

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 spiral design.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

December 2023

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Summary of Pharmac decisions

EFFECTIVE 1 DECEMBER 2023

New listings (pages 18-22)

- Ticagrelor (Brilinta) tab 90 mg – Special Authority – Retail pharmacy
- Compound electrolytes with glucose [Dextrose] (Hydralyte – Lemonade) soln with electrolytes, 1,000 ml OP
- Nifedipine (Nifedipine Viatris) tab long-acting 30 mg, s29 and wastage claimable
- Methyldopa (Methyldopa Viatris) tab 250 mg
- Pravastatin (Clinect) tab 20 mg and 40 mg
- Nicorandil (Max Health) tab 10 mg and 20 mg
- Amoxicillin (Miro-Amoxicillin) cap 250 mg and 500 mg
- Rifampicin (Rifadin Sanofi S29) cap 300 mg – Subsidy by endorsement, no patient co-payment payable, s29 and wastage claimable
- Atazanavir sulphate (Atazanavir Viatris) cap 200 mg – Special Authority – Retail pharmacy
- Naproxen (Noflam 500) tab 500 mg
- Morphine sulphate (Wockhardt) oral liq 2 mg per ml, 100 ml – only on a controlled drug form, no patient co-payment payable, safety medicine; prescriber may determine dispensing frequency, s29 and wastage claimable
- Octreotide (Sun Pharma) inj 100 mcg per ml, 1 ml ampoule and inj 500 mcg per ml, 1 ml ampoule, s29 and wastage claimable
- Brentuximab vedotin (Adcetris) inj 50 mg vial – PCT only – Special Authority
- Trastuzumab (Herzuma) inj 150 mg vial, 440 mg vial (Herzuma) and 1 mg for ECP (Baxter) – PCT only – Special Authority
- Pharmacy services (BSF Wockhardt) brand switch fee – May only be claimed once per patient
- Meningococcal B multicomponent vaccine (Bexsero) inj 175 mcg per 0.5 ml prefilled syringe – only on a prescription, no patient co-payment payable

Changes to restrictions (pages 24-26)

- Hydrocortisone (Solu-Cortef) inj 100 mg vial – removal of only on a PSO rule and addition of not on a BSO rule
- Morphine sulphate (Wockhardt) oral liq 2 mg per ml – addition of brand switch fee
- Prochlorperazine (Nausafix) tab 5 mg – addition of s29 and wastage claimable
- Olanzapine (Zyprexa Relprev) inj 210 mg vial, 300 mg vial and 405 mg vial – addition of note
- Imatinib mesylate (Imatinib-Rex) cap 100 mg and 400 mg – removal of note

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

- Trastuzumab (Herceptin) (Herceptin) inj 150 mg vial, 440 mg vial and 1 mg for ECP – amended chemical name and Special Authority criteria

Increased subsidy (page 27)

- Miconazole nitrate (Multichem) crm 2%, 15 g OP
- Ketoconazole (Sebizole) shampoo 2%, 100 ml OP
- Aspirin (Ethics Aspirin) tab dispersible 300 mg
- Tramadol hydrochloride tab sustained-release 100 mg (Tramal SR 100), tab sustained-release (Tramal SR 150) 150 mg and tab sustained-release 200 mg (Tramal SR 200)
- Bupropion hydrochloride (Zyban) tab modified-release 150 mg

Decreased subsidy (page 27)

- Emulsifying ointment (Emulsifying Ointment ADE) oint BP, 500 g

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes
– effective 1 January 2024

Chemical Name	Presentation; Pack size	PSS/ SSS	PSS/SSS brand (and supplier)
Tramadol	Cap 50 mg; 100 cap	PSS	Arrow-Tramadol
Capecitabine	Tab 150 mg; 60 cap Tab 500 mg; 120 cap	PSS	Capecitabine Viatrix

Looking Forward

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

Decisions for implementation 1 January 2024

There are no items this month.

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 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	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	
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatrix	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
Anastrozole	Tab 1 mg	Anatrole	2026
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
Betahistine dihydrochloride	Tab 16 mg	Serc	2026
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		

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crn 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
Bicalutamide	Tab 50 mg	Binarex	2026
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg Suppos 10 mg	Bisacodyl Viatris Pharmacy Health Lax-suppositories	2025 2024
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 Tab long-acting 400 mg	Bezalip Bezalip Retard	2024
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2024
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 Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml & 50 mg per ml	Cephalexin ABM Flynn	2025 2024
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg Oral liq 1 mg per ml, 200 ml	Zista Hisatclear	2026 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 drops 0.5% Eye oint 1%, 5 g OP	Chlorsig 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Clobetasol propionate	Crn & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Clomipramine Teva	2024
Clonidine hydrochloride	Tab 25 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Clonidine Teva Medsurge Catapres	2025 2024
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crn 1%, 20 g OP	Clomazol	2025
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	Crn 10%, 20 g OP	Itch-soothe	2024
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2024
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyclophosphamide	Tab 50 mg	Cylconex	2024
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2024
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	Crn 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Disulfiram	Tab 200 mg	Antabuse	2024
Docusate sodium 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
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Fentanyl	Inj 50 mcg per ml, 2ml ampoule Inj 50 mcg per ml, 10 ml ampoule Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2024
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2024
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2024
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2025
Filgrastim	Inj 300 mcg per 0.5 ml & 480 mcg per 0.5 ml	Nivestim	2024
Finasteride	Tab 5 mg	Ricit	2026
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM 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
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
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 Tab 40 mg	Furosemide-Baxter IPCA-Frusemide	2025 2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2024
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Glibenclamide	Tab 5 mg	Daonil	2024
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 Inj 720 ELISA units in 0.5 ml syringe	Havrix Havrix Junior	2024
Hepatitis B recombinant vaccine	Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2024
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mg in 0.5 ml syringe	Gardasil 9	2024
Hydrocortisone	Crm 1%, 500 g Crm 1%; 30 g OP Inj 100 mg vial	Noumed	2025
		Ethics Solu-Cortef	2024
Hydrocortisone butyrate	Oint 0.1%, 100 g OP Scalp lotn 0.1%, 100 ml OP Milky emuls 0.1%, 100 ml OP	Locoid	2024
		Locoid Crelo	
Hydrocortisone with miconazole	Crm 1% with miconazole 2%, 15 g OP	Micreme H	2024
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2024
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2026
Hyoscine Butylbromide	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Tab 200 mg Oral liq 20 mg per ml, 200 ml Tab long-acting 800 mg	Relieve	2026
		Ethics Brufen SR	2024
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Imatinib Mesilate	Cap 100 mg & 400 mg	Imatinib-Rex	2026
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
Leflunomide	Tab 10 mg & 20 mg	Arava	2026
Letrozole	Tab 2.5 mg	Letrole	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Subdermal implant (2 × 75 mg rods) Tab 1.5 mg Intra-uterine device 13.5 mg Intra-uterine device 52 mg	Jadelle Levonorgestrel BNM Jaydess Mirena	2026 2025 31/10/2024 31/10/2024
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 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 Viatris	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
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
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	Cap modified-release 100 mg Tab 50 mg & 100 mg	Macrobid Nifuran	2026 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Pancreatic enzyme	Cap prancratin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap prancratin 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 Panzop Relief (Viatris)	2025
Paracetamol	Tab 500 mg-bottle pack Tab 500 mg-blister pack Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Noumed Paracetamol Pacimol Paracetamol (Ethics) Pamol	2026 2025
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
Phenobarbitone	Tab 30 mg	Noumed Phenobarbitone	2025
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml Cap 250 mg Cap 500 mg	AFT Cilicaine VK	2025 2024
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2024

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 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
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2026
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
Rivaroxaban	Tab 10 mg, 15 mg & 20 mg	Xarelto	2026
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
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatrix	2026
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 Viatriis	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
Tacrolimus	Oint 1%; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatriis	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	Soln for inhalation 60 mg per ml, 5 ml Inj 40 mg per ml, 2 ml vial	Tobramycin BNM Tobramycin Viatriis	2026 2024
Tranexamic acid	Tab 500 mg	Mercury Pharma	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 December 2023

Generic Name	Presentation	Brand Name	Expiry Date*
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	Evara	2025
Zoledronic acid	Inj 0.05 mg per ml, 100 ml bag Inj 4 mg per 5 ml, vial	Zoledronic Acid Viartis	2025 2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

December 2023 changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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New Listings

Effective 1 December 2023

42	TICAGRELOR – Special Authority see SA1955 – Retail pharmacy * Tab 90 mg.....	90.00	56	✓ Brilinta
46	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] Soln with electrolytes.....	6.53	1,000 ml OP	✓ Hydralyte – Lemonade
54	NIFEDIPINE * Tab long-acting 30 mg.....	10.24	30	✓ Nifedipine Viatris S29
Wastage claimable				
55	METHYLDOPA * Tab 250 mg.....	15.10	100	✓ Methyldopa Viatris
57	PRAVASTATIN * Tab 20 mg..... * Tab 40 mg.....	7.16 12.25	100 100	✓ Clinect ✓ Clinect
60	NICORANDIL ▲ Tab 10 mg..... ▲ Tab 20 mg.....	21.73 27.44	60 60	✓ Max Health ✓ Max Health
102	AMOXICILLIN Cap 250 mg a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP Cap 500 mg a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP	27.50 41.00	500 500	✓ Miro-Amoxicillin ✓ Miro-Amoxicillin
110	RIFAMPICIN – Subsidy by endorsement a) No patient co-payment payable b) For confirmed recurrent Staphylococcus aureus infection in combination with other effective anti-staphylococcal antimicrobial based on susceptibilities and the prescription is endorsed accordingly; can be waived by endorsement – Retail pharmacy – Specialist. Specialist must be an internal medicine physician, clinical microbiologist, dermatologist, paediatrician, or public health physician. * Cap 300 mg	122.06	100	✓ Rifadin Sanofi S29 S29
Wastage claimable				
116	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Cap 200 mg	110.00	60	✓ Atazanavir Viatris
120	NAPROXEN * Tab 500 mg..... Note – new Pharmacode listing, 2654466	28.71	250	✓ Noflam 500

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 December 2023 (continued)

131	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Oral liq 2 mg per ml – Brand switch fee payable (Pharmacode 2669986)..... 14.25	100 ml	✓ Wockhardt \$29
	Wastage claimable		
178	OCTREOTIDE Inj 100 mcg per ml, 1 ml ampoule..... 32.71 Wastage claimable Inj 500 mcg per ml, 1 ml ampoule..... 113.10 Wastage claimable	5 5	✓ Sun Pharma \$29 ✓ Sun Pharma \$29

204	BRENTUXIMAB VEDOTIN – PCT only – Special Authority see SA2289 Inj 50 mg vial..... 5,275.18	1	✓ Adcetris
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► **SA2289** Special Authority for Subsidy

Initial application - (relapsed/refractory Hodgkin lymphoma) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Either:

1.1 Both:

1.1.1 Patient has relapsed/refractory CD30-positive Hodgkin lymphoma after two or more lines of chemotherapy; and

1.1.2 Patient is ineligible for autologous stem cell transplant; or

1.2 Both:

1.2.1 Patient has relapsed/refractory CD30-positive Hodgkin lymphoma; and

1.2.2 Patient has previously undergone autologous stem cell transplant; and

2 Patient has not previously received funded brentuximab vedotin; and

3 Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles; and

4 Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Renewal - (relapsed/refractory Hodgkin lymphoma) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles; and

2 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated; and

3 Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment.

Initial application - (anaplastic large cell lymphoma) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has relapsed/refractory CD30-positive systemic anaplastic large cell lymphoma; and

2 Patient has an ECOG performance status of 0-1; and

3 Patient has not previously received brentuximab vedotin; and

4 Response to brentuximab vedotin treatment is to be reviewed after a maximum of 6 treatment cycles; and

5 Brentuximab vedotin to be administered at doses no greater than 1.8 mg/kg every 3 weeks.

Renewal - (anaplastic large cell lymphoma) from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 Patient has achieved a partial or complete response to brentuximab vedotin after 6 treatment cycles; and

continued...

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

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

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Subsidy
(Mnfr's price)
\$ Per

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Generic Mnfr
✓ fully subsidised

New Listings – effective 1 December 2023 (continued)

continued...

- 2 Treatment remains clinically appropriate and the patient is benefitting from treatment and treatment is being tolerated; and
- 3 Patient is to receive a maximum of 16 total cycles of brentuximab vedotin treatment

236 TRASTUZUMAB (HERZUMA) – PCT only – Special Authority see **SA2293**

Inj 150 mg vial.....	100.00	1	✓ Herzuma
Inj 440 mg vial.....	293.35	1	✓ Herzuma
Inj 1 mg for ECP	0.70	1 mg	✓ Baxter

▶ **SA2293** Special Authority for Subsidy

Initial application — (early breast cancer) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

Both:

- 1 The patient has early breast cancer expressing HER-2 IHC 3+ or ISH + (including FISH or other current technology); and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment).

Renewal — (early breast cancer*) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 All of the following:

- 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 1.2 The patient received prior adjuvant trastuzumab treatment for early breast cancer; and
- 1.3 Any of the following:

- 1.3.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
- 1.3.2 The patient discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress whilst on lapatinib; or
- 1.3.3 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and

1.4 Either:

- 1.4.1 Trastuzumab will not be given in combination with pertuzumab; or
- 1.4.2 All of the following:
 - 1.4.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 1.4.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 1.4.2.3 The patient has good performance status (ECOG grade 0-1); and
- 1.5 Trastuzumab to be discontinued at disease progression; or

2 All of the following:

- 2.1 Patient has previously discontinued treatment with trastuzumab in the metastatic setting for reasons other than severe toxicity or disease progression; and
- 2.2 Patient has signs of disease progression; and
- 2.3 Disease has not progressed during previous treatment with trastuzumab.

Note: * For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

Initial application — (metastatic breast cancer) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Either:

continued...

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 December 2023 (continued)

continued...

- 2.1 The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or
- 2.2 The patient discontinued lapatinib within 3 months due to intolerable side effects and the cancer did not progress whilst on lapatinib; and
- 3 Either:
 - 3.1 Trastuzumab will not be given in combination with pertuzumab; or
 - 3.2 All of the following:
 - 3.2.1 Trastuzumab to be administered in combination with pertuzumab; and
 - 3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
 - 3.2.3 The patient has good performance status (ECOG grade 0-1); and
- 4 Trastuzumab to be discontinued at disease progression.

Renewal — (metastatic breast cancer) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either:

- 1 All of the following:
 - 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
 - 1.2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
 - 1.3 Trastuzumab to be discontinued at disease progression; or
- 2 All of the following:
 - 2.1 Patient has previously discontinued treatment with trastuzumab for reasons other than severe toxicity or disease progression; and
 - 2.2 Patient has signs of disease progression; and
 - 2.3 Disease has not progressed during previous treatment with trastuzumab.

Initial application — (gastric, gastro-oesophageal junction and oesophageal cancer) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The patient has locally advanced or metastatic gastric, gastro-oesophageal junction or oesophageal cancer expressing HER-2 IHC 2+ FISH+ or IHC3+ (or other current technology); and
- 2 Patient has an ECOG score of 0-2.

Renewal — (gastric, gastro-oesophageal junction and oesophageal cancer) from any relevant practitioner.

Approvals valid for 12 months for applications meeting the following criteria:

Both:

- 1 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and
- 2 Trastuzumab to be discontinued at disease progression.

266 PHARMACY SERVICES

- * Brand switch fee 4.50 1 fee ✓ **BSF Wockhardt**
 - a) May only be claimed once per patient.
 - b) The Pharmacode for BSF Wockhardt is 2669986

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 December 2023 (continued)

300 MENINGOCOCCAL B MULTICOMPONENT VACCINE

- a) Only on a prescription
- b) No patient co-payment payable
- c)
 - a) Any of the following:
 - A) Three doses for children up to 12 months of age (inclusive) for primary immunisation; or
 - B) Up to three doses (dependent on age at first dose) for a catch-up programme for children from 13 months to 59 months of age (inclusive) for primary immunisation, from 1 March 2023 to 31 August 2025; or
 - C) Both:
 - 1) Person is one year of age or over; and
 - 2) Any of the following:
 - i) up to two doses and a booster every five years for patients pre- and post-splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post-solid organ transplant; or
 - ii) up to two doses for close contacts of meningococcal cases of any group; or
 - iii) up to two doses for person who has previously had meningococcal disease of any group; or
 - iv) up to two doses for bone marrow transplant patients; or
 - v) up to two doses for person pre- and post-immunosuppression*; or
 - D) Both:
 - 1) Person is aged between 13 and 25 years (inclusive); and
 - 2) Either:
 - i) Two doses for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, Youth Justice residences or prisons; or
 - ii) Two doses for individuals who are currently living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 March 2023 to 28 February 2024. E) Contractors will be entitled to claim payment from the Funder for the supply of Meningococcal B multicomponent vaccine to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the Meningococcal B multicomponent vaccine listed in the Pharmaceutical Schedule.
 - E) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A-D above.

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

Inj 175 mcg per 0.5 ml prefilled syringe 0.00 1 ✓ **Bexsero**
Note – new Pharmacode listing, 2669668

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 25 October 2023

34	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO.....	4.10	5	✓ Neo-Cytamen S29 S29
	Wastage claimable			
		8.20	10	✓ Vitarubin Depot Injection S29
	Wastage claimable			

Effective 1 November 2023

51	MIDODRINE – Special Authority see SA1474 – Retail pharmacy Tab 2.5 mg.....	38.23	100	✓ MAR-Midodrine S29
	Wastage claimable			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

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

89	HYDROCORTISONE (removal of only on a PSO rule and addition of not on a BSO rule) * Inj 100 mg vial..... 4.38 1 ✓ Solu-Cortef a) Only on a PSO Not on a BSO b) Up to 5 inj available on a PSO
131	MORPHINE SULPHATE (addition of brand switch fee) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Oral liq 2 mg per ml – Brand switch fee payable (Pharmacode 2669986) 14.25 100 ml ✓ Wockhardt S29
136	PROCHLORPERAZINE (addition of s29 and wastage claimable) * Tab 5 mg – Up to 30 tab available on a PSO..... 25.00 250 ✓ Nausafix S29 Wastage claimable
138	OLANZAPINE – Special Authority see SA1428 – Retail pharmacy (addition of note) a) Safety medicine; prescriber may determine dispensing frequency b) Note – no new patients to be initiated on olanzapine Inj 210 mg vial..... 252.00 1 ✓ Zyprexa Relprev Inj 300 mg vial..... 414.00 1 ✓ Zyprexa Relprev Inj 405 mg vial..... 504.00 1 ✓ Zyprexa Relprev
172	IMATINIB MESILATE (removal of note) 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. * Cap 100 mg 44.93 60 ✓ Imatinib-Rex * Cap 400 mg 69.76 30 ✓ Imatinib-Rex
236	TRASTUZUMAB (HERCEPTIN) – PCT only – Specialist – Special Authority see SA2287 2277 (amended chemical name and Special Authority criteria) Inj 150 mg vial..... 1,350.00 1 ✓ Herceptin Inj 440 mg vial..... 3,875.00 1 ✓ Herceptin Inj 1 mg for ECP 9.36 1 mg ✓ Baxter

➔ **SA2287 2277** Special Authority for Subsidy

Initial application — (early breast cancer) from any relevant practitioner. Approvals valid for 15 months for applications meeting the following criteria:

All of the following:

- 1 The patient has early breast cancer expressing HER 2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2 Maximum cumulative dose of 106 mg/kg (12 months' treatment); and
- 3 Any of the following:
 - 3.1 9 weeks' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.2 12 months' concurrent treatment with adjuvant chemotherapy is planned; or
 - 3.3 12 months' sequential treatment following adjuvant chemotherapy is planned; or
 - 3.4 12 months' treatment with neoadjuvant and adjuvant chemotherapy is planned; or
 - 3.5 Other treatment regimen, in association with adjuvant chemotherapy, is planned.

continued...

Changes to Restrictions – effective 1 December 2023 (continued)

continued...

Renewal — (early breast cancer*) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following Either:

~~1~~ All of the following:

~~1~~ ~~1-1~~ The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and

~~2~~ ~~1-2~~ The patient received prior adjuvant trastuzumab treatment for early breast cancer; and

~~3~~ ~~1-3~~ Any of the following:

~~3.1~~ ~~1-3-1~~ The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or

~~3.2~~ ~~1-3-2~~ Both:

~~3.2.1~~ ~~1-3-2-1~~ The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerable side effects; and

~~3.2.2~~ ~~1-3-2-2~~ The cancer did not progress whilst on lapatinib; or

~~3.3~~ ~~1-3-3~~ The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and

~~4~~ ~~1-4~~ Either:

~~4.1~~ ~~1-4-1~~ Trastuzumab will not be given in combination with pertuzumab; or

~~4.2~~ ~~1-4-2~~ All of the following:

~~4.2.1~~ ~~1-4-2-1~~ Trastuzumab to be administered in combination with pertuzumab; and

~~4.2.2~~ ~~1-4-2-2~~ Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and

~~4.2.3~~ ~~1-4-2-3~~ The patient has good performance status (ECOG grade 0-1); and

~~5~~ ~~1-5~~ Trastuzumab not to be given in combination with lapatinib; and

~~6~~ ~~1-6~~ Trastuzumab to be discontinued at disease progression; ~~or~~

~~2~~ All of the following:

~~1-1~~ Patient has previously discontinued treatment with trastuzumab in the metastatic setting for reasons other than severe toxicity or disease progression; and

~~1-2~~ Patient has signs of disease progression; and

~~1-3~~ Disease has not progressed during previous treatment with trastuzumab.

Note: * For patients with relapsed HER-2 positive disease who have previously received adjuvant trastuzumab for early breast cancer.

Initial application — (metastatic breast cancer) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

~~1~~ The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology);

and

~~2~~ Either:

~~2-1~~ The patient has not previously received lapatinib treatment for HER-2 positive metastatic breast cancer; or

~~2-2~~ Both:

~~2-2.1~~ The patient started lapatinib treatment for metastatic breast cancer but discontinued lapatinib within 3 months of starting treatment due to intolerable side effects; and

~~2-2.2~~ The cancer did not progress whilst on lapatinib; and

~~3~~ Either:

~~3-1~~ Trastuzumab will not be given in combination with pertuzumab; or

~~3-2~~ All of the following:

~~3-2.1~~ Trastuzumab to be administered in combination with pertuzumab; and

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 December 2023 (continued)

continued...

- ~~3.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment-free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and~~
- ~~3.2.3 The patient has good performance status (ECOG grade 0-1); and~~
- ~~4 Trastuzumab not to be given in combination with lapatinib; and~~
- ~~5 Trastuzumab to be discontinued at disease progression.~~

Renewal — (metastatic breast cancer) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following Either:

~~1 All of the following:~~

- ~~1 1.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and~~
- ~~2 1.2 The cancer has not progressed at any time point during the previous 12 months whilst on trastuzumab; and~~
- ~~3 1.3 Trastuzumab not to be given in combination with lapatinib; and~~
- ~~4 1.4 Trastuzumab to be discontinued at disease progression.; or~~

~~2 All of the following:~~

- ~~2.1 Patient has previously discontinued treatment with trastuzumab for reasons other than severe toxicity or disease progression; and~~
- ~~2.2 Patient has signs of disease progression; and~~
- ~~2.3 Disease has not progressed during previous treatment with trastuzumab.~~

Effective 1 November 2023

100 CEFUROXIME AXETIL – Subsidy by endorsement (addition of s29)

Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly.

Tab 250 mg..... CBS 20 ✓ Ascend-Cefuroxime

S29

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 December 2023

73	MICONAZOLE NITRATE (↑ subsidy) * Crm 2% 0.90	15 g OP	✓ Multichem
	a) Only on a prescription		
	b) Not in combination		
75	EMULSIFYING OINTMENT (↓ subsidy) * Oint BP 3.13	500 g	✓ Emulsifying Ointment ADE
79	KETOCONAZOLE (↑ subsidy) Shampoo 2% 4.09	100 ml OP	✓ Sebizole
	a) Maximum of 100 ml per prescription		
	b) Only on a prescription		
	Note – this price increase applies to Pharmacode 461504		
128	ASPIRIN (↑ subsidy) * Tab dispersible 300 mg – Up to 30 tab available on a PSO 5.65	100	✓ Ethics Aspirin
132	TRAMADOL HYDROCHLORIDE (↑ subsidy) 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 – this price change applies to Pharmacodes 2149508, 2149532 and 2149524 respectively.		
153	BUPROPION HYDROCHLORIDE (↑ subsidy) Tab modified-release 150 mg 15.00	30	✓ Zyban

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“certified exemption” by the prescriber or pharmacist

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 December 2023

8	HYOSCINE BUTYLBROMIDE * Inj 20 mg, 1 ml – Up to 5 inj available on a PSO	6.35	5	✓ Buscopan ✓ Buscopan S29 S29
	Wastage claimable			
22	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1985 – Retail pharmacy			
	a) Maximum of 3 sets per prescription			
	b) Only on a prescription			
	c) Maximum of 13 infusion sets will be funded per year.			
	6 mm steel needle; 29 G; manual insertion; 60 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✓ Sure-T MMT-863
	8 mm steel needle; 29 G; manual insertion; 60 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✓ Sure-T MMT-873
24	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION) – Special Authority see SA1985 – Retail pharmacy			
	a) Maximum of 3 sets per prescription			
	b) Only on a prescription			
	c) Maximum of 13 infusion sets will be funded per year.			
	17 mm teflon cannula; angle insertion; 60 cm line × 10 with 10 needles; luer lock	130.00	1 OP	✓ Silhouette MMT-373
24	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION) – Special Authority see SA1985 – Retail pharmacy			
	a) Maximum of 3 sets per prescription			
	b) Only on a prescription			
	c) Maximum of 13 infusion sets will be funded per year.			
	6 mm teflon cannula; straight insertion; 60 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✓ Quick-Set MMT-393
	9 mm teflon cannula; straight insertion; 60 cm tubing × 10 with 10 needles; luer lock	130.00	1 OP	✓ Quick-Set MMT-392
51	FLECAINIDE ACETATE ▲ Tab 50 mg.....	19.95	60	✓ Flecainide Sandoz S29
	Wastage claimable			
54	NIFEDIPINE * Tab long-acting 20 mg.....	9.12	50	✓ Mylan (12 hr release) S29
	Wastage claimable			
58	EZETIMIBE * Tab 10 mg.....	1.76	30	✓ Ezetimibe Sandoz
	Note – this delist applies to Pharmacode 2536129			
60	AMBRISENTAN – Special Authority see SA2253 – Retail pharmacy			
	Tab 5 mg.....	1,550.00	30	✓ Ambrisentan Mylan
	Tab 10 mg.....	1,550.00	30	✓ Mylan

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 December 2023 (continued)

87	SOLIFENACIN SUCCINATE Tab 5 mg..... 2.05 30 Tab 10 mg..... 3.72 30	✓ Solifenacin Mylan ✓ Solifenacin Mylan
116	EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA2139 – Retail pharmacy Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a maleate) 06.88 30	✓ Mylan
135	PHENOBARBITONE For phenobarbitone oral liquid refer Standard Formulae * Tab 30 mg..... 40.00 500	✓ PSM
154	NICOTINE a) Nicotine will not be funded in amounts less than 4 weeks of treatment. b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A. Gum 2 mg (Fruit) – Up to 384 piece available on a PSO 38.21 384 Gum 2 mg (Mint) – Up to 384 piece available on a PSO 38.21 384 Gum 4 mg (Fruit) – Up to 384 piece available on a PSO 44.17 384 Gum 4 mg (Mint) – Up to 384 piece available on a PSO 44.17 384 Note – this delist applies to Pharmacodes 2381354, 2381346, 2381338 and 2381311 respectively	✓ Habitrol ✓ Habitrol ✓ Habitrol ✓ Habitrol
168	VENETOCLAX – Retail pharmacy-Specialist – Special Authority see SA1868 Tab 10 mg..... 95.78 14 OP	✓ Venclexta
169	VINORELBINE Inj 50 mg for ECP – PCT only – Specialist..... 328.65 50 mg OP	✓ Baxter (Sagent)
172	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
261	PROPAMIDINE ISETHIONATE * Eye drops 0.1% 2.97 10 ml OP (14.55)	Brolene
292	GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2229 – Hospital pharmacy [HP3] Powder (Lemonade) 33.4 g sachets..... 936.00 30	✓ PKU GMPro Ultra Lemonade

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Check your Schedule for full details
Schedule page ref

Subsidy
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Items to be Delisted

Effective 1 January 2024

57	PRAVASTATIN * Tab 20 mg.....	2.11	28	✓ Pravastatin Mylan
292	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 (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 March 2024

266	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Wockhardt
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Wockhardt is 2669986			
292	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 GMP Pro 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

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 May 2024

46	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] Soln with electrolytes (2 × 500 ml)	8.55	1,000 ml OP	✓ Pedialyte – Bubblegum
57	PRAVASTATIN * Tab 20 mg	2.11	28	✓ Pravastatin Mylan ✓ Pravastatin Viatrix ✓ Pravastatin Mylan
	* Tab 40 mg	3.61	28	
60	NICORANDIL ▲ Tab 10 mg	25.57	60	✓ Ikorel
	▲ Tab 20 mg	32.28	60	✓ Ikorel
102	AMOXICILLIN Cap 250 mg	43.45	500	✓ Alphamox
	a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPF			
	Cap 500 mg	66.44	500	✓ Alphamox
	a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPF			

Effective 1 June 2024

234	TRASTUZUMAB (HERCEPTIN) – PCT only – Specialist – Special Authority see SA2287 Inj 150 mg vial	1,350.00	1	✓ Herceptin
	Inj 440 mg vial	3,875.00	1	✓ Herceptin
	Inj 1 mg for ECP	9.36	1 mg	✓ Baxter

Effective 1 July 2024

51	ATENOLOL * Tab 100 mg	14.20	500	✓ Mylan Atenolol
115	NEVIRAPINE – Special Authority see SA2139 – Retail pharmacy Tab 200 mg	84.00	60	✓ Nevirapine Alphapharm
116	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy 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
274	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid	7.50	1,000 ml OP	✓ Nutrison Advanced Diason

Effective 1 July 2025

263	BETAXOLOL * Eye drops 0.25%	11.80	5 ml OP	✓ Betoptic S
	* Eye drops 0.5%	7.50	5 ml OP	✓ Betoptic

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

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