

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text "PHARMAC" in a 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 gradient with a large, intricate white pattern of concentric, overlapping lines that form a complex, organic shape resembling a stylized 'P' or a series of interlocking curves.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

June 2023

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Summary of Pharmac decisions

EFFECTIVE 1 JUNE 2023

New listings (page 21)

- Metformin hydrochloride (Metformin Viatris) tab immediate-release 850 mg
- Levocarnitine (Novitium Sugar Free) oral liq 1 g per 10 ml
– Special Authority – Retail pharmacy, s29 and wastage claimable
- Disopyramide phosphate (Rythmodan - Cheplafarm) cap 100 mg – s29 and wastage claimable
- Clobetasone butyrate (Eumovate) crm 0.05%, 30 g OP – new Pharmacode listing
- Zinc and castor oil (Evara) oint, 500 g
- Ethinyloestradiol with norethisterone (Norimin-1 28 Day) tab 35 mcg with norethisterone 1 mg and 7 inert tab, 112 tab pack – up to 84 tab available on a PSO
- Valganciclovir (Valganciclovir Viatris) tab 450 mg – Special Authority
– Retail pharmacy
- Aripiprazole (Ascend Aripiprazole) tab 5 mg – Safety medicine; prescriber may determine dispensing frequency, s29 and wastage claimable
- Pharmacy services (BSF Ziextenzo) brand switch fee – may only be claimed once per patient
- Amino acid formula without phenylalanine (PKU GMPPro Ultra Lemonade) powder (Lemonade) 33.4 g sachets – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 22-27)

- Ticagrelor (Ticagrelor Sandoz) tab 90 mg – brand switch fee removed
- Pegfilgastrim (Ziextenzo) inj 6 mg per 0.6 ml syringe – addition of brand switch fee
- Iloprost (Vebulis) nebuliser soln 10 mcg per ml, 2 ml – brand switch fee removed
- Ivermectin (Stromectol) tab 3 mg – amended Special Authority criteria
- Citalopram hydrobromide (Celapram) tab 20 mg – brand switch fee removed
- Lacosamide (Vimpat) tab 50 mg, 100 mg, 150 mg and 200 mg – amended Special Authority criteria
- Stiripentol (Diacomit) cap 250 mg and powder for oral liq 250 mg sachet – amended Special Authority criteria
- Melatonin (Vigisom) tab modified-release 2 mg – amended restriction criteria
- Triazolam (Hypam) tab 125 mcg and 250 mcg – addition of subsidy by endorsement

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

- Sirolimus (Rapamune) tab 1 mg, 2 mg and oral liq 1 mg per ml – amended Special Authority criteria
- Nepafenac (Ilevro) eye drops 0.3%, 3 ml OP – removal of s29
- Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV] (Gardasil 9) inj 270 mcg in 0.5 ml syringe – Xpharm removed and amended restriction criteria
- Meningococcal (groups A, C, Y and W-135) conjugate vaccine inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial (MenQuadfi) and 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) – Xpharm removed and amended restriction criteria
- Meningococcal B multicomponent vaccine (Bexsero) inj 175 mcg per 0.5 ml prefilled syringe – Xpharm removed and amended restriction criteria
- Varicella zoster vaccine [shingles vaccine] (Shingrix) inj 50 mcg per 0.5 ml vial plus vial – Xpharm removed and amended restriction criteria

Increased subsidy (page 28)

- Vitamin B complex (Bplex) tab, strong, BPC
- Sodium fusidate [fusidic acid] (Fuciden) tab 250 mg
- Prednisolone sodium phosphate (Minims Prednisolone) eye drops 0.5%, single dose (preservative free)
- Pilocarpine hydrochloride (Minims Pilocarpine) eye drops 2% single dose

Decreased subsidy (page 28)

- Exemestane (Pfizer Exemestane) tab 25 mg
- Measles, mumps and rubella vaccine (MMR II and Priorix) inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector; 1 OP	PSS	Epipen Jr (Viatris)
Adrenaline	Inj 0.3 mg per 0.3 ml auto-injector; 1 OP	PSS	Epipen (Viatris)
Cetomacrogol with glycerol	Crn 90% with glycerol 10%; 500 ml OP	PSS	Evara (Evara)
Cetomacrogol with glycerol	Crn 90% with glycerol 10%; 1000 ml OP	PSS	Evara (Evara)
Domperidone	Tab 10 mg; 100 tab	PSS	Domperidone Viatris (Viatris)
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	PSS	Heparin Sodium Panpharma (Pfizer)
Pantoprazole	Tab EC 20 mg; 90 tab	PSS	Panzop Relief (Viatris)
Pantoprazole	Tab EC 40 mg; 90 tab	PSS	Panzop Relief (Viatris)

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 July 2023

- Atezolizumab inj 60 mg per ml, 20 ml (Tecentriq) and inj 1 mg for ECP (Baxter) – Special Authority criteria amendment
- Heparin sodium (Heparin Sodium Panpharma) inj 5,000 iu per ml, 5 ml vial – addition of Brand Switch Fee
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – Special Authority criteria amendment

Possible decisions for future implementation 1 July 2023

- Calcium carbonate (Calcium 500 mg Hexal) tab eff 1.25 g (500 mg elemental) – subsidy by endorsement amendment
- Rituximab (Riximyo) inj 100 mg per 10 ml vial and 500 mg per 50 ml vial (Riximyo), and inj 1 mg for ECP (Baxter (Riximyo)) – Special Authority criteria amendment

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatris	2025
Acarbose	Tab 50 mg & 100 mg	Accarb	2024
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	Martindale Pharma	2024
Aciclovir	Tab dispersible 400 mg & 800 mg	Lovir	2025
	Tab dispersible 200 mg Eye oint 3%, 4.5 g OP	VirusPOS	2024
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	Max Health	2025
	Tab 100 mg & 200 mg	Aratac	
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	Alphamox 125	2023
	Grans for oral liq 250 mg per 5 ml	Alphamox 250	
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	Movapo	2023
	Inj 10 mg per ml, 2 ml ampoule		
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tripack	2024
Aqueous cream	Crn, 500 g	GEM Aqueous Cream	2024
Ascorbic acid	Tab 100 mg	CVite	2025
Atazanavir sulphate	Cap 150 mg & 200 mg	Atazanavir Mylan	2025
Atenolol	Tab 50 mg Tab 100 mg	Viatris Mylan Atenolol	2024
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2024
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule	Martindale	2024
	Eye drops 1%, 15 ml OP	Atropt	2023
Azathioprine	Tab 25 mg	Azamon	2025
	Tab 50 mg		
Azithromycin	Tab 500 mg	Zithromax	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 June 2023

Generic Name	Presentation	Brand Name	Expiry Date*
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
Betahistine dihydrochloride	Tab 16 mg	Serc	2023
Betamethasone dipropionate	Crn & oint 0.05%, 50 g OP	Diprosone	2023
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP	Daivobet	2024
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crn 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
Bicalutamide	Tab 50 mg	Binarex	2023
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg Suppos 10 mg	Bisacodyl Viatris Pharmacy Health Lax-suppositories	2025 2024
Bisoprolol fumarate	Tab 2.5 mg, 5 mg & 10 mg	Bisoprolol Mylan	2023
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2024
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2024
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2024
Budesonide	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	SteroClear	2023
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2023
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2024
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2024
Calamine	Crn, aqueous, BP, 100 g	Calamine-AFT	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml & 50 mg per ml	Cephalexin ABM Flynn	2025 2024
Cefazolin	Inj 500 mg & 1 g vial	AFT	2023
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Oral liq 1 mg per ml, 200 ml	Hisatclear	2024
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
Chloramphenicol	Eye oint 1%, 5 g OP	Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2024
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 250 mg, 500 mg & 750 mg	Ciprofloxacin Teva Cipflox	2024 2023
Citalopram hydrobromide	Tab 20 mg	Celapram PSM Citalopram	2025 2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2024
Clobetasol propionate	Crn & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Clomipramine Teva	2024
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2023
Clonidine hydrochloride	Tab 25 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Clonidine Teva Medsurge Catapres	2025 2024
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crn 1%, 20 g OP	Clomazol	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
Codeine phosphate	Tab 15 mg	Noumed	2025
	Tab 30 mg & 60 mg Tab 15 mg, 30 mg & 60 mg	PSM	2023
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2023
Compound electrolytes	Powder for oral soln	Electral	2025
Crotamiton	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
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	PSM	2024
Diazepam	Rectal tubes 5 mg	Stesolid	2025
	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
Digoxin	Tab 62.5 mcg	Lanoxin PG	2025
	Tab 250 mcg	Lanoxin	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 120 mg	Diltiazem CD Clinect	2025
	Cap long-acting 180 mg & 240 mg	Cardizem CD	2024
Dimethicone	Crn 5% pump bottle, 500 ml OP	healthE Dimethicone 5%	2025
	Lotn 4%, 200 ml OP	healthE Dimethicone 4%	
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Disulfiram	Tab 200 mg	Antabuse	2024
Docusate sodium	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 Viatris	2025
Emulsifying ointment	Oint BP	Emulsifying Ointment ADE	2023
Entacapone	Tab 200 mg	Comtan	2024
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
Erlotinib	Tab 100 mg & 150 mg	Alchemy	2023
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2ml ampoule Inj 50 mcg per ml, 10 ml ampoule Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2024
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2024
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2024
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2025
Filgrastim	Inj 300 mcg per 0.5 ml & 480 mcg per 0.5 ml	Nivestim	2024
Finasteride	Tab 5 mg	Ricit	2023
Flucloxacillin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml Inj 1 g vial	Flucloxacillin-AFT AFT Flucil	2024 2023
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2023
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2024
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow-Fluoxetine Fluox	2025
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]	Inj 10 mg per ml, 2 ml ampoule Tab 40 mg	Furosemide-Baxter IPCA-Frusemide	2025 2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Glibenclamide	Tab 5 mg	Daonil	2024
Gliclazide	Tab 80 mg	Glizide	2023
Glipizide	Tab 5 mg	Minidiab	2024
Glucagon hydrochloride	Inj 1 mg syringe kit	Glucagen Hypokit	2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2023
Glycerol	Suppos 4 g	Lax suppositories	2025
	Liquid	Glycerol 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	Havrix	2024
	Inj 720 ELISA units in 0.5 ml syringe	Havrix Junior	
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	Crn 1%; 30 g OP	Ethics	2025
	Inj 100 mg vial	Solu-Cortef	2024
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%	DP Lotn HC	2023
Hydrocortisone butyrate	Oint 0.1%, 100 g OP	Locoid	2024
	Scalp lotn 0.1%, 100 ml OP		
	Milky emuls 0.1%, 100 ml OP	Locoid Crelo	
Hydrocortisone with miconazole	Crn 1% with miconazole 2%, 15 g OP	Micreme H	2024
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2024
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2023
Hyoscine butylbromide	Tab 10 mg	Buscopan	2023
	Inj 20 mg, 1 ml		
Ibuprofen	Oral liq 20 mg per ml, 200 ml	Ethics Brufen SR Relieve	2024
	Tab long-acting 800 mg		
	Tab 200 mg		
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Imatinib mesylate	Cap 100 mg & 400 mg	Imatinib-Rex	2023
Indapamide	Tab 2.5 mg	Dapa-Tabs	2023
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width	Choice TT380 Short	2025
	IUD 33.6 mm length x 29.9 mm width	Choice TT380 Standard	
	IUD 35.5 mm length x 19.6 mm width	Choice Load 375	
Ipratropium bromide	Aqueous nasal spray, 0.03%, 15 ml OP	Univent	2023
Isoniazid	Tab 100 mg	PSM	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2024
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	ISMO 20 ISMO 40 Retard Duride	2023
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2024
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2023
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2023
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
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
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Tab 1.5 mg Subdermal implant (2 x 75 mg rods)	Levonorgestrel BNM Jadelle	2025 2023
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel lido	2025
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Lithium carbonate	Tab long-acting 400 mg	Priadel	2024
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2025
Lopinavir with ritonavir	Tab 100 mg with ritonavir 25 mg Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2024
Loratadine	Tab 10 mg	Lorafix	2025
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg & 100 mg	Losartan Actavis	2023
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2025

*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 June 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2023
Magnesium sulphate	Inj 2 mmol per ml, 5 ml ampoule	Martindale	2023
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2023
Melatonin	Tab modified-release 2 mg	Vigisom	2024
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Mesalazine	Tab long-acting 500 mg	Pentasa	2023
Metformin hydrochloride	Tab immediate-release 500 mg	Metformin Viatris	2024
Methadone	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2024
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Tab 2.5 mg & 10 mg 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule Tab immediate-release 10 mg & 20 mg	m-Eslon Medsurge Sevredol	2025 2023
Moxifloxacin	Tab 400 mg	Avelox	2023
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2024
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	Hameln	2024
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2023
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2024
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2024
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2024
Nitrofurantoin	Tab 50 mg & 100 mg Cap modified-release 100 mg	Nifuran Macrobid	2024 2023
Norethisterone	Tab 350 mcg	Noriday 28	2024
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2025
	Cap 10 mg	Omeprazole actavis 10	2023
	Cap 20 mg	Omeprazole actavis 20	
	Cap 40 mg	Omeprazole actavis 40	
Ondansetron	Tab disp 4 mg & 8 mg	Ondansetron ODT- DRLA	2023
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024
Orphenadrine citrate	Tab 100 mg	Norflex	2024
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule	Hameln	2024
	Inj 50 mg per ml, 1 ml ampoule		
	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	
	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	
	Oral liq 5 mg per 5 ml		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pancreatic enzyme	Cap prncreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prncreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Paracetamol	Oral liq 120 mg per 5 ml	Paracetamol (Ethics)	2025
	Oral liq 250 mg per ml, 200 ml	Pamol	
	Tab 500 mg-bottle pack	Noumed Paracetamol	2024
	Tab 500 mg-blister pack	Pacimol	
	Oral liq 120 mg per 5 ml	Paracare	2023
Oral liq 250 mg per 5 ml	Paracare Double Strength		
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
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)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2025
	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
Posaconazole	Oral liq 40 mg per ml, 105 ml OP	Devatis	2025
	Tab modified-release 100 mg	Posaconazole Juno	
Potassium iodate	Tab 253 mcg (150 mcg elemental iodine)	NeuroTabs	2023
Povidone iodine	Antiseptic solution 10%, 100 ml	Riodone	2024
	Oint 10%, 65 g OP	Betadine	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
Progesterone	Cap 100 mg	Utrogestan	2025
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg	Drofate	2024
	Tab 40 mg	IPCA-Propranolol	
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2023
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow Quinapril 10 Arrow-Quinapril 20	2024
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2024
Ramipril	Cap 1.25 mg, 2.5 mg, 5 mg & 10 mg	Tryzan	2024
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
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2025
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
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg and 40 mg	Rosuvstatin Viatris	2023
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Salbutamol	Oral liq 400 mcg per ml, 150 ml Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2024
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Simvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Simvastatin Mylan	2023
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2023

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

Generic Name	Presentation	Brand Name	Expiry Date*
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
Sodium fusidate [Fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2024
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg and 10 mg	Solifenacin Viatris	2024
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024
Sotalol	Tab 80 mg & 160 mg	Mylan	2025
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2024
Sunitinib	Cap 12.5 mg, 25 mg & 50 mg	Sunitinib Pfizer	2024
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tacrolimus	Oint 0.1%, 30 g OP	Zematop	2023
Taliglucerase alfa	Inj 200 unit vial	Elelyso	2023
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2023
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Temazepam	Tab 10 mg	Normison	2023
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Mylan	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2023
Teriflunomide	Tab 14 mg	Aubagio	2023
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2024
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
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule Paste 0.1%, 5 g OP Crms & oint 0.02%, 100 g OP	Kenacort-A 10 Kenacort-A 40 Kenalog in Orabase Aristocort	2023
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2023
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2024
Vancomycin	Inj 500 mg vial	Mylan	2023
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2024
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Water	Inj 20 ml ampoule	Fresenius Kabi	2025
Zoledronic acid	Inj 0.05 mg per ml, 100 ml bag Inj 4 mg per 5 ml, vial	Zoledronic Acid Viartis	2025 2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

June 2023 changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 June 2023

12	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....	11.28	500	✓ Metformin Viatris
30	LEVOCARNITINE – Special Authority see SA2040 – Retail pharmacy Oral liq 1 g per 10 ml..... Wastage claimable	CBS	118 ml	✓ Novitium Sugar Free \$29
50	DISOPYRAMIDE PHOSPHATE ▲ Cap 100 mg..... Wastage claimable	20.05	84	✓ Rythmodan – Cheplafarm \$29
65	CLOBETASONE BUTYRATE Crm 0.05%..... Note: this is a new Pharmacode listing, 2401096.	5.38 (10.00)	30 g OP	Eumovate
65	ZINC AND CASTOR OIL * Oint.....	4.25	500 g	✓ Evara
75	ETHINYLOESTRADIOL WITH NORETHISTERONE Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO.....	16.33	112	✓ Norimin-1 28 Day
97	VALGANCICLOVIR – Special Authority see SA1993 – Retail pharmacy Tab 450 mg.....	132.00	60	✓ Valganciclovir Viatris
130	ARIPIRAZOLE – Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	10.50	30	✓ Ascend Aripiprazole \$29
254	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee..... The Pharmacode for BSF Ziextenzo is 2657066	4.50	1 fee	✓ BSF Ziextenzo
274	AMINO ACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2229 – Hospital pharmacy [HP3] Powder (Lemonade) 33.4 g Sachets.....	936.00	30	✓ PKU GMPro Ultra Lemonade

▶ SA2229 Special Authority for Subsidy

Initial application only from a dietitian, relevant specialist or vocationally registered general practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

- 1 Patient was previously receiving, or would receive PKU Lophlex Sensation Berries under (SA1108); and
- 2 PKU Sensation Berries is unable to be sourced at this time; and
- 3 Patient has trailed the currently funded PKU Lophlex products and these were not tolerated

Note: These criteria are attached to short term funding to cover an out-of-stock situation on PKU Sensation Berries supplied by Nutricia.

▲ 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, Chemical Names and Presentations Effective 1 June 2023

41	TICAGRELOR – Special Authority see SA1955 – Retail pharmacy (removal of brand switch fee) Brand switch fee payable (Pharmacode 2653206) * Tab 90 mg.....	23.85	56	✓ Ticagrelor Sandoz
45	PEGFILGRASTIM – Special Authority see SA1912– Retail pharmacy (addition of brand switch fee) Brand switch fee payable (Pharmacode 2657066) Inj 6 mg per 0.6 ml syringe	65.00	1	✓ Ziextenzo
61	ILOPROST – Special Authority see SA1705 – Retail pharmacy (removal of brand switch fee) Brand switch fee payable (Pharmacode 2653214) Nebuliser soln 10 mcg per ml, 2 ml.....	185.03	30	✓ Vebulis
68	IVERMECTIN – Special Authority see SA2228 +225 – Retail pharmacy (amended Special Authority Criteria, new criteria shown only) Tab 3 mg – Up to 100 tab available on a PSO.....	17.20	4	✓ Stromectol

- 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.
- 2) Ivermectin available on BSO provided the BSO includes a valid Special Authority for a patient of the institution.
- 3) For the purposes of subsidy of ivermectin, institution means age related residential care facilities, disability care facilities or prisons.

► **SA2228 +225** Special Authority for Subsidy
Initial Application – (Scabies)

Applications from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:
Both:

1. Applying clinician has discussed the diagnosis of scabies with a dermatologist, infectious disease physician or clinical microbiologist; and

2. Either:

2.1. Both:

2.1.1. The patient is in the community; and

2.1.2. Any of the following:

2.1.2.1. Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or

2.1.2.2. The community patient is physically or mentally unable to comply with the application instructions of topical therapy; or

2.1.2.3. The patient has previously tried and failed to clear infestation using topical therapy; or

2.2. All of the following:

2.2.1. The Patient is a resident in an institution; and

2.2.2. All residents of the institution with scabies or at risk of carriage are to be treated for scabies concurrently; and

2.2.3. Any of the following:

2.2.3.1. Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or

2.2.3.2. The patient is physically or mentally unable to comply with the application instructions of topical therapy; or

2.2.3.3. Previous topical therapy has been tried and failed to clear the infestation

Either:

1 The person has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or

2 Both:

2.1 The person has a confirmed diagnosis of scabies or is a close contact of a scabies case; and

2.2 Either:

2.2.1 The person is unable to complete topical therapy; or

2.2.2 Previous treatment with topical therapy has been tried and not cleared the infestation.

continued...

Changes to Restrictions – effective 1 June 2023 (continued)

continued...

Renewal – (Scabies)

Applications from any relevant practitioner. Approvals valid for 1 month for applications meeting the following criteria:

Both:

1. Applying clinician has discussed the diagnosis of scabies with a dermatologist, infectious disease physician or clinical microbiologist; and

2. Either:

2.1. Both:

2.1.1. The patient is in the community; and

2.1.2. Any of the following:

2.1.2.1. Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or

2.1.2.2. The community patient is physically or mentally unable to comply with the application instructions of topical therapy; or

2.1.2.3. The patient has previously tried and failed to clear infestation using topical therapy; or

2.2. All of the following:

2.2.1. The Patient is a resident in an institution; and

2.2.2. All residents of the institution with scabies or at risk of carriage are to be treated for scabies concurrently; and

2.2.3. Any of the following:

2.2.3.1. Patient has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or

2.2.3.2. The patient is physically or mentally unable to comply with the application instructions of topical therapy; or

2.2.3.3. Previous topical therapy has been tried and failed to clear the infestation

Either:

1 The person has a severe scabies hyperinfestation (Crusted/ Norwegian scabies); or

2 Both:

2.1 The person has a confirmed diagnosis of scabies or is a close contact of a scabies case; and

2.2 Either:

2.2.1 The person is unable to complete topical therapy; or

2.2.2 Previous treatment with topical therapy has been tried and not cleared the infestation.

123 CITALOPRAM HYDROBROMIDE – Retail pharmacy (removal of brand switch fee)
Brand switch fee payable (Pharmacode 2653222)-

* Tab 20 mg 2.86 84 ✓ **Celapram**

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 2023 (continued)

126 LACOSAMIDE – Special Authority see **SA2223 1125** – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

▲ Tab 50 mg.....	25.04	14	✓Vimpat
▲ Tab 100 mg.....	50.06	14	✓Vimpat
	200.24	56	✓Vimpat
▲ Tab 150 mg.....	75.10	14	✓Vimpat
	300.40	56	✓Vimpat
▲ Tab 200 mg.....	400.55	56	✓Vimpat

► **SA2223 1125** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 Patient has ~~partial-onset~~ focal epilepsy; and
- 2 Seizures are not adequately controlled by, or patient has experienced unacceptable side effects from, optimal treatment with all of the following: sodium valproate, topiramate, levetiracetam, and any two of carbamazepine, lamotrigine, and phenytoin sodium (see ~~n~~Note).

Note: ~~Patients~~ Those of childbearing potential are not required to have a trial of **phenytoin sodium**, sodium valproate, or **topiramate**.

127 STIRIPENTOL – Special Authority see **SA2217 1330** – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

Cap 250 mg	509.29	60	✓Diacomit S29
Powder for oral liq 250 mg sachet	509.29	60	✓Diacomit S29

► **SA2217 1330** Special Authority for Subsidy

Initial application only from a paediatric neurologist or Practitioner on the recommendation of a paediatric neurologist. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Patient has confirmed diagnosis of Dravet syndrome; and
- 2 Seizures have been inadequately controlled by appropriate courses of sodium valproate, clobazam and at least two of the following: topiramate, levetiracetam, ketogenic diet.

Note: Those of childbearing potential are not required to have a trial of sodium valproate or topiramate.

135 MELATONIN – Special Authority see SA1666 – Retail pharmacy (amended restriction criteria)

Tab modified-release 2 mg			
– No more than 5 tab per day	11.50	30	✓Vigisom
Restricted to patients under aged 18 years of age or under .			

136 TRIAZOLAM – **Subsidy by endorsement** (addition of subsidy by endorsement)

a) Safety medicine; prescriber may determine dispensing frequency			
b) Subsidised for patients who were taking triazolam prior to 1 June 2023 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of triazolam in the preceding 12 months.			
Tab 125 mcg.....	5.10	100	
	(9.85)		Hypam
Tab 250 mcg.....	4.10	100	
	(11.20)		Hypam

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 2023 (continued)

236 SIROLIMUS – Special Authority see **SA2218 2005** – Retail pharmacy (amended Special Authority criteria – new criteria shown only)

Tab 1 mg.....	749.99	100	✓ Rapamune
Tab 2 mg.....	1,499.99	100	✓ Rapamune
Oral liq 1 mg per ml.....	449.99	60 ml OP	✓ Rapamune

▶ **SA2218 2005** Special Authority for Subsidy

Initial application — (refractory seizures associated with tuberous sclerosis complex*) only from a neurologist.

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

All of the following:

- 1 Patient has epilepsy with a background of documented tuberous sclerosis complex; and
- 2 Either:

2.1 Both:

- 2.1.1 Vigabatrin has been trialled and has not adequately controlled seizures; and
- 2.1.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least two of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); or

2.2 Both:

- 2.2.1 Vigabatrin is contraindicated; and
- 2.2.2 Seizures are not adequately controlled by, or the patient has experienced unacceptable side effects from, optimal treatment with at least three of the following: sodium valproate, topiramate, levetiracetam, carbamazepine, lamotrigine, phenytoin sodium, and lacosamide (see Note); and

3 Seizures have a significant impact on quality of life; and

4 Patient has been assessed and surgery is considered inappropriate for this patient, or the patient has been assessed and would benefit from mTOR inhibitor treatment prior to surgery.

Note: ~~Patients~~ **Those** of childbearing potential are not required to have a trial of **phenytoin sodium**, sodium valproate, or **topiramate**.

251 NEPAFENAC (removal of s29 restriction)

Eye drops 0.3%	8.80	3 ml OP	✓ Ilevro 629
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282 HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] – ~~Xpharm~~ (Xpharm removed and amended restriction criteria)

a) Only on a prescription

b) No patient co-payment payable

c) Maximum of 1 inj per prescription

d)

A) Any of the following:

- 1) Maximum of two doses for children aged 14 years and under; or
- 2) Maximum of three doses for patients meeting any of the following criteria:
 - 1) People aged 15 to 26 years inclusive; or
 - 2) Either:
 - People aged 9 to 26 years inclusive
 - 1) Confirmed HIV infection; or
 - 2) Transplant (including stem cell) patients: or
 - 3) Maximum of four doses for people aged 9 to 26 years inclusive post chemotherapy

B) Contractors will be entitled to claim payment from the Funder for the supply of Human papillomavirus vaccine to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the Human papillomavirus vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A above.

Inj 270 mcg in 0.5 ml syringe	0.00	10	✓ Gardasil 9
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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

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 2023 (continued)

285 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE – ~~Xpharm~~ (Xpharm removed and amended restriction criteria)

- a) **Only on a prescription**
- b) **No patient co-payment payable**
- c)

A) Any of the following:

- 1) Up to three doses and a booster every five years for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
- 2) One dose for close contacts of meningococcal cases of any group; or
- 3) One dose for person who has previously had meningococcal disease of any group; or
- 4) A maximum of two doses for bone marrow transplant patients; or
- 5) A maximum of two doses for person pre- and post-immunosuppression*;

B) Both:

- 1) Person is aged between 13 and 25 years, inclusive; and
- 2) One dose for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, **Youth Justice residences**, or prisons.

C) Contractors will be entitled to claim payment from the Funder for the supply of Meningococcal A, C, Y and W-135 vaccine to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the Meningococcal A, C, Y and W-135 vaccine listed in the Pharmaceutical Schedule.

D) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A-B above.

Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

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

Inj 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
Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	0.00	1	✓ Menactra
		5	✓ Menactra

Changes to Restrictions – effective 1 June 2023 (continued)

286 MENINGOCOCCAL B MULTICOMPONENT VACCINE – [~~Xpharm~~] (Xpharm removed and amended restriction criteria)

a) Only on a prescription

b) No patient co-payment payable

Any of the following:

- A) Three doses for children up to 12 months of age (inclusive) for primary immunisation; or
- B) Up to three doses (dependent on age at first dose) for a catch-up programme for children from 13 months to 59 months of age (inclusive) for primary immunisation, from 1 March 2023 to 31 August 2025; or
- C) Both:
 - 1) Person is one year of age or over; and
 - 2) Any of the following:
 - i) up to two 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
 - ii) up to two doses for close contacts of meningococcal cases of any group; or
 - iii) up to two doses for person who has previously had meningococcal disease of any group; or
 - iv) up to two doses for bone marrow transplant patients; or
 - v) up to two doses for person pre- and post-immunosuppression*; or
- D) Both:
 - 1) Person is aged between 13 and 25 years (inclusive); and
 - 2) Either:
 - i) Two doses for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, **Youth Justice residences**, or prisons; or
 - ii) Two doses for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 March 2023 to 28 February 2024.
- E) Contractors will be entitled to claim payment from the Funder for the supply of Meningococcal B multicomponent vaccine to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the Meningococcal B multicomponent vaccine listed in the Pharmaceutical Schedule.**
- F) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A-D above.**

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

Inj 175 mcg per 0.5 ml prefilled syringe 0.00 1 ✓ **Bexsero**

289 VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] – [~~Xpharm~~] (Xpharm removed and amended restriction criteria)

a) Only on a prescription

b) No patient co-payment payable

c)

- A) Funded for patients meeting the following criteria:
 - 1) Two doses for all people aged 65 years
- B) Contractors will be entitled to claim payment from the Funder for the supply of Varicella zoster vaccine (Shingles vaccine) to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the Varicella zoster vaccine [Shingles vaccine] listed in the Pharmaceutical Schedule.**
- C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.**

Inj 50 mcg per 0.5 ml vial plus vial 0.00 1 ✓ **Shingrix**

▲ 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 Subsidy and Manufacturer's Price

Effective 1 June 2023

34	VITAMIN B COMPLEX (↑ subsidy) * Tab, strong, BPC	11.25	500	✓ Bplex
96	SODIUM FUSIDATE [FUSIDIC ACID] (↑ subsidy) Tab 250 mg.....	135.70	36	✓ Fucidin
167	EXEMESTANE (↓ subsidy) * Tab 25 mg.....	9.86	30	✓ Pfizer Exemestane
249	PREDNISOLONE SODIUM PHOSPHATE – Special Authority see SA1715 – Retail pharmacy (↑ subsidy) Eye drops 0.5%, single dose (preservative free)	41.20	20 dose	✓ Minims Prednisolone
250	PILOCARPINE HYDROCHLORIDE (↑ subsidy) * Eye drops 2% single dose – Special Authority see SA0895 – Retail pharmacy	34.19	20 dose	✓ Minims Pilocarpine
285	MEASLES, MUMPS AND RUBELLA VACCINE (↓ subsidy) a) Only on a prescription b) No patient co-payment payable c) A) Measles, mumps and rubella vaccine A maximum of two doses for any patient meeting the following criteria: 1) For primary vaccination in children; or 2) For revaccination following immunosuppression; or 3) For any individual susceptible to measles, mumps or rubella; or 4) A maximum of three doses for children who have had their first dose prior to 12 months. Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes. Although a price is listed for the vaccine, doctors can still order measles mumps and rubella vaccine free of charge, as with other Schedule vaccines. B) Contractors will be entitled to claim payment for the supply of measles, mumps and rubella vaccine to patients eligible under the above criteria pursuant to their contract with Health NZ for subsidised immunisation, and they may only do so in respect of the measles, mumps and rubella vaccine listed in the Pharmaceutical Schedule. C) Contractors can only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above. Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml.....	0.00	5 10	✓ MMR II ✓ Priorix

Changes to General Rules

Effective 1 June 2023

Part 1 – Prescribing and initiating Subsidies for Community Pharmaceuticals

1.2 Periods of supply for Subsidy: For Community Pharmaceuticals, periods of supply are as follows (note that legislative and regulatory requirements regarding periods of supply must also be met):

1.2.1 Only a quantity sufficient to provide treatment for a period of up to 3 Months will be Subsidised, and only if the Prescription under which the Community Pharmaceutical has been dispensed was presented to the Contractor within 3 Months of the date on which the Prescription was written, subject to the following exceptions:

a Class B Controlled Drugs: **Other than methylphenidate hydrochloride and dexamfetamine sulfate**, only a quantity sufficient to provide treatment for a period of up to 1 Month in total (or up to 5 days when prescribed by a Dentist) will be Subsidised.

Part 4 – Community Pharmaceutical Dispensing Quantities for Subsidy

4.4 Community Pharmaceuticals identified in the Schedule without the * or ▲ symbols

4.4.1 Default dispensing is Monthly Lots, or 10 day Lots for Class B Controlled Drugs, other than methylphenidate hydrochloride and dexamfetamine sulfate, in which case default dispensing is Monthly Lots.

4.4.2 A Community Pharmaceutical, **other than methylphenidate hydrochloride and dexamfetamine sulfate**, may be dispensed in one Lot in the following circumstances:

b A Class B Controlled Drug **with default dispensing of 10 day Lots** may be dispensed in Monthly Lots if the patient meets the requirements of the criteria in 4.4.2.a.

▲ 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 June 2023

24	PANCREATIC ENZYME Cap pancreatin (175 mg (25,000 U lipase, 22,500 U amylase, 1,250 U protease)).....	94.40	100	✓ Panzytra
43	PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy Inj 6 mg per 0.6 ml syringe	1,080.00	1	✓ Neulastim
52	DILTIAZEM HYDROCHLORIDE Cap extended-release 120 mg.....	44.40	100	✓ Accord
	* Cap long-acting 120 mg	33.42	500	✓ Apo-Diltiazem CD
61	HYDROGEN PEROXIDE * Crm 1%	8.56	15 g OP	✓ Crystaderm
63	ADAPALENE a) Maximum of 30 g per prescription b) Only on a prescription Crm 0.1%	22.89	30 g OP	✓ Differin
74	LEVONORGESTREL * Tab 1.5 mg.....	4.95	1	✓ Postinor-1
	a) Maximum of 2 tab per prescription b) Up to 5 tab available on a PSO c) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.			
113	ZOLEDRONIC ACID Inj 0.05 mg per ml, 100 ml, vial – Special Authority see SA2110 – Retail pharmacy.....	60.00	100 ml OP	✓ Aclasta
120	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 1%, 20 ml vial – Up to 5 inj available on a PSO	6.20	5	✓ Lidocaine-Claris
121	PARACETAMOL Oral liq 120 mg per 5 ml	5.45	1,000 ml	✓ Paracare
	a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d) 1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator under the provisions in Part I of Section A.			

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$

Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items – effective 1 June 2023 (continued)

125	FLUOXETINE HYDROCHLORIDE Cap 20 mg	2.91	84	✓ Fluox
130	DOMPERIDONE * Tab 10 mg.....	2.85	100	✓ Pharmacy Health
243	POLYETHYLENE GLYCOL 400 AND PROPYLENE GLYCOL – Special Authority see SA2134 – Retail pharmacy Eye drops 0.4% and propylene glycol 0.3%, 0.4 ml	4.30	24	✓ Systane Unit Dose
Note – this delist applies to the 24 pack.				
252	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Liquid	12.04	1,000 ml OP	✓ Peptisorb
254	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓ BSF Ticagrelor Sandoz ✓ BSF Vebulis ✓ BSF Celapram
The Pharmacode for BSF Ticagrelor Sandoz is 2653206				
The Pharmacode for BSF Vebulis is 2653214				
The Pharmacode for BSF Celapram is 2653222				

▲ 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 August 2023

124	TRANLYCYPROMINE SULPHATE			
	* Tab 10 mg.....	12.85	28	✓ Parnate S29 S29
		45.88	100	✓ Parnate S29 S29
		96.00		✓ Parnate S29 S29

Effective 1 September 2023

118	SELEGILINE HYDROCHLORIDE – Subsidy by endorsement			
	Subsidy by endorsement – Subsidised for patients who were taking selegiline hydrochloride prior to 1 August 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of selegiline hydrochloride.			
	* Tab 5 mg.....	48.00	100	✓ Eldepryl S29
247	PHARMACY SERVICES			
	May only be claimed once per patient.			
	* Brand switch fee.....	4.50	1 fee	✓ BSF Ziextenzo
	The Pharmacode for BSF Ziextenzo is 2657066.			

Effective 1 November 2023

65	ZINC AND CASTOR OIL			
	* Oint.....	4.65	500 g	✓ Boucher

Effective 1 December 2023

79	SOLIFENACIN SUCCINATE			
	Tab 5 mg.....	2.05	30	✓ Solifenacin Mylan
	Tab 10 mg.....	3.72	30	✓ Solifenacin Mylan
143	NICOTINE			
	a) Nicotine will not be funded in amounts less than 4 weeks of treatment.			
	b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A.			
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO.....	38.21	384	✓ Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO.....	38.21	384	✓ Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO.....	44.17	384	✓ Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO.....	44.17	384	✓ Habitrol
180	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA2139			
	– Retail pharmacy			
	Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority			
	Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil			
	245 mg (300 mg as a maleate).....	106.88	30	✓ Mylan
274	AMINO ACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2229 – Hospital pharmacy [HP3]			
	Powder (Lemonade) 33.4 g Sachets.....	936.00	30	✓ PKU GMP Ultra Lemonade

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