

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 field 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

July 2023

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Summary of Pharmac decisions

EFFECTIVE 1 JULY 2023

New listings (pages 18-19)

- Hyoscine butylbromide (Spazmol) inj 20 mg, 1 ml – Up to 5 inj available on a PSO
- Candesartan cilexetil with hydrochlorothiazide (APO-Candesartan HCTZ 16/12.5) tab 16 mg with hydrochlorothiazide 12.5 mg
- Candesartan cilexetil with hydrochlorothiazide (APO-Candesartan HCTZ 32/12.5) tab 32 mg with hydrochlorothiazide 12.5 mg
- Rosuvastatin (Rosuvastatin Viatris) tab 5 mg, 10 mg, 20 mg and 40 mg – bottle pack, new Pharmacode listing
- Bedaquiline (Sirturo) tab 100 mg, 24 OP – Special Authority – Retail pharmacy
- Linezolid (Zyvox) tab 600 mg and oral liq 20 mg per ml, 150 ml – Special Authority – Retail pharmacy
- Tramadol hydrochloride tab sustained-release 100 mg (Tramal SR 100), 150 mg (Tramal SR 150) and 200 mg (Tramal SR 200) – new Pharmacode listing
- Phenobarbitone (Noumed Phenobarbitone) tab 30 mg
- Prochlorperazine (Max Health) tab 3 mg buccal – s29
- Adalimumab (Humira – alternative brand) (HumiraPen) inj 40 mg per 0.4 ml prefilled pen – Special Authority – Retail pharmacy
- Cyclopentolate hydrochloride (Minims Cyclopentolate) eye drops 1%, single dose (preservative free) – only on a prescription
- Pharmacy services (BSF Heparin Sodium Panpharma and BSF Noumed Phenobarbitone) brand switch fee – may only be claimed once per patient
- Amino acid formula without phenylalanine (PKU sphere20 Red Berry, Vanilla, Chocolate, Banana, Lemon) powder 35 g sachets – Special Authority – Hospital pharmacy [HP3]
- Influenza vaccine (FluQuadri (2023 Formulation)) inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – Xpharm, restricted criteria

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

Changes to restrictions (pages 20-24)

- Calcium carbonate (Calcium 500 mg Hexal) tab eff 1.25 g (500 mg elemental) – amended subsidy by endorsement
- Heparin sodium (Heparin Sodium Panpharma) inj 5,000 iu per ml, 5 ml vial – addition of brand switch fee
- Nifedipine (Tensipine MR10) tab long-acting 10 mg – addition of subsidy by endorsement
- Aqueous cream (GEM Aqueous Cream) crm, 500 g – removal of stat dispensing
- Antiandrogen Oral Contraceptives – amended restriction criteria
- Estradiol (Estradiol TDP Mylan) patch 25 mcg per day, 50 mcg per day and 75 mcg per day – only on a prescription – removal of s29 restriction and wastage claimable
- Phenobarbitone (PSM and Noumed Phenobarbitone) tab 30 mg – addition of brand switch fee
- Rituximab (Riximyo) (Riximyo and Baxter (Riximyo)) inj 100 mg per 10 ml vial, 500 mg per 50 ml vial and 1 mg for ECP – amended Special Authority criteria
- Elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28), 84 OP – amended presentation description and addition of OP
- Elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28), 84 OP – amended presentation description and addition of OP
- Atezolizumab inj 60 mg per ml, 20 ml vial (Tecentriq) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

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

Increased subsidy (pages 25-26)

- Fluconazole (Mylan) cap 50 mg
- Itraconazole (Itrazole) cap 100 mg
- Zidovudine [AZT] with lamivudine (Alphapharm) tab 300 mg with lamivudine 150 mg
- Venlafaxine (Enlifax XR) cap 37.5 mg, 75 mg and 150 mg
- Lamotrigine (Logem) tab dispersible 25 mg, 50 mg and 100 mg
- Amisulpride (Sulprix) tab 100 mg, 200 mg and 400 mg

Decreased subsidy (pages 25-26)

- Mebeverine hydrochloride (Colofac) tab 135 mg
- Rivaroxaban (Xarelto) tab 10 mg, 15 mg and 20 mg
- Rosuvastatin (Rosuvastatin Viatriis) tab 5 mg, 10 mg, 20 mg and 40 mg, blister pack
- Ezetimibe (Ezetimibe Sandoz) tab 10 mg (Pharmacode 2545861)
- Ambrisentan (Ambrisentan Viatriis) tab 10 mg
- Finasteride (Ricit) tab 5 mg
- Fluconazole (Mylan) cap 150 mg and 200 mg
- Nitrofurantoin (Macrobid) cap modified-release 100 mg
- Betahistine hydrochloride (Serc) tab 16 mg
- Naltrexone hydrochloride (Naltracord) tab 50 mg
- Melphalan (Melpha) inj 50 mg
- Methotrexate (Methotrexate Ebewe) inj 100 mg per ml, 50 ml vial
- Docetaxel inj 10 mg per ml, 8 ml vial (DBL Docetaxel) and inj 1 mg for ECP (Baxter)
- Hydroxyurea [Hydroxycarbamide] (Devatis) cap 500 mg
- Imatinib mesylate (Imatinib-Rex) cap 100 mg and 400 mg
- Bicalutamide (Binarex) tab 50 mg
- Tamoxifen citrate (Tamoxifen Sandoz) tab 20 mg
- Anastrozole (Anatrole) tab 1 mg

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Clindamycin	Inj 150 mg per ml, 4 ml ampoule; 10 inj	PSS	Hameln (Max Health)
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablet; 84 tab	PSS	Lo-Oralcon 20 ED (Viatrix)
Ethinylestradiol with levonorgestrel	Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets; 84 tab	PSS	Oralcon 30 ED (Viatrix)
Flecainide acetate	Cap long-acting 100 mg; 90 cap	PSS	Flecainide Controlled Release Teva (Teva)
Flecainide acetate	Cap long-acting 200 mg; 90 cap	PSS	Flecainide Controlled Release Teva (Teva)
Hydrocortisone	Crn 1%; 500 g	PSS	Noumed (Noumed)
Midodrine	Tab 2.5 mg; 100 tab	PSS	Midodrine Medsurge (Medsurge)
Midodrine	Tab 5 mg; 100 tab	PSS	Midodrine Medsurge (Medsurge)
Ondansetron	Tab 4 mg; 50 tab	PSS	Periset (IPCA)
Ondansetron	Tab 8 mg; 50 tab	PSS	Periset (IPCA)
Pethidine hydrochloride	Tab 50 mg; 10 tab	PSS	Noumed Pethidine (Noumed)
Roxithromycin	Tab 150 mg; 50 tab	PSS	Arrow-Roxithromycin (Teva)
Roxithromycin	Tab 300 mg; 50 tab	PSS	Arrow-Roxithromycin (Teva)

Looking Forward

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

Decisions for implementation 1 August 2023

- Ethinylestradiol with levonorgestrel (Lo-Oralcon 20 ED) tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets – PSO quantity reduced to 84 tabs
- Ethinylestradiol with levonorgestrel (Oralcon 30 ED) tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets – PSO quantity reduced to 84 tabs
- Midodrine (Medsurge) tab 2.5 mg and 5 mg – Brand Switch Fee payable

Possible decisions for future implementation 1 August 2023

- Ambrisentan (Ambrisentan Viatrix & Ambrisentan Mylan) tab 5 mg and 10 mg – amended Special Authority criteria
- Epoprostenol (Veletri) Inj 500 mcg vial and inj 1.5 mg via – amended Special Authority criteria
- Iloprost (Vebulis) nebuliser soln 10 mcg per ml, 2 ml – amended Special Authority criteria

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatrix	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	ViruPOS	2024
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen	Amgevita	31/07/2026
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector, 1 OP	Epipen Jr	2025
	Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen	
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tripack	2024
Aqueous cream	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	Viatrix	2024
	Tab 100 mg	Mylan Atenolol	
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2024
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule	Martindale	2024
Azathioprine	Tab 25 mg	Azamun	2025
	Tab 50 mg		
Azithromycin	Tab 500 mg	Zithromax	2024
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2024
Baclofen	Inj 2 mg per ml, 5 ml ampoule	Medsurge	2024
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2024
	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP		
Betamethasone valerate	Lotn 0.1%, 50 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
	Oint 0.1%, 50 g OP		
	Crn 0.1%, 50 g OP		
	Scalp app 0.1%, 100 ml OP		

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg	Bisacodyl Viatrix Pharmacy Health Lax-suppositories	2025
	Suppos 10 mg		2024
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2024
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2024
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2024
Bezafibrate	Tab 200 mg	Bezalip Bezalip Retard	2024
	Tab long-acting 400 mg		
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
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg & 32 mg	Candestar	2024
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg	Ranbaxy Cefaclor	2025
	Grans for oral liq 125 mg per 5 ml		
Cefalexin	Cap 250 mg & 500 mg	Cephalexin ABM Flynn	2025
	Grans for oral liq 25 mg per ml & 50 mg per ml		2024
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Oral liq 1 mg per ml, 200 ml	Hisatclear	2024
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP Crn 90% with glycerol 10%, 1,000 ml OP	Evara	2025
Chloramphenicol	Eye oint 1%, 5 g OP	Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2024
Ciprofloxacin	Eye drops 0.3%, 5 ml OP	Ciprofloxacin Teva	2024
Citalopram hydrobromide	Tab 20 mg	Celapram	2025
		PSM Citalopram	2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Clobetasol propionate	Crm & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Clomipramine Teva	2024
Clonidine hydrochloride	Tab 25 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Clonidine Teva Medsurge Catapres	2025 2024
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crm 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Compound electrolytes	Powder for oral soln	Electral	2025
Crotamiton	Crm 10%, 20 g OP	Itch-soothe	2024
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2024
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyclophosphamide	Tab 50 mg	Cylconex	2024
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2024
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2024
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	PSM	2024
Diazepam	Rectal tubes 5 mg	Stesolid	2025
Diclofenac	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	2024
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2024
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2025
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 120 mg Cap long-acting 180 mg & 240 mg	Diltiazem CD Clinect Cardizem CD	2025 2024
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to July 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 with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
Domperidone	Tab 10 mg	Domperidone Viatrix	2025
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2024
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Viatrix	2025
Entacapone	Tab 200 mg	Comtan	2024
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Escitalopram (Ethics)	2024
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental)	Ferrograd	2025
	Oral liq 30 mg (6 mg elemental) per ml	Ferodan	
Filgrastim	Inj 300 mcg per 0.5 ml & 480 mcg per 0.5 ml	Nivestim	2024
Flucloxacillin	Cap 250 mg & 500 mg	Flucloxacillin-AFT AFT	2024
	Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml		
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2024
Fluoxetine hydrochloride	Cap 20 mg	Arrow–Fluoxetine Fluox	2025
	Tab dispersible 20 mg, scored		
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2024
Folic acid	Tab 5 mg	Folic Acid Viatris	2024
Furosemide [Frusemide]	Inj 10 mg per ml, 2 ml ampoule	Furosemide-Baxter IPCA-Frusemide	2025
	Tab 40 mg		2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Glibenclamide	Tab 5 mg	Daonil	2024
Glipizide	Tab 5 mg	Minidiab	2024
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025
Glyceryl trinitrate	Oint 0.2%, 30 g OP	Rectogesic	2024
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe	Havrix Havrix Junior	2024
	Inj 720 ELISA units in 0.5 ml syringe		
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 Solu-Cortef	2025
	Inj 100 mg vial		2024
Hydrocortisone butyrate	Oint 0.1%, 100 g OP	Locoid Locoid Crelo	2024
	Scalp lotn 0.1%, 100 ml OP		
	Milky emuls 0.1%, 100 ml OP		
Hydrocortisone with miconazole	Crn 1% with miconazole 2%, 15 g OP	Micreme H	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2024
Ibuprofen	Oral liq 20 mg per ml, 200 ml Tab long-acting 800 mg Tab 200 mg	Ethics Brufen SR Relieve	2024
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2025
Isoniazid	Tab 100 mg	PSM	2024
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2024
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2024
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2024
Latanoprost	Eye drop 0.005%, 2.5 ml OP	Teva	2024
Letrozole	Tab 2.5 mg	Letrole	2024
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Tab 1.5 mg	Levonorgestrel BNM	2025
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel lido	2025
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Lithium carbonate	Tab long-acting 400 mg	Priadel	2024
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2025
Lopinavir with ritonavir	Tab 100 mg with ritonavir 25 mg Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2024
Loratadine	Tab 10 mg	Lorafix	2025
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2025
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Melatonin	Tab modified-release 2 mg	Vigisom	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Metformin hydrochloride	Tab immediate-release 500 mg	Metformin Viatris	2024
Methadone	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2024
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Tab 2.5 mg & 10 mg	Trexate	2024
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2024
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2024
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024
Modafinil	Tab 100 mg	Modavigil	2024
Mometasone furoate	Crm 0.1%, 15 g OP Crm 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2024
Montelukast	Tab 5 mg Tab 4 mg & 10 mg	Montelukast Viatris Montelukast Mylan	2025
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2024
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	Hameln	2024
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2024
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2024
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2024

*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 July 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Nitrofurantoin	Tab 50 mg & 100 mg	Nifuran	2024
Norethisterone	Tab 350 mcg	Noriday 28	2024
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Octreotide	Inj 50 mcg per ml, 1 ml ampoule Inj 100 mcg per ml, 1 ml ampoule Inj 500 mcg per ml, 1 ml ampoule	Max Health	2024
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Octreotide Depot Teva	2024
Oil in water emulsion	Crn, 500 g	Fatty Cream AFT	2024
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2025
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	Hamelin Oxycodone Sandoz OxyNorm	2024
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pancreatic enzyme	Cap 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
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief (Viatris)	2025
Paracetamol	Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml Tab 500 mg-bottle pack Tab 500 mg-blister pack	Paracetamol (Ethics) Pamol Noured Paracetamol Pacimol	2025 2024
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to July 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
Pethidine hydrochloride	Tab 50 mg	PSM	2024
Phenoxyethylpenicillin (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
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2024
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2024
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2024
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2024
Posaconazole	Oral liq 40 mg per ml, 105 ml OP Tab modified-release 100 mg	Devatis Posaconazole Juno	2025
Povidone iodine	Antiseptic solution 10%, 100 ml	Riodone	2024
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2024
Progesterone	Cap 100 mg	Utrogestan	2025
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg	Drofate	2024
	Tab 40 mg	IPCA-Propranolol	
Quinapril	Tab 5 mg	Arrow-Quinapril 5	2024
	Tab 10 mg	Arrow Quinapril 10	
	Tab 20 mg	Arrow-Quinapril 20	
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg	Accuretic 10	2024
	Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 20	
Ramipril	Cap 1.25 mg, 2.5 mg, 5 mg & 10 mg	Tryzan	2024
Riluzole	Tab 50 mg	Rilutek	2024
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2025
Rituximab	Inj 100 mg per 10 ml vial & 500 mg per 50 ml vial	Riximyo	30/09/2023
Rivastigmine	Patch 4.6 mg per 24 hour	Rivastigmine Patch BNM 5	2024
	Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 10	

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Salbutamol	Oral liq 400 mcg per ml, 150 ml Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2024
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
Sodium fusidate [Fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2024
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg and 10 mg	Solifenacin Viatris	2024
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024
Sotalol	Tab 80 mg & 160 mg	Mylan	2025
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2024
Sunitinib	Cap 12.5 mg, 25 mg & 50 mg	Sunitinib Pfizer	2024
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Mylan	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2024
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Viatris	2024
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Tretinoin	Crm 0.5 mg per g, 50 g OP	ReTrieve	2024
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Mylan	2024
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2024
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Water	Inj 20 ml ampoule	Fresenius Kabi	2025
Zoledronic acid	Inj 0.05 mg per ml, 100 ml bag	Zoledronic Acid Viatrix	2025
	Inj 4 mg per 5 ml, vial		2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

July 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.*

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Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 July 2023

8	HYOSCINE BUTYLBROMIDE * Inj 20 mg, 1 ml – Up to 5 inj available on a PSO	1.91	5	✓ Spazmol
49	CANDESARTAN CILEXETIL WITH HYDROCHLOROTHIAZIDE * Tab 16 mg with hydrochlorothiazide 12.5 mg	4.10	30	✓ APO-Candesartan HCTZ 16/12.5
	* Tab 32 mg with hydrochlorothiazide 12.5 mg	5.25	30	✓ APO-Candesartan HCTZ 32/12.5
56	ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy * Tab 5 mg	1.29	30	✓ Rosuvastatin Viatris
	* Tab 10 mg	1.69	30	✓ Rosuvastatin Viatris
	* Tab 20 mg	2.71	30	✓ Rosuvastatin Viatris
	* Tab 40 mg	4.55	30	✓ Rosuvastatin Viatris
	Note – These are the listings of bottle pack size, new Pharmacodes 2651130, 2651149, 2651157 and 2651165 respectively.			
100	BEDAQUILINE – Special Authority see SA2244 – Retail pharmacy Tab 100 mg	3,084.51	24 OP	✓ Sirturo
	<p>▶ SA2244 Special Authority for Subsidy Initial application – (multi-drug resistant tuberculosis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both: 1 The person has multi-drug resistant tuberculosis (MDR-TB); and 2 Manatū Hauora - Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and recommends bedaquiline as part of the treatment regimen.</p>			
101	LINEZOLID – Special Authority see SA2234 – Retail pharmacy Tab 600 mg	276.89	10	✓ Zyvox
	Oral liq 20 mg per ml	1,879.00	150 ml	✓ Zyvox
	<p>▶ SA2234 Special Authority for Subsidy Initial application – (multi-drug resistant tuberculosis) from any relevant practitioner. Approvals valid for 18 months for applications meeting the following criteria: Both: 1 The person has multi-drug resistant tuberculosis (MDR-TB); and 2 Manatū Hauora - Ministry of Health's Tuberculosis Clinical Network has reviewed the individual case and recommends linezolid as part of the treatment regimen.</p>			
122	TRAMADOL HYDROCHLORIDE Tab sustained-release 100 mg	1.95	20	✓ Tramal SR 100
	Tab sustained-release 150 mg	2.95	20	✓ Tramal SR 150
	Tab sustained-release 200 mg	3.80	20	✓ Tramal SR 200
	Note – These are the listing of new Pharmacodes 2650959, 2650967 and 2650975 respectively.			
126	PHENOBARBITONE * Tab 30 mg – Brand switch fee payable (Pharmacode 2659166)	398.50	500	✓ Noumed Phenobarbitone

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New Listings – effective 1 July 2023 (continued)

129	PROCHLORPERAZINE * Tab 3 mg buccal.....	5.97 (30.00)	50		Max Health S29
184	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see SA2157 – Retail pharmacy Inj 40 mg per 0.4 ml prefilled pen.....	1,599.96	2	✓	HumiraPen
252	CYCLOPENTOLATE HYDROCHLORIDE * Eye drops 1%, single dose (preservative free) – Only on a prescription.	84.85	20 dose	✓	Minims Cyclopentolate
253	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓	BSF Heparin Sodium Panpharma BSF Noumed Phenobarbitone
	a) The Pharmacode for BSF Heparin Sodium Panpharma is 2659158 b) The Pharmacode for BSF Noumed Phenobarbitone is 2659166				
279	AMINO ACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2229 – Hospital pharmacy [HP3] Powder (Red Berry) 35 g sachets	930.00	30	✓	PKU sphere20 Red Berry
	Powder (Vanilla) 35 g sachets	930.00	30	✓	PKU sphere20 Vanilla
	Powder (Chocolate) 35 g sachets	930.00	30	✓	PKU sphere20 Chocolate
	Powder (Banana) 35 g sachets	930.00	30	✓	PKU sphere20 Banana
	Powder (Lemon) 35 g sachets.....	930.00	30	✓	PKU sphere20 Lemon
283	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	50.00	5	✓	FluQuadri (2023 Formulation)
	A) INFLUENZA VACCINE – child aged 6 months to 35 months is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by Pharmac: i) all children aged 6 months to 35 months from 1 July 2023 to 31 December 2023.				
	B) Doctors are the only Contractors entitled to claim payment for the supply of influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.				

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

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

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

35	<p>CALCIUM CARBONATE (amended subsidy by endorsement) * Tab eff 1.25 g (500 mg elemental) – Subsidy by endorsement.....</p>	260.00	100	<p>✓ Calcium 500 mg Hexal S29</p>
<p>Only when prescribed for paediatric patients (<5 years) where calcium carbonate oral liquid is considered unsuitable. Only when prescribed for patients unable to swallow calcium carbonate tablets or where calcium carbonate tablets are inappropriate and the prescription is endorsed accordingly.</p>				
52	<p>NIFEDIPINE (addition of subsidy by endorsement) * Tab long-acting 10 mg – Subsidy by endorsement.....</p>	18.80	56	<p>✓ Tensipine MR10 S29</p>
<p>Subsidy by endorsement – Subsidised for patients who were taking nifedipine tab long-acting 10 mg prior to 1 July 2023 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of nifedipine tab long-acting 10 mg.</p>				
45	<p>HEPARIN SODIUM (addition of brand switch fee) Inj 5,000 iu per ml, 5 ml vial – Brand switch fee payable (Pharmacode 2659158)</p>	83.00	10	<p>✓ Heparin Sodium Panpharma</p>
67	<p>AQUEOUS CREAM (removal of stat dispensing) * Crm.....</p>	1.73	500 g	<p>✓ GEM Aqueous Cream</p>
76	<p>Antiandrogen Oral Contraceptives (amended restriction criteria) Prescribers may code prescriptions “contraceptive” (code “O”) when used as indicated for contraception. The period of supply and prescription charge will be as per other contraceptives, as follows:</p> <ul style="list-style-type: none"> • A maximum \$5.00 prescription charge (patient co-payment) will may apply. • Prescription may be written for up to six months supply. <p>Prescriptions coded in any other way are subject to the any non contraceptive prescription charges that apply, and the non-contraceptive period of supply. ie. Prescriptions may be written for up to three months supply.</p>			
	<p>CYPROTERONE ACETATE WITH ETHINYLLOESTRADIOL * Tab 2 mg with ethinylloestradiol 35 mcg and 7 inert tabs – Up to 168 tab available on a PSO.....</p>			
	4.98	168	<p>✓ Ginet</p>	
82	<p>ESTRADIOL (removal of s29 restriction and wastage claimable) Patch 25 mcg per day.....</p>			
	9.85	8	<p>✓ Estradiol TDP Mylan S29</p>	
	<p>a) No more than 2 patch per week b) Only on a prescription</p>			
	<p>Patch 50 mcg per day.....</p>			
	10.75	8	<p>✓ Estradiol TDP Mylan S29</p>	
	<p>a) No more than 2 patch per week b) Only on a prescription</p>			
	<p>Patch 75 mcg per day.....</p>			
	11.88	8	<p>✓ Estradiol TDP Mylan S29</p>	
	<p>a) No more than 2 patch per week b) Only on a prescription</p>			

Check your Schedule for full details
Schedule page ref

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Changes to Restrictions – effective 1 July 2023 (continued)

126	PHENOBARBITONE (addition of brand switch fee) * Tab 30 mg - Brand switch fee payable (Pharmacode 2659166)	398.50	500	✓ PSM ✓ Noumed Phenobarbitone
207	RITUXIMAB (RIXIMYO) – PCT only – Specialist – Special Authority see SA2233 2114 (amended Special Authority criteria – new criteria shown only) Inj 100 mg per 10 ml vial Inj 500 mg per 50 ml vial Inj 1 mg for ECP	275.33 688.20 1.38	2 1 1 mg	✓ Riximyo ✓ Riximyo ✓ Baxter (Riximyo)

► **SA2233 2114** Special Authority for Subsidy

Initial application – (immunoglobulin G4-related disease (IgG4-RD*)) from any relevant practitioner.

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

All of the following:

- 1 Patient has confirmed diagnosis of IgG4-RD*; and
- 2 Either:
 - 2.1 Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs for at least 3 months has been ineffective in lowering corticosteroid dose below 5 mg per day (prednisone equivalent) without relapse; or
 - 2.2 Treatment with corticosteroids and/or disease modifying anti-rheumatic drugs is contraindicated or associated with evidence of toxicity or intolerance; and
- 3 Total rituximab dose used should not exceed a maximum of two 1000 mg infusions of rituximab given two weeks apart.

Note: Indications marked with * are unapproved indications

Renewal – (immunoglobulin G4-related disease (IgG4-RD*)) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Either:
 - 1.1 Treatment with rituximab for IgG4-RD* was previously successful and patient's disease has demonstrated sustained response, but the condition has relapsed; or
 - 1.2 Patient is receiving maintenance treatment for IgG4-RD*; and
- 2 Rituximab re-treatment not to be given within 6 months of previous course of treatment; and
- 3 Maximum of two 1000 mg infusions of rituximab given two weeks apart.

Note: Indications marked with * are unapproved indications

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
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Changes to Restrictions – effective 1 July 2023 (continued)

225	ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – PCT only – Special Authority see SA2196 (change in presentation description and addition of OP) Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28) 27,647.39 84 OP ✓ Trikafta Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28) 27,647.39 84 OP ✓ Trikafta
229	ATEZOLIZUMAB – PCT only – Specialist – Special Authority see SA2240 2195 (amended Special Authority criteria) Inj 60 mg per ml, 20 ml vial 9,503.00 1 ✓ Tecentrig Inj 1 mg for ECP 8.08 1 mg ✓ Baxter

► **SA2240 2195** Special Authority for Subsidy

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

Either:

1 Patient is currently on treatment with atezolizumab and met all remaining criteria below prior to commencing treatment; or

2 All of the following:

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

Changes to Restrictions – effective 1 July 2023 (continued)

231 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2241** ~~2197~~ (amended Special Authority criteria – new criteria shown only)

Inj 25 mg per ml, 4 ml vial	4,680.00	1	✓ Keytruda
Inj 1 mg for ECP	47.74	1 mg	✓ Baxter

► **SA2241** ~~2197~~ Special Authority for Subsidy

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

Either:

1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

2—All of the following:

- ~~2-1~~ **1** Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- ~~2-2~~ **2** Patient has not had chemotherapy for their disease in the palliative setting; and
- ~~2-3~~ **3** Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- ~~2-4~~ **4** There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- ~~2-5~~ **5** Pembrolizumab to be used as monotherapy; and
- ~~2-6~~ **6** Either:
 - ~~2-6-1~~ **6.1** There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 50% as determined by a validated test unless not possible to ascertain; or
 - ~~2-6-2~~ **6.2** Both:
 - ~~2-6-2-1~~ **6.2.1** There is documentation confirming the disease expresses PD-L1 at a level greater than or equal to 1% as determined by a validated test unless not possible to ascertain; and
 - ~~2-6-2-2~~ **6.2.2** Chemotherapy is determined to be not in the best interest of the patient based on clinician assessment; and
- ~~2-7~~ **7** Patient has an ECOG 0-2; and
- ~~2-8~~ **8** Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
- ~~2-9~~ **9** Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

Either:

1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

2—All of the following:

- ~~2-1~~ **1** Patient has locally advanced or metastatic, unresectable, non-small cell lung cancer; and
- ~~2-2~~ **2** The patient has not had chemotherapy for their disease in the palliative setting; and
- ~~2-3~~ **3** Patient has not received prior funded treatment with an immune checkpoint inhibitor for NSCLC; and
- ~~2-4~~ **4** There is documentation confirming that the disease does not express activating mutations of EGFR or ALK tyrosine kinase unless not possible to ascertain; and
- ~~2-5~~ **5** Pembrolizumab to be used in combination with platinum-based chemotherapy; and
- ~~2-6~~ **6** Patient has an ECOG 0-2; and
- ~~2-7~~ **7** Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 12 weeks; and
- ~~2-8~~ **8** Baseline measurement of overall tumour burden is documented clinically and radiologically.

continued...

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

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

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(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions – effective 1 July 2023 (continued)

continued...

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

All of the following:

1 Any of the following:

1.1 Patient's disease has had a complete response to treatment; or

1.2 Patient's disease has had a partial response to treatment; or

1.3 Patient has stable disease; and

2 Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period; and

3 No evidence of disease progression; and

4 The treatment remains clinically appropriate and patient is benefitting from treatment; and

5 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and

6 Treatment with pembrolizumab to cease after a total duration of 24 months from commencement (or equivalent of ~~35 cycles dosed every 3 weeks~~).

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Changes to Subsidy and Manufacturer's Price

Effective 1 July 2023

8	MEBEVERINE HYDROCHLORIDE (↓ subsidy) * Tab 135 mg.....	8.50	90	✓ Colofac
45	RIVAROXABAN (↓ subsidy) Tab 10 mg – No more than 1 tab per day..... Tab 15 mg – Up to 14 tab available on a PSO..... Tab 20 mg.....	15.60 14.56 14.56	30 28 28	✓ Xarelto ✓ Xarelto ✓ Xarelto
56	ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy (↓ subsidy) * Tab 5 mg..... * Tab 10 mg..... * Tab 20 mg..... * Tab 40 mg..... This price change applies to the blister pack.	1.29 1.69 2.71 4.55	30 30 30 30	✓ Rosuvastatin Viatrix ✓ Rosuvastatin Viatrix ✓ Rosuvastatin Viatrix ✓ Rosuvastatin Viatrix
57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (↓ subsidy) * Tab 10 mg..... Note – this price change applies to Pharmacode 2545861.	1.76	30	✓ Ezetimibe Sandoz
59	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy (↓ subsidy) Tab 5 mg..... Tab 10 mg.....	200.00 200.00	30 30	✓ Ambrisentan Viatrix ✓ Ambrisentan Viatrix
77	FINASTERIDE – Special Authority see SA0928 – Retail pharmacy (↓ subsidy) * Tab 5 mg.....	4.79	100	✓ Ricit
97	FLUCONAZOLE (↑ subsidy) Cap 50 mg.....	4.10	28	✓ Mylan
97	FLUCONAZOLE (↓ subsidy) Cap 150 mg..... Cap 200 mg.....	0.45 8.90	1 28	✓ Mylan ✓ Mylan
98	ITRACONAZOLE (↑ subsidy) Cap 100 mg.....	6.83	15	✓ Itrazole
107	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy (↑ subsidy) Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg.....	92.40	60	✓ Alphapharm
110	NITROFURANTOIN * Cap modified-release 100 mg – Up to 15 cap available (↓ subsidy) on a PSO.....	81.20	100	✓ Macrobid
124	VENLAFAXINE (↑ subsidy) * Cap 37.5 mg..... * Cap 75 mg..... * Cap 150 mg.....	8.29 10.32 13.95	84 84 84	✓ Enlifax XR ✓ Enlifax XR ✓ Enlifax XR

▲ 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 July 2023 (continued)

125	LAMOTRIGINE (↑ subsidy)			
	* Tab dispersible 25 mg	4.20	56	✓ Logem
	* Tab dispersible 50 mg	5.11	56	✓ Logem
	* Tab dispersible 100 mg	6.75	56	✓ Logem
128	BETAHISTINE DIHYDROCHLORIDE (↓ subsidy)			
	* Tab 16 mg.....	3.70	100	✓ Serc
129	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy)			
	Tab 100 mg.....	7.21	30	✓ Sulprix
	Tab 200 mg.....	20.94	60	✓ Sulprix
	Tab 400 mg.....	38.71	60	✓ Sulprix
142	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy (↓ subsidy)			
	Tab 50 mg.....	83.33	30	✓ Naltraccord
146	MELPHALAN (↓ subsidy)			
	Inj 50 mg – PCT only – Specialist	48.25	1	✓ Melpha
149	METHOTREXATE (↓ subsidy)			
	* Inj 100 mg per ml, 50 ml vial – PCT – Retail pharmacy – Specialist	67.99	1	✓ Methotrexate Ebewe
151	DOCETAXEL – PCT only – Specialist (↓ subsidy)			
	Inj 10 mg per ml, 8 ml vial	24.91	1	✓ DBL Docetaxel
	Inj 1 mg for ECP	0.35	1 mg	✓ Baxter
151	HYDROXYUREA [HYDROXYCARBAMIDE] – PCT – Retail pharmacy – Specialist (↓ subsidy)			
	Cap 500 mg	20.72	100	✓ Devatis
160	IMATINIB MESILATE (↓ subsidy)			
	* Cap 100 mg	44.93	60	✓ Imatinib-Rex
	* Cap 400 mg	69.76	30	✓ Imatinib-Rex
165	BICALUTAMIDE (↓ subsidy)			
	Tab 50 mg.....	4.18	28	✓ Binarex
167	TAMOXIFEN CITRATE (↓ subsidy)			
	* Tab 20 mg.....	5.32	60	✓ Tamoxifen Sandoz
168	ANASTROZOLE (↓ subsidy)			
	* Tab 1 mg.....	4.39	30	✓ Anatrole

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 July 2023

9	PANTOPRAZOLE * Tab EC 20 mg 2.02 * Tab EC 40 mg 2.85 Note – this delist applies to Pharmacodes 2496216 and 2496224.	100 100	✓ Panzop Relief ✓ Panzop Relief
45	HEPARIN SODIUM Inj 5,000 iu per ml, 5 ml ampoule..... 350.40	50	✓ Pfizer
66	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10% 2.35	500 ml OP	✓ Pharmacy Health Sorbolene with Glycerin
98	KETOCONAZOLE Tab 200 mg – PCT CBS	30	✓ Link Healthcare \$29 ✓ Nizoral \$29
116	ORPHENADRINE CITRATE Tab 100 mg..... 20.76 Note – this delist applies to Pharmacode 255009.	100	✓ <u>Norflex</u>
221	TOCILIZUMAB – PCT only – Special Authority see SA2159 Inj 20 mg per ml, 4 ml vial 220.00 880.00 Inj 20 mg per ml, 10 ml vial 550.00 Inj 20 mg per ml, 20 ml vial 1,100.00 4,400.00	1 4 1 1 4	✓ RoActemra S29 \$29 ✓ RoActemra S29 \$29 ✓ RoActemra S29 \$29 ✓ RoActemra S29 \$29 ✓ RoActemra S29 \$29
240	EFORMOTEROL FUMARATE Powder for inhalation, 12 mcg per dose, and monodose device 20.64 (35.80)	60 dose	Foradil

▲ 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 October 2023

253	PHARMACY SERVICES May only be claimed once per patient. * Brand switch fee.....	4.50	1 fee	✓BSF Heparin Sodium Panpharma ✓BSF Noumed Phenobarbitone
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Effective 1 December 2023

9	HYOSCINE BUTYLBROMIDE * Inj 20 mg, 1 ml – Up to 5 inj available on a PSO	6.35	5	✓Buscopan ✓Buscopan S29
56	ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy * Tab 5 mg..... * Tab 10 mg..... * Tab 20 mg..... * Tab 40 mg.....	1.70 2.42 3.92 5.28	30 30 30 30	✓Rosuvastatin Viatris ✓Rosuvastatin Viatris ✓Rosuvastatin Viatris ✓Rosuvastatin Viatris
Note: this delist applies to Pharmacodes 2616742, 2616750, 2616769 and 2616777 respectively.				
57	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy * Tab 10 mg.....	1.95	30	✓Ezetimibe Sandoz
Note: this delist applies to Pharmacode 2536129.				
59	AMBRISENTAN – Special Authority see SA1702 – Retail pharmacy Tab 5 mg..... Tab 10 mg.....	1,550.00 1,550.00	30 30	✓Ambrisentan Mylan ✓Mylan
126	PHENOBARBITONE * Tab 30 mg.....	40.00	500	✓PSM
160	IMATINIB MESILATE Note: The Glivec brand of imatinib mesilate (supplied by Novartis) remains fully subsidised under Special Authority for patients with unresectable and/or metastatic malignant GIST only, see SA1460 in Section B of the Pharmaceutical Schedule. Tab 100 mg – [Xpharm] – Special Authority see SA1460 ...	2,400.00	60	✓Glivec

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted – effective 1 January 2024

39	FOLIC ACID * Tab 5 mg.....	5.82	100	✓ Folic Acid Mylan
56	PRAVASTATIN * Tab 20 mg.....	2.11	28	✓ Pravastatin Mylan
97	TOBRAMYCIN Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement..... Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.	18.50	5	✓ Tobramycin Mylan
107	DARUNAVIR – Special Authority see SA2139 Tab 400 mg..... This delist applies to Pharmacodes 2591286 and 2595486.	132.00	60	✓ Darunavir Mylan
115	ZOLEDRONIC ACID Inj 0.05 mg per ml, 100 ml, bag.....	22.53	100 ml OP	✓ Zoledronic-US S29
244	MONTELUKAST * Tab 5 mg.....	3.10	28	✓ Montelukast Mylan
279	AMINO ACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2229 – Hospital pharmacy [HP3] Powder (Red Berry) 35 g sachets Powder (Vanilla) 35 g sachets Powder (Chocolate) 35 g sachets Powder (Banana) 35 g sachets Powder (Lemon) 35 g sachets	930.00 930.00 930.00 930.00 930.00	30 30 30 30 30	✓ PKU sphere20 Red Berry ✓ PKU sphere20 Vanilla ✓ PKU sphere20 Chocolate ✓ PKU sphere20 Banana ✓ PKU sphere20 Lemon
283	INFLUENZA VACCINE Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	50.00	5	✓ FluQuadri (2023 Formulation)
	A) INFLUENZA VACCINE – child aged 6 months to 35 months is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by Pharmac: i) all children aged 6 months to 35 months from 1 July 2023 to 31 December 2023. B) Doctors are the only Contractors entitled to claim payment for the supply of influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.			

Effective 1 March 2024

184	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) Inj 40 mg per 0.8 ml prefilled pen..... Inj 40 mg per 0.8 ml prefilled syringe	1,599.96 1,599.96	2 2	HumiraPen Humira
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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

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