

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

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

November 2023

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Summary of Pharmac decisions

EFFECTIVE 1 NOVEMBER 2023

New listings (pages 19-20)

- Budesonide (Budesonide Te Arai) cap modified-release 3 mg – Special Authority – Retail pharmacy
- Hydroxocobalamin (Hydroxocobalamin GL Pharma) inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO, s29 and wastage claimable
- Captopril (DP-Captopril) oral liq 5 mg per ml, 100 ml OP
- Flecainide acetate (Flecatag) tab 50 mg, s29 and wastage claimable
- Bisoprolol fumarate (Ipca-Bisoprolol) tab 2.5 mg, 5 mg and 10 mg
- Metoprolol succinate (Myloc CR) tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg
- Goserelin (Zoladex) implant 3.6 mg syringe and 10.8 mg syringe
- Oxycodone hydrochloride (Oxycodone Sandoz S29) tab controlled-release 5 mg and 10 mg – only on a controlled drug form, no patient co-payment payable, safety medicine; prescriber may determine dispensing frequency, s29 and wastage claimable
- Clomipramine hydrochloride (Clomipramine Teva) cap 25 mg – safety medicine; prescriber may determine dispensing frequency, s29 and wastage claimable
- Escitalopram (Ipca-Escitalopram) tab 10 mg and 20 mg
- Phenobarbitone (Noumed Phenobarbitone) tab 15 mg
- Sumatriptan (Clustran) inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per prescription, 2 OP
- Pharmacy services (BSF Noumed Phenobarbitone) brand switch fee – may only be claimed once per patient

Changes to restrictions (pages 21-24)

- Budesonide (Budesonide Te Arai and Entocort CIR) cap modified-release 3 mg – amended presentation description
- Dulaglutide (Trulicity) inj 1.5 mg per 0.5 ml prefilled pen – amended Special Authority criteria
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended Special Authority criteria
- Flecainide acetate (Flecainide Controlled Release Teva) cap long-acting 100 mg – reinstate may be dispensed stat
- Midodrine (Midodrine Medsurge) tab 2.5 mg and 5 mg – removal of brand switch fee
- Chlortalidone [Chlorthalidone] (Hygroton) tab 25 mg – reinstate stat dispensing
- Ezetimibe (Ezetimibe Sandoz) tab 10 mg – removal of Special Authority criteria

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

- Ezetimibe with simvastatin (Zimybe) tab 10 mg with simvastatin 10 mg, tab 10 mg with simvastatin 20 mg, tab 10 mg with simvastatin 40 mg and tab 10 mg with simvastatin 80 mg – removal of Special Authority criteria
- Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial – amended Special Authority criteria
- Phenobarbitone (Noumed Phenobarbitone) tab 15 mg – addition of brand switch fee
- Pirfenidone (Esbriet) tab 801 mg – addition of OP
- Pirfenidone (Esbriet) tab 267 mg – addition of wastage claimable
- Glycomacropeptide and amino acid contains some phenylalanine (PKU sphere20 Banana, PKU Build 20 Chocolate, PKU sphere20 Chocolate, PKU sphere20 Lemon, GMPro Ultra Lemonade, PKU Build 20 Raspberry Lemonade, PKU Build 20 Smooth and PKU sphere20 Vanilla, PKU sphere20 Red Berry and PKU Build 20 Vanilla) – amended chemical name

Increased subsidy (page 26)

- Condoms (Gold Knight) 56 mm, 0.05 mm thickness, 12 pack and 144 pack
- Condoms (Gold Knight) 56 mm, 0.05 mm thickness (bulk pack), 144 pack
- Condoms (Gold Knight) 56 mm, chocolate and 56 mm, strawberry, 12 pack and 144 pack
- Condoms (Gold Knight XL) 60 mm, 12 pack and 144 pack
- Condoms (Gold Knight XL) 60 mm (bulk pack) 144 pack
- Thiotepa (Tepadina) inj 15 mg vial and inj 100 mg vial

Changes to General Rules

We have made amendments to Pharmaceutical Schedule Rules to align funding with the Misuse of Drugs Amendment Regulations (No 2) 2023.

A summary of the changes is provided below (only relevant parts of the criteria are shown).

Part 1 – Prescribing and initiating Subsidies for Community Pharmaceuticals

- 1.2 **Community Pharmaceuticals** ~~Periods of supply for Subsidy: For Community Pharmaceuticals:~~
 - 1.2.1 ~~periods of supply are as follows (note that legislative and regulatory requirements regarding periods of supply must also be met):~~ **Only a quantity sufficient to provide treatment up to the legal period of supply limit will be Subsidised as specified in the Medicines Act 1981 and Medicines Regulations 1984 and the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977.**
 - 1.2.2 **Where there is no legal period of supply limit, only a quantity sufficient to provide treatment for a period up to 3 Months will be Subsidised.**
 - 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.~~
 - b ~~Oral Contraceptives: The Prescriber must specify on the Prescription the period of treatment for which the oral contraceptive is to be supplied. To be eligible for Subsidy, this period must not exceed 6 Months. Where the Oral Contraceptive is prescribed for non-contraceptive indications, then the Subsidised period of supply is up to 3 Months per Prescription.~~
 - c ~~Nicotine Replacement Therapy on Quitcard: Only a quantity sufficient to provide treatment for a period of up to 3 Months with nicotine patches, lozenges or gum will be eligible for Subsidy.~~

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 opioid 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, **where legally permitted**, in the following circumstances:
 - a a patient or their representative signs the Prescription to qualify for single Lot dispensing. In signing the Prescription, the patient or their nominated representative must certify which of the following criteria the patient meets:
 - i they have limited physical mobility
 - ii they live and work more than 30 minutes from the nearest pharmacy by their normal form of transport
 - iii they are relocating to another area, or
 - iv they are travelling and will be away when the repeat Prescriptions **dispensings** are due.
 - b A Class B **opioid** 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.

Tender News

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

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Ambrisentan	Tab 5 mg and 10 mg; 30 tab	PSS	Ambrisentan Viatris (Viatris)
Anastrozole	Tab 1 mg, 30 tab	PSS	Anatrole (Viatris)
Betahistine dihydrochloride	Tab 16 mg; 100 tab	PSS	Serc (Viatris)
Bicalutamide	Tab 50 mg; 28 tab	PSS	Binarex (Rex Medical)
Ezetimibe	Tab 10 mg; 30 tab	PSS	Ezetimibe Sandoz (Sandoz)
Finasteride	Tab 5 mg; 100 tab	PSS	Ricit (Rex Medical)
Flecainide acetate	Tab 50 mg; 60 tab	PSS	Flecainide BNM (BNM)
Fluconazole	Cap 50 mg; 28 cap Cap 150 mg; 1 cap Cap 200 mg; 28 cap	PSS	Mylan (Viatris)
Hydroxyurea [hydroxycarbamide]	Cap 500 mg; 100 cap	PSS	Devatis (Devatis)
Hyoscine Butylbromide	Inj 20 mg, 1 ml; 5 inj pack	PSS	Spazmol (Devatis)
Imatinib Mesilate	Cap 100 mg; 60 cap Cap 400 mg; 30 cap	PSS	Imatinib-Rex (Rex Medical)
Leflunomide	Tab 10 mg and 20 mg; 30 tab	PSS	Arava (Sanofi)
Levonorgestrel	Subdermal implant (2 × 75 mg rods); 1	PSS	Jadelle (Bayer)
Mebeverine hydrochloride	Tab 135 mg, 90 tab	PSS	Colofac (Viatris)
Naltrexone hydrochloride	Tab 50 mg; 30 tab		Naltracord (Teva)
Nitrofurantoin	Cap modified-release 100 mg	PSS	Macrobid (Te Arai)
Pantoprazole	Tab EC 20 mg and 40 mg	PSS	Panzop Relief (Viatris)
Rifampicin	Cap 150 mg and 300 mg; 100 cap Oral liq 100 mg per 5 ml; 60 ml	PSS	Rifadin (Sanofi)
Rivaroxaban	Tab 10 mg, 30 tab Tab 15 mg and 20 mg; 28 tab	PSS	Xarelto (Bayer)
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg and 40 mg; 30 tab	PSS	Rosuvastatin Viatris (Viatris)
Tacrolimus	Oint 1 %; 30 g OP	PSS	Zematop (Douglas)
Tamoxifen citrate	Tab 10 mg and 20 mg; 60 tab	PSS	Tamoxifen Sandoz (Sandoz)
Tobramycin	Soln for inhalation 60 mg per ml, 5 ml; 56 dose	PSS	Tobramycin BNM (Boucher)

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 December 2023

- Trastuzumab inj 150 mg and 440 mg vial (Herzuma) and inj 1 mg for ECP (Baxter) – new listing, Special Authority – Retail pharmacy
- Trastuzumab (Herceptin) inj 150 mg and 440 mg vials (Herceptin) and inj 1 mg for ECP (Baxter) – amended chemical name and Special Authority criteria

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatris	2025
Acarbose	Tab 50 mg & 100 mg	Accarb	2024
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	Martindale Pharma	2024
Aciclovir	Tab dispersible 400 mg & 800 mg	Lovir	2025
	Tab dispersible 200 mg Eye oint 3%, 4.5 g OP	VirusPOS	2024
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen	Amgevita	31/07/2026
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector, 1 OP	Epipen Jr	2025
	Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen	
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Max Health Aratac	2025
	Tab 100 mg & 200 mg		
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend Tripack	2024
Aqueous cream	Crn, 500 g	GEM Aqueous Cream	2024
Ascorbic acid	Tab 100 mg	CVite	2025
Atazanavir sulphate	Cap 150 mg & 200 mg	Atazanavir Mylan	2025
Atenolol	Tab 50 mg	Viatris Mylan Atenolol	2024
	Tab 100 mg		
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2024
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule	Martindale	2024
Azathioprine	Tab 25 mg	Azamun	2025
	Tab 50 mg		
Azithromycin	Tab 500 mg	Zithromax	2024
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2024
Baclofen	Inj 2 mg per ml, 5 ml ampoule	Medsurge	2024
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP	Daivobet	2024
	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP		
Betamethasone valerate	Lotn 0.1%, 50 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
	Oint 0.1%, 50 g OP		
	Crn 0.1%, 50 g OP		
	Scalp app 0.1%, 100 ml OP		

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg	Bisacodyl Viatris Pharmacy Health Lax-suppositories	2025
	Suppos 10 mg		2024
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2024
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2024
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2024
Bezafibrate	Tab 200 mg	Bezalip 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 Viatris	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	Tab 10mg	Zista Hisatclear	2026
	Oral liq 1 mg per ml, 200 ml		2024
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP	Evara	2025
	Crn 90% with glycerol 10%, 1,000 ml OP		
Chloramphenicol	Eye drops 0.5%	Chlorsig Devatis	2025
	Eye oint 1%, 5 g OP		
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2024
Ciprofloxacin	Eye drops 0.3%, 5 ml OP	Ciprofloxacin Teva	2024
Citalopram hydrobromide	Tab 20 mg	Celapram PSM Citalopram	2025
			2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2024
Clindamycin	Inj 150 mg per ml	Hameln	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to November 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 November 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 Viatris	2025
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2024
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Viatris	2025
Entacapone	Tab 200 mg	Comtan	2024
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Escitalopram (Ethics)	2024
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Lo-Oralcon 20 ED Oralcon 30 ED	2025
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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)	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
Flecainide acetate	Cap long-acting 100 mg & 200 mg	Flecainide Controlled Release Teva	2026
Flucloxacillin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Flucloxacillin-AFT AFT	2024
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2024
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow–Fluoxetine Fluox	2025
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2024
Folic acid	Tab 5 mg	Folic Acid Viatrix	2024
Furosemide [Frusemide]	Inj 10 mg per ml, 2 ml ampoule	Furosemide-Baxter	2025
	Tab 40 mg	IPCA-Frusemide	2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Glibenclamide	Tab 5 mg	Daonil	2024
Glipizide	Tab 5 mg	Minidiab	2024
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025
Glyceryl trinitrate	Oint 0.2%, 30 g OP	Rectogesic	2024
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule	Robinul	2025
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone	Crn 1%, 500 g	Noumed	2025
	Crn 1%; 30 g OP	Ethics	
	Inj 100 mg vial	Solu-Cortef	2024
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
Ibuprofen	Oral liq 20 mg per ml, 200 ml	Ethics	2024
	Tab long-acting 800 mg	Brufen SR	
	Tab 200 mg	Relieve	
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width	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	
Isoniazid	Tab 100 mg	PSM	2024
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg	Rifinah	2024
	Tab 150 mg with rifampicin 300 mg		
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	Intra-uterine device 13.5 mg	Jaydess	31/10/2024
	Intra-uterine device 52 mg	Mirena	31/10/2024
	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	Lopinavir/Ritonavir	2024
	Tab 200 mg with ritonavir 50 mg	Mylan	
Loratadine	Tab 10 mg	Lorafix	2025
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2025
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Melatonin	Tab modified-release 2 mg	Vigisom	2024
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin Viatrix	2024
Methadone	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2024
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Tab 2.5 mg & 10 mg	Trexate	2024
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2024
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2024
Midodrine	Tab 2.5 mg & 5 mg	Midodrine Medsurge	2024
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024
Modafinil	Tab 100 mg	Modavigil	2024
Mometasone furoate	Crn 0.1%, 15 g OP Crn 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2024
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatrix	2025
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

*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 November 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2024
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	Hameln	2024
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2024
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2024
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2024
Nitrofurantoin	Tab 50 mg & 100 mg	Nifuran	2024
Norethisterone	Tab 350 mcg	Noriday 28	2024
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Octreotide	Inj 50 mcg per ml, 1 ml ampoule Inj 100 mcg per ml, 1 ml ampoule Inj 500 mcg per ml, 1 ml ampoule	Max Health	2024
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Octreotide Depot Teva	2024
Oil in water emulsion	Crn, 500 g	Fatty Cream AFT	2024
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025
Omeprazole	Inj 40 mg ampoule with diluent	Dr Reddy's Omeprazole	2025
Ondansetron	Tab 4 mg & 8 mg	Periset	2025
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024
Orphenadrine citrate	Tab 100 mg	Norflex	2024
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	Hameln Oxycodone Sandoz OxyNorm	2024
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025

*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 November 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Pancreatic enzyme	Cap prandreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prandreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief (Viatris)	2025
Paracetamol	Oral liq 120 mg per 5 ml	Paracetamol (Ethics)	2025
	Oral liq 250 mg per ml, 200 ml	Pamol	
	Tab 500 mg-bottle pack Tab 500 mg-blister pack	Noumed Paracetamol Pacimol	2024
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2025
		Cilicaine VK	2024
	Cap 250 mg Cap 500 mg		
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2024
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2024
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2024
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2024
Posaconazole	Oral liq 40 mg per ml, 105 ml OP 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

*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 November 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2024
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow Quinapril 10 Arrow-Quinapril 20	2024
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2024
Ramipril	Cap 1.25 mg, 2.5 mg, 5 mg & 10 mg	Tryzan	2024
Riluzole	Tab 50 mg	Rilutek	2024
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2025
Rituximab	Inj 100 mg per 10 ml vial & 500 mg per 50 ml vial	Riximyo	30/09/2023
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2024
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Salbutamol	Oral liq 400 mcg per ml, 150 ml Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2024
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
Sodium fusidate [Fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2024
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg and 10 mg	Solifenacin Viatris	2024
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024

*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 November 2023

Generic Name	Presentation	Brand Name	Expiry Date*
Sotalol	Tab 80 mg & 160 mg	Mylan	2025
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2024
Sunitinib	Cap 12.5 mg, 25 mg & 50 mg	Sunitinib Pfizer	2024
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viartis	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2024
Tobramycin	Inj 40 mg per ml, 2 ml vial	Tobramycin Viartis	2024
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2024
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Viartis	2024
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2024
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
Vinorelbine	Cap 20 mg, 30 mg & 80 mg	Vinorelbine Te Arai	2025
Water	Inj 10 ml ampoule Inj 20 ml ampoule	Multichem Fresenius Kabi	2025
Zinc and castor oil	Oint; 500 g	Evava	2025
Zoledronic acid	Inj 0.05 mg per ml, 100 ml bag	Zoledronic Acid Viartis	2025
	Inj 4 mg per 5 ml, vial		2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

November 2023 changes are in bold type

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New Listings

Effective 1 November 2023

7	<p>BUDESONIDE Cap modified-release 3 mg – Special Authority see SA1886 – Retail pharmacy</p>	87.60	90	✓ Budesonide Te Arai
34	<p>HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO</p> <p>Wastage claimable</p>	4.10	5	✓ Hydroxocobalamin GL Pharma S29
48	<p>CAPTOPRIL * Oral liq 5 mg per ml</p> <p>Oral liquid restricted to children under 12 years of age.</p>	86.00	100 ml OP	✓ DP-Captopril
51	<p>FLECAINIDE ACETATE ▲ Tab 50 mg</p> <p>Wastage claimable</p>	19.95	60	✓ Flecatab S29
52	<p>BISOPROLOL FUMARATE * Tab 2.5 mg</p> <p>* Tab 5 mg</p> <p>* Tab 10 mg</p>	1.36 1.91 2.71	90 90 90	✓ Ipca-Bisoprolol ✓ Ipca-Bisoprolol ✓ Ipca-Bisoprolol
52	<p>METOPROLOL SUCCINATE * Tab long-acting 23.75 mg</p> <p>* Tab long-acting 47.5 mg</p> <p>* Tab long-acting 95 mg</p> <p>* Tab long-acting 190 mg</p>	4.20 3.65 5.24 9.76	90 90 90 90	✓ Myloc CR ✓ Myloc CR ✓ Myloc CR ✓ Myloc CR
96	<p>GOSERELIN Implant 3.6 mg, syringe</p> <p>Implant 10.8 mg, syringe</p>	66.48 138.23	1 1	✓ Zoladex ✓ Zoladex
98	<p>CEFUROXIME AXETIL – Subsidy by endorsement Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly. Tab 250 mg</p>	CBS	20	✓ Ascend-Cefuroxime
106	<p>KETOCONAZOLE Tab 200 mg – PCT</p>	CBS	100	✓ Teva-Ketoconazole S29

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

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

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New Listings – effective 1 November 2023 (continued)

130	OXYCODONE HYDROCHLORIDE				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	c) Safety medicine; prescriber may determine dispensing frequency				
	Tab controlled-release 5 mg.....	3.77	28	✓ Oxycodone Sandoz	S29 S29
	Wastage claimable				
	Tab controlled-release 10 mg.....	3.77	28	✓ Oxycodone Sandoz	S29 S29
	Wastage claimable				
131	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency				
	Cap 25 mg	11.19	28	✓ Clomipramine Teva	S29
	Wastage claimable				
131	ESCITALOPRAM				
	* Tab 10 mg.....	0.79	28	✓ Ipca-Escitalopram	
	* Tab 20 mg.....	1.49	28	✓ Ipca-Escitalopram	
134	PHENOBARBITONE				
	For phenobarbitone oral liquid refer Standard Formulae				
	* Tab 15 mg – Brand switch fee payable (Pharmacode 2666499)	248.50	500	✓ Noumed Phenobarbitone	
136	SUMATRIPTAN				
	Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per prescription	29.80	2 OP	✓ Clustran	
264	PHARMACY SERVICES				
	* Brand switch fee.....	4.50	1 fee	✓ BSF Noumed Phenobarbitone	
	a) May only be claimed once per patient.				
	b) The Pharmacode for BSF Noumed Phenobarbitone is 2666499.				

Effective 22 September 2023

75	AQUEOUS CREAM				
	Crn.....	1.30	100 g	✓ healthE Aqueous Cream SLS Free	

Effective 1 October 2023

137	PROCHLORPERAZINE				
	* Tab 5 mg – Up to 30 tab available on a PSO.....	10.00	100	✓ Prochlorperazine – AA	S29
	Wastage claimable				

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

6	BUDESONIDE (amended presentation description) Cap modified-release 3 mg – Special Authority see SA1886 – Retail Pharmacy.....	87.60 166.50	90 90	✓ Budesonide Te Arai ✓ Entocort CIR
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12	DULAGLUTIDE – Special Authority see SA2284 2065 – Retail pharmacy (amended Special Authority criteria) Note: Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist . Inj 1.5mg per 0.5 ml prefilled pen.....	115.23	4	✓ Trulicity
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▶ **SA2284 2065** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient has previously received an initial approval for an SGLT-2 inhibitor; or

2 All of the following:

2:1 Patient has type 2 diabetes; and

2 **Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of ALL of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin (see note a)*; and**

3 2:2 Any of the following:

2:2:3.1 Patient is Māori or any Pacific ethnicity*; or

2:2:3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note **b a**)*; or

2:2:3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or

2:2:3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or

2:2:3.5 Patient has diabetic kidney disease (see note **c b**)*; ~~and~~

2:3 ~~Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months.~~

Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge all prescribers to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.

b a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.

c b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause.

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

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

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Changes to Restrictions – effective 1 November 2023 (continued)

12	LIRAGLUTIDE – Special Authority see SA2285 2187 – Retail pharmacy (amended Special Authority criteria) a) Maximum of 9 inj per prescription b) a) Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist. b) Maximum of 1 pack of 3 (6 mg per ml, 3 ml) prefilled pens will be funded per month. Inj 6 mg per ml, 3 ml prefilled pen	383.72	3	✓ Victoza
<p>► SA2285 2187 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: Either: 1 Patient has previously received an initial Special Authority approval for either an SGLT-2 inhibitor or GLP-1 agonist; or 2 All of the following: 2.1 Patient has type 2 diabetes; and 2 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of ALL of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin (see note a)*; and 3 2.2 Any of the following: 2.2.3.1 Patient is Māori or any Pacific ethnicity*; or 2.2.3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note b a)*; or 2.2.3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or 2.2.3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or 2.2.3.5 Patient has diabetic kidney disease (see note c b)*; and 2.3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months.</p> <p>Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes. a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge you to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing treatment where the patient is not receiving clinically meaningful benefit. b a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia. c b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause.</p>				
51	FLECAINIDE ACETATE (reinstate may be dispensed stat) ▲ Cap long-acting 100 mg	35.78	90	✓ Flecainide Controlled Release Teva
51	MIDODRINE – Special Authority see SA1474 below – Retail pharmacy (removal of brand switch fee) Brand switch fee payable (Pharmacode 2660741) Tab 2.5 mg..... Tab 5 mg.....	38.23 59.98	100 100	✓ Midodrine Medsurge ✓ Midodrine Medsurge
55	CHLORTALIDONE [CHLORTHALIDONE] (reinstate stat dispensing) * Tab 25 mg.....	6.95	50	✓ Hygroton

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Changes to Restrictions – effective 1 November 2023 (continued)

58	EZETIMIBE – Special Authority see SA1045 – Retail pharmacy (removal of Special Authority criteria) * Tab 10 mg..... 1.76 30 ✓ Ezetimibe Sandoz																
	<p>▶ SA1045 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria: All of the following: 1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 years; and 2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and 3 Any of the following: 3.1 The patient has rhabdomyolysis (defined as muscle aches and creatine kinase more than 10 × normal) when treated with one statin; or 3.2 The patient is intolerant to both simvastatin and atorvastatin; or 3.3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.</p> <p>Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>																
58	EZETIMIBE WITH SIMVASTATIN – Special Authority see SA1046 – Retail pharmacy (removal of Special Authority criteria)																
	<table border="0"> <tbody> <tr> <td>Tab 10 mg with simvastatin 10 mg</td> <td>5.15</td> <td>30</td> <td>✓ Zimybe</td> </tr> <tr> <td>Tab 10 mg with simvastatin 20 mg</td> <td>6.15</td> <td>30</td> <td>✓ Zimybe</td> </tr> <tr> <td>Tab 10 mg with simvastatin 40 mg</td> <td>7.15</td> <td>30</td> <td>✓ Zimybe</td> </tr> <tr> <td>Tab 10 mg with simvastatin 80 mg</td> <td>8.15</td> <td>30</td> <td>✓ Zimybe</td> </tr> </tbody> </table> <p>▶ SA1046 Special Authority for Subsidy Initial application from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria: All of the following: 1 Patient has a calculated absolute risk of cardiovascular disease of at least 15% over 5 year; and 2 Patient's LDL cholesterol is 2.0 mmol/litre or greater; and 3 The patient has not reduced their LDL cholesterol to less than 2.0 mmol/litre with the use of the maximal tolerated dose of atorvastatin.</p> <p>Renewal from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.</p>	Tab 10 mg with simvastatin 10 mg	5.15	30	✓ Zimybe	Tab 10 mg with simvastatin 20 mg	6.15	30	✓ Zimybe	Tab 10 mg with simvastatin 40 mg	7.15	30	✓ Zimybe	Tab 10 mg with simvastatin 80 mg	8.15	30	✓ Zimybe
Tab 10 mg with simvastatin 10 mg	5.15	30	✓ Zimybe														
Tab 10 mg with simvastatin 20 mg	6.15	30	✓ Zimybe														
Tab 10 mg with simvastatin 40 mg	7.15	30	✓ Zimybe														
Tab 10 mg with simvastatin 80 mg	8.15	30	✓ Zimybe														
142	OCRELIZUMAB – Special Authority see SA2273 – Retail pharmacy (amended Special Authority criteria – amended criteria shown only) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted. Inj 30 mg per ml, 10 ml vial 9,346.00 1 ✓ Ocrevus																
	<p>▶ SA2273 Special Authority for Subsidy Renewal — (Primary Progressive Multiple Sclerosis) from any relevant practitioner. Approvals valid for 12 months where patient has had an EDSS score of 2.0 to less than or equal to 6.5 (inclusive) at any time in the last six months (ie patient has walked 20 metres with bilateral assistance/aids, without rest in the last six months).</p>																
134	PHENOBARBITONE (addition of brand switch fee) For phenobarbitone oral liquid refer Standard Formulae * Tab 15 mg – Brand switch fee payable (Pharmacode 2666499) 248.50 500 ✓ Noumed Phenobarbitone																

▲ 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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Subsidy
(Mnfr's price)
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Generic Mnfr
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Changes to Restrictions – effective 1 November 2023 (continued)

254	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA2013 (addition of OP) Note: Pirfenidone is not subsidised in combination with subsidised nintedanib. Tab 801 mg.....	3,645.00	90	OP	✓ Esbriet
254	PIRFENIDONE – Retail pharmacy-Specialist – Special Authority see SA2013 (addition of wastage claimable) Note: Pirfenidone is not subsidised in combination with subsidised nintedanib. Tab 267 mg..... Wastage claimable	1,215.00	90		✓ Esbriet
290	Other Supplements for PKU (amended chemical name) AMINO ACID FORMULA WITHOUT PHENYLALANINE GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2229 – Hospital pharmacy [HP3]				
	Powder (Banana) 35 g sachets	930.00	30		✓ PKU sphere20 Banana
	Powder (Chocolate) 32 g Sachets	898.56	30		✓ PKU Build 20 Chocolate
	Powder (Chocolate) 35 g sachets	930.00	30		✓ PKU sphere20 Chocolate
	Powder (Lemon) 35 g sachets	930.00	30		✓ PKU sphere20 Lemon
	Powder (Lemonade) 33.4 g sachets.....	936.00	30		✓ PKU GMPro Ultra Lemonade
	Powder (Raspberry Lemonade) 32 g Sachets.....	898.56	30		✓ PKU Build 20 Raspberry Lemonade
	Powder (Smooth) 32 g Sachets	898.56	30		✓ PKU Build 20 Smooth
	Powder (Vanilla) 32 g Sachets	898.56	30		✓ PKU Build 20 Vanilla
	Powder (Red Berry) 35 g sachets	930.00	30		✓ PKU sphere20 Red Berry
	Powder (Vanilla) 35 g sachets	930.00	30		✓ PKU sphere20 Vanilla

Effective 1 October 2023

135	VIGABATRIN – Special Authority see SA2088 – Retail pharmacy (removal of s29 and wastage) ▲ Powder for oral soln 500 mg per sachet..... Wastage claimable	71.58	60		✓ Sabril s29
147	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA1964 – Retail pharmacy (addition of brand switch fee) a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab sustained-release 20 mg – Brand switch fee payable (Pharmacode 2665956)	10.95	30		✓ Rubifen SR

Note: Brand Switch Fee applies only to patients who have transferred from Methylphenidate ER – Teva brand due to an out of stock.

Changes to Restrictions – effective 1 October 2023 (continued)

148	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA2278 – Retail pharmacy (addition of brand switch fee)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	c) Note: Brand Switch Fee applies only to patients who have transferred from Methylphenidate ER – Teva brand due to an out of stock.			
	Tab extended-release 18 mg – Brand switch fee payable			
	(Pharmacode 2665948)	58.96	30	✓ Concerta
	Tab extended-release 27 mg – Brand switch fee payable			
	(Pharmacode 2665948)	65.44	30	✓ Concerta
	Tab extended-release 36 mg – Brand switch fee payable			
	(Pharmacode 2665948)	71.93	30	✓ Concerta
	Tab extended-release 54 mg – Brand switch fee payable			
	(Pharmacode 2665948)	86.24	30	✓ Concerta

148 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see **SA2278** †965 – Retail pharmacy (amended Special Authority criteria)

➔ **SA2278** †965] Special Authority for Subsidy

Initial application — (**ADHD**) only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 24 months for applications meeting the following criteria:

Either:

1 All of the following:

1.1 ADHD (Attention Deficit and Hyperactivity Disorder); and

1.2 Diagnosed according to DSM-IV or ICD 10 criteria; and

1.3 Either:

1.3.1 Applicant is a paediatrician or psychiatrist; or

1.3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and

1.4 Either:

1.4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or compliance difficulties; or

1.4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride; or

2 All of the following:

2.1 Patient meets the Special Authority criteria for SA1964 methylphenidate hydrochloride; and

2.2 Patient would have been prescribed Methylphenidate ER – Teva brand; and

2.3 Patient is unable to access Methylphenidate ER – Teva brand due to an out of stock.

Note: Criterion 2 is to permit short-term funding to cover an out-of-stock on tab extended-release Methylphenidate ER – Teva subsidised under SA1964 (<https://schedule.pharmac.govt.nz/latest/SA1964.pdf>)

Renewal — (**ADHD**) only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 24 months for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and

2 Either:

2.1 Applicant is a paediatrician or psychiatrist; or

2.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

▲ 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 November 2023

81	CONDOMS (↑ subsidy)			
	* 56 mm, 0.05 mm thickness	2.00	12	✓ Gold Knight
		24.10	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, 0.05mm thickness (bulk pack)	20.17	144	✓ Gold Knight
	a) Maximum of 60 dev per prescription			
	b) Up to 60 dev available on a PSO			
	* 56 mm, chocolate	1.79	12	✓ Gold Knight
		21.45	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, strawberry	1.79	12	✓ Gold Knight
		21.45	144	✓ Gold Knight
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 60 mm	1.82	12	✓ Gold Knight XL
		21.89	144	✓ Gold Knight XL
	a) Maximum of 60 dev per prescription			
	b) Up to 60 dev available on a PSO			
	* 60 mm (bulk pack)	17.78	144	✓ Gold Knight XL
	a) Maximum of 60 dev per prescription			
	b) Up to 60 dev available on a PSO			
156	THIOTEPA – PCT only – Specialist (↑ subsidy)			
	Inj 15 mg vial.....	398.00	1	✓ Tepadina
	Note – this price increase is for Pharmacode 2487985.			
156	THIOTEPA – PCT only – Specialist (↑ subsidy)			
	Inj 100 mg vial.....	1,800.00	1	✓ Tepadina

Delisted Items

Effective 1 November 2023

25	INSULIN PUMP RESERVOIR – Special Authority see SA1985 – Retail pharmacy a) Maximum of 3 sets per prescription b) Only on a prescription c) Maximum of 13 packs of reservoir sets will be funded per year. Cartridge for 5 and 7 series pump; 1.8 ml × 10.....	50.00	1 OP	✓ MiniMed 1.8 Reservoir MMT-326A
51	ATENOLOL * Tab 50 mg.....	9.33	500	✓ Mylan Atenolol
52	BISOPROLOL FUMARATE * Tab 2.5 mg..... * Tab 5 mg.....	1.84 2.55	90 90	✓ Bisoprolol Mylan ✓ Bisoprolol Mylan
73	CALAMINE a) Only on a prescription b) Not in combination Crm, aqueous, BP.....	1.08	100 g	✓ Calamine-AFT
74	ZINC AND CASTOR OIL * Oint.....	4.65	500 g	✓ Boucher
88	ZOLEDRONIC ACID Inj 4 mg per 5 ml, vial.....	18.00	1	✓ Zoledronic acid Mylan
112	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2138 a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP, should be applied using Special Authority SA2138. b) Endorsement for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure): Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA2139 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement, for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure), is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA2139. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the Pharmac website. * Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate).....	15.45	30	✓ Tenofovir Disoproxil Emtricitabine Mylan
115	LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy Tab 150 mg.....	84.50	60	✓ Lamivudine Alpharm

▲ 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 November 2023 (continued)

126	LIDOCAINE [LIGNOCAINE] WITH CHLORHEXIDINE Gel 2% with chlorhexidine 0.05%, 10 ml urethral syringes – Subsidy by endorsement.....	103.32	10	✓ Pfizer
	a) Up to 5 each available on a PSO			
	b) Subsidised only if prescribed for urethral or cervical administration and the prescription is endorsed accordingly.			
146	ATOMOXETINE Cap 10 mg	107.03	28	✓ Strattera
	Cap 18 mg	107.03	28	✓ Strattera
	Cap 40 mg	107.03	28	✓ Strattera
264	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Midodrine Medsurge
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Midodrine Medsurge is 2660741			

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 February 2024

264	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Noumed Phenobarbitone
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Noumed Phenobarbitone is 2666499			

Effective 1 March 2024

58	SIMVASTATIN * Tab 20 mg.....	2.54	90	✓ Simvastatin Mylan
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Effective 1 April 2024

6	BUDESONIDE Cap modified-release 3 mg – Special Authority see SA1886 – Retail pharmacy	166.50	90	✓ Entocort CIR
	Note – this delist applies to Pharmacodes 2536528 and 2272547			
7	HYDROCORTISONE ACETATE Rectal foam 10%, CFC-Free (14 applications).....	26.55	15 g OP 21.1 g OP	✓ Cortifoam S29 ✓ Colifoam
48	CAPTOPRIL * Oral liq 5 mg per ml	94.99	95 ml OP	✓ Capoten
	Oral liquid restricted to children under 12 years of age.			
52	BISOPROLOL FUMARATE * Tab 2.5 mg.....	1.84	90	✓ Bisoprolol Mylan ✓ Bisoprolol Viatris
	* Tab 5 mg.....	2.55	90	✓ Bisoprolol Mylan ✓ Bisoprolol Viatris
	* Tab 10 mg.....	3.62	90	✓ Bisoprolol Mylan ✓ Bisoprolol Viatris
52	METOPROLOL SUCCINATE * Tab long-acting 23.75 mg.....	1.45	30	✓ Betaloc CR
	* Tab long-acting 47.5 mg.....	1.43	30	✓ Betaloc CR
	* Tab long-acting 95 mg.....	2.15	30	✓ Betaloc CR
	* Tab long-acting 190 mg.....	4.27	30	✓ Betaloc CR
96	GOSERELIN Implant 3.6 mg, syringe	65.68	1	✓ Teva
	Implant 10.8 mg, syringe.....	122.37	1	✓ Teva

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 April 2024 (continued)

102	CIPROFLOXACIN Recommended for patients with any of the following: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea. Tab 500 mg – Up to 5 tab available on a PSO.....	3.40	28	✓ Cipflox
131	ESCITALOPRAM * Tab 10 mg..... * Tab 20 mg.....	1.07 1.92	28 28	✓ Escitalopram (Ethics) ✓ Escitalopram (Ethics)
136	SUMATRIPTAN Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per prescription	34.00	2 OP	✓ Imigran

Effective 1 May 2024

134	PHENOBARBITONE For phenobarbitone oral liquid refer Standard Formulae * Tab 15 mg.....	40.00	500	✓ PSM
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Effective 1 December 2024

260	DICLOFENAC SODIUM Eye drops 0.1%	8.80	5 ml OP	✓ <u>Voltaren Ophtha</u>
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