	METFORMIN HYDROCHLORIDE * Tab immediate-release 500 mg.....	8.63 (9.59)	1,000	
	* Tab immediate-release 850 mg.....	7.04 (7.82)	500	Metckek Metformin Mylan
25	PANCREATIC ENZYME Cap pancreatin 150 mg (amylase 8,000 Ph Eur U, lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	34.93	100	✓ Creon 10000
	Note – this delist applies to Pharmacode 954322. A new Pharmacode was listed 1 December 2018.			
40	NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm] For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 250 iu vial.....	287.50	1	✓ RIXUBIS
45	PHOSPHORUS Tab eff 500 mg (16 mmol)	82.50	100	✓ Phosphate-Sandoz
88	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1131 Grans for oral liq 250 mg per 5 ml – Wastage claimable.....	23.12	50 ml	✓ Klacid
	Note – this delist applies to Pharmacode 2494973. A new Pharmacode was listed 1 November 2018.			
106	INTERFERON ALFA-2B – PCT – Retail pharmacy-Specialist a) See prescribing guideline b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician or ophthalmologist Inj 18 m iu, 1.2 ml multidose pen..... Inj 30 m iu, 1.2 ml multidose pen..... Inj 60 m iu, 1.2 ml multidose pen.....	206.71 344.52 689.04	1 1 1	✓ Intron-A ✓ Intron-A ✓ Intron-A
110	ALENDRONATE SODIUM – Special Authority see SA0949 – Retail pharmacy * Tab 40 mg	133.00	30	✓ Fosamax
121	PARACETAMOL * Suppos 500 mg	12.40 (12.60)	50	Paracare
223	BIMATOPROST * Eye drops 0.03%	3.30 (3.65)	3 ml OP	Bimatoprost Actavis
246	AMINO ACID FORMULA – Special Authority see SA1219 – Hospital pharmacy [HP3] Powder	53.00	400 g OP	✓ Neocate LCP
	Note – this delist has been delayed until 1 August 2019.			

Items to be Delisted

Effective 1 September 2019

102	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA1714 Endorsement for treatment of HIV: Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA1651 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA1651. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the PHARMAC website. Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a fumarate)	61.15 (190.02)	30	Truvada
105	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA1651 – Retail pharmacy Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate)	106.88 (237.52)	30	Atripla
105	ATAZANAVIR SULPHATE – Special Authority see SA1651 – Retail pharmacy Cap 150 mg	141.68 (568.34)	60	Reyataz
	Cap 200 mg	188.91 (757.79)	60	Reyataz
109	GELECOXIB Cap 100 mg	3.63	60	✓ Celebrex
	Note – delisting delayed until 1 January 2020.			
168	FLUTAMIDE – Retail pharmacy-Specialist Tab 250 mg	16.50	30	✓ Flutamide Mylan S29

Effective 1 October 2019

11	ACARBOSE * Tab 100 mg	11.24	50	✓ Acarbose Mylan S29
	Note – delisting delayed until 1 January 2020.			
127	LAMOTRIGINE ▲ Tab dispersible 25 mg	20.40 29.09	56	✓ Arrow-Lamotrigine ✓ Lamictal
	▲ Tab dispersible 50 mg	34.70 47.89	56	✓ Arrow-Lamotrigine ✓ Lamictal
	▲ Tab dispersible 100 mg	59.90 79.16	56	✓ Arrow-Lamotrigine ✓ Lamictal

▲ 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
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Items to be Delisted – effective 1 October 2019 (continued)

152	CARMUSTINE – PCT only – Specialist Inj 100 mg vial	1,380.00	1	✓ Emcure S29
209	PEMBROLIZUMAB – PCT only – Specialist – Special Authority see SA1657 Inj 50 mg vial	2,340.00	1	✓ Keytruda

Effective 1 November 2019

40	NONACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm] For patients with haemophilia, whose funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group. Inj 250 iu vial..... Inj 500 iu vial..... Inj 1,000 iu vial..... Inj 2,000 iu vial..... Inj 3,000 iu vial.....	310.00 620.00 1,240.00 2,480.00 3,720.00	1 1 1 1 1	✓ BeneFIX ✓ BeneFIX ✓ BeneFIX ✓ BeneFIX ✓ BeneFIX
91	DOXYCYCLINE * Tab 100 mg – Up to 30 tab available on a PSO Note – this delist applies to the 250 tab pack	6.75	250	✓ Doxine
97	CYCLOSERINE – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an infectious disease physician, clinical microbiologist or respiratory physician. Cap 250 mg	1,294.50	100	✓ King S29
119	LIDOCAINE [LIGNOCAINE] Gel 2%, 10 ml urethral syringe – Subsidy by endorsement a) Up to 5 each available on a PSO b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.	81.50	10	✓ Pfizer
129	PIZOTIFEN * Tab 500 mcg..... Note – this delist applies to Pharmacode 251666. Pharmacode 2492954 remains listed.	23.21	100	✓ Sandomigran

Effective 1 December 2019

45	SODIUM CHLORIDE Not funded for use as a nasal drop. Only funded for nebuliser use when in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO Inj 0.9%, 20 ml ampoule..... 7.50	7.00 6.63 5.00 7.50	50 50 20 30	✓ InterPharma ✓ Multichem ✓ Pfizer ✓ Multichem ✓ InterPharma
48	AMIODARONE HYDROCHLORIDE ▲ Tab 100 mg – Retail pharmacy-Specialist ▲ Tab 200 mg – Retail pharmacy-Specialist.....	4.66 7.63	30 30	✓ Cordarone-X ✓ Cordarone-X

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 December 2019 (continued)

48	FLECAINIDE ACETATE – Retail pharmacy-Specialist ▲ Cap long-acting 100 mg 38.95 ▲ Cap long-acting 200 mg 68.78	30 30	✓ Tambacor CR ✓ Tambacor CR
79	MEDROXYPROGESTERONE ACETATE – See prescribing guideline * Tab 2.5 mg 7.00 Note – this delist applies to the 56 tab pack.	56	✓ Provera
122	METHADONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). e) For methadone hydrochloride oral liquid refer Standard Formulae Tab 5 mg – bottle pack..... 1.40	10	✓ Methatabs
131	CLOZAPINE – Hospital pharmacy [HP4] Safety medicine; prescriber may determine dispensing frequency Tab 25 mg 11.36 Note – this delist applies to Pharmacode 2317346. A new Pharmacode was listed 1 July 2019.	100	✓ Clozaril

Effective 1 January 2020

11	ACARBOSE * Tab 100 mg 11.24	50	✓ Acarbose Mylan S29
42	DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy Inj 12,500 iu per 0.5 ml prefilled syringe 99.96 Inj 15,000 iu per 0.6 ml prefilled syringe 120.05 Inj 18,000 iu per 0.72 ml prefilled syringe 158.47	10 10 10	✓ Fragmin ✓ Fragmin ✓ Fragmin
71	ETHINYL OESTRADIOL WITH NORETHISTERONE * Tab 35 mcg with norethisterone 1 mg – Up to 63 tab available on a PSO 6.62 Note – delisting delayed until 1 July 2020.	63	✓ Brevinor 1/21
78	TETRACOSACTRIN * Inj 250 mcg per ml, 1 ml ampoule 75.00 Note – this delist applies to Pharmacode 2564300.	1	✓ Synacthen S29 S29
87	CEFTRIAXONE – Subsidy by endorsement a) Up to 10 inj available on a PSO b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningococcal disease, and the prescription or PSO is endorsed accordingly. Inj 500 mg vial 1.20 Inj 1 g vial 0.84	1 1	✓ DEVA ✓ DEVA

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Items to be Delisted – effective 1 January 2020 (continued)

109	CELECOXIB Cap 100 mg	3.63	60	✓ Celebrex
121	PARACETAMOL * Tab 500 mg - blister pack	7.12	1,000	✓ Pharmacy Health
124	DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride. Cap 25 mg	6.45	100	✓ Dopress
170	AZATHIOPRINE – Retail pharmacy-Specialist * Tab 25 mg	9.66	100	✓ Imuran
	* Tab 50 mg	10.58	100	✓ Imuran
217	MONTELUKAST * Tab 4 mg	5.25	28	✓ Apo-Montelukast
	* Tab 5 mg	5.50	28	✓ Apo-Montelukast
	* Tab 10 mg	5.65	28	✓ Accord S29 ✓ Apo-Montelukast
222	TIMOLOL * Eye drops 0.25%, gel forming	3.30	2.5 ml OP	✓ Timoptol XE
224	POLYVINYL ALCOHOL * Eye drops 1.4%	2.62	15 ml OP	✓ Vistil
229	SODIUM BICARBONATE Powder BP – Only in combination	9.80 (29.50)	500 g	David Craig
	Only in extemporaneously compounded omeprazole and lansoprazole suspension.			
229	SYRUP (PHARMACEUTICAL GRADE) – Only in combination Only in extemporaneously compounded oral liquid preparations. Liq	21.75	2,000 ml	✓ Midwest
	Note – this delist applies to the 2,000 ml bottle pack.			

Effective 1 February 2020

237	PAEDIATRIC ENTERAL FEED WITH FIBRE 0.76 KCAL/ML – Special Authority see SA1196 – Hospital pharmacy [HP3] Liquid	4.00	500 ml OP	✓ Nutrini Low Energy Multi Fibre
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Note – this delist applies to Pharmacode 2400421.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 March 2020

110	SODIUM AUROTHIOMALATE			
	Inj 10 mg in 0.5 ml ampoule	76.87	10	✓ Myocrisin
	Inj 20 mg in 0.5 ml ampoule	113.17	10	✓ Myocrisin
	Inj 50 mg in 0.5 ml ampoule	217.23	10	✓ Myocrisin
126	ETHOSUXIMIDE			
	Cap 250 mg	281.75	200	✓ Zarontin
	Note – this delist applies to the 200 tab pack.			
224	POLYVINYL ALCOHOL			
	* Eye drops 3%	3.68	15 ml OP	✓ Vistil Forte

Effective 1 April 2020

42	DALTEPARIN SODIUM – Special Authority see SA1270 – Retail pharmacy			
	Inj 2,500 iu per 0.2 ml prefilled syringe	19.97	10	✓ Fragmin
	Inj 5,000 iu per 0.2 ml prefilled syringe	39.94	10	✓ Fragmin
	Inj 7,500 iu per 0.75 ml graduated syringe	60.03	10	✓ Fragmin
	Inj 10,000 iu per 1 ml graduated syringe	77.55	10	✓ Fragmin
104	EFAVIRENZ – Special Authority see SA1651 – Retail pharmacy			
	Tab 50 mg	63.38	30	✓ Stocrin S29

Effective 1 May 2020

61	BETAMETHASONE DIPROPIONATE			
	Crm 0.05% in propylene glycol base	4.33	30 g OP	✓ Diprosone OV
64	PARAFFIN			
	White soft – Only in combination	3.58	500 g	PSM
		(8.69)		
	Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.			

Effective 1 July 2020

33	HYDROGEN PEROXIDE			
	* Soln 3% (10 vol) – Maximum of 200 ml per prescription	1.40	100 ml	✓ Pharmacy Health
61	CALAMINE			
	a) Only on a prescription			
	b) Not in combination			
	Lotn, BP	12.94	2,000 ml	✓ PSM

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Items to be Delisted – effective 1 July 2020 (continued)

71	ETHINYLOESTRADIOL WITH NORETHISTERONE * Tab 35 mcg with norethisterone 1 mg – Up to 63 tab available on a PSO	6.62	63	✓ Brevinor 1/21
	* Tab 35 mcg with norethisterone 500 mcg – Up to 63 tab available on a PSO	6.62	63	✓ Brevinor 21
228	MAGNESIUM HYDROXIDE Paste 29%	22.61	500 g	✓ PSM

Effective 1 August 2020

104	EFAVIRENZ – Special Authority see SA1651 – Retail pharmacy Oral liq 30 mg per ml	145.79	180 ml OP	✓ Stocrin S29
124	DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride. Tab 75 mg	11.19	100	✓ Dopress

Effective 1 January 2021

143	NITRAZEPAM – subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – subsidised for patients who were taking nitrazepam prior to 1 August 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of nitrazepam in the preceding 12 months. Tab 5 mg	5.22	100	✓ Nitrados
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Pharmaceutical Management Agency

Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand

Phone: 64 4 460 4990

Fax: 64 4 460 4995

Website: www.pharmac.govt.nz

Email: enquiry@pharmac.govt.nz

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