

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

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

July 2024

Contents

Summary of Pharmac decisions effective 1 July 2024.....	3
Tender News	8
Looking Forward	8
Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to July 2024	9
New Listings.....	18
Changes to Restrictions, Chemical Names and Presentations	24
Changes to Subsidy and Manufacturer’s Price.....	28
Delisted Items	34
Items to be Delisted	36
Index.....	38

Summary of Pharmac decisions

EFFECTIVE 1 JULY 2024

New listings (pages 18-22)

- Sulfadiazine silver (Ascend) crm 1%, 50 g OP – Up to 250 g available on a PSO, not in combination and s29
- Oestradiol (Lyllana) patch 25 mcg, 50 mcg, 75 mcg and 100 mcg per day
– No more than 2 patch per week, only on a prescription, s29 and wastage claimable
- Ciprofloxacin (Ipca-Ciprofloxacin) tab 750 mg
- Sulfadiazine sodium (Sulfadiazine-Heyl) tab 500 mg – Special Authority
– Retail pharmacy, s29 and wastage claimable
- Oxycodone hydrochloride (Oxycodone Amneal) tab immediate-release 5 mg, 10 mg and 20 mg – Only on a controlled drug form – no patient co-payment payable
– Safety medicine, s29 and wastage claimable
- Levetiracetam (Levetiracetam-AFT) inj 100 mg per ml, 5 ml vial
- Aripiprazole (Abilify Maintena) inj 300 mg and 400 mg vial – Special Authority
– Retail pharmacy, Safety medicine
- Lomustine (Medac) cap 40 mg – PCT – Retail pharmacy-Specialist, s29 and wastage claimable
- Carboplatin (Carboplatin Accord) inj 10 mg per ml, 45 ml vial – PCT only – Specialist
- Cisplatin (Cisplatin Accord) inj 1 mg per ml, 100 ml vial – PCT only – Specialist
- Mercaptopurine (Xaluprine) oral suspension 20 mg per ml, 100 ml OP
– Retail pharmacy-Specialist – Special Authority, s29
- Midostaurin (Rydapt) cap 25 mg – PCT only – Special Authority
- Ribociclib (Kisqali) tab 200 mg, 21 tab, 42 tab and 63 tab pack – Special Authority
– Retail pharmacy and wastage claimable
- COVID-19 vaccine (Comirnaty Omicron (XBB.1.5)) inj 30 mcg raxtozinameran per 0.3 ml, 2.25 ml vial; adult vaccine, dark grey, inj 30 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; adult vaccine light grey cap, inj 10 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap and inj 3 mcg raxtozinameran per 0.2 ml, 0.4 ml vial; infant vaccine, maroon cap – [Xpharm] and access criteria apply
- Haemophilus influenzae type B vaccine (Act-HIB) inj 10 mcg vial with diluent syringe
– only on a prescription, no patient co-payment payable and access criteria apply
- Meningococcal (groups A, C, Y and W-135) conjugate vaccine (Nimenrix) inj 5 mcg of each meningococcal polysaccharide conjugated to a total of approximately 44 mcg of tetanus toxoid carrier per 0.5 ml vial – [Xpharm] and access criteria apply
- Varicella vaccine [chickenpox vaccine] (Varilrix) inj 2000 PFU prefilled syringe plus vial
– only on a prescription, no patient co-payment payable and access criteria apply

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

Changes to restrictions (pages 24-27)

- 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 – remove stat dispensing
- Fluoxetine hydrochloride (Arrow-Fluoxetine) cap 20 mg – reinstate stat dispensing
- Aripiprazole (Abilify Maintena S29) inj 300 mg and 400 mg vial – amended brand name. Note: this applies to Pharmacode 2670976 and 2670984
- Palbociclib (Ibrance) tab 75 mg, 100 mg and 125 mg – removal of Specialist endorsement and amended Special Authority criteria
- Glycomacropeptide and amino acid contains some phenylalanine (PKU Build 20 Raspberry Lemonade and Smooth) powder (Raspberry Lemonade and Smooth), 31 g sachets – amended presentation description
- Glycomacropeptide and amino acid contains some phenylalanine (PKU Build 10) powder (Neutral) 15 g sachets – amended presentation description
- Glycomacropeptide and amino acid contains some phenylalanine (PKU Build 20 Chocolate) powder (Chocolate), 32 g sachets – amended presentation description
- Glycomacropeptide and amino acid contains some phenylalanine (PKU Build 20 Vanilla) powder (Vanilla), 33 g sachets – amended presentation description
- Glycomacropeptide and amino acid contains some phenylalanine (Glytactin Bettermilk) powder (neutral), 40 g sachets – amended brand name
- Glycomacropeptide and amino acid contains some phenylalanine (PKU Glytactin RTD 15) liquid (original), 250 ml carton – amended presentation description
- Bacillus calmette-guerin vaccine (BCG Vaccine AJV) inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent – amended brand name
- Diphtheria, tetanus and pertussis vaccine (Boostrix) 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 prefilled syringe – amended presentation description
- Diphtheria, tetanus, pertussis, polio, hepatitis b and haemophilus influenzae type b vaccine (Infanrix-hexa) inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe – amended presentation description
- Hepatitis A vaccine (Havrix 1440) inj 1440 ELISA units in 1 ml syringe – amended brand name

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

- Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV] (Gardasil 9) inj 270 mcg in 0.5 ml syringe – amended eligibility criteria
- Varicella zoster vaccine [shingles vaccine] (Shingrix) inj 50 mcg per 0.5 ml vial plus vial – amended eligibility criteria

Increased subsidy (pages 28-32)

- Heparin sodium (Pfizer) inj 1,000 iu per ml, 5 ml ampoule
- Heparinised saline (Pfizer) inj 10 iu per ml, 5 ml
- Perindopril (Coversyl) tab 2 mg
- Acipimox (Olbetam) cap 250 mg
- Adrenaline (DBL Adrenaline) inj 1 in 1,000, 1 ml ampoule
- Sildenafil (Vedafil) tab 100 mg
- Betamethasone dipropionate with calcipotriol (Daivobet) gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP
- Medroxyprogesterone acetate tab 2.5 mg, 5 mg and 10 mg (Provera) and tab 100 mg (Provera HD)
- Amoxicillin with clavulanic acid (Augmentin) grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml, 100 ml
- Trimethoprim with sulphamethoxazole [co-trimoxazole] (Deprim) oral liq 8 mg sulphamethoxazole 40 mg per ml, 100 ml
- Oxycodone hydrochloride (Oxycodone Sandoz) tab controlled-release 40 mg
- Midazolam (Pfizer) inj 1 mg per ml, 5 ml plastic ampoule and inj 5 mg per ml, 3 ml plastic ampoule
- Nicotine (Habitrol) patch 7 mg, 14 mg and 21 mg, lozenge 1 mg and 2 mg, gum 2 mg (fruit and mint) and gum 4 mg (fruit and mint)
- Bee venom allergy treatment (Albey) treatment kit – 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml, 1 OP
- Wasp venom allergy treatment (Albey) treatment kit (Paper wasp venom) – 1 vial 550 mcg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml, 1 OP and treatment kit (Yellow jacket venom) – 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml, 1 OP
- Prednisolone sodium phosphate (Minims Prednisolone) eye drops 0.5%, single dose (preservative free), 20 dose
- Pilocarpine nitrate (Minims Pilocarpine) eye drops 2% single dose, 20 dose
- Diabetic oral feed 1kcal/ml (Diasip) liquid (strawberry and vanilla), 200 ml OP

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

Decreased subsidy (pages 28-32)

- Pioglitazone (Vexazone) tab 15 mg, 30 mg and 45 mg
- Atorvastatin (Lorstat) tab 10 mg, 20 mg, 40 mg and 80 mg
- Ticagrelor (Ticagrelor Sandoz) tab 90 mg
- Filgrastim (Nivestim) inj 300 mcg and 480 mcg per 0.5 ml prefilled syringe
- Perindopril (Coversyl) tab 4 mg and 8 mg
- Eplerenone (Inspra) tab 25 mg
- Sildenafil (Vedafil) tab 25 mg and 50 mg
- Betamethasone dipropionate with calcipotriol (Daivobet) oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP
- Fluorouracil sodium (Efudix) crm 5%, 20 g OP
- Cinacalcet (Cinacalcet Devatis) tab 30 mg and 60 mg
- Zoledronic acid (Zoledronic acid Viatris) inj 4 mg per 5 ml, vial
- Hydrocortisone (Solu-Cortef) inj 100 mg vial
- Mebendazole (Vermox) tab 100 mg
- Clindamycin (Dalacin C) cap hydrochloride 150 mg
- Tobramycin (Tobramycin (Viatris)) inj 40 mg per ml, 2 ml vial
- Linezolid (Zyvox) tab 600 mg
- Baclofen (Pacifen) tab 10 mg
- Fentanyl (Fentanyl Sandoz) patch 12.5 mcg, 25 mcg, 50 mcg, 75 mcg and 100 mcg per hour
- Oxycodone hydrochloride tab controlled-release 5 mg, 10 mg and 20 mg (Oxycodone Sandoz) and inj 10 mg per ml, 1 ml and 2 ml ampoule and inj 50 mg per ml, 1 ml ampoule (Hameln)
- Amisulpride (Sulprix) tab 100 mg, 200 mg and 400 mg
- Buspirone hydrochloride (Buspirone Viatris) tab 5 mg
- Melatonin (Vigisom) tab modified-release 2 mg
- Carboplatin (Baxter) inj 1 mg for ECP
- Cisplatin (Baxter) inj 1 mg for ECP
- Fluorouracil inj 50 mg per ml, 100 ml vial (Fluorouracil Accord) and inj 1 mg for ECP (Baxter)
- Methotrexate (Trexate) tab 2.5 mg and 10 mg
- Octreotide long-acting (Sandostatin LAR) inj depot 10 mg and 20 mg prefilled syringe
- Letrozole (Letrole) tab 2.5 mg

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

- Brinzolamide (Azopt) eye drops 1%, 5 ml OP
- Travoprost (Travatan) eye drops 0.004%, 2.5 ml OP
- Brimonidine tartrate with timolol maleate (Combigan) eye drops 0.2% with timolol maleate 0.5%, 5 ml OP
- Sodium hyaluronate [hyaluronic acid] (Hilo-Fresh) eye drops 1 mg per ml, 10 ml OP

Increased price but not subsidy (pages 29-33)

- Oestrogens (Premarin) conjugated, equine tab 300 mcg and 625 mcg
- Salbutamol (Ventolin) aerosol inhaler, 100 mcg per dose CFC free, 200 dose OP
- Oral feed 1.5kcal/ml (Fortisip) liquid (banana, chocolate, strawberry and vanilla), 200 ml OP
- Oral feed with fibre 1.5 kcal/ml (Fortisip Multi Fibre) liquid (chocolate, strawberry and vanilla), 200 ml OP

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amoxicillin	Cap 500 mg; 500 caps	PSS	Miro-Amoxicillin (Miro)
Atomoxetine	Cap 10 mg; 28 caps Cap 18 mg; 28 caps Cap 25 mg; 28 caps Cap 40 mg; 28 caps Cap 60 mg; 28 caps Cap 80 mg; 28 caps Cap 100 mg; 28 caps	PSS	AP0-Atomoxetine (Arrotex)
Olanzapine	Tab 2.5 mg; 30 tabs Tab 5 mg; 30 tabs Tab 10 mg; 30 tabs	PSS	Zypine (Viatrix)
Phenobarbitone	Tab 15 mg; 500 tabs	PSS	Noumed Phenobarbitone (Noumed)

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 August 2024

- Pharmacy services (BSF Noumed Phenobarbitone) brand switch fee – may only be claimed once per patient – new listing

Possible decisions for future implementation 1 August 2024

- Lenalidomide (Lenalidomide Viatrix) cap 5 mg, 10 mg, 15 mg and 25 mg – new listing with amended Special Authority criteria
- Pomalidomide (Pomolide) cap 1 mg, 2 mg, 3 mg and 4 mg – new listing with Special Authority criteria

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatris	2025
Aciclovir	Tab dispersible 400 mg & 800 mg Tab dispersible 200 mg	Lovir	2025
Acitretin	Cap 10 mg and 25 mg	Novatretin	2026
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 Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen Jr Epipen	2025
Alendronate sodium	Tab 70 mg	Fosamax	2026
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600 iu	Fosamax Plus	2026
Allopurinol	Tab 100 mg and 300 mg	Ipca-Allopurinol	2026
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatris	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
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 Grans for oral liq 250 mg per 5 ml	Alphamox 125 Alphamox 250	2026
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Curam Duo 500/125	2026
Anastrozole	Tab 1 mg	Anatrole	2026
Ascorbic acid	Tab 100 mg	CVite	2025
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
Atazanavir sulphate	Cap 200 mg Cap 150 mg	Atazanavir Viatris Atazanavir Mylan	2025
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2026
Azathioprine	Tab 25 mg Tab 50 mg	Azamun	2025
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
Bethahistine dihydrochloride	Tab 16 mg	Serc	2026
Betamethasone dipropionate	Crn 0.05%, 15 g OP and 50 g OP Oint 0.05%, 15 g OP and 50 g OP	Diprosone	2026

*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 July 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Bicalutamide	Tab 50 mg	Binarex	2026
Bisacodyl	Tab 5 mg	Bisacodyl Viatris	2025
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
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2025
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2026
Capecitabine	Tab 150 mg Tab 500 mg	Capecitabine Viatris	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	Cephalexin ABM	2025
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg	Zista	2026
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
Citalopram hydrobromide	Tab 20 mg	Celapram	2025
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
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	Clonidine Teva	2025
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crn 1%, 20 g OP	Clomazol	2025

**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 July 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	Powder for oral soln	Electral	2025
Compound electrolytes with glucose [dextrose]	Soln with electrolytes, 1,000 ml OP	Hydralyte – Lemonade	2025
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Dabigatran	Cap 75 mg, 110 mg and 150 mg	Pradaxa	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
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	Noumed Dexamfetamine	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025
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	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
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
Donepezil hydrochloride	Tab 5 mg and 10 mg	Ipca-Donepezil	2026
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Viatris	2025
Emulsifying ointment	Oint BP, 500 g	Emulsifying Ointment ADE	2026
Enalapril maleate	Tab 5 mg, 10 mg and 20 mg	Acetec	2026
Entecavir	Tab 0.5 mg	Entecavir	2026
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca)	2026

*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 July 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2025
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 250 mg vial and 500 mg vial Inj 1 g vial	Flucloxin Flucil	2026
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow–Fluoxetine Fluox	2025
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Furosemide [Frusemide]	Inj 10 mg per ml, 2 ml ampoule	Furosemide-Baxter	2025
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Gliclazide	Tab 80 mg	Glizide	2026
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2026
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025
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
Hydrocortisone	Crn 1%, 500 g Crn 1%; 30 g OP	Noumed Ethics	2025
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn (HC)	2026
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2026
Hyoscine Butylbromide	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Tab 200 mg	Relieve	2026
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	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 July 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
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	Ismo 20 Ismo 40 Retard Duride	2026
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2026
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatrix	2026
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
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
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2025
Loratadine	Tab 10 mg	Lorafix	2025
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
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
Magnesium sulphate	Inj 2 mmol per ml, 5ml ampoule; 10 inj	Martindale	2026
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin Viatrix	2027
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	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 July 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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 nitrate	Crn 2%, 15 g OP	Multichem	2026
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	2027
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Nicorandil	Tab 10 mg and 20 mg	Max Health	2025
Nitrofurantoin	Cap modified-release 100 mg	Macrobid	2026
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Nystatin	Vaginal crn 100,000 u per 5 g with applicator(s), 75 g OP Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2026
Oestriol	Crn 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026
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
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
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief Panzop Relief (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 July 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blisters pack Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Gacet	2026
		Noumed Paracetamol Pacimol Paracetamol (Ethics) Pamol	2025
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	White soft, 450 g White soft, 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	EVARA White Soft Paraffin	2026
		White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenobarbitone	Tab 30 mg	Noumed Phenobarbitone	2025
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2025
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
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	2025
		Posaconazole Juno	
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Pravastatin	Tab 20 mg and 40 mg	Clinect	2026
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	2027
		IPCA-Propranolol	
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2026
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2026
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2026
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)	2026
		Risperon	

*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 July 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Rivaroxaban	Tab 10 mg, 15 mg & 20 mg	Xarelto	2026
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2026
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rosuvastatin	Tab 20 mg and 40 mg Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatrix (Viatrix) Rosuvastatin Viatrix	2026
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viatrix Simvastatin Mylan	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
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
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 Viatrix	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2026
Teriparatide	Inj 250 mcg per ml, 2.4 ml	Teriparatide – Teva	2025
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Soln for inhalation 60 mg per ml, 5 ml	Tobramycin BNM	2026
Tramadol hydrochloride	Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg Cap 50 mg	Tramal SR 100 Tramal SR 150 Tramal SR 200 Arrow-Tramadol	2026
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Trastuzumab (Herzuma)	Inj 150 mg vial and 440 mg vial	Herzuma	31/05/2027
Triamcinolone acetonide	Paste 0.1%, 5 g OP	Kenalog in Orabase	2026
	Crn 0.02%, 100 g OP	Aristocort	
	Oint 0.02%, 100 g OP	Kenacort-A 10	
	Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenacort-A 40	
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2026
Vancomycin	Inj 500 mg vial	Mylan	2026
Vinorelbine	Cap 20 mg, 30 mg & 80 mg	Vinorelbine Te Arai	2025
Water	Inj 10 ml ampoule	Multichem	2025
	Inj 20 ml ampoule	Fresenius Kabi	
Zinc and castor oil	Oint; 500 g	Evara	2025
Zoledronic acid	Inj 0.05 mg per ml, 100 ml bag	Zoledronic Acid Viatrix	2025

July 2024 changes are in bold type

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 July 2024

67	SULFADIAZINE SILVER Crm 1%.....	15.44	50 g OP	✓ Ascend ^{\$29}
	a) Up to 250 g available on a PSO			
	b) Not in combination			
87	OESTRADIOL Patch 25 mcg per day.....	18.30	8	✓ Lyllana ^{\$29}
	a) No more than 2 patch per week			
	b) Only on a prescription			
	c) Wastage claimable			
	Patch 50 mcg per day.....	18.81	8	✓ Lyllana ^{\$29}
	a) No more than 2 patch per week			
	b) Only on a prescription			
	c) Wastage claimable			
	Patch 75 mcg per day.....	20.84	8	✓ Lyllana ^{\$29}
	a) No more than 2 patch per week			
	b) Only on a prescription			
	c) Wastage claimable			
	Patch 100 mcg per day.....	21.35	8	✓ Lyllana ^{\$29}
	a) No more than 2 patch per week			
	b) Only on a prescription			
	c) Wastage claimable			
100	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 750 mg.....	4.80	28	✓ Ipca-Ciprofloxacin
101	SULFADIAZINE SODIUM – Special Authority see SA1331 – Retail pharmacy Tab 500 mg.....	150.70	100	✓ Sulfadiazine-Heyl ^{\$29}
	Wastage claimable			
127	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency			
	Tab immediate-release 5 mg.....	13.77	100	✓ Oxycodone Amneal ^{\$29}
	Wastage claimable			
	Tab immediate-release 10 mg.....	18.77	100	✓ Oxycodone Amneal ^{\$29}
	Wastage claimable			
	Tab immediate-release 20 mg.....	26.77	100	✓ Oxycodone Amneal ^{\$29}
	Wastage claimable			
132	LEVETIRACETAM Inj 100 mg per ml, 5 ml vial	38.95	10	✓ Levetiracetam–AFT

^{\$29} 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

New Listings – effective 1 July 2024 (continued)

136	ARIPIPIRAZOLE – Special Authority see SA2312 – Retail pharmacy Safety medicine; prescriber may determine dispensing frequency Inj 300 mg vial..... 273.56 Inj 400 mg vial..... 341.96 Note – new Pharmacode listings, 2680394 and 2680408 respectively.	1 1	✓ Abilify Maintena ✓ Abilify Maintena
145	LOMUSTINE – PCT – Retail pharmacy-Specialist Cap 40 mg 880.00 Wastage claimable	20	✓ Medac \$29
153	CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 45 ml vial 25.73	1	✓ Carboplatin Accord
153	CISPLATIN – PCT only – Specialist Inj 1 mg per ml, 100 ml vial 18.90	1	✓ Cisplatin Accord
156	MERCAPTOPYRINE Oral suspension 20 mg per ml – Retail pharmacy-Specialist – Special Authority see SA1725 428.00	100 ml OP	✓ Xaluprine \$29
168	MIDOSTAURIN – PCT only – Special Authority SA2342 Cap 25 mg 10,981.00	56	✓ Rydapt

➔ **SA2342** Special Authority for Subsidy

Initial application – from any relevant practitioner. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

- 1 Patient has a diagnosis of acute myeloid leukaemia; and
- 2 Condition must be FMS tyrosine kinase 3 (FLT3) mutation positive; and
- 3 Patient must not have received a prior line of intensive chemotherapy for acute myeloid leukaemia; and
- 4 Patient is to receive standard intensive chemotherapy in combination with midostaurin only; and
- 5 Midostaurin to be funded for a maximum of 4 cycles.

▲ 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 July 2024 (continued)

170	RIBOCICLIB – Special Authority see SA2343 – Retail pharmacy Wastage claimable			
	Tab 200 mg.....	1,883.00	21	✓Kisqali
		3,767.00	42	✓Kisqali
		5,650.00	63	✓Kisqali

SA2343 Special Authority for Subsidy

Initial application – from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 All of the following:

- 1.1 Patient has unresectable locally advanced or metastatic breast cancer; and
- 1.2 There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
- 1.3 Patient has an ECOG performance score of 0-2; and

1.4 Any of the following:

- 1.4.1 Disease has relapsed or progressed during prior endocrine therapy; or
- 1.4.2 Both:
 - 1.4.2.1 Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal or without menstrual-potential state; and
 - 1.4.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease; or
- 1.4.3 Both
 - 1.4.3.1 Patient commenced treatment with ribociclib in combination with an endocrine partner prior to 1 July 2024; and
 - 1.4.3.2 There is no evidence of progressive disease; and

- 1.5 Treatment must be used in combination with an endocrine partner; and
- 1.6 Patient has not received prior funded treatment with a CDK4/6 inhibitor; or

2 All of the following:

- 2.1 Patient has an active Special Authority approval for palbociclib; and
- 2.2 Patient has experienced a grade 3 or 4 adverse reaction to palbociclib that cannot be managed by dose reductions and requires treatment discontinuation; and
- 2.3 Treatment must be used in combination with an endocrine partner; and
- 2.4 There is no evidence of progressive disease since initiation of palbociclib.

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

Both:

- 1 Treatment to be used in combination with an endocrine partner; and
- 2 There is no evidence of progressive disease since initiation of ribociclib.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 July 2024 (continued)

294	<p>COVID-19 VACCINE – [Xpharm]</p> <p>Inj 30 mcg raxtozinameran per 0.3 ml, 2.25 ml vial; adult vaccine, dark grey cap 0.00 10 ✓ Comirnaty Omicron (XBB.1.5)</p> <p>Any of the following:</p> <ol style="list-style-type: none"> 1 One dose for previously unvaccinated people ages 12-15 years old; or 2 Up to three doses for immunocompromised people aged 12-15 years old; or 3 Up to two doses for previously unvaccinated people 16-29 years old; or 4 Up to four doses for people aged 16-29 at high risk of severe illness; or 5 One dose for previously unvaccinated people aged 30 and older; or 6 One additional dose every 6 months for previously vaccinated people aged 30 years and over – additional dose is given at least 6 months after last dose. <p>Inj 30 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap 0.00 10 ✓ Comirnaty Omicron (XBB.1.5)</p> <p>Any of the following:</p> <ol style="list-style-type: none"> 1 One dose for previously unvaccinated people ages 12-15 years old; or 2 Up to three doses for immunocompromised people aged 12-15 years old; or 3 Up to two doses for previously unvaccinated people 16-29 years old; or 4 Up to four doses for people aged 16-29 at high risk of severe illness; or 5 One dose for previously unvaccinated people aged 30 and older; or 6 One additional dose every 6 months for previously vaccinated people aged 30 years and over – additional dose is given at least 6 months after last dose. <p>Inj 10 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap 0.00 10 ✓ Comirnaty Omicron (XBB.1.5)</p> <p>Either:</p> <ol style="list-style-type: none"> 1 One dose for previously unvaccinated children aged 5–11 years old; or 2 Up to three doses for immunocompromised children aged 5-11 years old. <p>Inj 3 mcg raxtozinameran per 0.2 ml, 0.4 ml vial; infant vaccine, maroon cap 0.00 10 ✓ Comirnaty Omicron (XBB.1.5)</p> <p>Up to three doses for previously unvaccinated children aged 6 months – 4 years at high risk of severe illness.</p>
295	<p>HAEMOPHILUS INFLUENZAE TYPE B VACCINE</p> <ol style="list-style-type: none"> a) Only on a prescription b) No patient co-payment payable c) A) Access criteria applies. 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 (Health NZ) 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. <p>Inj 10 mcg vial with diluent syringe 0.00 1 ✓ Act-HIB</p>

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 July 2024 (continued)

299 MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE

Both:

- 1) The child is under 12 months of age; and
- 2) Any of the following:
 - a) A maximum of three doses (dependant on age at first dose) 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
 - b) A maximum of three doses (dependant on age at first dose) for close contacts of meningococcal cases of any group; or
 - c) A maximum of three doses (dependant on age at first dose) for child who has previously had meningococcal disease of any group; or
 - d) A maximum of three doses (dependant on age at first dose) for bone marrow transplant patients; or
 - e) A maximum of three doses (dependant on age at first dose) for child pre- and post-immunosuppression*.

Note: infants from 6 weeks to less than 6 months of age require a 2+1 schedule, infants from 6 months to less than 12 months of age require a 1+1 schedule. Refer to the Immunisation Handbook for recommended booster schedules with meningococcal ACWY vaccine.

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

Inj 5 mcg of each meningococcal polysaccharide conjugated

to a total of approximately 44 mcg of tetanus toxoid

carrier per 0.5 ml vial – [Xpharm] 0.00 1 ✓ **Nimenrix**

305 VARICELLA VACCINE [CHICKENPOX VACCINE]

- a) Only on a prescription
- b) No patient co-payment payable
- c) A) Access criteria applies
 - 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 (Health NZ) 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.

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

Inj 2000 PFU prefilled syringe plus vial 0.00 10 ✓ **Varilrix**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 23 May 2024

43	POTASSIUM CHLORIDE * Inj 75 mg per ml, 10 ml Wastage claimable	65.00	50	✓ Pfizer S29 S29
100	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..... Tab 500 mg – Up to 5 tab available on a PSO.....	1.95 3.10	28 28	✓ Ipca-Ciprofloxacin ✓ Ipca-Ciprofloxacin
175	OCTREOTIDE LONG-ACTING – Special Authority see SA2119 – Retail pharmacy Inj depot 30 mg prefilled syringe	670.80	1	✓ Sandostatin LAR

Effective 1 June 2024

153	CARMUSTINE – PCT only – Specialist Inj 100 mg vial.....	710	1	✓ BiCNU S29 S29
156	FLUDARABINE PHOSPHATE Inj 50 mg vial – PCT only – Specialist	126.80	1	✓ Fludarabine Sagent S29

Effective 4 June 2024

130	CARBAMAZEPINE * Tab 200 mg.....	14.53	100	✓ Tegretol AU
191	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see SA2157 – Retail pharmacy Inj 40 mg per 0.4 ml prefilled pen..... Note – new Pharmacode listing, 2635003	1,599.96	2	✓ HumiraPen
252	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO..... Wastage claimable	11.73	20	✓ Ipratropium IVAX S29
253	SALBUTAMOL WITH IPRATROPIUM BROMIDE Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO..... Wastage claimable	11.04	20	✓ Duolin Cipla S29

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

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

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 July 2024

80	ETHINYLOESTRADIOL WITH NORETHISTERONE (remove stat dispensing) * Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO.....	12.25 16.33	84 112	✓ Brevinor 1/28 ✓ Brevinor-1 28 Day ✓ Norimin-1 28 Day
129	FLUOXETINE HYDROCHLORIDE (reinstate stat dispensing) * Cap 20 mg	3.13	90	✓ Arrow-Fluoxetine
136	ARIPIPRAZOLE – Special Authority see SA2312 – Retail pharmacy (amended brand name) Safety medicine; prescriber may determine dispensing frequency Inj 300 mg vial..... Inj 400 mg vial.....	273.56 341.96	1 1	✓ Abilify Maintena S29 S29 ✓ Abilify Maintena S29 S29
169	PALBOCICLIB – Retail pharmacy-Specialist – Special Authority see SA2345 1894 (removal of Specialist endorsement and amended Special Authority criteria) Wastage claimable Tab 75 mg..... Tab 100 mg..... Tab 125 mg.....	4,000.00 4,000.00 4,000.00	21 21 21	✓ Ibrance ✓ Ibrance ✓ Ibrance

► **SA2345 1894** Special Authority for Subsidy

Initial application **from any relevant practitioner only from a medical oncologist or medical practitioner on the recommendation of a Medical oncologist**. Approvals valid for 6 months for applications meeting the following criteria:

Either:

1 All of the following:

- 1.1 1-Patient has unresectable locally advanced or metastatic breast cancer; and
- 1.2 2-There is documentation confirming disease is hormone-receptor positive and HER2-negative; and
- 1.3 3-Patient has an ECOG performance score of 0-2; and
- 1.4 4-Either:
second or subsequent line setting
 - 1.4.1 4-1-Disease has relapsed or progressed during prior endocrine therapy; or
 - 1.4.2 4-2-Both:
first-line setting
 - 1.4.2.1 4-2-1-Patient is amenorrhoeic, either naturally or induced, with endocrine levels consistent with a postmenopausal or without menstrual-potential state; and
 - 1.4.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease 4-2-2 Either:
4-2-2.1 Patient has not received prior systemic treatment for metastatic disease; or
4-2-2.2 All of the following:
4-2-2.2.1 Patient commenced treatment with Palbociclib in combination with an endocrine agent prior to 1 April 2020;
4-2-2.2.2 Patient has not received prior systemic endocrine treatment for metastatic disease; and
4-2-2.2.3 There is no evidence of progressive disease; and
- 1.5 5 Treatment must be used in combination with an endocrine partner; and
- 1.6 Patient has not received prior funded treatment with a CDK4/6 inhibitor; or

2 All of the following:

- 2.1 Patient has an active Special Authority approval for ribociclib; and
- 2.2 Patient has experienced a grade 3 or 4 adverse reaction to ribociclib that cannot be managed by dose reductions and requires treatment discontinuation; and
- 2.3 Treatment must be used in combination with an endocrine partner; and
- 2.4 There is no evidence of progressive disease since initiation of ribociclib.

continued...

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 July 2024 (continued)

continued...

Renewal ~~from any relevant practitioner~~ only from a medical oncologist or medical practitioner on the recommendation of a ~~Medical oncologist~~. Approvals valid for 12 months for applications meeting the following criteria:

Both All of the following:

- 1 Treatment must be used in combination with an endocrine partner; and
- 2 No evidence of progressive disease **since initiation of palbociclib**; and
- ~~3 The treatment remains appropriate and the patient is benefitting from treatment.~~

286	<p>GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2300</p> <p>– Hospital pharmacy [HP3] (amended presentation description)</p> <p>Powder (Chocolate), 32 g sSachets 898.56 30 ✓ PKU Build 20 Chocolate</p> <p>Powder (Neutral), 15 16 g sachets 449.28 30 ✓ PKU Build 10</p> <p>Powder (Raspberry Lemonade), 31 32 sSachets 898.56 30 ✓ PKU Build 20 Raspberry Lemonade</p> <p>Powder (Smooth), 31 32 g sSachets 898.56 30 ✓ PKU Build 20 Smooth</p> <p>Powder (Vanilla), 33 32 g sSachets 898.56 30 ✓ PKU Build 20 Vanilla</p> <p>Liquid (original neutral), 250 ml carton 684.45 30 OP ✓ PKU Glytactin RTD 15</p>
286	<p>GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2300</p> <p>– Hospital pharmacy [HP3] (amended brand name)</p> <p>Powder (neutral), 40 g sachets 673.92 30 ✓ Glytactin Gamino-Pro Bettermilk</p>
293	<p>BACILLUS CALMETTE-GUERIN VACCINE – [Xpharm] (amended brand name)</p> <p>For infants at increased risk of tuberculosis. Increased risk is defined as:</p> <ol style="list-style-type: none"> 1) living in a house or family with a person with current or past history of TB; or 2) having one or more household members or carers who within the last 5 years lived in a country with a rate of TB > or equal to 40 per 100,000 for 6 months or longer; or 3) during their first 5 years will be living 3 months or longer in a country with a rate of TB > or equal to 40 per 100,000 <p>Note a list of countries with high rates of TB are available at www.health.govt.nz/tuberculosis (search for downloads) or www.bcgatlas.org/index.php.</p> <p>Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent 0.00 10 ✓ BCG Vaccine AJV</p>
293	<p>DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE (amended presentation description)</p> <p>a) Only on a prescription</p> <p>b) No patient co-payment payable</p> <p>c)</p> <ol style="list-style-type: none"> A) Access criteria applies. B) Contractors will be entitled to claim payment from the Funder for the supply of diphtheria, tetanus and pertussis vaccine to patients eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the diphtheria, tetanus and pertussis 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 paragraphs 1 – 9 above. <p>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 prefilled syringe 0.00 10 ✓ Boostrix</p>

▲ 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 July 2024 (continued)

294	<p>DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amended presentation description)</p> <p>a) Only on a prescription b) No patient co-payment payable c) A) Access criteria applies 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 (Health NZ) 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.</p> <p>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.</p> <p>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</p> <p>Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe</p>	0.00	10	✓ Infanrix-hexa
295	<p>HEPATITIS A VACCINE – [Xpharm] (amended brand name) Funded for patients meeting any of the following criteria: 1) Two vaccinations for use in transplant patients; or 2) Two vaccinations for use in children with chronic liver disease; or 3) One dose of vaccine for close contacts of known hepatitis A cases.</p> <p>Inj 1440 ELISA units in 1 ml syringe.....</p>	0.00	1	✓ Havrix 1440

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 July 2024 (continued)

296	<p>HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV] (amended eligibility criteria)</p> <p>a) Maximum of 1 inj per prescription b) Only on a prescription c) No patient co-payment payable d)</p> <p>a) A) Any of the following: 1) Maximum of two doses for children aged 14 years and under; or 2) Maximum of three doses for people patients meeting any of the following criteria: 1) People aged 15 to 26 years inclusive; or 2) Either: People aged 9 to 26 years inclusive who have 1) Confirmed HIV infection; or 2) Received a transplant (including stem cell) patients; or 3) Maximum of four doses for people aged 9 to 26 years inclusive post chemotherapy B) Contractors will be entitled to claim payment from the Funder for the supply of Human papillomavirus vaccine to people patients eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the Human papillomavirus 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 paragraphs A above.</p>	<p>0.00 10</p>	<p>✓ Gardasil 9</p>
305	<p>VARICELLA ZOSTER VACCINE [SHINGLES VACCINE] (amended eligibility criteria)</p> <p>a) Only on a prescription b) No patient co-payment payable c)</p> <p>A) Funded for patients meeting the following criteria: 1) Two doses for all people aged 65 years Either: 1 Two doses for all people aged 65 years, or 2 Two doses for people 18 years of age or older with any of the following: a pre- and post-haematopoietic stem cell transplant or cellular therapy; or b pre- or post-solid organ transplant; or c haematological malignancies; or d people living with poorly controlled HIV infection; or e planned or receiving disease modifying anti-rheumatic drugs (DMARDs – targeted synthetic, biologic, or conventional synthetic) for polymyalgia rheumatica, systemic lupus erythematosus or rheumatoid arthritis; or f end stage kidney disease (CKD 4 or 5); or g primary immunodeficiency 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 Health New Zealand (Health NZ) 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.</p>	<p>0.00 1 10</p>	<p>✓ Shingrix ✓ Shingrix</p>

▲ 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 July 2024

12	PIOGLITAZONE (↓ subsidy)			
	* Tab 15 mg.....	6.15	90	✓ Vexazone
	* Tab 30 mg.....	7.25	90	✓ Vexazone
	* Tab 45 mg.....	12.00	90	✓ Vexazone
35	ATORVASTATIN (↓ subsidy)			
	* Tab 10 mg.....	5.16	500	✓ Lorstat
	* Tab 20 mg.....	8.12	500	✓ Lorstat
	* Tab 40 mg.....	13.79	500	✓ Lorstat
	* Tab 80 mg.....	25.39	500	✓ Lorstat
40	TICAGRELOR – Special Authority see SA1955 – Retail pharmacy (↓ subsidy)			
	* Tab 90 mg.....	20.35	56	✓ Ticagrelor Sandoz
42	HEPARIN SODIUM (↑ subsidy)			
	Inj 1,000 iu per ml, 5 ml ampoule.....	127.44	50	✓ Pfizer
42	HEPARINISED SALINE (↑ subsidy)			
	Inj 10 iu per ml, 5 ml.....	96.91	50	✓ Pfizer
43	FILGRASTIM – Special Authority see SA1259 – Retail pharmacy (↓ subsidy)			
	Inj 300 mcg per 0.5 ml prefilled syringe	86.60	10	✓ Nivestim
	Inj 480 mcg per 0.5 ml prefilled syringe	133.72	10	✓ Nivestim
47	PERINDOPRIL (↑ subsidy)			
	* Tab 2 mg.....	1.79	30	✓ Coversyl
47	PERINDOPRIL (↓ subsidy)			
	* Tab 4 mg.....	2.44	30	✓ Coversyl
	* Tab 8 mg.....	3.94	30	✓ Coversyl
52	EPLERENONE – Special Authority see SA1728 – Retail pharmacy (↓ subsidy)			
	Tab 25 mg.....	15.84	30	✓ Inspra
54	ACIPIMOX (↑ subsidy)			
	* Cap 250 mg	38.19	30	✓ Olbetam
56	ADRENALINE (↑ subsidy)			
	Inj 1 in 1,000, 1 ml ampoule			
	– Up to 5 inj available on a PSO.....	13.27	5	✓ DBL Adrenaline
62	SILDENAFIL – Special Authority see SA2255 – Retail pharmacy (↓ subsidy)			
	Tab 25 mg.....	0.72	4	✓ VEDAFIL
	Tab 50 mg.....	1.45	4	✓ VEDAFIL
62	SILDENAFIL – Special Authority see SA2255 – Retail pharmacy (↑ subsidy)			
	Tab 100 mg.....	11.22	12	✓ VEDAFIL

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 July 2024 (continued)

74	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (↑ subsidy) Gel 500 mcg with calcipotriol 50 mcg per g	40.92	60 g OP	✓ Daivobet
74	BETAMETHASONE DIPROPIONATE WITH CALCIPOTRIOL (↓ subsidy) Oint 500 mcg with calcipotriol 50 mcg per g	14.31	30 g OP	✓ Daivobet
76	FLUOROURACIL SODIUM (↓ subsidy) Crm 5%	5.56	20 g OP	✓ Efudix
84	CINACALCET – Special Authority see SA2170 – Retail pharmacy (↓ subsidy) Tab 30 mg – Wastage claimable	25.24	28	✓ Cinacalcet Devatis
	Tab 60 mg – Wastage claimable	50.47	28	✓ Cinacalcet Devatis
85	ZOLEDRONIC ACID (↓ subsidy) Inj 4 mg per 5 ml, vial	15.65	1	✓ Zoledronic acid Viatrix
85	HYDROCORTISONE (↓ subsidy) * Inj 100 mg vial	3.96	1	✓ Solu-Cortef
	a) Not on a BSO			
	b) Up to 5 inj available on a PSO			
87	OESTROGENS (↑ price but not subsidy) * Conjugated, equine tab 300 mcg	3.01	28	
		(19.25)		Premarin
	* Conjugated, equine tab 625 mcg	4.12	28	
		(19.25)		Premarin
87	MEDROXYPROGESTERONE ACETATE (↑ subsidy) * Tab 2.5 mg	6.56	30	✓ Provera
	* Tab 5 mg	20.13	100	✓ Provera
	* Tab 10 mg	10.28	30	✓ Provera
88	MEDROXYPROGESTERONE ACETATE (↑ subsidy) Tab 100 mg	133.57	100	✓ Provera HD
95	MEBENDAZOLE – Only on a prescription (↑ subsidy) Tab 100 mg	5.18	6	✓ Vermox
98	AMOXICILLIN WITH CLAVULANIC ACID (↑ subsidy) Grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml	8.50	100 ml	✓ Augmentin
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable			
100	CLINDAMYCIN (↓ subsidy) Cap hydrochloride 150 mg	4.94	24	✓ Dalacin C
102	TOBRAMYCIN (↓ subsidy) Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement	15.50	5	✓ Tobramycin (Viatrix)
	Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly.			

▲ 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 July 2024 (continued)

102	TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] († subsidy) * Oral liq 8 mg sulphamethoxazole 40 mg per ml – Up to 200 ml available on a PSO	5.00	100 ml	✓ Deprim
106	LINEZOLID – Special Authority see SA2234 – Retail pharmacy (↓ subsidy) No patient co-payment payable Tab 600 mg.....	194.60	10	✓ Zyvox
121	BACLOFEN (↓ subsidy) * Tab 10 mg.....	3.70	100	✓ Pacifen
126	FENTANYL (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Patch 12.5 mcg per hour	6.02	5	✓ Fentanyl Sandoz
	Patch 25 mcg per hour	6.91	5	✓ Fentanyl Sandoz
	Patch 50 mcg per hour	9.28	5	✓ Fentanyl Sandoz
	Patch 75 mcg per hour	15.50	5	✓ Fentanyl Sandoz
	Patch 100 mcg per hour	16.37	5	✓ Fentanyl Sandoz
127	OXYCODONE HYDROCHLORIDE (↓ subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 5 mg.....	2.49	20	✓ Oxycodone Sandoz
	Tab controlled-release 10 mg.....	2.49	20	✓ Oxycodone Sandoz
	Tab controlled-release 20 mg.....	3.41	20	✓ Oxycodone Sandoz
	Inj 10 mg per ml, 1 ml ampoule	4.37	5	✓ Hameln
	Inj 10 mg per ml, 2 ml ampoule	8.62	5	✓ Hameln
	Inj 50 mg per ml, 1 ml ampoule	14.90	5	✓ Hameln
127	OXYCODONE HYDROCHLORIDE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 40 mg.....	6.67	20	✓ Oxycodone Sandoz
135	AMISULPRIDE – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Tab 100 mg.....	5.84	30	✓ Sulprix
	Tab 200 mg.....	14.47	60	✓ Sulprix
	Tab 400 mg.....	35.06	60	✓ Sulprix
139	BUSPIRONE HYDROCHLORIDE (↓ subsidy) * Tab 5 mg.....	13.95	100	✓ Buspirone Viatrix
142	MELATONIN – Special Authority see SA1666 – Retail pharmacy (↓ subsidy) Tab modified-release 2 mg – No more than 5 tab per day	5.80	30	✓ Vigisom

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 July 2024 (continued)

142	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency († subsidy) Inj 1 mg per ml, 5 ml plastic ampoule – Up to 10 inj available on a PSO.....	29.90	10	✓Pfizer
	Inj 5 mg per ml, 3 ml plastic ampoule – Up to 5 inj available on a PSO.....	22.50	5	✓Pfizer
150	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 7 mg – Up to 28 patch available on a PSO.....	19.62	28	✓Habitrol
	Patch 14 mg – Up to 28 patch available on a PSO.....	21.57	28	✓Habitrol
	Patch 21 mg – Up to 28 patch available on a PSO.....	24.72	28	✓Habitrol
	Lozenge 1 mg – Up to 216 loz available on a PSO.....	22.53	216	✓Habitrol
	Lozenge 2 mg – Up to 216 loz available on a PSO.....	24.68	216	✓Habitrol
	Gum 2 mg (Fruit) – Up to 384 piece available on a PSO.....	23.02	204	✓Habitrol
	Gum 2 mg (Mint) – Up to 384 piece available on a PSO.....	23.02	204	✓Habitrol
	Gum 4 mg (Fruit) – Up to 384 piece available on a PSO.....	25.98	204	✓Habitrol
	Gum 4 mg (Mint) – Up to 384 piece available on a PSO.....	25.98	204	✓Habitrol
153	CARBOPLATIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP.....	0.06	1 mg	✓Baxter
153	CISPLATIN – PCT only – Specialist (↓ subsidy) Inj 1 mg for ECP.....	0.19	1 mg	✓Baxter
156	FLUOROURACIL (↓ subsidy) Inj 50 mg per ml, 100 ml vial – PCT only – Specialist.....	19.36	1	✓Fluorouracil Accord
	Inj 1 mg for ECP – PCT only – Specialist.....	0.41	100 mg	✓Baxter
157	METHOTREXATE (↓ subsidy) * Tab 2.5 mg – PCT – Retail pharmacy-Specialist.....	7.80	90	✓Trexate
	* Tab 10 mg – PCT – Retail pharmacy-Specialist.....	26.40	90	✓Trexate
174	OCTREOTIDE LONG-ACTING – Special Authority see SA2119 – Retail pharmacy (↓ subsidy) Inj depot 10 mg prefilled syringe.....	438.40	1	✓Sandostatin LAR
	Inj depot 20 mg prefilled syringe.....	583.70	1	✓Sandostatin LAR
175	LETROZOLE (↓ subsidy) * Tab 2.5 mg.....	4.67	30	✓Letrole
248	BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367– Retail pharmacy († subsidy) Treatment kit – 1 vial 550 mcg freeze dried venom, 1 diluent 9 ml, 3 diluent 1.8 ml.....	334.39	1 OP	✓Albey
249	WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy († subsidy) Treatment kit (Paper wasp venom) – 1 vial 550 mcg freeze dried polister venom, 1 diluent 9 ml, 1 diluent 1.8 ml.....	382.23	1 OP	✓Albey
	Treatment kit (Yellow jacket venom) – 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 1 diluent 1.8 ml.....	431.24	1 OP	✓Albey

▲ 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 July 2024 (continued)

252	SALBUTAMOL (↑ price but not subsidy) Aerosol inhaler, 100 mcg per dose CFC free – Up to 1000 dose available on a PSO.....	3.80 (6.80)	200 dose OP		Ventolin
261	PREDNISOLONE SODIUM PHOSPHATE – Special Authority see SA1715 – Retail pharmacy (↑ subsidy) Eye drops 0.5%, single dose (preservative free)	43.26	20 dose	✓	Minims Prednisolone
261	BRINZOLAMIDE (↓ subsidy) * Eye drops 1%	5.11	5 ml OP	✓	Azopt
261	TRAVOPROST (↓ subsidy) * Eye drops 0.004%	6.80	2.5 ml OP	✓	Travatan
262	BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE (↓ subsidy) * Eye drops 0.2% with timolol maleate 0.5%	7.13	5 ml OP	✓	Combigan
262	PILOCARPINE NITRATE (↑ subsidy) * Eye drops 2% single dose – Special Authority see SA0895 – Retail pharmacy	35.90	20 dose	✓	Minims Pilocarpine
263	SODIUM HYALURONATE [HYALURONIC ACID] – Special Authority see SA2134 – Retail pharmacy (↓ subsidy) Eye drops 1 mg per ml..... Hilo-Fresh has a 6 month expiry after opening. The Pharmacy Procedures Manual restriction allowing one bottle per month is not relevant and therefore only the prescribed dosage to the nearest OP may be claimed.	13.58	10 ml OP	✓	Hilo-Fresh
273	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] (↑ subsidy) Liquid (strawberry)	2.25	200 ml OP	✓	Diasip
	Liquid (vanilla)	2.25	200 ml OP	✓	Diasip
280	ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (↑ price but not 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. Liquid (banana) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement	0.72 (1.76)	200 ml OP		Fortisip
	Liquid (chocolate) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement	0.72 (1.76)	200 ml OP		Fortisip
	Liquid (strawberry) – Higher subsidy of \$1.76 per 200 ml with Endorsement	0.72 (1.76)	200 ml OP		Fortisip
	Liquid (vanilla) – Higher subsidy of up to \$1.76 per 237 ml with Endorsement	0.72 (1.76)	200 ml OP		Fortisip

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 July 2024 (continued)

281	<p>ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] († price but not 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 (chocolate) – Higher subsidy of \$1.76 per 200 ml with Endorsement0.72 200 ml OP (1.76) Fortisip Multi Fibre</p> <p>Liquid (strawberry) – Higher subsidy of \$1.76 per 200 ml with Endorsement0.72 200 ml OP (1.76) Fortisip Multi Fibre</p> <p>Liquid (vanilla) – Higher subsidy of \$1.76 per 200 ml with Endorsement0.72 200 ml OP (1.76) Fortisip Multi Fibre</p>
-----	---

▲ 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 July 2024

21	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA1985 – Retail pharmacy a) Maximum of 3 set per prescription b) Only on a prescription c) Maximum of 13 infusion sets will be funded per year.			
	10 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓MiniMed Sure-T MMT-884A
	10 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓MiniMed Sure-T MMT-886A
22	INSULIN PUMP INFUSION SET (TEFLON CANNULA) – Special Authority see SA1985 – Retail pharmacy a) Maximum of 3 set per prescription b) Only on a prescription c) Maximum of 13 infusion sets will be funded per year.			
	13 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓MiniMed Silhouette MMT-382A
	13 mm teflon needle, 45 cm tubing × 10.....	130.00	1 OP	✓MiniMed Silhouette MMT-368A
	13 mm teflon needle, 80 cm tubing × 10.....	130.00	1 OP	✓MiniMed Silhouette MMT-383A
	17 mm teflon needle, 80 cm tubing × 10.....	130.00	1 OP	✓MiniMed Silhouette MMT-384A
	6 mm teflon needle, 80 cm tubing × 10.....	130.00	1 OP	✓MiniMed Quick-Set MMT-387A
	9 mm teflon needle, 80 cm tubing × 10.....	130.00	1 OP	✓MiniMed Quick-Set MMT-386A
34	CALCIUM GLUCONATE * Inj 10%, 10 ml ampoule.....	64.00	20	✓Max Health
40	TICAGRELOR – Special Authority see SA1955 – Retail pharmacy * Tab 90 mg.....	90.00	56	✓Brilinta
42	HEPARIN SODIUM Inj 5,000 iu per ml, 1 ml.....	32.66	5	✓DBL Heparin Sodium
49	ATENOLOL * Tab 100 mg.....	14.20	500	✓Mylan Atenolol
52	EPLERENONE – Special Authority see SA1728 – Retail pharmacy Tab 50 mg..... Note – this delist applies to Pharmacode 2555069.	25.00	30	✓Inspra
112	NEVIRAPINE – Special Authority see SA2139 – Retail pharmacy Tab 200 mg.....	84.00	60	✓Nevirapine Alphapharm
112	ABACAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Oral liq 20 mg per ml.....	256.31	240 ml OP	✓Ziagen
112	ZIDOVUDINE [AZT] WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy Note: zidovudine [AZT] with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of the anti-retroviral Special Authority. Tab 300 mg with lamivudine 150 mg.....	92.40	60	✓Alphapharm
115	METHENAMINE (HEXAMINE) HIPPURATE * Tab 1 g..... Note – this delist applies to Pharmacode 209538	19.95	100	✓Hiprex

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 July 2024 (continued)

126	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
130	FLUOXETINE HYDROCHLORIDE			
	Cap 20 mg	2.22	30	✓Brown & Burk \$29
160	DAUNORUBICIN – PCT only – Specialist			
	Inj 20 mg vial.....	1,495.00	10	✓Daunorubicin Zentiva
176	LETROZOLE			
	* Tab 2.5 mg.....	5.84	30	✓Letrole
	Note – this delist applies to Pharmacode 2474425.			
268	METHADONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	Powder.....	7.84	1 g	✓AFT
273	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3]			
	Liquid	7.50	1,000 ml OP	✓Nutrison Advanced Diason
277	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]			
	Liquid	12.04	1,000 ml OP	✓Nutrison Advanced Peptisorb

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

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

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 August 2024

136	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
	Note – delisting delayed until 1 January 2025.			
149	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy			
	Tab 50 mg.....	77.77	28	✓ Naltrexone AOP
	Note – delisting revoked.			

Effective 1 November 2024

100	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.....	2.42	28	✓ Cipflox
		3.85	10	✓ Ciprofloxacin - Torrent
	Tab 500 mg – Up to 5 tab available on a PSO.....	4.25	10	✓ Ciprofloxacin - Torrent

Effective 1 December 2024

100	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 750 mg.....	5.95	28	✓ Cipflox
174	OCTREOTIDE LONG-ACTING – Special Authority see SA2119 – Retail pharmacy			
	Inj depot 10 mg prefilled syringe	439.97	1	✓ Octreotide Depot Teva
	Inj depot 20 mg prefilled syringe	647.03	1	✓ Octreotide Depot Teva
	Inj depot 30 mg prefilled syringe	718.55	1	✓ Octreotide Depot Teva

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 December 2024 (continued)

295	<p>HAEMOPHILUS INFLUENZAE TYPE B VACCINE</p> <p>a) Only on a prescription b) No patient co-payment payable c) A) Access criteria applies 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 (Health NZ) 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.</p> <p>Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml.....</p>	0.00	1	✓ Hiberix
300	<p>MENINGOCOCCAL C CONJUGATE VACCINE – [Xpharm]</p> <p>Both: 1) The child is under 12 months of age; and 2) Any of the following: 1) Up to three doses 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) Two doses for close contacts of meningococcal cases of any group; or 3) Two doses for child 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 child pre- and post-immunosuppression*.</p> <p>Note: children under 12 months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for recommended booster schedules with meningococcal ACWY vaccine. *Immunosuppression due to steroid or other immunosuppressive therapy must be for a period of greater than 28 days.</p> <p>Inj 10 mcg in 0.5 ml syringe</p>	0.00	1	✓ Neisvac-C
305	<p>VARICELLA VACCINE [CHICKENPOX VACCINE]</p> <p>a) Only on a prescription b) No patient co-payment payable c) A) Access criteria applies 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 (Health NZ) 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.</p> <p>*Immunosuppression due to steroid or other immunosuppressive therapy must be for a treatment period of greater than 28 days.</p> <p>Inj 1350 PFU prefilled syringe plus vial</p>	0.00	1 10	✓ Varivax ✓ Varivax

Effective 1 January 2025

134	<p>OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency</p> <p>Tab 2.5 mg.....</p> <p>Tab 5 mg.....</p> <p>Tab 10 mg.....</p> <p>Note – this delist applies to the 28 tab pack only.</p>	1.35 1.58 2.01	28 28 28	✓ Zypine ✓ Zypine ✓ Zypine
-----	---	----------------------	----------------	---

▲ 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

Index

Pharmaceuticals and brands

A		
ABACAVIR SULPHATE	34	
Abilify Maintena	19, 24	
Abilify Maintena S29	24	
ACIPIMOX	28	
Act-HIB	21	
ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND).....	23	
ADRENALINE	28	
Albey	31	
AMISULPRIDE.....	30	
AMOXICILLIN WITH CLAVULANIC ACID.....	29	
ARIPIPRAZOLE.....	19, 24	
Arrow-Fluoxetine	24	
ATENOLOL.....	34	
ATORVASTATIN.....	28	
Augmentin	29	
Azopt.....	32	
AZT.....	34	
B		
BACILLUS CALMETTE-GUERIN VACCINE	25	
BACLOFEN.....	30	
BCG Vaccine.....	25	
BCG Vaccine AjV.....	25	
BEE VENOM ALLERGY TREATMENT.....	31	
BETAMETHASONE DIPPIONATE WITH CALCIPOTRIOL.....	29	
BiCNU S29.....	23	
Boostrix	25	
Brevinor 1/28.....	24	
Brevinor-1 28 Day.....	24	
Brilinta	34	
BRIMONIDINE TARTRATE WITH TIMOLOL MALEATE....	32	
BRINZOLAMIDE.....	32	
Brown & Burk	35	
BUSPIRONE HYDROCHLORIDE	30	
Buspirone Viatrix	30	
C		
CALCIUM GLUCONATE	34	
Camino Pro Bettermilk	25	
CARBAMAZEPINE	23	
CARBOPLATIN	19, 31	
Carboplatin Accord	19	
CARMUSTINE	23	
CHICKENPOX VACCINE.....	22, 37	
CINACALCET	29	
Cinacalet Devatis.....	29	
Cipflox	36	
CIPROFLOXACIN.....	18, 23, 36	
Ciprofloxacin - Torrent.....	36	
CISPLATIN	19, 31	
Cisplatin Accord.....	19	
CLINDAMYCIN	29	
Combigan.....	32	
Comirnaty Omicron (XBB.1.5)	21	
CO-TRIMOXAZOLE	30	
Coversyl	28	
COVID-19 VACCINE	21	
D		
Daivobet	29	
Dalacin C	29	
DAUNORUBICIN.....	35	
Daunorubicin Zentiva.....	35	
DBL Adrenaline	28	
DBL Heparin Sodium.....	34	
Deprim.....	30	
DIABETIC ENTERAL FEED 1KCAL/ML.....	35	
DIABETIC ORAL FEED 1KCAL/ML.....	32	
Diasip.....	32	
DIPHTHERIA, TETANUS AND PERTUSSIS VACCINE.....	25	
DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE.....	26	
Duolin Cipla	23	
E		
Efudix	29	
EPLERENONE	28, 34	
ETHINYLOESTRADIOL WITH NORETHISTERONE	24	
F		
FENTANYL	30	
Fentanyl Sandoz.....	30	
FILGRASTIM	28	
FLUDARABINE PHOSPHATE.....	23	
Fludarabine Sagent.....	23	
FLUOROURACIL.....	31	
Fluorouracil Accord	31	
FLUOROURACIL SODIUM.....	29	
FLUOXETINE HYDROCHLORIDE.....	24, 35	
Fortisip	32	
Fortisip Multi Fibre.....	33	
G		
Gardasil 9	27	
GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE.....	25	
Glytactin Bettermilk	25	
H		
Habitrol	31	
HAEMOPHILUS INFLUENZAE TYPE B VACCINE.....	21, 37	
Havrix	26	
Havrix 1440	26	
HEPARINISED SALINE.....	28	

Index

Pharmaceuticals and brands

HEPARIN SODIUM	28, 34	MiniMed Sure-T MMT-884A	34
HEPATITIS A VACCINE	26	MiniMed Sure-T MMT-886A	34
Hiberix	37	Minims Pilocarpine	32
Hiprex	34	Minims Prednisolone	32
HPV	27	MORPHINE HYDROCHLORIDE	35
HUMAN PAPILLOMAVIRUS (6, 11, 16, 18, 31, 33, 45, 52 AND 58) VACCINE [HPV]	27	Mylan Atenolol	34
HumiraPen	23	N	
HYALURONIC ACID	32	Naltrexone AOP	36
HYDROCORTISONE	29	NALTREXONE HYDROCHLORIDE	36
Hylo-Fresh	32	Neisvac-C	37
I		NEVIRAPINE	34
Ibrance	24	Nevirapine Alphapharm	34
Infanrix-hexa	26	NICOTINE	31
Inspra	28, 34	Nimenrix	22
INSULIN PUMP INFUSION SET (STEEL CANNULA)	34	Nivestim	28
INSULIN PUMP INFUSION SET (TEFLON CANNULA)	34	Norimin-1 28 Day	24
Ipca-Ciprofloxacin	18, 23	Nutrison Advanced Dison	35
IPRATROPIUM BROMIDE	23	Nutrison Advanced Peptisorb	35
Ipratropium IVAX	23	O	
K		Octreotide Depot Teva	36
Kisqali	20	OCTREOTIDE LONG-ACTING	23, 31, 36
L		OESTRADIOL	18
Letrole	31, 35	OESTROGENS	29
LETROZOLE	31, 35	OLANZAPINE	36, 37
LEVETIRACETAM	18	Olbetam	28
Levetiracetam-AFT	18	ORAL FEED 1.5KCAL/ML	32
LINEZOLID	30	ORAL FEED WITH FIBRE 1.5 KCAL/ML	33
LOMUSTINE	19	Ordine	35
Lorstat	28	Oxycodone Amneal	18
Lyllana	18	OXYCODONE HYDROCHLORIDE	18, 30
M		Oxycodone Sandoz	30
MEBENDAZOLE	29	P	
MEDROXYPROGESTERONE ACETATE	29	Pacifen	30
MELATONIN	30	PALBOCICLIB	24
MENINGOCOCCAL C CONJUGATE VACCINE	37	PERINDOPRIL	28
MENINGOCOCCAL (GROUPS A, C, Y AND W-135) CONJUGATE VACCINE	22	PILOCARPINE NITRATE	32
MERCAPTOPYRINE	19	PIOGLITAZONE	28
METHADONE HYDROCHLORIDE	35	PKU Build 10	25
METHENAMINE (HEXAMINE) HIPPURATE	34	PKU Build 20 Chocolate	25
METHOTREXATE	31	PKU Build 20 Raspberry Lemonade	25
MIDAZOLAM	31	PKU Build 20 Smooth	25
MIDOSTAURIN	19	PKU Build 20 Vanilla	25
MiniMed Quick-Set MMT-386A	34	PKU Glytactin RTD 15	25
MiniMed Quick-Set MMT-387A	34	POTASSIUM CHLORIDE	23
MiniMed Silhouette MMT-368A	34	PREDNISOLONE SODIUM PHOSPHATE	32
MiniMed Silhouette MMT-382A	34	Premarin	29
MiniMed Silhouette MMT-383A	34	Provera	29
MiniMed Silhouette MMT-384A	34	Provera HD	29
		R	
		RIBOCICLIB	20

Index

Pharmaceuticals and brands

Rydapt.....	19	TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE].....	30
S		V	
SALBUTAMOL	32	VARICELLA VACCINE [CHICKENPOX VACCINE].....	22, 37
SALBUTAMOL WITH IPRATROPIUM BROMIDE.....	23	VARICELLA ZOSTER VACCINE [SHINGLES VACCINE]... ..	27
Sandostatin LAR	23, 31	Varilrix	22
SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML	35	Varivax.....	37
SHINGLES VACCINE.....	27	Vedafil	28
Shingrix	27	Ventolin	32
SILDENAFIL	28	Vermox	29
SODIUM HYALURONATE [HYALURONIC ACID].....	32	Vexazone	28
Solu-Cortef	29	Vigisom	30
Sulfadiazine-Heyl	18	W	
SULFADIAZINE SILVER.....	18	WASP VENOM ALLERGY TREATMENT	31
SULFADIAZINE SODIUM.....	18	X	
Sulprix	30	Xaluprine.....	19
T		Z	
Tegretol AU.....	23	Ziagen.....	34
TICAGRELOR	28, 34	ZIDOVUDINE [AZT] WITH LAMIVUDINE	34
Ticagrelor Sandoz	28	ZOLEDRONIC ACID	29
TOBRAMYCIN	29	Zoledronic acid Viatrix	29
Tobramycin (Viatrix).....	29	Zypine.....	36, 37
Travatan.....	32	Zyvox.....	30
TRAVOPROST.....	32		
Trexate.....	31		

