

The logo for PHARMAC, Te Pātaka Whaioranga, is a white circle containing the text 'PHARMAC' in a large, bold, sans-serif font, with 'TE PĀTAKA WHAIORANGA' in a smaller, all-caps, sans-serif font below it. The background of the entire page is a complex, abstract pattern of white and grey lines that form a series of overlapping, concentric, and spiraling shapes, resembling a stylized 'P' or a series of interlocking loops.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

April 2024

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Summary of Pharmac decisions

EFFECTIVE 1 APRIL 2024

New listings (page 20)

- Mesalazine (Asacol S29) tab 800 mg, s29 and wastage claimable
- Prazosin (Prazosin Mylan) cap 1 mg, 2 mg and 5 mg, s29 and wastage claimable
- Testosterone (Testogel) gel (transdermal) 16.2 mg per g, 88g OP
- Oestradiol (Estradiol Sandoz) patch 50 mcg per day, 75 mcg per day and 100 mcg per day – No more than 2 patch per week, only on a prescription, s29 and wastage claimable
- Clomipramine hydrochloride (Anafranil) tab 25 mg – Safety medicine; prescriber may determine dispensing frequency, s29 and wastage claimable
- Melphalan (Megval) inj 50 mg – PCT only – Specialist, s29 and wastage claimable

Changes to restrictions (pages 21-28)

- Tobramycin (Tobramycin (Viatris)) inj 40 mg per ml, 2 ml vial – amended brand name
- Paracetamol (Paracetamol (Ethics) and Avallon) oral liq 120 mg per 5 ml – amended eligibility criteria
- Paracetamol (Pamol) oral liq 250 mg per 5 ml – amended eligibility criteria
- Aripiprazole (Abilify Maintena) inj 300 mg and 400 mg vial – amended Special Authority criteria
- Olanzapine (Zyprexa Relprevv) inj 210 mg, 300 mg and 405 mg vial – amended Special Authority criteria
- Diphtheria, tetanus, pertussis and polio vaccine (Infanrix IPV) – removal of Xpharm and amended eligibility criteria
- Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine (Infanrix-hexa) – removal of Xpharm and amended eligibility criteria
- Haemophilus influenzae type b vaccine (Hiberix) – removal of Xpharm and amended eligibility criteria
- Meningococcal (groups A, C, Y AND W-135) conjugate vaccine (MenQuadfi) – amended eligibility criteria
- Meningococcal B multicomponent vaccine (Bexsero) – amended eligibility criteria
- Pneumococcal (pcv13) conjugate vaccine (Prevenar 13) – removal of Xpharm and amended eligibility criteria
- Rotavirus oral vaccine (Rotarix) – removal of Xpharm and amended eligibility criteria
- Varicella vaccine [chickenpox vaccine] (Varivax) – removal of Xpharm and amended eligibility criteria

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

Increased subsidy (page 29)

- Blood glucose test strips (visually impaired) (SensoCard) blood glucose test strips, 50 test OP
- Multivitamin renal (Clinicians Renal Vit) cap
- Warfarin sodium (Marevan) tab 1 mg, 3 mg and 5 mg
- Nicotine (Habitrol) patch 14 mg and 21 mg for direct distribution only
- Nicotine (Habitrol) lozenge 1 mg and 2 mg for direct distribution only
- Nicotine (Habitrol) gum 2 mg and 4 mg (Fruit and Mint) for direct distribution only
- Salbutamol (Ventolin) infusion 1 mg per ml, 5 ml and inj 500 mcg per ml, 1 ml

Increased price and alternate subsidy (page 30)

- Oral feed 1.5 kcal/ml (Ensure Plus) liquid (banana, chocolate, fruit of the forest and vanilla)
- Oral feed 2 kcal/ml (Two Cal HN) liquid (vanilla)

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amoxicillin	Cap 250 mg and 500 mg; 500 caps	PSS	Miro-Amoxicillin (Miro)
Aspirin	Tab dispersible 300 mg; 100 tabs	PSS	Ethics Aspirin (Multichem)
Bupropion hydrochloride	Tab modified-release 150 mg; 30 tabs	PSS	Zyban (GSK)
Compound electrolytes with glucose [dextrose]	Soln with electrolytes; 1,000 ml OP	PSS	Hydralyte – Lemonade (Care)
Emulsifying ointment	Oint BP, 500 g; 500 g	PSS	Emulsifying Ointment ADE (ADE)
Ketoconazole	Shampoo 2%; 100 ml OP	PSS	Sebizole (Douglas)
Miconazole nitrate	Crn 2%; 15 g OP	PSS	Multichem (Multichem)
Nicorandil	Tab 10 mg and 20 mg; 60 tabs	PSS	Max Health (Max Health)
Pravastatin	Tab 20 mg and 40 mg; 100 tabs	PSS	Clinect (Clinect)
Tramadol hydrochloride	Tab sustained-release 100 mg; 20 tabs Tab sustained-release 150 mg; 20 tabs Tab sustained-release 200 mg; 20 tabs	PSS	Tramal SR 100 (Seqirus) Tramal SR 150 (Seqirus) Tramal SR 200 (Seqirus)

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 May 2024

- Pharmacy services (BSF Max Health) brand switch fee, 1 fee – new listing
- Econazole nitrate (Pevaryl) crm 1 %, 20 g OP and foaming soln 1%, 10 ml sachets – manufacturer’s price increase, no subsidy change
- Theophylline (Nuelin-SR) tab long-acting 250 mg, 100 – new listing
- Theophylline (Neulin) oral liq 80 mg per 15 ml, 500 ml – price increase
- Flecainide acetate (Tambocor) inj 10 mg per ml, 15 ml ampoules, 5 – price increase

Possible decisions for future implementation 1 May 2024

- Niraparib (Zejula) cap 100 mg, 56 and 84 cap pack size – new listing with Special Authority and wastage claimable
- Fluticasone furoate with umeclidinium and vilanterol (Trelegy Ellipta 100/62.5/25) powder for inhalation fluticasone furoate 100 mcg with umeclidinium 62.5 mcg with vilanterol 25 mcg, 1 OP – new listing with Special Authority
- Dolutegravir with lamivudine (Dovato 50/300) tab dolutegravir 50 mg with lamivudine 300 mg, 30 tab – new listing with existing antiretrovirals funding criteria
- Mepolizumab (Nucala) inj 100 mg vial and prefilled pen – amended Special Authority criteria

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to April 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		
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2026
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 April 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg and 5 mg	Arrow-Bendrofluazide	2026
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026
Betahistine 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 Viatrix 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
Bisoprolol fumarate	Tab 2.5 mg, 5 mg and 10 mg	Ipca-Bisoprolol (Ipca)	2026
Budesonide	Cap modified-release 3 mg	Budesonide Te Arai (Te Arai)	2025
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatrix	2024
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 Viatrix	2025
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
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
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg Oral liq 1 mg per ml, 200 ml	Zista Hisatclear	2026 2024
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP Crn 90% with glycerol 10%, 1,000 ml OP	Evara	2025
Chloramphenicol	Eye drops 0.5% Eye oint 1%, 5 g OP	Chlorsig Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2024
Ciprofloxacin	Eye drops 0.3%, 5 ml OP	Ciprofloxacin Teva	2024
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatrix	2026
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
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	31/12/2023
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 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 Viatrix	2025
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2024
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Viatrix	2025
Enalapril maleate	Tab 5 mg, 10 mg and 20 mg	Acetec	2026
Entacapone	Tab 200 mg	Comtan	2024
Entecavir	Tab 0.5 mg	Entecavir	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca) Escitalopram (Ethics)	2026 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 Ferdan	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	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
Goserelin	Implant 3.6 mg, syringe and 10.8 mg, syringe	Zoladex (AstraZeneca)	2026
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 Ethics	2025
		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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Imatinib Mesilate	Cap 100 mg & 400 mg	Imatinib-Rex	2026
Indapamide	Tab 2.5 mg	Dapa-Tabs	2026
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
Latanoprost with timolol	Eye drops 0.005% with timolol 0.5%, 2.5 ml OP	Arrow - Lattim	2026
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
Losartan potassium	Tab 12.5 mg, 25 mg, 50 mg and 100 mg	Losartan Actavis	2026
Losartan potassium with hydrochlorothiazide	Tab 50 mg with hydrochlorothiazide 12.5 mg	Arrow-Losartan & Hydrochlorothiazide	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to April 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 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
Melatonin	Tab modified-release 2 mg	Vigisom	2024
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin 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
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2026
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg	Myloc CR (Viatris)	2026
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

*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 April 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Nilstat	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
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg Inj 40 mg ampoule with diluent	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40 Dr Reddy's Omeprazole	2026 2025
Ondansetron	Tab disp 4 mg and 8 mg Tab 4 mg & 8 mg	Periset ODT Periset	2026 2025
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to April 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 Inj 50 mg per ml, 1 ml ampoule Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	Hameln Oxycodone Sandoz OxyNorm	2024
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pancreatic enzyme	Cap prncreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap prncreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2024
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief Panzop Relief (Viatrix)	2025
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blister pack Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Gacet Noumed Paracetamol Pacimol Paracetamol (Ethics) Pamol	2026 2025
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
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 Cap 250 mg Cap 500 mg	AFT Cilicaine VK	2025 2024
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to April 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
Prochlorperazine	Tab 5 mg	Nausafix	2026
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
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml, 30 ml	Risperidone (Teva) Risperon	2026
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Rosuvastatin	Tab 20 mg and 40 mg Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatris (Viatris) 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
Simvastatin	Tab 10 mg, 40 mg and 80 mg Tab 20 mg	Simvastatin Mylan Simvastatin Viatris	2026
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
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen Tab 50 mg & 100 mg	Clustran (Douglas) Sumagran	2025 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Terbinafine	Tab 250 mg	Deolate	2026
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2024
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
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

April 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 April 2024

8	MESALAZINE Tab 800 mg.....	85.50	90	✓ Asacol S29
	Wastage claimable			
47	PRAZOSIN * Cap 1 mg	15.40	100	✓ Prazosin Mylan S29
	Wastage claimable			
	* Cap 2 mg	15.58	100	✓ Prazosin Mylan S29
	Wastage claimable			
	* Cap 5 mg	23.32	100	✓ Prazosin Mylan S29
	Wastage claimable			
89	TESTOSTERONE Gel (transdermal) 16.2 mg per g	52.00	88 g OP	✓ Testogel
90	OESTRADIOL Patch 50 mcg per day.....	14.50	8	✓ Estradiol Sandoz S29
	Wastage claimable			
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 75 mcg per day.....	14.50	8	✓ Estradiol Sandoz S29
	Wastage claimable			
	a) No more than 2 patch per week			
	b) Only on a prescription			
	Patch 100 mcg per day.....	14.50	8	✓ Estradiol Sandoz S29
	Wastage claimable			
	a) No more than 2 patch per week			
	b) Only on a prescription			
131	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg.....	39.97	100	✓ Anafranil S29
	Wastage claimable			
157	MELPHALAN Inj 50 mg – PCT only – Specialist	48.25	1	✓ Megval S29
	Wastage claimable			

Effective 1 March 2024

130	MORPHINE SULPHATE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Oral liq 2 mg per ml – Brand switch fee payable (Pharmacode 2669986).....	18.31	100 ml	✓ Oramorph S29
	Wastage claimable			

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, Chemical Names and Presentations Effective 1 April 2024

105	TOBRAMYCIN (amended brand name) Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement.....	18.50	5	✓ Tobramycin (Viatris) Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.
128	PARACETAMOL (amended eligibility criteria) Oral liq 120 mg per 5 ml	3.98 10.50	200 ml 200 ml OP	✓ Paracetamol (Ethics) ✓ Avallon
	a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d)			
	1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A. 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine.			
	Oral liq 250 mg per 5 ml	3.35	200 ml	✓ Pamol
	a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d)			
	1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A. 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine.			

▲ 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 April 2024 (continued)

139	ARIPIPRAZOLE – Special Authority see SA2312 2298 – Retail pharmacy (amended Special Authority criteria) Safety medicine; prescriber may determine dispensing frequency			
	Inj 300 mg vial.....	273.56	1	✓ Abilify Maintena
	Inj 400 mg vial.....	341.96	1	✓ Abilify Maintena

► **SA2312 2298** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either Both:

1 Both:

1.1 Patient has a current Special Authority approval for olanzapine depot injection, risperidone depot injection or paliperidone depot injection; and

2 Either:

1.2 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 2-2 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. (see Note below for the olanzapine Special Authority criteria for new olanzapine depot injection patients prior to 1 April 2024).

Note: The Olanzapine depot injection Special Authority criteria that apply to criterion 2 in this Aripiprazole Special Authority application are as follows:

1 The patient has had an initial Special Authority approval for paliperidone depot injection or risperidone depot injection; or

2 All of the following:

2.1 The patient has schizophrenia; and

2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

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.

140	OLANZAPINE – Special Authority see SA2313 4428 – Retail pharmacy (amended Special Authority criteria)			
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a) Safety medicine; prescriber may determine dispensing frequency

b) Note – no new patients to be initiated on olanzapine.

Inj 210 mg vial.....	252.00	1	✓ Zyprexa Relprev
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Inj 300 mg vial.....	414.00	1	✓ Zyprexa Relprev
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Inj 405 mg vial.....	504.00	1	✓ Zyprexa Relprev
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► **SA2313 4428** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 The patient has had an initial Special Authority approval for paliperidone depot injection or risperidone depot injection; or

2 All of the following:

2.1 The patient has schizophrenia; and

2.2 The patient has tried but failed to comply with treatment using oral atypical antipsychotic agents; and

2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

Renewal from any relevant practitioner. Approvals valid for 12 months where the initiation of olanzapine depot injection has been associated with fewer days of intensive intervention than was the case during a corresponding period of time prior to the initiation of an atypical antipsychotic depot injection.

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 April 2024 (continued)

293 DIPHTHERIA, TETANUS, PERTUSSIS AND POLIO VACCINE – ~~(Xpharm)~~ (removal of Xpharm and amended eligibility criteria)

a) **Only on a prescription**

b) **No patient co-payment payable**

c)

A) Funded for any of the following:

- 1) A single dose for children up to the age of 7 who have completed primary immunisation; or
- 2) A course of four vaccines is funded for catch up programmes for children (to the age of 10 years) to complete full primary immunisation; or
- 3) An additional four doses (as appropriate) are funded for (re-) immunisation for **people patients** post HSCT, or chemotherapy; pre- or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 4) Five doses will be funded for children requiring solid organ transplantation.

B) **Contractors will be entitled to claim payment from the Funder for the supply of Diphtheria, tetanus, pertussis and polio vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Diphtheria, tetanus, pertussis and polio vaccine listed in the Pharmaceutical Schedule.**

C) **Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.**

Note: Please refer to the Immunisation Handbook for appropriate schedule for catch up programmes.

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 polio myelitis virus in 0.5ml syringe 0.00 10 ✓ **Infanrix IPV**

293 DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE

– ~~(Xpharm)~~ (removal of Xpharm and amended eligibility criteria)

a) **Only on a prescription**

b) **No patient co-payment payable**

c)

A) Funded for **children patients** meeting any of the following criteria:

- 1) Up to four doses for children up to and under the age of 10 for primary immunisation; or
- 2) An additional four doses (as appropriate) are funded for (re-) immunisation for children up to and under the age of 10 who are patients post haematopoietic stem cell transplantation, or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or
- 3) Up to five doses for children up to and under the age of 10 receiving solid organ transplantation.

B) **Contractors will be entitled to claim payment from the Funder for the supply of Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type b vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type b vaccine listed in the Pharmaceutical Schedule.**

C) **Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.**

Note: A course of up-to four vaccines is funded for catch up programmes for children (up to and under the age of 10 years) to complete full primary immunisation. Please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes.

Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-Ag U polio virus, 10 mcg hepatitis B surface antigen in 0.5 ml syringe 0.00 10 ✓ **Infanrix-hexa**

▲ 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 April 2024 (continued)

293 HAEMOPHILUS INFLUENZAE TYPE B VACCINE – [~~Xpharm~~] (removal of Xpharm and amended eligibility criteria)

a) **Only on a prescription**

b) **No patient co-payment payable**

c)

A) One dose for **people patients** meeting any of the following:

- 1) For primary vaccination in children; or
- 2) An additional dose (as appropriate) is funded for (re-) immunisation for **people patients** post haematopoietic stem cell transplantation, or chemotherapy; functional asplenic; pre or post splenectomy; pre- or post solid organ transplant, pre- or post cochlear implants, renal dialysis and other severely immunosuppressive regimens; or
- 3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

B) Contractors will be entitled to claim payment from the Funder for the supply of Haemophilus influenzae type b vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand - Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Haemophilus influenzae type b vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Haemophilus Influenzae type B polysaccharide 10 mcg

conjugated to tetanus toxoid as carrier protein 20-40 mcg;

prefilled syringe plus vial 0.5 ml..... 0.00 1 ✓ **Hiberix**

297 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE (amended eligibility criteria)

a) Only on a prescription

b) No patient co-payment payable

c)

a)A) Any of the following:

- 1) Up to three 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
- 2) One dose for close contacts of meningococcal cases of any group; or
- 3) One dose for person who has previously had meningococcal disease of any group; or
- 4) A maximum of two doses for bone marrow transplant patients; or
- 5) A maximum of two doses for person pre- and post-immunosuppression*;

B) Both:

1) Person is aged between 13 and 25 years, inclusive; and

2) **Either:**

- i) One dose 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) One dose for individuals who turn 13 years of age while living in boarding school hostels.

C) Contractors will be entitled to claim payment from the Funder for the supply of Meningococcal A, C, Y and W-135 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 A, C, Y and W-135 vaccine listed in the Pharmaceutical Schedule.

D) 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-B above.

Note: children under seven years of age require two doses 8 weeks apart, a booster dose three years after the primary series and then five yearly.

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

Inj 10 mcg of each meningococcal polysaccharide

conjugated to a total of approximately 55 mcg of

tetanus toxoid carrier per 0.5 ml vial 0.00 1 ✓ **MenQuadfi**

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 April 2024 (continued)

298	<p>MENINGOCOCCAL B MULTICOMPONENT VACCINE (amended eligibility criteria)</p> <p>a) Only on a prescription</p> <p>b) No patient co-payment payable</p> <p>c)</p> <p> a) Any of the following:</p> <p> A) Three doses for children up to 12 months of age (inclusive) for primary immunisation; or</p> <p> 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</p> <p> C) Both:</p> <p> 1) Person is one year of age or over; and</p> <p> 2) Any of the following:</p> <p> 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</p> <p> ii) up to two doses for close contacts of meningococcal cases of any group; or</p> <p> iii) up to two doses for person who has previously had meningococcal disease of any group; or</p> <p> iv) up to two doses for bone marrow transplant patients; or</p> <p> v) up to two doses for person pre- and post-immunosuppression*;</p> <p> D) Both:</p> <p> 1) Person is aged between 13 and 25 years (inclusive); and</p> <p> 2) Either:</p> <p> 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</p> <p> ii) Two doses for individuals who are currently turn 13 years of age while living in boarding school hostels, tertiary education halls of residence, military barracks, or prisons, from 1 March 2023 to 28 February 2024.</p> <p> 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.</p> <p> 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.</p> <p>*Immunosuppression due to corticosteroid or other immunosuppressive therapy must be for a period of greater than 28 days.</p>	0.00	1 10	✓ Bexsero ✓ Bexsero
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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 April 2024 (continued)

299 PNEUMOCOCCAL (PCV13) CONJUGATE VACCINE – [~~Xpharm~~] (removal of Xpharm and amended eligibility criteria)

a) Only on a prescription

b) No patient co-payment payable

c)

A) Any of the following:

- 1) A course of three doses for previously unvaccinated children up to the age of 59 months inclusive; or
- 2) Two doses are funded for high risk individuals (over the age of 12 months and under 18 years) who have previously received two doses of the primary course of PCV10; or
- 3) Up to an additional four doses (as appropriate) are funded for the (re) immunisation of high risk children aged under 5 years with any of the following:
 - a) on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
 - b) primary immune deficiencies; or
 - c) HIV infection; or
 - d) renal failure, or nephrotic syndrome; or
 - e) who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - f) cochlear implants or intracranial shunts; or
 - g) cerebrospinal fluid leaks; or
 - h) receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
 - i) chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
 - j) pre term infants, born before 28 weeks gestation; or
 - k) cardiac disease, with cyanosis or failure; or
 - l) diabetes; or
 - m) Down syndrome; or
 - n) who are pre- or post-splenectomy, or with functional asplenia; or
- 4) Up to an additional four doses (as appropriate) are funded for the (re-) immunisation of individuals 5 years and over with HIV, pre or post haematopoietic stem cell transplantation, or chemotherapy; pre- or post splenectomy; functional asplenia, pre- or post- solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, intracranial shunts, cerebrospinal fluid leaks or primary immunodeficiency; or
- 5) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician.

B) Contractors will be entitled to claim payment from the Funder for the supply of Pneumococcal (PCV13) conjugate vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Pneumococcal (PCV13) conjugate vaccine listed in the Pharmaceutical Schedule.

C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.

Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes

Inj 30.8 mcg of pneumococcal polysaccharide

serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C,

19A, 19F and 23F in 0.5ml syringe	0.00	10	✓ Prevenar 13
		1	✓ Prevenar 13

Changes to Restrictions – effective 1 April 2024 (continued)

300 ROTAVIRUS ORAL VACCINE – [~~Xpharm~~] (removal of Xpharm and amended eligibility criteria)

a) **Only on a prescription**

b) **No patient co-payment payable**

c)

A) Maximum of two doses for **people patients** meeting the following:

- 1) first dose to be administered in infants aged under 14 weeks of age; and
- 2) no vaccination being administered to children aged 24 weeks or over.

B) **Contractors will be entitled to claim payment from the Funder for the supply of Rotavirus oral vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Rotavirus oral vaccine listed in the Pharmaceutical Schedule.**

C) **Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.**

Oral susp live attenuated human rotavirus

1,000,000 CCID50 per dose, squeezable tube 0.00 10 ✓ **Rotarix**

Oral susp live attenuated human rotavirus

1,000,000 CCID50 per dose, prefilled oral applicator 0.00 10 ✓ **Rotarix**

301 VARICELLA VACCINE [CHICKENPOX VACCINE] – [~~Xpharm~~] (removal of Xpharm and amended eligibility criteria)

a) **Only on a prescription**

b) **No patient co-payment payable**

c)

A) Either:

1) Maximum of one dose for primary vaccination for either:

- a) Any infant born on or after 1 April 2016; or
- b) For previously unvaccinated children turning 11 years old on or after 1 July 2017, who have not previously had a varicella infection (chickenpox), or

2) Maximum of two doses for any of the following:

- a) Any of the following for non-immune **individuals patients**:
 - i) with chronic liver disease who may in future be candidates for transplantation; or
 - ii) with deteriorating renal function before transplantation; or
 - iii) prior to solid organ transplant; or
 - iv) prior to any elective immunosuppression*, or
 - v) for post exposure prophylaxis who are immune competent inpatients; or
- b) For **individuals patients** at least 2 years after bone marrow transplantation, on advice of their specialist, or
- c) For **individuals patients** at least 6 months after completion of chemotherapy, on advice of their specialist, or
- d) For HIV positive non immune to varicella with mild or moderate immunosuppression on advice of HIV specialist, or
- e) For **individuals patients** with inborn errors of metabolism at risk of major metabolic decompensation, with no clinical history of varicella, or
- f) For household contacts of paediatric patients who are immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella, or
- g) For household contacts of adult patients who have no clinical history of varicella and who are severely immunocompromised, or undergoing a procedure leading to immune compromise where the household contact has no clinical history of varicella.

B) **Contractors will be entitled to claim payment from the Funder for the supply of Varicella vaccine [Chickenpox vaccine] vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand -Te Whatu Ora for subsidised immunisation, and they may only do so in respect of the Varicella vaccine [Chickenpox vaccine] listed in the Pharmaceutical Schedule.**

C) **Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A above.**

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 April 2024 (continued)

continued...

* immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days

Inj 1350 PFU prefilled syringe.....	0.00	1	✓ <u>Varivax</u>
		10	✓ <u>Varivax</u>

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 April 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.....	33.69	50 test OP	✓ SensoCard
34	MULTIVITAMIN RENAL – Special Authority see SA1546 – Retail pharmacy († subsidy) * Cap	7.28	30	✓ Clinicians Renal Vit
44	WARFARIN SODIUM († subsidy) Note: Marevan and Coumadin are not interchangeable. * Tab 1 mg..... * Tab 3 mg..... * Tab 5 mg.....	7.50 12.00 13.50	100 100 100	✓ Marevan ✓ Marevan ✓ Marevan
70	MUPIROCIN († price) Oint 2% a) Only on a prescription b) Not in combination	6.60 (13.00)	15 g OP	Bactroban
153	NICOTINE († subsidy) a) Nicotine will not be funded in amounts less than 4 weeks of treatment. b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A. Patch 14 mg for direct distribution only – [Xpharm]..... Patch 21 mg for direct distribution only – [Xpharm]..... Lozenge 1 mg for direct distribution only – [Xpharm]..... Lozenge 2 mg for direct distribution only – [Xpharm]..... Gum 2 mg (Fruit) for direct distribution only – [Xpharm]..... Gum 2 mg (Mint) for direct distribution only – [Xpharm]..... Gum 4 mg (Fruit) for direct distribution only – [Xpharm]..... Gum 4 mg (Mint) for direct distribution only – [Xpharm].....	12.49 13.19 12.89 13.25 17.57 17.57 23.87 23.87	7 7 36 36 96 96 96 96	✓ Habitrol ✓ Habitrol ✓ Habitrol ✓ Habitrol ✓ Habitrol ✓ Habitrol ✓ Habitrol ✓ Habitrol
252	SALBUTAMOL († subsidy) Infusion 1 mg per ml, 5 ml..... Inj 500 mcg per ml, 1 ml – Up to 5 inj available on a PSO.....	130.00 130.00	10 5	✓ Ventolin ✓ Ventolin

▲ 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 April 2024 (continued)

280	<p>ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] († price and alternate subsidy) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.</p> <p>Liquid (banana) – Higher subsidy of \$1.56 per 200 ml with Endorsement.....0.72 200 ml OP (1.56) Ensure Plus</p> <p>Liquid (chocolate) – Higher subsidy of \$1.56 per 200 ml with Endorsement.....0.72 200 ml OP (1.56) Ensure Plus</p> <p>Liquid (fruit of the forest) – Higher subsidy of \$1.56 per 200 ml with Endorsement0.72 200 ml OP (1.56) Ensure Plus</p> <p>Liquid (vanilla) – Higher subsidy of up to \$1.65 per 237 ml with Endorsement0.85 237 ml OP (1.65) Ensure Plus 0.72 200 ml OP (1.56) Ensure Plus</p>
281	<p>ORAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] († price and alternate subsidy) Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly.</p> <p>Liquid (vanilla) – Higher subsidy of \$2.34 per 200 ml with Endorsement.....0.96 200 ml OP (2.34) Two Cal HN</p>

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 April 2024

6	<p>BUDESONIDE Cap modified-release 3 mg – Special Authority see SA1886 – Retail pharmacy</p>	166.50	90	✓ Entocort CIR
Note – this delist applies to Pharmacodes 2272547 and 2536528				
7	<p>HYDROCORTISONE ACETATE Rectal foam 10%, CFC-Free (14 applications).....</p>	26.55	15 g OP 21 g OP	✓ Cortifoam ✓ Colifoam
47	<p>CAPTOPRIL * Oral liq 5 mg per ml</p>	94.99	95 ml OP	✓ Capoten
51	<p>BISOPROLOL FUMARATE * Tab 2.5 mg..... * Tab 5 mg..... * Tab 10 mg.....</p>	1.84 2.55 3.62	90 90 90	✓ Bisoprolol Mylan ✓ Bisoprolol Viatris ✓ Bisoprolol Mylan ✓ Bisoprolol Viatris ✓ Bisoprolol Mylan ✓ Bisoprolol Viatris
51	<p>METOPROLOL SUCCINATE * Tab long-acting 23.75 mg..... * Tab long-acting 47.5 mg..... * Tab long-acting 95 mg..... * Tab long-acting 190 mg.....</p>	1.45 1.43 2.15 4.27	30 30 30 30	✓ Betaloc CR ✓ Betaloc CR ✓ Betaloc CR ✓ Betaloc CR
56	<p>ROSUVASTATIN – Special Authority see SA2093 on the next page – Retail pharmacy * Tab 20 mg..... * Tab 40 mg.....</p>	2.71 4.55	30 30	✓ Rosuvastatin Viatris ✓ Rosuvastatin Viatris
Note – this delist applies to Pharmacodes 2616769 and 2616777 respectively				
89	<p>TESTOSTERONE UNDECANOATE Cap 40 mg – Subsidy by endorsement.....</p>	21.00	60	✓ Andriol Testocaps
96	<p>GOSERELIN Implant 3.6 mg, syringe</p>	91.50	1	✓ Teva
	Implant 10.8 mg, syringe	197.50	1	✓ Teva
103	<p>CIPROFLOXACIN Tab 500 mg – Up to 5 tab available on a PSO.....</p>	3.40	28	✓ Cipflox
132	<p>ESCITALOPRAM * Tab 10 mg..... * Tab 20 mg.....</p>	1.07 1.92	28 28	✓ Escitalopram (Ethics) ✓ Escitalopram (Ethics)
136	<p>SUMATRIPTAN Inj 12 mg per ml, 0.5 ml prefilled pen – Maximum of 10 inj per Prescription</p>	34.00	2 OP	✓ Imigran

▲ 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 April 2024 (continued)

- 138 CHLORPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency
Tab 10 mg – Subsidy by endorsement..... 14.83 100 ✓Largactil
Subsidised for patients who were taking chlorpromazine hydrochloride 10 mg tablets prior to 1 August 2023 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of chlorpromazine 10 mg tablets in the preceding 12 months.

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 May 2024

101	AMOXICILLIN				
	Cap 250 mg	43.45	500	✓	Alphamox
	a) Up to 30 cap available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP				
	e) Miro-Amoxicillin to be Principal Supply on 1 May 2024				
	Cap 500 mg	66.44	500	✓	Alphamox
	a) Up to 30 cap available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP				
	e) Miro-Amoxicillin to be Principal Supply on 1 May 2024				

Effective 1 July 2024

41	TICAGRELOR – Special Authority see SA1955 below – Retail pharmacy				
	* Tab 90 mg.....	90.00	56	✓	Brilinta
54	EPLERENONE – Special Authority see SA1728 – Retail pharmacy				
	Tab 50 mg.....	25.00	30	✓	Inspra
	Note – this delist applies to Pharmacode 2555069				
129	MORPHINE HYDROCHLORIDE				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	c) Safety medicine; prescriber may determine dispensing frequency				
	Oral liq 5 mg per ml	19.44	200 ml	✓	Ordine \$29
	Oral liq 10 mg per ml	27.74	200 ml	✓	Ordine \$29
178	LETROZOLE				
	* Tab 2.5 mg.....	5.84	30	✓	Letrole
	Note – this delist applies to Pharmacode 2474425				

Effective 1 August 2024

101	AMOXICILLIN				
	Cap 500 mg	66.44	500	✓	Alphamox
	a) Up to 30 cap available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP				
	c) Miro-Amoxicillin to be Principal Supply on 1 August 2024				

Effective 1 September 2024

101	AMOXICILLIN				
	Cap 250 mg	43.45	500	✓	Alphamox
	a) Up to 30 cap available on a PSO				
	b) Up to 10 x the maximum PSO quantity for RFPP				
	c) Miro-Amoxicillin to be Principal Supply on 1 September 2024				

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 October 2024

131	<p>DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement</p> <p>a) Safety medicine; prescriber may determine dispensing frequency</p> <p>b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride.</p>	<p>Cap 25 mg 7.83</p>	<p>50</p>	<p>✓ Dosulepin Mylan S29</p>
139	<p>PERICYAZINE – Safety medicine; prescriber may determine dispensing frequency</p>	<p>Tab 2.5 mg 10.49</p> <p>Tab 10 mg 37.34</p>	<p>84</p> <p>84</p>	<p>✓ Neulactil</p> <p>✓ Neulactil</p>

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