

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

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

December 2022

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Summary of Pharmac decisions

EFFECTIVE 1 DECEMBER 2022

New listings (pages 20-22)

- Clopidogrel (Arrow - Clopid) tab 75 mg
- Ramipril (Tryzan) cap 1.25 mg, 2.5 mg, 5 mg and 10 mg
- Atenolol (Viartis) tab 50 mg
- Diltiazem (Diltiazem CD Clinect) cap long-acting 120 mg
- Tolvaptan (Jinarc) tab 15 mg, 30 mg, 45 mg + 15 mg, 60 mg + 30 mg and 90 mg + 30 mg – Special Authority – Retail pharmacy
- Aqueous cream (Evara) crm, 500 g
- Paraffin (White Soft Liquid Paraffin AFT) oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP
- Oxytocin (Oxytocin GH) inj 10 iu per ml, 1 ml ampoule – up to 5 inj available on a PSO, s29 and wastage claimable
- Tobramycin (Viartis) inj 40 mg per ml, 2 ml vial – Subsidy by endorsement
- Posaconazole (Devatis) oral liq 40 mg per ml, 105 ml OP – Special Authority – Retail pharmacy
- Abacavir sulphate with lamivudine (Abacavir/Lamivudine Viartis) tab 600 mg with lamivudine 300 mg – Special Authority – Retail pharmacy
- Atazanavir sulphate (Atazanavir Mylan) cap 150 mg and 200 mg – Special Authority – Retail pharmacy
- Capsaicin (Rugby Capsaicin Topical Cream) crm 0.025%, 60 g OP – Special Authority – Retail pharmacy and s29
- Codeine phosphate (Noumed) tab 15 mg – safety medicine
- Paliperidone palmitate (Invega Trinza) inj 175 mg, 263 mg, 350 mg and 525 mg syringe – Special Authority – Retail pharmacy
- Melfhalan (Melpha) inj 50 mg – PCT only – Specialist
- Bortezomib (DBL Bortezomib) inj 3.5 mg vial – PCT only – Specialist – Special Authority
- Ibrutinib (Imbruvica) tab 140 mg and 420 mg – Special Authority – Retail pharmacy
- Meningococcal (groups A, C, Y and W-135) conjugate vaccine (MenQuadfi) inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial – Xpharm

Summary of Pharmac decisions – effective 1 December 2022 (continued)

Changes to restrictions (pages 24-26)

- Nadolol (Nadolol BNM) tab 40 mg and 80 mg – reinstate stat dispensing and removal of s29 and wastage claimable
- Cinacalcet (Cinacalcet Devatis) tab 30 mg and 60 mg – amended Special Authority criteria
- Progesterone (Utrogestan) cap 100 mg – addition of stat dispensing and Special Authority removed
- Meningococcal (groups A, C, Y and W-135) conjugate vaccine (Menactra) inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial – amended restriction criteria and sole supply suspended
- Meningococcal C conjugate vaccine (Neisvac-C) inj 10 mcg in 0.5 ml syringe – amended restriction criteria
- Pneumococcal (PCV13) conjugate vaccine (Prevenar 13) inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml syringe – amended restriction criteria

Increased subsidy (page 27)

- Aspirin (Ethics Aspirin EC) tab 100 mg
- Nortriptyline hydrochloride (Norpress) tab 10 mg and 25 mg

Decreased subsidy (page 27)

- Progesterone (Utrogestan) cap 100 mg
- Capsaicin (Rugby Capsaicin Topical Cream) crm 0.075%, 57 g OP
- Bortezomib (Baxter) inj 1 mg for ECP

Tender News

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

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Bisacodyl	Tab 5 mg; 200 tab	PSS	Bisacodyl Viatris (Viatris)
Cefalexin	Grans for oral liq 25 mg per ml; 100 ml	PSS	Flynn (Max Health)
Cefalexin	Grans for oral liq 50 mg per ml; 100 ml	PSS	Flynn (Max Health)
Clobetasol propionate	Crn 0.05%; 30 g OP	PSS	Dermol (Viatris)
Clobetasol propionate	Oint 0.05%; 30 g OP	PSS	Dermol (Viatris)
Clobetasol propionate	Scalp app 0.05%; 30 ml OP	PSS	Dermol (Viatris)
Digoxin	Tab 62.5 mcg; 240 tab	PSS	Lanoxin PG (Aspen Pharma)
Digoxin	Tab 250 mcg; 240 tab	PSS	Lanoxin (Aspen Pharma)
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental); 30 tab	PSS	Ferrograd (Viatris)
Ferrous sulfate	Oral liq 30 mg (6 mg elemental) per ml; 500 ml	PSS	Ferodan (Viatris)
Furosemide [Frusemide]	Inj 10 mg per ml, 2 ml ampoule; 5 inj	PSS	Furosemide-Baxter (Baxter)
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe; 10 inj	PSS	Instillagel lido (Inter)
Loperamide hydrochloride	Cap 2 mg; 400 cap	PSS	Diamide Relief (Viatris)
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg; 30 tab	PSS	Arrow-Losartan & Hydrochlorothiazide (Teva)
Omeprazole	Inj 40 mg ampoule with diluent; 5 inj	PSS	Dr Reddy's Omeprazole (Dr Reddy's)
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg; 1000 tab	PSS	Paracetamol + Codeine (Relieve) (Viatris)
Paroxetine	Tab 20 mg; 90 tab	PSS	Loxamine (Viatris)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml; 100 ml	PSS	AFT (AFT)
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 250 mg per 5 ml; 100 ml	PSS	AFT (AFT)
Ropinirole hydrochloride	Tab 0.25 mg; 84 tab	PSS	Ropin (Viatris)
Ropinirole hydrochloride	Tab 1 mg; 84 tab	PSS	Ropin (Viatris)
Ropinirole hydrochloride	Tab 2 mg; 84 tab	PSS	Ropin (Viatris)
Ropinirole hydrochloride	Tab 5 mg; 84 tab	PSS	Ropin (Viatris)
Sodium chloride	Inj 0.9%, 5 ml ampoule; 20 inj	PSS	Fresenius Kabi (Fresenius Kabi)
Sodium chloride	Inj 0.9%, 10 ml ampoule; 50 inj	PSS	Fresenius Kabi (Fresenius Kabi)
Sodium chloride	Inj 0.9%, 20 ml ampoule; 20 inj	PSS	Fresenius Kabi (Fresenius Kabi)

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

Sotalol	Tab 80 mg; 500 tab	PSS	Mylan (Viatris)
Sotalol	Tab 160 mg; 100 tab	PSS	Mylan (Viatris)
Tamsulosin	Cap 400 mcg; 100 cap	PSS	Tamsulosin-Rex (Rex Medical)
Tenoxicam	Tab 20 mg; 100 tab	PSS	Tilcotil (Viatris)
Water	Inj 20 ml ampoule; 20 inj	PSS	Fresenius Kabi (Fresenius Kabi)

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 January 2023

- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled pen and syringe – amend Special Authority criteria and remove brand switch fee
- Paracetamol (Paracetamol (Ethics)) oral liq 120 mg per 5 ml, 200 ml – new listing
- Pegfilgrastim (Ziextenzo) inj 6 mg per 0.6 ml syringe – new listing
- Zoledronic acid (Zoledronic Acid Viatris) inj 0.05 mg per ml, 100 ml, bag – new listing

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Accarb	2024
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	Martindale Pharma	2024
Aciclovir	Eye oint 3%, 4.5 g OP	VirusPOS	2024
Acitretin	Cap 10 mg & 25 mg	Novatretin	2023
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen	Amgevita	31/07/2026
Allopurinol	Tab 100 mg & 300 mg	DP-Allopurinol	2023
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Mylan	2023
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
Amitriptyline	Tab 10 mg, 25 mg & 50 mg	Arrow-Amitriptyline	2023
Amlodipine	Tab 2.5 mg, 5 mg & 10 mg	Vasorex	2023
Amorolfine	Nail soln 5%, 5 ml OP	MycosNail	2023
Amoxicillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml	Alphamox 125 Alphamox 250	2023
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Curam Duo 500/125	2023
Anastrozole	Tab 1 mg	Anatrole	2023
Apomorphine hydrochloride	Inj 10 mg per ml, 5 ml ampoule Inj 10 mg per ml, 2 ml ampoule	Movapo	2023
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tripack	2024
Aqueous cream	Crn, 500 g	GEM Aqueous Cream	2024
Atenolol	Tab 50 mg & 100 mg	Mylan Atenolol	2024
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2024
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2024 2023
Azithromycin	Tab 500 mg	Zithromax	2024
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2024
Baclofen	Inj 2 mg per ml, 5 ml ampoule	Medsurge	2024
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg & 5 mg	Arrow-Bendrofluazide	2023
Benzatropine mesylate	Inj 1 mg per ml, 2 ml	Phebra	2023
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Betahistine dihydrochloride	Tab 16 mg	Serc	2023
Betamethasone dipropionate	Crn & oint 0.05%, 50 g OP	Diprosone	2023
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP	Daivobet	2024
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crn 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
Bicalutamide	Tab 50 mg	Binarex	2023
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg Suppos 10 mg	Pharmacy Health Lax-suppositories	2024
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bisoprolol Mylan	2023
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2024
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2024
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2024
Budesonide	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	SteroClear	2023
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2023
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2024
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatrix	2024
Calamine	Crn, aqueous, BP, 100 g	Calamine-AFT	2024
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2025
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2023
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2024
Capsaicin	Crn 0.025%, 45 g OP Crn 0.075%, 45 g OP	Zostrix Zostrix HP	2023
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefazolin	Inj 500 mg & 1 g vial	AFT	2023
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Oral liq 1 mg per ml, 200 ml	Hisatclear	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
Chloramphenicol	Eye oint 1%, 5 g OP	Devatis	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2024
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2024 2023
Citalopram hydrobromide	Tab 20 mg	PSM Citalopram	2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2024
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Clomipramine Teva	2024
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2023
Clonidine hydrochloride	Tab 25 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Clonidine Teva Medsurge Catapres	2025 2024
Codeine phosphate	Tab 15 mg, 30 mg & 60 mg	PSM	2023
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2023
Compound electrolytes	Powder for oral soln	Electral	2025
Condoms	60 mm 49 mm 53 mm, 0.05 mm thickness 53 mm 53 mm, strawberry, red 53 mm, chocolate, brown 56 mm 56 mm, 0.08 mm thickness 56 mm, 0.08 mm thickness, red 56 mm, 0.05 mm thickness 56 mm, chocolate 56 mm, strawberry	Shield XL Gold Knight Moments Gold Knight	30/09/2022
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2024
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2024
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyclophosphamide	Tab 50 mg	Cylconex	2024
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2024
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tabs	Ginet	2023
Darunavir	Tab 400 mg & 600 mg	Darunavir Mylan	2023
Desmopressin acetate	Nasal spray 10 mcg per dos, 6 ml OP	Desmopressin-PH&T	2023
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2024
Dexamfetamine sulfate	Tab 5 mg	PSM	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Diazepam	Tab 2 mg & 5 mg	Arrow-Diazepam	2023
Diclofenac	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	2024
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2024
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg	Cardizem CD	2024
Dimethicone	Crn 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Disulfiram	Tab 200 mg	Antabuse	2024
Docusate sodium	Tab 50 mg & 120 mg	Coloxyl	2023
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
Domperidone	Tab 10 mg	Pharmacy Health	2024
Donepezil hydrochloride	Tab 5 mg & 10 mg	Donepezil-Rex	2023
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2024
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Mylan	2025
Emulsifying ointment	Oint BP	Emulsifying Ointment ADE	2023
Entacapone	Tab 200 mg	Comtan	2024
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Escitalopram (Ethics)	2024
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2023
Febuxostat	Tab 80 mg & 120 mg	Febuxostat multichem	2023
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2024
Fentanyl	Inj 50 mcg per ml, 2ml ampoule Inj 50 mcg per ml, 10 ml ampoule Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2024
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2024
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2024
Filgrastim	Inj 300 mcg per 0.5 ml & 480 mcg per 0.5 ml	Nivestim	2024
Finasteride	Tab 5 mg	Ricit	2023
Flucloxacillin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Inj 1 g vial	Flucloxacillin-AFT AFT	2024
		Flucil	2023
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2023
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2024
Fluticasone	Aerosol inhaler 50 mcg, 125 mcg & 250 mcg per dose, 120 dose OP	Flixotide	2023
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2024
Fluticasone with salmeterol	Aerosol inhaler 50 mcg with salmeterol 25 mcg & 125 mcg with salmeterol 25 mcg, 120 dose OP	Seretide	2023
Folic acid	Tab 5 mg	Folic Acid Mylan	2024
Furosemide [frusemide]	Tab 40 mg	IPCA-Frusemide	2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Glibenclamide	Tab 5 mg	Daonil	2024
Gliclazide	Tab 80 mg	Glizide	2023
Glipizide	Tab 5 mg	Minidiab	2024
Glucagon hydrochloride	Inj 1 mg syringe kit	Glucagen Hypokit	2023
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2023
Glycerol	Liquid	healthE Glycerol BP	2023
Glyceryl trinitrate	Oint 0.2%, 30 g OP	Rectogesic	2024
Goserelin	Implant 3.6 mg & 10.8 mg, syringe	Teva	2023
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 0.5 ml syringe	Havrix Havrix Junior	2024
Hepatitis B recombinant vaccine	Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2024
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mg in 0.5 ml syringe	Gardasil 9	2024
Hydrocortisone	Inj 100 mg vial	Solu-Cortef	2024
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2023
Hydrocortisone butyrate	Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP Milky emuls 0.1%, 100 ml OP	Locoid Locoid Crelo	2024
Hydrocortisone with miconazole	Crm 1% with miconazole 2%, 15 g OP	Micreme H	2024
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2024
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2023
Hyoscine butylbromide	Tab 10 mg Inj 20 mg, 1 ml	Buscopan	2023
Ibuprofen	Oral liq 20 mg per ml, 200 ml Tab long-acting 800 mg Tab 200 mg	Ethics Brufen SR Relieve	2024
Imatinib mesylate	Cap 100 mg & 400 mg	Imatinib-Rex	2023
Indapamide	Tab 2.5 mg	Dapa-Tabs	2023
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP	Univent	2023
Isoniazid	Tab 100 mg	PSM	2024
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	ISMO 20 ISMO 40 Retard Duride	2023
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2024
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2023
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2023
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Alphapharm	2023
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2024
Latanoprost	Eye drop 0.005%, 2.5 ml OP	Teva	2024
Latanoprost with timolol	Eye drops 0.005% with timolol 0.5%, 2.5 ml OP	Arrow - Lattim	2023
Leflunomide	Tab 10 mg & 20 mg	Arava	2023
Letrozole	Tab 2.5 mg	Letrole	2024
Levodopa with carbidopa	Tab long-acting 200 mg with carbidopa 50 mg Tab 100 mg with carbidopa 25 mg & 250 mg with carbidopa 25 mg	Sinemet CR Sinemet	2023
Levonorgestrel	Subdermal implant (2 x 75 mg rods) Intra-uterine device system 52 mg Intra-uterine device system 13.5 mg	Jadelle Mirena Jaydess	2023 31/10/2022
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Lithium carbonate	Tab long-acting 400 mg	Priadel	2024
Lopinavir with ritonavir	Tab 100 mg with ritonavir 25 mg Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2024
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2023
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2023
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	Martindale	2023
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2023

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

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Melatonin	Tab modified-release 2 mg	Vigisom	2024
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Mesalazine	Tab long-acting 500 mg	Pentasa	2023
Methadone	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2024
Methotrexate	Tab 2.5 mg & 10 mg Inj 100 mg per ml, 50 ml vial	Trexate Methotrexate Ebewe	2024 2023
Methylprednisolone aceponate	Crn & oint 0.1%, 15 g OP	Advantan	2023
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2023
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2024
Metronidazole	Tab 200 mg & 400 mg	Metrogyl	2023
Metyrapone	Cap 250 mg	Metopirone	2023
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2024
Miconazole nitrate	Crn 2%, 15 g OP Vaginal crn 2% with applicator, 40 g OP	Multichem Micreme	2023
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024
Modafinil	Tab 100 mg	Modavigil	2024
Mometasone furoate	Crn 0.1%, 15 g OP Crn 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2024
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Mylan	2025
Morphine sulphate	Tab immediate-release 10 mg & 20 mg	Sevredol	2023
Moxifloxacin	Tab 400 mg	Avelox	2023
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2024
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2023

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

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2024
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2024
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2024
Nitrofurantoin	Tab 50 mg & 100 mg Cap modified-release 100 mg	Nifuran Macrobid	2024 2023
Norethisterone	Tab 350 mcg	Noriday 28	2024
Nystatin	Oral liq 100,000 u per ml, 24 ml OP Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2023
Octreotide	Inj 50 mcg per ml, 1 ml ampoule Inj 100 mcg per ml, 1 ml ampoule Inj 500 mcg per ml, 1 ml ampoule	Max Health	2024
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Octreotide Depot Teva	2024
Oestriol	Crn 1 mg per g with applicator, 15 g OP Pessaries 500 mcg Tab 2 mg	Ovestin Ovestin	2023
Oil in water emulsion	Crn, 500 g	Fatty Cream AFT	2024
Olanzapine	Orodispersible tab 5 mg & 10 mg Tab 2.5 mg, 5 mg and 10 mg	Zypine ODT Zypine	2023
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2023
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT- DRLA	2023
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024
Orphenadrine citrate	Tab 100 mg	Norflex	2024
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	Hameln Oxycodone Sandoz OxyNorm	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pancreatic enzyme	Cap prncreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap prncreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2024
Paracetamol	Tab 500 mg-bottle pack Tab 500 mg-blister pack Oral liq 120 mg per 5 ml Oral liq 250 mg per 5 ml	Noumed Paracetamol Pacimol Paracare Paracare Double Strength	2024 2023
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
Permethrin	Crn 5%, 30 g OP Lotn 5%, 30 ml OP	Lyderm A-Scabies	2023
Pethidine hydrochloride	Tab 50 mg	PSM	2024
Phenoxymethylpenicillin (penicillin V)	Cap 250 mg Cap 500 mg	Cilicaine VK	2024
Pimecrolimus	Crn 1%, 15 g OP	Elidel	2023
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2023
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2024
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2024
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2024
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2024
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2023
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2023
Povidone iodine	Antiseptic solution 10%, 100 ml Oint 10%, 65 g OP	Riodone Betadine	2024 2023
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Pravastatin	Tab 20 mg & 40 mg	Pravastatin Mylan	2023
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2024
Prochlorperazine	Tab 5 mg	Nausafix	2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2024
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2023
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2023
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow Quinapril 10 Arrow-Quinapril 20	2024
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2024
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2023
Rifaximin	Tab 550 mg	Xifaxan	2023
Riluzole	Tab 50 mg	Rilutek	2024
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg & 4 mg Oral liq 1 mg per ml	Risperidone (Teva) Risperon	2023
Rituximab	Inj 100 mg per 10 ml vial & 500 mg per 50 ml vial	Riximyo	30/09/2023
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2024
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2023
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg and 40 mg	Rosuvstatin Viatris	2023
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Salbutamol	Oral liq 400 mcg per ml, 150 ml Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2024
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2023
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2023
Sodium fusidate [Fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2024

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

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin Mylan	2024
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2024
Sunitinib	Cap 12.5 mg, 25 mg & 50 mg	Sunitinib Pfizer	2024
Tacrolimus	Oint 0.1%, 30 g OP	Zematop	2023
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2023
Temazepam	Tab 10 mg	Normison	2023
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Mylan	2025
Terbinafine	Tab 250 mg	Deolate	2023
Teriflunomide	Tab 14 mg	Aubagio	2023
Timolol	Eye drops 0.25% & 0.5%, 5 ml OP	Arrow-Timolol	2023
Tobramycin	Inj 40 mg per ml, 2 ml vial Solution for inhalation 60 mg per ml, 5 ml	Tobramycin Mylan Tobramycin BNM	2024 2023
Tramadol hydrochloride	Cap 50 mg Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg	Arrow-Tramadol Tramal SR 100 Tramal SR 150 Tramal SR 200	2023
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2024
Triamcinolone acetoneide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Paste 0.1%, 5 g OP Crn & oint 0.02%, 100 g OP	Kenacort-A 10 Kenacort-A 40 Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2023
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2024
Vancomycin	Inj 500 mg vial	Mylan	2023

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2022

Generic Name	Presentation	Brand Name	Expiry Date*
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2024
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Mylan	2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

December 2022 changes are in bold type

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

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(Mnfr's price)
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Brand or
Generic Mnfr
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New Listings

Effective 1 December 2022

41	CLOPIDOGREL * Tab 75 mg.....	5.07	84	✓ Arrow - Clopid
47	RAMIPRIL * Cap 1.25 mg * Cap 2.5 mg * Cap 5 mg * Cap 10 mg	6.90 6.60 6.75 7.05	90 90 90 90	✓ Tryzan ✓ Tryzan ✓ Tryzan ✓ Tryzan
50	ATENOLOL * Tab 50 mg.....	9.33	500	✓ Viatris
52	DILTIAZEM HYDROCHLORIDE * Cap long-acting 120 mg	65.35	500	✓ Diltiazem CD Clinect
54	TOLVAPTAN – Special Authority see SA2166 – Retail pharmacy Tab 15 mg..... Tab 30 mg..... Tab 45 mg + 15 mg Tab 60 mg + 30 mg Tab 90 mg + 30 mg	873.50 873.50 1747.00 1747.00 1747.00	28 OP 28 OP 56 OP 56 OP 56 OP	✓ Jinarc ✓ Jinarc ✓ Jinarc ✓ Jinarc ✓ Jinarc
<p>▶ SA2166 Special Authority for Subsidy Initial application – (autosomal dominant polycystic kidney disease) only from a renal physician or any relevant practitioner on the recommendation of a renal physician. Approvals valid for 12 months for applications meeting the following criteria: All of the following: 1 Patient has a confirmed diagnosis of autosomal dominant polycystic kidney disease; and 2 Patient has an estimated glomerular filtration rate (eGFR) of greater than or equal to 25 mL/min/1.73 m² at treatment initiation; and 3 Either: 3.1 Patient's disease is rapidly progressing, with a decline in eGFR of greater than or equal to 5 mL/min/1.73 m² within one-year; or 3.2 Patient's disease is rapidly progressing, with an average decline in eGFR of greater than or equal to 2.5 mL/min/1.73 m² per year over a five-year period. Renewal – (autosomal dominant polycystic kidney disease) only from a renal physician or any relevant practitioner on the recommendation of a renal physician. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 Patient has not developed end-stage renal disease, defined as an eGFR of less than 15 mL/min/1.73 m²; and 2 Patient has not undergone a kidney transplant.</p>				
65	AQUEOUS CREAM * Crm.....	1.73	500 g	✓ Evara
65	PARAFFIN Oint liquid paraffin 50% with white soft paraffin 50%.....	4.94	500 g OP	✓ White Soft Liquid Paraffin AFT

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New Listings – effective 1 December 2022 (continued)

75	OXYTOCIN – up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule.....	5.98	5	✓ Oxytocin GH \$29 Wastage claimable
95	TOBRAMYCIN Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement.....	18.50	5	✓ Viatris Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.
97	POSACONAZOLE – Special Authority see SA1285 – Retail pharmacy Oral liq 40 mg per ml	342.51	105 ml OP	✓ Devatis
105	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 600 mg with lamivudine 300 mg	29.50	30	✓ Abacavir/Lamivudine Viatris
105	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Cap 150 mg	85.00	60	✓ Atazanavir Mylan
	Cap 200 mg	110.00	60	✓ Atazanavir Mylan
110	CAPSAICIN Crm 0.025% – Special Authority see SA1289 – Retail pharmacy	13.00	60 g OP	✓ Rugby Capsaicin Topical Cream \$29
121	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency Tab 15 mg.....	5.92	100	✓ Noumed
132	PALIPERIDONE PALMITATE – Special Authority see SA2167 – Retail pharmacy Inj 175 mg syringe.....	815.85	1	✓ Invega Trinza
	Inj 263 mg syringe.....	1,072.26	1	✓ Invega Trinza
	Inj 350 mg syringe.....	1,305.36	1	✓ Invega Trinza
	Inj 525 mg syringe.....	1,305.36	1	✓ Invega Trinza
	▶ SA2167 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 The patient has schizophrenia; and 2 The patient has had an initial Special Authority approval for paliperidone once-monthly depot injection. Renewal from any relevant practitioner. Approvals valid for 12 months where the initiation of paliperidone depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.			
145	MELPHALAN Inj 50 mg – PCT only – Specialist	65.00	1	✓ Melpha
148	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1889 Inj 3.5 mg vial.....	74.93	1	✓ DBL Bortezomib

▲ 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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(Mnfr's price)
\$ Per

Brand or
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New Listings – effective 1 December 2022 (continued)

150	IBRUTINIB – Special Authority see SA2168 – Retail pharmacy			
	Tab 140 mg.....	3,217.00	30	✓ Imbruvica
	Tab 420 mg.....	9,652.00	30	✓ Imbruvica
	<p>▶ SA2168 Special Authority for Subsidy</p> <p>Initial application – (chronic lymphocytic leukaemia (CLL)) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:</p> <p>All of the following:</p> <p>1 Patient has chronic lymphocytic leukaemia (CLL) requiring therapy; and</p> <p>2 Patient has not previously received funded ibrutinib; and</p> <p>3 Ibrutinib is to be used as monotherapy; and</p> <p>4 Any of the following:</p> <p>4.1 Both:</p> <p>4.1.1 There is documentation confirming that patient has 17p deletion or TP53 mutation; and</p> <p>4.1.2 Patient has experienced intolerable side effects with venetoclax monotherapy; or</p> <p>4.2 All of the following:</p> <p>4.2.1 Patient has received at least one prior immunochemotherapy for CLL; and</p> <p>4.2.2 Patient's CLL has relapsed within 36 months of previous treatment; and</p> <p>4.2.3 Patient has experienced intolerable side effects with venetoclax in combination with rituximab regimen; or</p> <p>4.3 Patient's CLL is refractory to or has relapsed within 36 months of a venetoclax regimen.</p> <p>Renewal – (chronic lymphocytic leukaemia (CLL)) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:</p> <p>Both:</p> <p>1 No evidence of clinical disease progression; and</p> <p>2 The treatment remains appropriate and the patient is benefitting from treatment.</p> <p>Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL) and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.</p>			
277	MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE – [Xpharm]			
	<p>Either:</p> <p>A) Any of the following:</p> <p>1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or</p> <p>2) One dose for close contacts of meningococcal cases of any group; or</p> <p>3) One dose for person who has previously had meningococcal disease of any group; or</p> <p>4) A maximum of two doses for bone marrow transplant patients; or</p> <p>5) A maximum of two doses for person pre- and post-immunosuppression*; or</p> <p>B) Both:</p> <p>1) Person is aged between 13 and 25 years, inclusive; and</p> <p>2) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons.</p> <p>Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.</p> <p>*Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.</p>			
	Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial	0.00	1	✓ MenQuadfi

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New Listings – effective 8 November 2022

49	AMIODARONE HYDROCHLORIDE Inj 50 mg per ml, 3 ml ampoule – Up to 10 inj available on a PSO.....	9.12	6	✔ Cordarone-X
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Effective 25 October 2022

122	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency Tab 30 mg.....	6.98	100	✔ Noumed
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▲ 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, Chemical Names and Presentations Effective 1 December 2022

50	NADOLOL (reinstate stat dispensing and removal of s29 and wastage claimable)			
	* Tab 40 mg.....	19.19	100	✓ Nadolol BNM 
	Wastage claimable			
	* Tab 80 mg.....	30.39	100	✓ Nadolol BNM 
	Wastage claimable			
78	CINACALCET – Special Authority see SA2170 †6†8 – Retail pharmacy (amended Special Authority – new criteria shown only)			
	Tab 30 mg – Wastage claimable.....	42.06	28	✓ Cinacalcet Devatis
	Tab 60 mg – Wastage claimable.....	84.12	28	✓ Cinacalcet Devatis

► **SA2170** ~~†6†8~~ Special Authority for Subsidy

Initial application – (primary hyperparathyroidism) from any relevant practitioner. Applications valid without further renewal for applications meeting the following criteria:

All of the following:

- 1 Patient has primary hyperparathyroidism; and
- 2 Either:
 - 2.1 Patient has hypercalcaemia of more than 3 mmol/L with or without symptoms; or
 - 2.2 Patient has hypercalcaemia of more than 2.85 mmol/L with symptoms; and
- 3 Surgery is not feasible or has failed; and
- 4 Patient has other comorbidities, severe bone pain, or calciphylaxis.

Initial application – (secondary or tertiary hyperparathyroidism) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 Patient has tertiary hyperparathyroidism and markedly elevated parathyroid hormone (PTH) with hypercalcaemia; or
 - 1.2 Patient has symptomatic secondary hyperparathyroidism and elevated PTH; and
- 2 Patient is on renal replacement therapy; and
- 3 Any of the following:
 - 3.1 Residual parathyroid tissue has not been localised despite repeat unsuccessful parathyroid explorations; or
 - 3.2 Parathyroid tissue is surgically inaccessible; or
 - 3.3 Parathyroid surgery is not feasible.

Renewal – (secondary or tertiary hyperparathyroidism) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 The patient has had a kidney transplant, and following a treatment free interval of at least 12 weeks a clinically acceptable parathyroid hormone (PTH) level to support ongoing cessation of treatment has not been reached; or
- 2 The patient has not received a kidney transplant and trial of withdrawal of cinacalcet is clinically inappropriate.

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 December 2022 (continued)

82	PROGESTERONE (addition of stat dispensing and Special Authority removed) * Cap 100 mg – Special Authority see SA1609 – Retail Pharmacy 14.85	30	✓ Utrogestan
	► SA1609 – Special Authority for Subsidy Initial application only from an obstetrician or gynaecologist. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 For the prevention of pre-term labour*; and 2 Either: 2.1 The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks); or 2.2 The patient has a history of pre-term birth at less than 28 weeks. Renewal only from an obstetrician or gynaecologist. Approvals valid for 12 months for applications meeting the following criteria: All of the following: 1 For the prevention of pre-term labour*; and 2 Treatment is required for second or subsequent pregnancy; and 3 Either: 3.1 The patient has a short cervix on ultrasound (defined as < 25 mm at 16 to 28 weeks); or 3.2 The patient has a history of pre-term birth at less than 28 weeks. Note: Indications marked with * are unapproved indications.		
277	MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE – [Xpharm] (Sole supply suspended and amended restriction criteria) Either: A) Any of the following: 1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or 2) One dose for close contacts of meningococcal cases of any group; or 3) One dose for person who has previously had meningococcal disease of any group; or 4) A maximum of two doses for bone marrow transplant patients; or 5) A maximum of two doses for person pre- and post-immunosuppression*; or B) Both: 1) Person is aged between 13 and 25 years, inclusive; and 2) Either: i) 2) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons; or ii) One dose for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 December 2019 to 30 November 2021. Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly. *Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.		
	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial 0.00	1	✓ Menactra

▲ 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 December 2022 (continued)

278 MENINGOCOCCAL C CONJUGATE VACCINE – [Xpharm] (amended restriction criteria)

Both:

- 1) The child is under **9 12** months of age; and
- 2) Any of the following:
 - 1) Up to three doses for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
 - 2) Two doses for close contacts of meningococcal cases of any group; or
 - 3) Two doses for child who has previously had meningococcal disease of any group; or
 - 4) A maximum of two doses for bone marrow transplant patients; or
 - 5) A maximum of two doses for child pre- and post-immunosuppression*.

Note: children under ~~nine~~ **12** months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for **recommended** booster schedules with meningococcal ACWY vaccine.

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

Inj 10 mcg in 0.5 ml syringe 0.00 1 ✓ **Neisvac-C**

279 PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – [Xpharm] (amended restriction criteria)

Any of the following:

- 1) **A course of three doses for previously unvaccinated children up to the age of 59 months inclusive; or**
- 2) Two doses are funded for high-risk ~~children~~ **individuals** (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10; or
- 3) Up to an additional four doses (as appropriate) are funded **for the (re)immunisation of** ~~for~~ high-risk children aged under 5 years ~~for (re-)immunisation of patients~~ with any of the following:
 - a) on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
 - b) ~~with~~ primary immune deficiencies; or
 - c) ~~with~~ HIV infection; or
 - d) ~~with~~ renal failure, or nephrotic syndrome; or
 - e) who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - f) ~~with~~ cochlear implants or intracranial shunts; or
 - g) ~~with~~ cerebrospinal fluid leaks; or
 - h) receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
 - i) ~~with~~ chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
 - j) pre-term infants, born before 28 weeks gestation; or
 - k) ~~with~~ cardiac disease, with cyanosis or failure; or
 - l) ~~with~~ diabetes; or
 - m) ~~with~~ Down syndrome; or
 - n) who are pre- or post-splenectomy, or with functional asplenia; or
- 4) Up to an additional four doses (as appropriate) are funded for the (re-)immunisation of ~~patients~~ **individuals** 5 years and over with HIV, ~~for patients~~ pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency; or
- 5) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4,
5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml
syringe 0.00 10 ✓ **Prevenar 13**
1 ✓ **Prevenar 13**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2022

41	ASPIRIN (↑ subsidy) * Tab 100 mg.....	14.95	990	✓ Ethics Aspirin EC
82	PROGESTERONE (↓ subsidy) * Cap 100 mg	14.85	30	✓ Utrogestan
119	CAPSAICIN – Subsidy by endorsement (↓ subsidy) Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly. Crm 0.075%	15.14	57 g OP	✓ Rugby Capsaicin Topical Cream S29
124	NORTRIPTYLINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 10 mg..... Tab 25 mg.....	2.46 6.29	100 180	✓ Norpress ✓ Norpress
149	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1889 (↓ subsidy) Inj 1 mg for ECP	22.26	1 mg	✓ Baxter

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 December 2022

10	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml, 3 ml.....	42.66	5	✓ PenMix 40
100	TENOFOVIR DISOPROXIL Tenofovir disoproxil prescribed under endorsement for the treatment of HIV is included in the count of up to 4 subsidised antiretrovirals for the purposes of Special Authority SA2139. * Tab 245 mg (300.6 mg as a succinate)	38.10	30	✓ Tenofovir Disoproxil Teva
102	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2138 a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP, should be applied using Special Authority SA2138. b) Endorsement for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure): Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA2139 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement, for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure), is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA2139. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the Pharmac website. * Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	61.15	30	✓ Teva
118	ROPINIROLE HYDROCHLORIDE ▲ Tab 1 mg.....	4.70	100	✓ Mylan S29
130	METOCLOPRAMIDE HYDROCHLORIDE * Inj 5 mg per ml, 2 ml ampoule – Up to 5 inj available on a PSO.....	9.50	10	✓ Pfizer
154	TEMOZOLOMIDE – Special Authority see SA1741 – Retail pharmacy Cap 20 mg Cap 100 mg Cap 140 mg Cap 250 mg	136.00 532.00 400.00 688.00	14 14 5 5	✓ Accord S29 ✓ Accord S29 ✓ Amneal S29 ✓ Amneal S29
183	ADALIMUMAB (HUMIRA) – Special Authority see SA2101 – Retail pharmacy Inj 20 mg per 0.4 ml prefilled syringe	1,599.96	2	✓ Humira
241	ACETYLCYSTEINE Inj 200 mg per ml, 10 ml ampoule	58.76	10	✓ DBL Acetylcysteine ✓ Martindale Pharma S29 S29

Note – Martindale Pharma S29 delist applies to Pharmacode 2318857.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items – effective 1 December 2022 (continued)

250	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid.....	7.50	1,000 ml OP	✓ Diason RTH
253	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... Note – this delisting is for Pharmacode 2127202.	6.00	500 ml OP	✓ Nutrini Energy RTH
253	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... Note – this delisting is for Pharmacode 2016168.	2.68	500 ml OP	✓ Nutrini RTH
253	PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... Note – this delisting is for Pharmacode 2400448.	6.00	500 ml OP	✓ Nutrini Energy Multi Fibre
257	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... Note – this delisting is for Pharmacode 413763.	7.00	1,000 ml OP	✓ Nutrison Energy
257	ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... Note – this delisting is for Pharmacode 414018.	5.29	1,000 ml OP	✓ Nutrison Standard RTH
257	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... Note – this delisting is for Pharmacode 469556.	5.29	1,000 ml OP	✓ Nutrison Multi Fibre
257	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid..... Note – this listing is for Pharmacode 2016680.	7.00	1,000 ml OP	✓ Nutrison Energy Multi Fibre
261	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA1108 – Hospital pharmacy [HP3] Powder (unflavoured) 28 g sachets..... Powder (unflavoured) 36 g sachets.....	936.00 393.00	30 30	✓ PKU Lophlex Powder ✓ PKU Anamix Junior
265	ENTERAL LIQUID PEPTIDE FORMULA – Special Authority see SA1953 – Hospital pharmacy [HP3] Liquid 1 kcal/ml..... Note – this listing is for Pharmacode 2594889.	10.45	500 ml OP	✓ Nutrini Peptisorb

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 April 2023

65	AQUEOUS CREAM * Crm.....	1.73	500 g	✓Evara
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Effective 1 May 2023

41	CLOPIDOGREL * Tab 75 mg.....	4.60	84	✓Clopidogrel Multichem
65	PARAFFIN Oint liquid paraffin 50% with white soft paraffin 50%.....	5.35	500 ml OP	✓healthE
97	POSACONAZOLE – Special Authority see SA1285 – Retail pharmacy Oral liq 40 mg per ml.....	761.13	105 ml OP	✓Noxafil
105	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy 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
105	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Cap 150 mg..... Cap 200 mg.....	141.68 188.91	60 60	✓Teva ✓Teva
121	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency Tab 15 mg.....	6.25	100	✓PSM
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.....	3.85	30	✓Dosulepin Mylan
148	BORTEZOMIB – PCT only – Specialist – Special Authority see SA1889 Inj 3.5 mg vial.....	105.00	1	✓Bortezomib Dr-Reddy's

Effective 1 June 2023

52	DILTIAZEM HYDROCHLORIDE Cap extended-release 120 mg..... * Cap long-acting 120 mg.....	44.40 33.42	100 500	✓Accord ✓Apo-Diltiazem CD
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