

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-to-white gradient with a large, intricate white pattern of overlapping, curved lines that resemble a stylized 'S' or a series of interlocking loops.

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

March 2024

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# Summary of Pharmac decisions

EFFECTIVE 1 MARCH 2024

## New listings (pages 19-20)

- Ezetimibe (Ezetimibe Viatris) tab 10 mg
- Lidocaine [Lignocaine] hydrochloride (Xylocard 500) inj 10%, 5 ml ampoule, CBS – Subsidy by endorsement, s29 and wastage claimable
- Clomipramine hydrochloride (Clomipramine – Teva) cap 10 mg – safety medicine, s29 and wastage claimable
- Phenobarbitone (Noumed Phenobarbitone) tab 15 mg
- Hyoscine hydrobromide (Scopolamine – Mylan) patch 1 mg per 72 hours – Special Authority – Retail pharmacy, s29 and wastage claimable
- Olanzapine (Zypine) tab 2.5 mg, 5 mg and 10 mg, 30 tab pack - safety medicine
- Fluorouracil (Fluorouracil Accord) inj 50 mg per ml, 50 ml vial – PCT only – Specialist
- Paclitaxel (Anzatax) inj 6 mg per ml, 16.7 ml vial – PCT only – Specialist
- Salbutamol (Teva-Salbutamol Sterinebs P.F.) nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO, s29 and wastage claimable
- Pharmacy services (BSF Noumed Dexamfetamine) brand switch fee – may only be claimed once per patient
- Meningococcal B multicomponent vaccine (Bexsero) inj 175 mcg per 0.5 ml prefilled syringe, 10 inj pack – only on a prescription, no patient co-payment payable and access criteria apply
- Varicella zoster vaccine [shingles vaccine] (Shingrix) inj 50 mcg per 0.5 ml vial plus vial, 10 inj pack – only on a prescription, no patient co-payment payable and access criteria apply

## Changes to restrictions (pages 22-27)

- Omeprazole cap 10 mg (Omeprazole actavis 10), cap 20 mg (Omeprazole actavis 20) and cap 40 mg (Omeprazole actavis 40) – removal of stat dispensing
- Digoxin (Lanoxin Paediatric Elixir) oral liq 50 mcg per ml – removal of s29 and wastage claimable
- Sacubitril with valsartan tab 24.3 mg with valsartan 25.7 mg (Entresto 24/26), tab 48.6 mg with valsartan 51.4 mg (Entresto 49/51) and tab 97.2 mg with valsartan 102.8 mg (Entresto 97/103) – amended Special Authority criteria
- Ethinyloestradiol with norethisterone (Brevinor 1/28, Brevinor-1 28 Day and Norimin-1 28 Day) tab 35 mcg with norethisterone 1 mg and 7 inert tab – reinstate stat dispensing
- Hyoscine hydrobromide (Scopoderm TTS and Scopolamine – Mylan) patch 1 mg per 72 hours – amended presentation description
- Dexamfetamine sulfate (PSM, Aspen and Noumed Dexamfetamine) tab 5 mg – addition of brand switch fee

## Summary of Pharmac decisions – effective 1 March 2024 (continued)

- Paclitaxel (Paclitaxel Ebewe, Anzatax and Paclitaxel Actavis) inj 6 mg per ml, 16.7 ml vial and 50 ml vial – amended presentation description
- Methylphenidate hydrochloride extended-release tab extended release 18 mg, 27 mg, 36 mg and 54 mg (Concerta) and cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA) – amended Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml vial and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Glycomacropeptide and amino acid contains some phenylalanine (PKU GMPro Ultra Lemonade) powder (Lemonade) 33.4 g sachets – moved chemical to new therapeutic group

### **Increased subsidy (page 28)**

- Blood glucose test strips (visually impaired) (SensoCard) blood glucose test strips, 50 test OP
- Goserelin (Teva) implant 3.6 mg, syringe and 10.8 mg, syringe
- Atomoxetine (APO-Atomoxetine) cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg

### **Decreased subsidy (page 28)**

- Paclitaxel inj 6 mg per ml, 50 ml vial (Anzatax) and inj 1 mg for ECP (Baxter)
- Vincristine sulphate (DBL Vincristine Sulfate) inj 1 mg per ml, 1 ml vial

## Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Budesonide	Cap modified-release 3 mg; 90 caps	PSS	Budesonide Te Arai (Te Arai)
Captopril	Oral liq 5 mg per ml, 100 ml OP	PSS	DP-Captopril (Douglas)
Bisoprolol fumarate	Tab 2.5 mg, 5 mg and 10 mg; 90 tabs	PSS	Ipca-Bisoprolol (Ipca)
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg; 90 tabs	PSS	Myloc CR (Viatris)
Rosuvastatin	Tab 20 mg and 40 mg; 30 tabs	PSS	Rosuvastatin Viatris (Viatris)
Goserelin	Implant 3.6 mg, syringe and 10.8 mg, syringe; 1 implant	PSS	Zoladex (AstraZeneca)
Escitalopram	Tab 10 mg and 20 mg; 28 tabs	PSS	Ipca-Escitalopram (Ipca)
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen; 2 OP	PSS	Clustran (Douglas)

## 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 April 2024

- Testosterone (Testogel) gel (transdermal) 16.2 mg per g, 88 g OP – new listing

### Possible decisions for future implementation 1 April 2024

- Diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) – removal of Xpharm
- Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine (Infanrix-hexa) – removal of Xpharm
- Haemophilus influenzae type B vaccine (Hibrex) – removal of Xpharm
- Paracetamol oral liq 120 mg per 5 ml and 250 mg per 5 ml – addition of Direct Provision
- Pneumococcal (PCV13) conjugate vaccine (Prevenar 13) – removal of Xpharm
- Rotavirus oral vaccine (Rotarix) – removal of Xpharm
- Varicella vaccine [Chickenpox vaccine] (Varivax) – removal of Xpharm

## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to March 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	ViruPOS	2024
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen	Amgevita	31/07/2026
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector, 1 OP	Epipen Jr Epipen	2025
	Inj 0.3 mg per 0.3 ml auto- injector, 1 OP		
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatris	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Max Health Aratac	2025
	Tab 100 mg & 200 mg		
<b>Amitriptyline</b>	<b>Tab 10 mg, 25 mg and 50 mg</b>	<b>Arrow-Amitriptyline</b>	<b>2026</b>
Amlodipine	Tab 2.5 mg, 5 mg and 10 mg	Vasorex	2026
Amorolfine	Nail soln 5%, 5 ml OP	MycONail	2026
Amoxicillin	Grans for oral liq 125 mg per 5 ml	Alphamox 125 Alphamox 250	2026
	Grans for oral liq 250 mg per 5 ml		
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Curam Duo 500/125	2026
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 Mylan Atenolol	2024
	Tab 100 mg		
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2024
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt Martindale	2026
	Inj 600 mcg per ml, 1 ml ampoule		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

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

Generic Name	Presentation	Brand Name	Expiry Date*
<b>Bendroflumethiazide [Bendrofluazide]</b>	<b>Tab 2.5 mg and 5 mg</b>	<b>Arrow-Bendrofluazide</b>	<b>2026</b>
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026
Bethahistine dihydrochloride	Tab 16 mg	Serc	2026
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP	Daivobet	2024
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crm 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
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2026
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
<b>Cefazolin</b>	<b>Inj 500 mg, 1 g and 2 g vial</b>	<b>Cefazolin-AFT</b>	<b>2026</b>
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Citalopram hydrobromide	Tab 20 mg	Celapram PSM Citalopram	2025 2024
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
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	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
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 crn 1% with applicators, 35 g OP Vaginal crn 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
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatris	2026
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Dexamethasone	Tab 0.5 mg & 4 mg	Dexamethasone	2024
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hamelin	2025
Dexamfetamine sulfate	Tab 5 mg	PSM	31/12/2023
<b>Diazepam</b>	<b>Tab 2 mg and 5 mg</b> Rectal tubes 5 mg	<b>Arrow-Diazepam</b> Stesolid	<b>2026</b> 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	2027 2025
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	Tab 50 mg and 120 mg	Coloxyl	2026
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
Enalapril maleate	Tab 5 mg, 10 mg and 20 mg	Acetec	2026
Entacapone	Tab 200 mg	Comtan	2024
<b>Entecavir</b>	<b>Tab 0.5 mg</b>	<b>Entecavir</b>	<b>2026</b>
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Ethinylloestradiol 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
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	Inj 1 g vial Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml Grans for oral liq 50 mg per ml	Flucil Flucloxacillin-AFT AFT	2026 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Folic acid	Tab 5 mg	Folic Acid Viatris	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	2027
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Glibenclamide	Tab 5 mg	Daonil	2024
Gliclazide	Tab 80 mg	Glizide	2026
Glipizide	Tab 5 mg	Minidiab	2024
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2026
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025
Glyceryl trinitrate	Oint 0.2%, 30 g OP	Rectogesic	2024
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule	Robinul	2025
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe 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	Crn 1%, 500 g Crn 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	Crn 1% with miconazole 2%, 15 g OP	Micreme H	2024
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2024
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	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
Indapamide	Tab 2.5 mg	Dapa-Tabs	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2025
Isoniazid	Tab 100 mg	PSM	2024
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2024
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	Ismo 20 Ismo 40 Retard Duride	2026
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2024
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2026
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatrix	2026
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2024
Latanoprost	Eye drop 0.005%, 2.5 ml OP	Teva	2024
<b>Latanoprost with timolol</b>	<b>Eye drops 0.005% with timolol 0.5%, 2.5 ml OP</b>	<b>Arrow - Lattim</b>	<b>2026</b>
Leflunomide	Tab 10 mg & 20 mg	Arava	2026
Letrozole	Tab 2.5 mg	Letrole	2024
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
<b>Losartan potassium</b>	<b>Tab 12.5 mg, 25 mg, 50 mg and 100 mg</b>	<b>Losartan Actavis</b>	<b>2026</b>
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2025

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride	Powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg	Molaxole	2026
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 Viatris	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
Methylprednisolone aceponate	Crn 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
<b>Metoclopramide hydrochloride</b>	<b>Tab 10 mg</b>	<b>Metoclopramide Actavis 10</b>	<b>2026</b>
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2024
Midodrine	Tab 2.5 mg & 5 mg	Midodrine Medsurge	2024
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024
Modafinil	Tab 100 mg	Modavigil	2024
Mometasone furoate	Crn 0.1%, 15 g OP Crn 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free  Elocon	2024
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatris	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 March 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP Oral liq 100,000 u per ml, 24 ml OP	Niostat	2026
Octreotide	Inj 50 mcg per ml, 1 ml ampoule Inj 100 mcg per ml, 1 ml ampoule Inj 500 mcg per ml, 1 ml ampoule	Max Health	2024
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Octreotide Depot Teva	2024
Oestriol	Crn 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026
Oil in water emulsion	Crn, 500 g	Fatty Cream AFT	2024
Olanzapine	Tab orodispersible 5 mg and 10 mg	Zypine ODT	2026
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025
<b>Omeprazole</b>	<b>Cap 10 mg</b> <b>Cap 20 mg</b> <b>Cap 40 mg</b> Inj 40 mg ampoule with diluent	<b>Omeprazole actavis 10</b> <b>Omeprazole actavis 20</b> <b>Omeprazole actavis 40</b> Dr Reddy's Omeprazole	<b>2026</b>   2025
<b>Ondansetron</b>	<b>Tab disp 4 mg and 8 mg</b> Tab 4 mg & 8 mg	<b>Periset ODT</b> Periset	<b>2026</b> 2025
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024
Orphenadrine citrate	Tab 100 mg	Norflex	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 March 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule	Hameln	2024
	Inj 50 mg per ml, 1 ml ampoule		
	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	
	Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	OxyNorm	
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 prncreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U)	Creon 10000	2024
	Cap prncreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 25000	
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief Panzop Relief (Viatrix)	2025
Paracetamol	Suppos 125 mg, 250 mg and 500 mg	Gacet	2026
	Tab 500 mg-bottle pack	Noumed Paracetamol	
	Tab 500 mg-blister pack	Pacimol	
	Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Paracetamol (Ethics) Pamol	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
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
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		
Pimecrolimus	Crn 1%, 15 g OP	Elidel	2026
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2026
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 March 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
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
Posaconazole	Oral liq 40 mg per ml, 105 ml OP Tab modified-release 100 mg	Devatis Posaconazole Juno	2025
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
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
<b>Prochlorperazine</b>	<b>Tab 5 mg</b>	<b>Nausafix</b>	<b>2026</b>
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	2027
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2026
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2026
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
<b>Risperidone</b>	<b>Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml, 30 ml</b>	<b>Risperidone (Teva) Risperon</b>	<b>2026</b>
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
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2026
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	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 March 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatris	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
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
<b>Simvastatin</b>	<b>Tab 10 mg, 40 mg and 80 mg Tab 20 mg</b>	<b>Simvastatin Mylan Simvastatin Viatris</b>	<b>2026</b>
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026
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	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
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatris	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2024
<b>Timolol</b>	<b>Eye drops 0.25% and 0.5%, 5 ml OP</b>	<b>Arrow-Timolol</b>	<b>2026</b>
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
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2024
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 Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort  Kenacort-A 10 Kenacort-A 40	2026
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2026
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Viatris	2024
Vancomycin	Inj 500 mg vial	Mylan	2026
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 Viatris	2025 2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

**March 2024 changes are in bold type**

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Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

Effective 1 March 2024

58	EZETIMIBE * Tab 10 mg.....	1.76	30	✓ Ezetimibe Viatris
126	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE Inj 10%, 5 ml ampoule – Subsidy by endorsement ..... CBS Subsidised only for people receiving palliative care services where other analgesic agents haven't been effective.		10	✓ Xylocard 500 <sup>\$29</sup>
131	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Cap 10 mg ..... Wastage claimable	9.49	28	✓ Clomipramine - Teva <sup>\$29</sup>
134	PHENOBARBITONE For phenobarbitone oral liquid refer Standard Formulae Tab 15 mg.....	248.50	500	✓ Noumed Phenobarbitone
137	HYOSCINE HYDROBROMIDE Patch 1 mg per 72 hours – Special Authority see SA1998 – Retail pharmacy ..... Wastage claimable	88.50	10	✓ Scopolamine - Mylan <sup>\$29</sup>
139	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 2.5 mg..... Tab 5 mg..... Tab 10 mg.....	1.40 1.93 1.93	30 30 30	✓ Zypine ✓ Zypine ✓ Zypine
159	FLUOROURACIL Inj 50 mg per ml, 50 ml vial – PCT only – Specialist.....	14.72	1	✓ Fluorouracil Accord
165	PACLITAXEL – PCT only – Specialist Inj 6 mg per ml, 16.7 ml vial .....	19.59	1	✓ Anzatax
254	SALBUTAMOL Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO..... Wastage claimable	8.96	20	✓ Teva-Salbutamol Sterinebs P.F. <sup>\$29</sup>
265	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Noumed Dexamfetamine is 2673886	4.50	1 fee	✓ BSF Noumed Dexamfetamine

▲ 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

**New Listings – effective 1 March 2024 (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.
    - F) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A-D above.

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

Inj 175 mcg per 0.5 ml prefilled syringe ..... 0.00 10 ✓ **Bexsero**

303 VARICELLA ZOSTER VACCINE [SHINGLES VACCINE]

- a) Only on a prescription
- b) No patient co-payment payable
- c)
  - A) Funded for patients meeting the following criteria:
    - 1) Two doses for all people aged 65 years
  - B) Contractors will be entitled to claim payment from the Funder for the supply of Varicella zoster vaccine (Shingles vaccine) to patients eligible under the above criteria pursuant to their contract with Te Whatu Ora Health New Zealand for subsidised immunisation, and they may only do so in respect of the Varicella zoster vaccine [Shingles vaccine] listed in the Pharmaceutical Schedule.
  - C) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Inj 50 mcg per 0.5 ml vial plus vial ..... 0.00 10 ✓ **Shingrix**

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings – effective 23 January 2024

47	PRAZOSIN			
	* Tab 1 mg.....	9.98	100	✓ <b>Minipress</b> <b>S29</b>
	Wastage claimable			
	* Tab 2 mg.....	13.29	100	✓ <b>Minipress</b> <b>S29</b>
	Wastage claimable			
	* Tab 5 mg.....	22.00	100	✓ <b>Minipress</b> <b>S29</b>
	Wastage claimable			
103	CIPROFLOXACIN			
	Recommended for patients with any of the following:			
	i) microbiologically confirmed and clinically significant pseudomonas infection; or			
	ii) prostatitis; or			
	iii) pyelonephritis; or			
	iv) gonorrhoea.			
	Tab 250 mg – Up to 5 tab available on a PSO.....	3.85	10	✓ <b>Ciprofloxacin - Torrent</b> <b>S29</b>
	Wastage claimable			
118	METHENAMINE (HEXAMINE) HIPPURATE			
	* Tab 1 g.....	19.95	100	✓ <b>Hiprex</b>
	Note – new Pharmacode listing, 2671077			

▲ 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 March 2024

9	OMEPRAZOLE (removal of stat dispensing)				
	* Cap 10 mg .....	2.06	90	✓	<b>Omeprazole actavis 10</b>
	* Cap 20 mg .....	2.02	90	✓	<b>Omeprazole actavis 20</b>
	* Cap 40 mg .....	3.18	90	✓	<b>Omeprazole actavis 40</b>
49	DIGOXIN (removal of s29 and wastage claimable)				
	* Oral liq 50 mcg per ml .....	16.60	60 ml	✓	<b>Lanoxin Paediatric Elixir</b> <del>S29</del>
	Wastage claimable				
49	SACUBITRIL WITH VALSARTAN – Special Authority see <b>SA2302 1995</b> – Retail pharmacy (amended Special Authority criteria)				
	Tab 24.3 mg with valsartan 25.7 mg .....	190.00	56	✓	<b>Entresto 24/26</b>
	Tab 48.6 mg with valsartan 51.4 mg .....	190.00	56	✓	<b>Entresto 49/51</b>
	Tab 97.2 mg with valsartan 102.8 mg .....	190.00	56	✓	<b>Entresto 97/103</b>
	<b>SA2302 1995</b> Special Authority for Subsidy				
	Initial application from any relevant practitioner. Approvals valid <b>without further renewal unless notified</b> for 12 months for applications meeting the following criteria:				
	All of the following:				
	1 Patient has heart failure; and				
	2 Any of the following:				
	2.1 Patient is in NYHA/WHO functional class II; or				
	2.2 Patient is in NYHA/WHO functional class III; or				
	2.3 Patient is in NYHA/WHO functional class IV; and				
	3 Either:				
	3.1 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 35%; or				
	3.2 An ECHO is not reasonably practical, and in the opinion of the treating practitioner the patient would benefit from treatment; and				
	4 Patient is receiving concomitant optimal standard chronic heart failure treatments.				
	Renewal from any relevant practitioner. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.				
83	ETHINYLOESTRADIOL WITH NORETHISTERONE (reinstate stat dispensing)				
	* Tab 35 mcg with norethisterone 1 mg and 7 inert tab				
	– Up to 84 tab available on a PSO .....	12.25	84	✓	<b>Brevinor 1/28</b>
		16.33	112	✓	<b>Brevinor-1 28 Day</b>
				✓	<b>Norimin-1 28 Day</b>
137	HYOSCINE HYDROBROMIDE (amended presentation description)				
	Patch 1-5 mg-1 mg per 72 hours				
	– Special Authority see SA1998 – Retail pharmacy .....	17.70	2	✓	<b>Scopoderm TTS</b>
		88.50	10	✓	<b>Scopolamine - Mylan</b> <del>S29</del>
147	DEXAMFETAMINE SULFATE – Special Authority see SA1149 – Retail pharmacy (addition of brand switch fee)				
	a) Only on a controlled drug form				
	b) Safety medicine; prescriber may determine dispensing frequency				
	Tab 5 mg – <b>Brand switch fee payable (Pharmacode 2673886)</b> .....	21.00	100	✓	<b>PSM</b>
		28.50		✓	<b>Aspen</b>
		29.80		✓	<b>Noumed Dexamfetamine</b>

~~S29~~ Unapproved medicine supplied under Section 29  
**Principal Supply Status/Sole Subsidised Supply**

Patients pay a manufacturer's surcharge when the Manufacturer's Price is greater than the Subsidy

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 March 2024 (continued)

165	PACLITAXEL – PCT only – Specialist (amended presentation description)			
	Inj 100 mg 6 mg per ml, 16.7 ml vial .....	24.00	1	✓ Paclitaxel Ebewe
		19.59	1	✓ Anzatax
		91.67		✓ Paclitaxel Actavis
	Inj 300 mg 6 mg per ml, 50 ml vial .....	44.00	1	✓ Paclitaxel Ebewe
		37.89		✓ Anzatax
				✓ Paclitaxel Actavis
149	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA2305 2278 – Retail pharmacy (amended Special Authority criteria – amended criteria shown only)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab extended-release 18 mg .....	58.96	30	✓ Concerta
	Tab extended-release 27 mg .....	65.44	30	✓ Concerta
	Tab extended-release 36 mg .....	71.93	30	✓ Concerta
	Tab extended-release 54 mg .....	86.24	30	✓ Concerta
	Cap modified-release 10 mg .....	15.60	30	✓ Ritalin LA
	Cap modified-release 20 mg .....	20.40	30	✓ Ritalin LA
	Cap modified-release 30 mg .....	25.52	30	✓ Ritalin LA
	Cap modified-release 40 mg .....	30.60	30	✓ Ritalin LA

### ► SA2305 2278 Special Authority for Subsidy

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

Either:

† All of the following:

†-1 ADHD (Attention Deficit and Hyperactivity Disorder); and

†-2 Diagnosed according to DSM-IV or ICD 10 criteria; and

†-3 Either:

†-3.1 Applicant is a paediatrician or psychiatrist; or

†-3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and

†-4 Either:

†-4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or **difficulties with adherence compliance difficulties**; or

†-4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride; or

2— All of the following:

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

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

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

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

▲ 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 March 2024 (continued)

242	NIVOLUMAB – PCT only – Specialist – Special Authority see SA2306 2+20 (amended Special Authority criteria)			
	Inj 10 mg per ml, 4 ml vial .....	1,051.98	1	✓ Opdivo
	Inj 10 mg per ml, 10 ml vial .....	2,629.96	1	✓ Opdivo
	Inj 1 mg for ECP .....	27.62	1 mg	✓ Baxter

### ► SA2306 2+20 Special Authority for Subsidy

Initial application only from a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 **Baseline measurement of overall tumour burden is documented clinically and radiologically** Patient has measurable disease as defined by RECIST version 1.1; and
- 3 The patient has ECOG performance score of 0-2; and
- 4 Either:
  - 4.1 Patient has not received funded pembrolizumab; or
  - 4.2 Both:
    - 4.2.1 Patient has received an initial Special Authority approval for pembrolizumab and has discontinued pembrolizumab within 12 weeks of starting treatment due to intolerance; and
    - 4.2.2 The cancer did not progress while the patient was on pembrolizumab; and
- 5 ~~Baseline measurement of overall tumour burden is documented (see Note); and~~
- 5 6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with nivolumab will not be continued if their disease progresses.

Renewal (**less than 24 months on treatment**) only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

- 1 All of the following:
  - 1.1 Any of the following:
    - 1.1.1 Patient's disease has had a complete response to treatment according to RECIST criteria (see Note); or
    - 1.1.2 Patient's disease has had a partial response to treatment according to RECIST criteria (see Note); or
    - 1.1.3 Patient has stable disease according to RECIST criteria (see Note); and
  - 1.2 **Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period** Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and
  - 1.3 No evidence of progressive disease according to RECIST criteria (see Note); and
  - 1.3 1-4 The treatment remains clinically appropriate and the patient is benefitting from the treatment; or
- 2 All of the following:
  - 2.1 Patient has previously discontinued treatment with nivolumab 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 nivolumab.

Renewal — (**more than 24 months on treatment**) only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

Both:

- 1 Patient has been on treatment for more than 24 months; and
- 2 Either:
  - 2.1 All of the following:
    - 2.1.1 Any of the following:
      - 2.1.1.1 Patient's disease has had a complete response to treatment; or
      - 2.1.1.2 Patient's disease has had a partial response to treatment; or
      - 2.1.1.3 Patient has stable disease; and

continued...



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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Changes to Restrictions – effective 1 March 2024 (continued)

continued...

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

**2.1.3. The treatment remains clinically appropriate and the patient is benefitting from the treatment; or**

**2.2. All of the following:**

**2.2.1. Patient has previously discontinued treatment with nivolumab for reasons other than severe toxicity or disease progression; and**

**2.2.2. Patient has signs of disease progression; and**

**2.2.3. Disease has not progressed during previous treatment with nivolumab.**

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (RECIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.
- Progressive Disease: At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- Stable Disease: Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

243 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2307 2265** (amended Special Authority criteria – amended criteria shown only)

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

► **SA2307 2265** Special Authority for Subsidy

Initial application — (unresectable or metastatic melanoma) only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

- 1 Patient has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and
- 2 Patient has measurable disease as defined by RECIST version 1.1 **Baseline measurement of overall tumour burden is documented clinically and radiologically;** and
- 3 The patient has ECOG performance score of 0-2; and
- 4 Either:
  - 4.1 Patient has not received funded nivolumab; or
  - 4.2 Both:
    - 4.2.1 Patient has received an initial Special Authority approval for nivolumab and has discontinued nivolumab within 12 weeks of starting treatment due to intolerance; and
    - 4.2.2 The cancer did not progress while the patient was on nivolumab; and
- 5 Baseline measurement of overall tumour burden is documented (see Note); and
- 5 6 Documentation confirming that the patient has been informed and acknowledges that funded treatment with pembrolizumab will not be continued if their disease progresses.

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

## Changes to Restrictions – effective 1 March 2024 (continued)

*continued...*

Renewal — (unresectable or metastatic melanoma, **less than 24 months on treatment**) only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 All of the following:

1.1 Any of the following:

- 1.1.1 Patient's disease has had a complete response to treatment according to REGIST criteria (see Note); or
- 1.1.2 Patient's disease has had a partial response to treatment according to REGIST criteria (see Note); or
- 1.1.3 Patient has stable disease according to REGIST criteria (see Note); and

1.2 **Response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period** Patient's disease has not progressed clinically and disease response to treatment has been clearly documented in patient notes; and

1.3 No evidence of progressive disease according to REGIST criteria (see Note); and

1.3 ~~1.4~~ The treatment remains clinically appropriate and the patient is benefitting from the treatment; or

2 All of the following:

2.1 Patient has previously discontinued treatment with pembrolizumab 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 pembrolizumab.

Renewal — (unresectable or metastatic melanoma, **more than 24 months on treatment**) only from a medical oncologist or medical practitioner on the recommendation of a medical oncologist. Approvals valid for 4 months for applications meeting the following criteria:

Both:

1. Patient has been on treatment for more than 24 months; and

2. Either:

2.1. All of the following:

2.1.1. Any of the following:

- 2.1.1.1. Patient's disease has had a complete response to treatment; or
- 2.1.1.2. Patient's disease has had a partial response to treatment; or
- 2.1.1.3. Patient has stable disease; and

2.1.2. **Response to treatment in target lesions has been determined by comparable radiologic or clinical assessment following the most recent treatment period; and**

2.1.3. **The treatment remains clinically appropriate and the patient is benefitting from the treatment; or**

2.2. All of the following:

2.2.1. Patient has previously discontinued treatment with pembrolizumab for reasons other than severe toxicity or disease progression; and

2.2.2. Patient has signs of disease progression; and

2.2.3. Disease has not progressed during previous treatment with pembrolizumab.

Notes: Baseline assessment and disease responses to be assessed according to the Response Evaluation Criteria in Solid Tumours (REGIST) version 1.1 (Eisenhauer EA, et al. Eur J Cancer 2009;45:228-47). Assessments of overall tumour burden and measurable disease to be undertaken on a minimum of one lesion and maximum of 5 target lesions (maximum two lesions per organ). Target lesions should be selected on the basis of their size (lesions with the longest diameter), be representative of all involved organs, and suitable for reproducible repeated measurements. Measurable disease includes by CT or MRI imaging or caliper measurement by clinical exam. Target lesion measurements should be assessed using the same method of assessment and the same technique used to characterise each identified and reported lesion at baseline and every 12 weeks.

Response definitions as follows:

- Complete Response: Disappearance of all target lesions. Any pathological lymph nodes (whether target or non-target) must have reduction in short axis to < 10 mm.
- Partial Response: At least a 30% decrease in the sum of diameters of target lesions, taking as reference the baseline sum diameters.

*continued...*

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

**Changes to Restrictions – effective 1 March 2024 (continued)**

*continued...*

- **Progressive Disease:** At least a 20% increase in the sum of diameters of target lesions, taking as reference the smallest sum on study (this includes the baseline sum if that is the smallest on study). In addition to the relative increase of 20%, the sum must also demonstrate an absolute increase of at least 5 mm. (Note: the appearance of one or more new lesions is also considered progression).
- **Stable Disease:** Neither sufficient shrinkage to qualify for partial response nor sufficient increase to qualify for progressive disease.

286 **Supplements For PKU**

GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see **SA23002229**

– Hospital pharmacy [HP3] (moved chemical to new therapeutic group)

Powder (Lemonade) 33.4 g sachets..... 936.00      30      ✓ **PKU GMP Ultra Lemonade**

▲ 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 March 2024

16	BLOOD GLUCOSE TEST STRIPS (VISUALLY IMPAIRED) († subsidy) The number of test strips available on a prescription is restricted to 50 unless: 1) Prescribed for a patient on insulin or a sulphonylurea and endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of insulin or sulphonylurea; or 2) Prescribed on the same prescription as insulin or a sulphonylurea in which case the prescription is deemed to be endorsed; or 3) Prescribed for a pregnant woman with diabetes and endorsed accordingly; or 4) Prescribed for a patient on home TPN at risk of hypoglycaemia or hyperglycaemia and endorsed accordingly; or 5) Prescribed for a patient with a genetic or an acquired disorder of glucose homeostasis excluding type 1 or type 2 diabetes and metabolic syndrome and endorsed accordingly.			
	Blood glucose test strips.....	31.20	50 test OP	✓ SensoCard
95	GOSERELIN († subsidy) Implant 3.6 mg, syringe..... Implant 10.8 mg, syringe.....	91.50 197.50	1 1	✓ Teva ✓ Teva
147	ATOMOXETINE († subsidy) Cap 10 mg..... Cap 18 mg..... Cap 25 mg..... Cap 40 mg..... Cap 60 mg..... Cap 80 mg..... Cap 100 mg.....	43.02 45.57 44.30 46.21 51.31 65.20 65.71	28 28 28 28 28 28 28	✓ APO-Atomoxetine ✓ APO-Atomoxetine ✓ APO-Atomoxetine ✓ APO-Atomoxetine ✓ APO-Atomoxetine ✓ APO-Atomoxetine ✓ APO-Atomoxetine
165	PACLITAXEL – PCT only – Specialist (‡ subsidy) Inj 6 mg per ml, 50 ml vial..... Inj 1 mg for ECP.....	37.89 0.17	1 1 mg	✓ Anzatax ✓ Baxter
168	VINCRIStINE SULPHATE (‡ subsidy) Inj 1 mg per ml, 1 ml vial – PCT – Retail pharmacy-Specialist.....	51.37	5	✓ DBL Vincristine Sulfate

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 March 2024

34	COLECALCIFEROL * Oral liq 188 mcg per ml (7,500 iu per ml).....	9.00	4.8 ml OP	✓Puria
57	SIMVASTATIN * Tab 20 mg.....	2.54	90	✓Simvastatin Mylan
99	CEFUROXIME AXETIL – Subsidy by endorsement Only if prescribed for prophylaxis of endocarditis and the prescription is endorsed accordingly. Tab 250 mg.....	45.93	50	✓Zinnat
110	ENTECAVIR * Tab 0.5 mg.....	52.00	30	✓Entecavir Mylan ✓Entecavir Sandoz
134	PHENYTOIN SODIUM * Tab 50 mg..... Note – this delist applies to Pharmacode 258628	75.00	200	✓Dilantin Infatab
134	PHENYTOIN SODIUM * Oral liq 30 mg per 5 ml .....	22.03	500 ml	✓Dilantin
137	ONDANSETRON Tab disp 4 mg – Up to 10 tab available on a PSO .....	0.76	10	✓Ondansetron ODT-DRLA
	Tab disp 8 mg – Up to 10 tab available on a PSO .....	1.13	10	✓Ondansetron ODT-DRLA
170	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
194	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see SA2157 – Retail pharmacy Inj 40 mg per 0.8 ml prefilled pen.....	1,599.96	2	✓HumiraPen
	Inj 40 mg per 0.8 ml prefilled syringe .....	1,599.96	2	✓Humira
262	TIMOLOL * Eye drops 0.5%, gel forming – Subsidy by endorsement .....	3.78	2.5 ml OP	✓Timoptol XE Subsidised for patients who were taking timolol eye drops 0.5%, gel forming prior to 1 April 2023 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of timolol eye drops 0.5%, gel forming.
262	DORZOLAMIDE HYDROCHLORIDE – Subsidy by endorsement Subsidised for patients who were taking dorzolamide hydrochloride eye drops 2% prior to 1 April 2023 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dorzolamide hydrochloride eye drops 2%. * Eye drops 2% .....	9.77 (17.44)	5 ml OP	Trusopt

▲ 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 March 2024 (continued)**

265	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				
	Note – delisting revoked				
293	GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2229				
	– Retail pharmacy				
	Powder (Lemonade) 33.4 g sachets.....	936.00	30	✓	PKU GMPro Ultra Lemonade
	Note – delisting revoked				

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 June 2024

265	PHARMACY SERVICES			
	* Brand switch fee.....	4.50	1 fee	✓BSF Noumed Dexamfetamine
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Noumed Dexamfetamine is 2673886			
265	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			

### Effective 1 August 2024

134	PHENOBARBITONE			
	For phenobarbitone oral liquid refer Standard Formulae			
	Tab 15 mg.....	40.00	500	✓PSM
129	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 2.5 mg.....	1.35	28	✓Zypine
	Tab 5 mg.....	1.58	28	✓Zypine
	Tab 10 mg.....	2.01	28	✓Zypine
147	ATOMOXETINE			
	Cap 10 mg.....	18.41	28	✓APO-Atomoxetine S29 S29
				✓Generic Partners
	Cap 18 mg.....	27.06	28	✓Generic Partners
	Cap 25 mg.....	29.22	28	✓Generic Partners
	Cap 40 mg.....	29.22	28	✓Generic Partners
	Cap 60 mg.....	46.51	28	✓APO-Atomoxetine S29 S29
				✓Generic Partners
	Cap 80 mg.....	56.45	28	✓APO-Atomoxetine S29 S29
				✓Generic Partners
	Cap 100 mg.....	58.48	28	✓APO-Atomoxetine S29 S29
				✓Generic Partners
56	COLESTIPOL HYDROCHLORIDE			
	Grans for oral liq 5 g.....	32.89	30	✓Colestid
251	CHLORPHENIRAMINE MALEATE			
	* Oral liq 2 mg per 5 ml.....	9.37	500 ml	✓Histafen
53	METHYLDOPA			
	* Tab 250 mg.....	15.10	100	✓Methyldopa Mylan
		52.85	500	✓Methyldopa Mylan S29 S29
	Note – this delist applies to Pharmacode 2500167, 2603934 and 2567989			

### Effective 1 September 2024

53	METHYLDOPA			
	* Tab 250 mg.....	15.10	100	✓Methyldopa Mylan
		52.85	500	✓Methyldopa Mylan S29 S29
	Note – this delist applies to Pharmacode 2500167, 2603934 and 2567989			

▲ 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 September 2024 (continued)**

57	SIMVASTATIN * Tab 80 mg.....	8.81	90	✓ <b>Simvastatin Mylan</b>
254	SALBUTAMOL Aerosol inhaler, 100 mcg per dose CFC free – Up to 1000 dose available on a PSO.....	3.80	200 dose OP	✓ <b>Respigen</b>



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