

The logo for PHARMAC (Te Pātaka Whaioranga) is a white circle containing the text "PHARMAC" in a bold, sans-serif font, with "TE PĀTAKA WHAIORANGA" in a smaller, all-caps sans-serif font below it. The background of the entire page is a grey field with a large, intricate white pattern of concentric, overlapping lines that form a complex, organic shape resembling a stylized 'P' or a series of interlocking curves.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

January 2024

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Summary of Pharmac decisions

EFFECTIVE 1 JANUARY 2024

New listings (pages 20-21)

- Magnesium sulphate (Inresa) inj 2 mmol per ml, 10 ml ampoule, s29 and wastage claimable
- Paraffin (EVARA White Soft Paraffin) white soft, 450 g and 2,500 g – only in combination
- Teriparatide (Teriparatide – Teva) inj 250 mcg per ml, 2.4 ml – Special Authority – Retail pharmacy
- Allopurinol (Ipca-Allopurinol) tab 100 mg and 300 mg
- Febuxostat (Febuxostat (Teva)) tab 80 mg and 120 mg – Special Authority – Retail pharmacy
- Aripiprazole (Abilify Maintena) inj 300 mg vial and 400 mg vial – Special Authority – Retail pharmacy – Safety medicine; prescriber may determine dispensing frequency, s29
- Dexamfetamine sulphate (Noumed Dexamfetamine) tab 5 mg – Special Authority – Retail pharmacy – only on a controlled drug form, Safety medicine; prescriber may determine dispensing frequency
- Donepezil hydrochloride (Ipca-Donepezil) tab 5 mg and 10 mg
- Mitomycin C (Omegapharm) inj 20 mg vial – PCT only – Specialist, s29 and wastage claimable
- Letrozole (Letrole) tab 2.5 mg – new Pharmacode listing
- Semi-elemental enteral feed 1kcal/ml (Nutrison Advanced Peptisorb) liquid, 500 ml OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 22-25)

- Ivermectin (Stromectol) tab 3 mg – amended Special Authority criteria
- Oestradiol (Estradot) patch 50 mcg per day – amended brand name
- Rifampicin (Rifadin Sanofi) cap 300 mg – amended brand name, removal of s29 and wastage claimable
- Phenobarbitone (PSM) tab 15 mg – removal of brand switch fee
- Gemcitabine hydrochloride (DBL Gemcitabine) inj 43.3 mg per ml (equivalent to 38 mg per ml gemcitabine), 26.3 ml vial – amended presentation description
- Influenza vaccine (Afluria Quad Junior (2023 formulation)) inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – amended restriction criteria
- Influenza vaccine (Afluria Quad (2023 formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – amended restriction criteria

Summary of Pharmac decisions – effective 1 January 2024 (continued)

Increased subsidy (pages 26-27)

- Colecalciferol (Vit.D3) cap 1.25 mg (50,000 IU)
- Magnesium sulphate (Martindale) inj 2 mmol per ml, 5 ml ampoule
- Folic acid (Biomed) oral liquid 50 mcg per ml, 5 ml ampoule, 25 ml OP
- Sodium bicarbonate (Biomed) inj 8.4%, 50 ml and 100 ml
- Sodium chloride (Biomed) inj 23.4% (4 mmol/ml), 20 ml ampoule
- Amiloride hydrochloride (Biomed) oral liq 1 ml per ml, 25 ml OP
- Spironolactone (Biomed) oral liq 5 mg per ml, 25 ml OP
- Chlorothiazide (Biomed) oral liq 50 mg per ml, 25 ml OP
- Hydrocortisone and paraffin liquid and lanolin (DP Lotn HC) lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml
- Potassium citrate (Biomed) oral liq 3 mmol per ml, 200 ml OP
- Dexamethasone (Biomed) oral liq 1 mg per ml, 25 ml OP
- Oestradiol (Estradot) patch 25 mcg per day, 50 mcg per day, 75 mcg per day and 100 mcg per day
- Pegylated interferon alfa-2a (Pegasys) inj 180 mcg prefilled syringe
- Budesonide (SteroClear) metered aqueous nasal spray, 50 mcg per dose and 100 mcg per dose, 200 dose OP
- Caffeine citrate (Biomed) oral liq 20 mg per ml (10 mg base per ml), 25 ml OP

Decreased subsidy (pages 26-27)

- Aspirin (Ethics Aspirin EC) tab 100 mg
- Gemcitabine hydrochloride (DBL Gemcitabine) inj 43.3 mg per ml (equivalent to 38 mg per ml gemcitabine), 26.3 ml vial

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amlodipine	Tab 2.5 mg, 5 mg and 10 mg; 90 tabs	PSS	Vasorex (Rex Medical)
Amorolfine	Nail soln 5%; 5 ml OP	PSS	Myconail (AFT)
Amoxicillin	Grans for oral liq 125 mg per 5 ml; 100 ml Grans for oral liq 250 mg per 5 ml; 100 ml	PSS	Alphamox 125 (Viatriis) Alphamox 250 (Viatriis)
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg; 10 tabs	PSS	Curam Duo 500/125 (Sandoz)
Atropine sulphate	Eye drops 1%; 15 ml OP	PSS	Atropt (Aspen)
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial; 10 vials	PSS	Sandoz (Sandoz)
Calcium carbonate	Tab 1.25 g (500 mg elemental); 250 tabs	PSS	Calci-Tab 500 (AFT)
Clonidine	Patch 2.5 mg, 100 mcg per day; 4 patches Patch 5 mg, 200 mcg per day; 4 patches Patch 7.5 mg, 300 mcg per day; 4 patches	PSS	Mylan (Viatriis)
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets; 168 tabs	PSS	Ginet (Rex Medical)
Darunavir	Tab 400 mg and 600 mg; 60 tabs	PSS	Darunavir Viatriis (Viatriis)
Desmopressin acetate	Nasal spray 10 mcg per dose; 6 ml OP	PSS	Desmopressin-PH&T (AFT)
Docusate sodium	Tab 50 mg and 120 mg; 100 tabs	PSS	Coloxyl (Aspen)
Enalapril maleate	Tab 5 mg, 10 mg and 20 mg; 90 tabs	PSS	Acetec (Viatriis)
Flucloxacillin	Inj 1 g vial; 5 vials	PSS	Flucil (Aspen)
Gliclazide	Tab 80 mg; 500 tabs	PSS	Glizide (Viatriis)
Glucose [Dextrose]	Inj 50%, 10 ml ampoule; 5 ampoules Inj 50%, 90 ml bottle; 1 ampoule	PSS	Biomed (Biomed)
Indapamide	Tab 2.5 mg; 90 tabs	PSS	Dapa-Tabs (Viatriis)
Isosorbide mononitrate	Tab 20 mg; 100 tabs Tab long-acting 40 mg; 30 tabs Tab long-acting 60 mg; 90 tabs	PSS	Ismo 20 (PRNZ (HCL)) Ismo 40 Retard (PRNZ (HCL)) Duride (Viatriis)
Ispaghula (psyllium) husk	Powder for oral soln; 500 g OP	PSS	Konsyl-D (Viatriis)
Lamivudine	Tab 100 mg; 28 tabs Tab 150 mg; 60 tabs	PSS	Zetlam (Viatriis) Lamivudine Viatriis (Viatriis)
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg; 30 sachets	PSS	Molaxole (Viatriis)

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Methylprednisolone aceponate	Crn 0.1%; 15 g OP Oint 0.1%; 15 g OP	PSS	Advantan (LEO Pharma)
Nystatin	Vaginal crn 100,000 u per 5 g with applicator(s); 75 g OP Oral liq 100,000 u per ml; 24 ml OP	PSS	Nilstat (Aspen)
Oestrinol	Crn 1 mg per g with applicator; 15 g OP Tab 2 mg; 30 tabs Pessaries 500 mcg; 15 pessaries	PSS	Ovestin (Aspen)
Olanzapine	Tab orodispersible 5 mg and 10 mg; 28 tabs	PSS	Zypine ODT (Viatris)
Paracetamol	Suppos 125 mg & 500 mg; 10 suppos Suppos 500 mg; 50 suppos	PSS	Gacet (AFT)
Permethrin	Lotn 5%; 30 ml OP	PSS	A-Scabies (AFT)
Pimecrolimus	Crn 1%; 15 g OP	PSS	Elidel (Viatris)
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium; 500 ml	PSS	Pinetarsol (Douglas)
Poloxamer	Oral drops 10%; 30 ml OP	PSS	Coloxyl (Aspen)
Potassium iodate	Tab 253 mg (150 mcg elemental iodine); 90 tabs	PSS	NeuroTabs (AFT)
Pyridoxine hydrochloride	Tab 25 mg; 90 tabs	PSS	Vitamin B6 25 (Evara)
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg; 90 tabs	PSS	Quetapel (Viatris)
Rizatriptan	Tab orodispersible 10 mg; 30 tabs	PSS	Rizamelt (Viatris)
Sodium citro-tartrate	Grans eff 4 g sachets; 28	PSS	Ural (Aspen)
Temazepam	Tab 10 mg; 25 tabs	PSS	Normison (Aspen)
Terbinafine	Tab 250 mg; 84 tabs	PSS	Deolate (Rex Medical)
Triamcinolone acetonide	Paste 0.1%; 5 g OP Crn 0.02%; 100 g OP Oint 0.02%; 100 g OP Inj 10 mg per ml, 1 ml ampoule; 5 inj Inj 40 mg per ml, 1 ml ampoule; 5 inj	PSS	Kenalog in Orabase (Aspen) Aristocort (Aspen) Kenacort-A 10 (Aspen) Kenacort-A 40 (Aspen)
Ursodeoxycholic acid	Cap 250 mg; 100 caps	PSS	Ursosan (Boucher)
Vancomycin	Inj 500 mg vial; 1 inj	PSS	Mylan (Viatris)

Looking Forward

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

Decisions for implementation 1 February 2024

- Influenza vaccine (Influvac Tetra) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) (60 units of active ingredient), 10 – new listing

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2024

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	
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatris	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Max Health	2025
	Tab 100 mg & 200 mg	Aratac	
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	Viatris	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 January 2024

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
Capecitabine	Tab 150 mg Tab 500 mg	Capecitabine Viatris	2025
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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 2027
Clindamycin	Inj 150 mg per ml	Hameln	2025
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 31/12/2023
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 180 mg & 240 mg Cap long-acting 120 mg	Cardizem CD Diltiazem CD Clinect	2024 2027 2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Dimethicone	Crn 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe	Infanrix IPV	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Disulfiram	Tab 200 mg	Antabuse	2024
Docusate sodium 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	Inspira	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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 2027
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 2027
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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 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	2024
		Brufen SR	
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 January 2024

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 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	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 2027
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 2027
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	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 January 2024

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

*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 January 2024

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	Hameln	2024
	Inj 50 mg per ml, 1 ml ampoule	Oxycodone Sandoz	
	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg		
	Cap immediate-release 5 mg, 10 mg & 20 mg	OxyNorm	
	Oral liq 5 mg per 5 ml		
Oxytocin	Inj 5 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
	Inj 10 iu per ml, 1 ml ampoule		
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pancreatic enzyme	Cap prancreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prancreatin 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 Panzop Relief (Viatris)	2025
Paracetamol	Tab 500 mg-bottle pack	Noumed Paracetamol	2026
	Tab 500 mg-blister pack	Pacimol	
	Oral liq 120 mg per 5 ml	Paracetamol (Ethics)	2025
	Oral liq 250 mg per ml, 200 ml	Pamol	
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
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2025
	Cap 250 mg	Cilicaine VK	2024
	Cap 500 mg		
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 January 2024

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 2027
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
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
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Salbutamol	Oral liq 400 mcg per ml, 150 ml Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2024
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
Sodium fusidate [Fusidic acid]	Crn 2%, 5 g OP Oint 2%, 5 g OP	Foban	2024
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg and 10 mg	Solifenacin Viatris	2024
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024
Sotalol	Tab 80 mg & 160 mg	Mylan	2025
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2024 2027
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 Viatris	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 Viatris	2026 2024
Tramadol hydrochloride	Cap 50 mg	Arrow-Tramadol	2026
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 January 2024

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

January 2024 changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 January 2024

36	MAGNESIUM SULPHATE * Inj 2 mmol per ml, 10 ml ampoule.....	75.06	10	✓ Inresa S29
	Wastage claimable			
75	PARAFFIN White soft – Only in combination.....	4.74	450 g	✓ EVARA White Soft Paraffin
		19.00	2,500 g	✓ EVARA White Soft Paraffin
	Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.			
121	TERIPARATIDE – Special Authority see SA1139 – Retail pharmacy Inj 250 mcg per ml, 2.4 ml.....	195.00	1	✓ Teriparatide - Teva
122	ALLOPURINOL * Tab 100 mg.....	17.99	1000	✓ Ipca-Allopurinol
	* Tab 300 mg.....	22.50	500	✓ Ipca-Allopurinol
122	FEBUXOSTAT – Special Authority see SA2054 – Retail pharmacy Tab 80 mg.....	4.73	28	✓ Febuxostat (Teva)
	Tab 120 mg.....	11.78	28	✓ Febuxostat (Teva)
139	ARIPRAZOLE – Special Authority see SA2298 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency Inj 300 mg vial.....	273.56	1	✓ Abilify Maintena S29
	Inj 400 mg vial.....	341.96	1	✓ Abilify Maintena S29
	SA2298 Special Authority for Subsidy: Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria: Both: 1 Patient has a current Special Authority approval for olanzapine depot injection, risperidone depot injection or paliperidone depot injection; and 2 Either: 2.1 Patient has tried but has experienced an inadequate response to, or intolerable side effects from, prior therapy with olanzapine depot injection, risperidone depot injection or paliperidone depot injection; or 2.2 Patient has been unable to access olanzapine depot injection due to supply issues with olanzapine depot injection, or otherwise would have been initiated on olanzapine depot injection but has been unable to due to supply issues with olanzapine depot injection. Renewal from any relevant practitioner. Approvals valid for 12 months where the initiation of aripiprazole depot injection has been associated with fewer days of intensive intervention than prior to the initiation of an atypical antipsychotic depot injection.			
146	DEXAMFETAMINE SULFATE – Special Authority see SA1149 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	29.80	100	✓ Noumed Dexamfetamine

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 January 2024 (continued)

150	DONEPEZIL HYDROCHLORIDE				
	* Tab 5 mg.....	3.70	84	✓ Ipca-Donepezil	
	* Tab 10 mg.....	5.50	84	✓ Ipca-Donepezil	
163	MITOMYCIN C – PCT only – Specialist				
	Inj 20 mg vial.....	1,250.00	1	✓ Omegapharm	\$29
	Wastage claimable				
177	LETROZOLE				
	* Tab 2.5 mg.....	5.84	30	✓ Letrole	
	Note – new Pharmacode listing, 2656655				
278	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]				
	Liquid.....	6.02	500 ml OP	✓ Nutrison Advanced Peptisorb	

Effective 23 November 2023

130	IMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency				
	Tab 25 mg.....	4.93	28	✓ Imipramine Crescent	\$29
	Wastage claimable				

Effective 28 November 2023

137	PROCHLORPERAZINE				
	* Tab 5 mg – Up to 30 tab available on a PSO.....	25.00	250	✓ Nausafix - S29	\$29
	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 January 2024

75	IVERMECTIN – Special Authority see SA2294 2228 below – Retail pharmacy (amended Special Authority criteria – amended criteria shown only) Tab 3 mg – Up to 100 tab available on a PSO..... 17.20 4 ✓ Stromectol 1) PSO for institutional use only. Must be endorsed with the name of the institution for which the PSO is required and a valid Special Authority for patient of that institution. 2) Ivermectin available on BSO provided the BSO includes a valid Special Authority for a patient of the institution. 3) For the purposes of subsidy of ivermectin, institution means age related residential care facilities, disability care facilities or prisons.
	<p>▶ SA2294 2228 Special Authority for Subsidy Initial application — (Other parasitic infections) from any relevant practitioner only from an infectious disease specialist, clinical microbiologist or dermatologist. Approvals valid for 1 month for applications meeting the following criteria: Any of the following: 1 filaria s Filaricides; or 2 c Cutaneous larva migrans (creeping eruption); or 3 s Strongyloidiasis.</p> <p>Renewal — (Other parasitic infections) from any relevant practitioner only from an infectious disease specialist, clinical microbiologist or dermatologist. Approvals valid for 1 month for applications meeting the following criteria: Any of the following: 1 filaria s Filaricides; or 2 c Cutaneous larva migrans (creeping eruption); or 3 s Strongyloidiasis.</p>
89	OESTRADIOL (amended brand name) Patch 50 mcg per day..... 14.50 8 ✓ Estradot 50-mcg a) No more than 2 patch per week b) Only on a prescription
109	RIFAMPICIN – Subsidy by endorsement (amended brand name and removal of s29 restriction and wastage claimable) 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 \$29 Wastage claimable
133	PHENOBARBITONE (removal of brand switch fee) For phenobarbitone oral liquid refer Standard Formulae * Tab 15 mg – Brand switch fee payable (Pharmacode 2666499)..... 40.00 500 ✓ PSM
158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist (amended presentation description) Inj +g 43.3 mg per ml (equivalent to 38 mg per ml gemcitabine) , 26.3 ml vial 18.94 1 ✓ DBL Gemcitabine

Changes to Restrictions – effective 1 January 2024 (continued)

296	<p>INFLUENZA VACCINE (amended restriction criteria) Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – [Xpharm] 11.00</p> <p>A) INFLUENZA VACCINE – child aged 6 months to 35 months is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by Pharmac:</p> <p>i) all children aged 6 months to 35 months from 1 April 2023 to 31 December 2023: have any of the following cardiovascular diseases:</p> <p style="margin-left: 20px;">a) ischaemic heart disease, or b) congestive heart failure, or c) rheumatic heart disease, or d) congenital heart disease, or e) cerebrovascular disease; or</p> <p>ii) have either of the following chronic respiratory diseases:</p> <p style="margin-left: 20px;">a) asthma, if on a regular preventative therapy, or b) other chronic respiratory disease with impaired lung function; or</p> <p>iii) have diabetes; or</p> <p>iv) have chronic renal disease; or</p> <p>v) have any cancer, excluding basal and squamous skin cancers if not invasive; or</p> <p>vi) have any of the following other conditions:</p> <p style="margin-left: 20px;">a) autoimmune disease, or b) immune suppression or immune deficiency, or c) HIV, or d) transplant recipients, or e) neuromuscular and CNS diseases/disorders, or f) haemoglobinopathies, or g) on long term aspirin, or h) have a cochlear implant, or i) errors of metabolism at risk of major metabolic decompensation, or j) pre and post splenectomy, or k) Down syndrome, or</p> <p>vii) have been hospitalised for respiratory illness or have a history of significant respiratory illness. Unless meeting the criteria set out above, the following conditions are excluded from funding:</p> <p style="margin-left: 20px;">a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease.</p> <p>B) Doctors are the only Contractors entitled to claim payment for the supply of influenza vaccine inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.</p>	1	✓ Afluria Quad Junior (2023 formulation)
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▲ Three months supply may be dispensed at one time if endorsed “certified exemption” by the prescriber or pharmacist

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

Changes to Restrictions – effective 1 January 2024 (continued)

296	INFLUENZA VACCINE (amended restriction criteria) Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	110.00	10	✓ Afluria Quad (2023 formulation)
	<p>a) Maximum of 1 inj per prescription b) Only on a prescription c) No patient co-payment payable d)</p> <p>A) INFLUENZA VACCINE – people 3 years and over is available each year for patients aged 3 years and over who meet the following criteria, as set by Pharmac:</p> <p>a) all people 65 years of age and over; or b) People 55 to 64 years of age (inclusive) and is Māori or of any Pacific ethnicity from 1 April 2023 to 31 December 2023; or c) people under 65 years of age who:</p> <p>i) have any of the following cardiovascular diseases: a) ischaemic heart disease, or b) congestive heart failure, or c) rheumatic heart disease, or d) congenital heart disease, or e) cerebo-vascular disease; or</p> <p>ii) have either of the following chronic respiratory diseases: a) asthma, if on a regular preventative therapy, or b) other chronic respiratory disease with impaired lung function; or</p> <p>iii) have diabetes; or iv) have chronic renal disease; or v) have any cancer, excluding basal and squamous skin cancers if not invasive; or vi) have any of the following other conditions: a) autoimmune disease, or b) immune suppression or immune deficiency, or c) HIV, or d) transplant recipients, or e) neuromuscular and CNS diseases/disorders, or f) haemoglobinopathies, or g) are children on long term aspirin, or h) have a cochlear implant, or i) errors of metabolism at risk of major metabolic decompensation, or j) pre and post splenectomy, or k) Down syndrome, or</p> <p>vii) are pregnant; or</p> <p>d) children 3 and 4 years of age (inclusive) who have been hospitalised for respiratory illness or have a history of significant respiratory illness; or</p> <p>e) people under 65 years of age who:</p> <p>i) have any of the following serious mental health conditions: a) schizophrenia, or b) major depressive disorder, or c) bipolar disorder, or d) schizoaffective disorder, or</p> <p>ii) are currently accessing secondary or tertiary mental health and addiction services; or f) children 3 to 12 years of age (inclusive), from 1 April 2023 to 31 December 2023; Unless meeting the criteria set out above, the following conditions are excluded from funding: a) asthma not requiring regular preventative therapy, b) hypertension and/or dyslipidaemia without evidence of end-organ disease.</p>			

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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Changes to Restrictions – effective 1 January 2024 (continued)

continued...

- B) Contractors will be entitled to claim payment for the supply of influenza vaccine to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.
- C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Effective 28 November 2023

137	PROCHLORPERAZINE (removal of s29 and wastage claimable) * Tab 5 mg – Up to 30 tab available on a PSO..... Wastage claimable	25.00	250	✓ Nausafix 629
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▲ Three months supply may be dispensed at one time if endorsed "certified exemption" by the prescriber or pharmacist

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 January 2024

34	COLECALCIFEROL (↑ subsidy) * Cap 1.25 mg (50,000 iu) – Maximum of 12 cap per prescription	3.65	12	✓Vit.D3
36	MAGNESIUM SULPHATE (↑ subsidy) * Inj 2 mmol per ml, 5 ml ampoule.....	37.53	10	✓Martindale
38	FOLIC ACID (↑ subsidy) Oral liq 50 mcg per ml	30.26	25 ml OP	✓Biomed
41	ASPIRIN (↓ subsidy) * Tab 100 mg.....	12.65	990	✓Ethics Aspirin EC
45	SODIUM BICARBONATE (↑ subsidy) Inj 8.4%, 50 ml.....	23.52	1	✓Biomed
	a) Up to 5 inj available on a PSO b) Not in combination			
	Inj 8.4%, 100 ml	24.10	1	✓Biomed
	a) Up to 5 inj available on a PSO b) Not in combination			
45	SODIUM CHLORIDE (↑ subsidy) Not funded for use as a nasal drop. Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use. Inj 23.4% (4 mmol/ml), 20 ml ampoule	38.25	5	✓Biomed
54	AMILORIDE HYDROCHLORIDE (↑ subsidy) Oral liq 1 mg per ml	33.71	25 ml OP	✓Biomed
54	SPIRONOLACTONE (↑ subsidy) Oral liq 5 mg per ml	34.65	25 ml OP	✓Biomed
55	CHLOROTHIAZIDE (↑ subsidy) Oral liq 50 mg per ml	29.21	25 ml OP	✓Biomed
73	HYDROCORTISONE AND PARAFFIN LIQUID AND LANOLIN (↑ subsidy) Lotn 1% with paraffin liquid 15.9% and lanolin 0.6% – Only on a prescription	12.83	250 ml	✓DP Lotn HC
85	POTASSIUM CITRATE (↑ subsidy) Oral liq 3 mmol per ml – Special Authority see SA1083 – Retail pharmacy	35.70	200 ml OP	✓Biomed
87	DEXAMETHASONE (↑ subsidy) Oral liq 1 mg per ml	52.80	25 ml OP	✓Biomed

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2024 (continued)

89	OESTRADIOL († subsidy)			
	Patch 25 mcg per day.....	14.50	8	✓ Estradot
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 50 mcg per day.....	14.50	8	✓ Estradot
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 75 mcg per day.....	14.50	8	✓ Estradot
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 100 mcg per day.....	14.50	8	✓ Estradot
	a) No more than 2 patch per week			
	b) Only on a prescription			
115	PEGYLATED INTERFERON ALFA-2A – Special Authority see SA2034 – Retail pharmacy († subsidy) Note: Pharmac will consider funding ribavirin for the small group of patients who have a clinical need for ribavirin and meet Special Authority criteria. Please contact the Hepatitis C Coordinator at Pharmac on 0800-023-588 option 4.			
	Inj 180 mcg prefilled syringe.....	748.50	4	✓ Pegasys
158	GEMCITABINE HYDROCHLORIDE – PCT only – Specialist (‡ subsidy)			
	Inj 43.3 mg per ml (equivalent to 38 mg per ml gemcitabine), 26.3 ml vial.....	18.94	1	✓ DBL Gemcitabine
258	BUDESONIDE († subsidy)			
	Metered aqueous nasal spray, 50 mcg per dose.....	2.89	200 dose OP	✓ SteroClear
	Metered aqueous nasal spray, 100 mcg per dose.....	3.29	200 dose OP	✓ SteroClear
259	CAFFEINE CITRATE († subsidy)			
	Oral liq 20 mg per ml (10 mg base per ml).....	16.10	25 ml OP	✓ Biomed

▲ 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 January 2024

12	METFORMIN HYDROCHLORIDE * Tab immediate-release 850 mg.....	11.28	500	✓ Metformin Mylan
38	FOLIC ACID * Tab 5 mg.....	5.82	100	✓ Folic Acid Mylan
58	HYDRALAZINE HYDROCHLORIDE * Tab 25 mg – Special Authority see SA1321 – Retail Pharmacy.....	CBS	100	✓ Onelink S29
104	TOBRAMYCIN Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement..... Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.	18.50	5	✓ Tobramycin Mylan
115	DARUNAVIR – Special Authority see SA2139 – Retail pharmacy Tab 400 mg..... This delist applies to Pharmacodes 2591286 and 2595486.	132.00	60	✓ Darunavir Mylan
112	ZOLEDRONIC ACID Inj 0.05 mg per ml, 100 ml, bag.....	22.53	100 ml OP	✓ Zoledronic-US S29
133	PHENOBARBITONE For phenobarbitone oral liquid refer Standard Formulae * Tab 15 mg.....	248.50	500	✓ Noumed Phenobarbitone
157	CAPECITABINE – Retail pharmacy-Specialist Tab 150 mg..... Tab 500 mg.....	10.00 49.00	60 120	✓ Capercit ✓ Capecitabine-DRLA S29 ✓ Capercit
214	PALIVIZUMAB – PCT only – Specialist – Special Authority see SA2143 Inj 100 mg per ml, 1 ml vial	1,700.00	1	✓ Synagis
256	MONTELUKAST * Tab 5 mg.....	3.10	28	✓ Montelukast Mylan
265	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Concerta ✓ BSF Noumed Phenobarbitone ✓ BSF Rubifen SR

a) May only be claimed once per patient.

b) The Pharmacode for BSF Noumed Phenobarbitone is 2666499

c) The Pharmacode for BSF Rubifen SR is 2665956

d) The Pharmacode for BSF Concerta is 2665948

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Delisted Items – effective 1 January 2024 (continued)

298 INFLUENZA VACCINE

Inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine)

– [Xpharm] 50.00 5 ✓ FluQuadri (2023 Formulation)

A) INFLUENZA VACCINE – child aged 6 months to 35 months

is available each year for patients aged 6 months to 35 months who meet the following criteria, as set by Pharmac:

i) all children aged 6 months to 35 months from 1 July 2023 to 31 December 2023.

B) Doctors are the only Contractors entitled to claim payment for the supply of influenza vaccine inj 60 mcg in 0.5 ml syringe (paediatric quadrivalent vaccine) to patients eligible under the above criteria for subsidised immunisation and they may only do so in respect of the influenza vaccine listed in the Pharmaceutical Schedule.

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

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

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

53	NIFEDIPINE * Tab long-acting 30 mg.....	34.10	100	✓ Mylan (24 hr-release)
137	PROCHLORPERAZINE * Tab 5 mg – Up to 30 tab available on a PSO.....	10.00	100	✓ Prochlorperazine – AA S29
296	INFLUENZA VACCINE Inj 30 mcg in 0.25 ml syringe (paediatric quadrivalent vaccine) – [Xpharm]	11.00	1	✓ Afluria Quad Junior (2023 formulation)
	Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	110.00	10	✓ Afluria Quad (2023 formulation)

Effective 1 March 2024

169	LAPATINIB DITOSYLATE – Special Authority see SA2035 – Retail pharmacy Note – no new patients to be initiated on lapatinib ditosylate. Tab 250 mg.....	1,899.00	70	✓ Tykerb
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Effective 1 May 2024

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

75	PARAFFIN White soft – Only in combination.....	4.99	450 g	✓ healthE
		19.99	2,500 g	✓ healthE
	Only in combination with a dermatological galenical or as a diluent for a proprietary Topical Corticosteroid – Plain.			
121	TERIPARATIDE – Special Authority see SA1139 – Retail pharmacy Inj 250 mcg per ml, 2.4 ml.....	490.00	1	✓ Forteo
	Note – this delist applies to Pharmacodes 2222906 and 2650908			
122	ALLOPURINOL * Tab 100 mg.....	11.47	500	✓ DP-Allopurinol
	* Tab 300 mg.....	28.57	500	✓ DP-Allopurinol
122	FEBUXOSTAT – Special Authority see SA2054 – Retail pharmacy Tab 80 mg.....	20.00	28	✓ Febuxostat multichem
	Tab 120 mg.....	20.00	28	✓ Febuxostat multichem

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 June 2024 (continued)

146	DEXAMFETAMINE SULFATE – Special Authority see SA1149 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	21.00 28.50	100	✓ PSM ✓ Aspen
150	DONEPEZIL HYDROCHLORIDE * Tab 5 mg..... * Tab 10 mg.....	4.34 6.64	90 90	✓ Donepezil-Rex ✓ Donepezil-Rex

Effective 1 July 2024

114	ABACAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Oral liq 20 mg per ml.....	256.31	240 ml OP	✓ Ziagen
278	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 on the previous page – Hospital pharmacy [HP3] Liquid.....	12.04	1,000 ml OP	✓ Nutrison Advanced Peptisorb

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

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

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