

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

August 2024

Contents

Summary of Pharmac decisions effective 1 August 2024	3
Tender News	6
Looking Forward	6
Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to August 2024.....	7
New Listings.....	16
Changes to Restrictions, Chemical Names and Presentations	20
Changes to Subsidy and Manufacturer’s Price.....	24
Delisted Items	25
Items to be Delisted	28
Index.....	30

Summary of Pharmac decisions

EFFECTIVE 1 AUGUST 2024

New listings (pages 16-18)

- Clonidine hydrochloride (Catapres) inj 150 mcg per ml, 1 ml ampoule
- Adrenaline (Hameln) inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO, s29 and wastage claimable
- Capsaicin (Zo-Rub Osteo) crm 0.025%, 45 g OP – Special Authority – Retail pharmacy and s29
- Capsaicin (Zo-Rub HP) crm 0.075%, 45 g OP – subsidy by endorsement and s29
- Calcium folinate (Eurofolic) inj 10 mg per ml, 100 ml vial – PCT only – Specialist and s29
- Lenalidomide (Viatris) (Lenalidomide Viatris) cap 5 mg, 10 mg, 15 mg and 25 mg – Special Authority – Retail pharmacy
- Pomalidomide (Pomolide) cap 1 mg, 2 mg, 3 mg and 4 mg, 14 and 21 cap pack – Special Authority – Retail pharmacy
- Octreotide (Omega) inj 100 mcg per ml, 1 ml vial – s29 and wastage claimable
- Ipratropium bromide (Pharmascience) nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO, s29 and wastage claimable
- Bimatoprost (Lumigan) eye drops 0.03%, 3 ml OP
- Naphazoline hydrochloride (Albalon) eye drops 0.1%, 15 ml OP
- Pharmacy services (BSF Noumed Phenobarbitone) brand switch fee – may only be claimed once per patient
- Protein free supplement containing carbohydrate, fat with added vitamins and minerals (Energivit) powder (neutral), can, 400 g OP – Special Authority – Hospital pharmacy [HP3]
- Elemental feed with high medium chain triglycerides (Emsogen) powder (neutral), 100 g sachets – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without methionine powder (unflavoured), can, 400 g OP (HCU Anamix Infant), powder (neutral) 36 g sachets (HCU Anamix Junior), liquid (orange) 125 ml bottles (HCU Anamix Junior LQ) and liquid (juicy berries) 125 ml bottles (HCU Lophlex LQ) – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without valine, leucine and isoleucine powder (unflavoured), can, 400 g OP (MSUD Anamix Infant), powder (neutral) 36 g sachets (MSUD Anamix Junior), liquid (orange) 125 ml bottles (MSUD Anamix Junior LQ) and liquid (juicy berries) 125 ml pouches (MSUD Lophlex LQ 20) – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without phenylalanine (PKU First Spoon) powder (unflavoured) 12.5 g sachets – Special Authority – Hospital pharmacy [HP3]

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

- Glycomacropeptide and amino acid contains some phenylalanine powder (vanilla) 33.4 g sachets (PKU GMPro 20 Vanilla), powder (unflavoured) 12.5 g sachets (PKU GMPro Mix-In), liquid (neutral), 250 ml carton (PKU GMPro LQ) – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without lysine powder, can, 400 g OP (GA1 Anamix Infant) and powder (neutral), 18 g sachets (GA1 Anamix Junior) – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without phenylalanine and tyrosine powder (neutral) 36 g sachets (TYR Anamix Junior), powder, can, 400 g OP (TYR Anamix Infant) liquid (orange) 125 ml bottle (TYR Anamix Junior LQ) and liquid (juicy berries) 125 ml pouches (TYR Lophlex LQ 20)– Special Authority – Hospital pharmacy [HP3]
- Essential amino acid formula (Essential Amino acid Mix) powder (neutral), can, 200 g OP – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without isoleucine, methionine, threonine and valine (MMA/PA Anamix Infant) powder can, 400 g OP – Special Authority – Hospital pharmacy [HP3]
- Amino acid formula without methionine, threonine and valine (MMA/PA Anamix Junior) powder (neutral), 18 g sachets – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 20-23)

- Nicorandil (Max Health) tab 10 mg and 20 mg – removal of brand switch fee
- Oxycodone hydrochloride (Oxycodone Amneal) tab immediate-release 5 mg, 10 mg and 20 mg – removal of s29 and wastage claimable
- Phenobarbitone (Noumed Phenobarbitone) tab 15 mg – addition of brand switch fee
- Bortezomib inj 3.5 mg vial (DBL Bortezomib) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Lenalidomide (Revlimid) cap 5 mg, 10 mg, 15 mg and 25 mg – amended chemical name
- Thalidomide (Thalomid) cap 50 mg and 100 mg – amended Special Authority criteria
- Foods And Supplements for Inherited Metabolic Disease – amended Special Authority criteria
- Aminoacid formula without methionine (XMET Maxamum) powder (neutral), can, 500 g OP – amended presentation description

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

- Aminoacid formula without valine, leucine and isoleucine (MSUD Maxamum) powder (neutral), can, 500 g OP – 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 restriction criteria
- Hepatitis B recombinant vaccine (Engerix-B) inj 10 mcg per 0.5 ml prefilled syringe and inj 20 mcg per 1 ml prefilled syringe – amended restriction criteria

Increased subsidy (page 24)

- Pentoxifylline [oxpentifylline] (Trental 400) tab 400 mg
- Amoxicillin with clavulanic acid (Curam) grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP
- Pericyazine (Neulactil) tab 2.5 mg and 10 mg
- Midazolam (Midazolam-Baxter) inj 1 mg per ml, 5 ml ampoule
- Cisplatin (Baxter) inj 1 mg for ECP
- Aminoacid formula without methionine (XMET Maxamum) powder (neutral), can, 500 g OP
- Aminoacid formula without valine, leucine and isoleucine (MSUD Maxamum) powder (neutral), can, 500 g OP

Decreased subsidy (page 24)

- Bosentan (Bosentan Dr Reddy's) tab 62.5 mg and 125 mg
- Aprepitant (Emend Tri-Pack) cap 2 × 80 mg and 1 × 125 mg, 3 OP
- Midazolam (Midazolam-Baxter) inj 5 mg per ml, 3 ml ampoule

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amoxicillin	Cap 250 mg; 500 caps	PSS	Miro-Amoxicillin (Miro)

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 September 2024

- Teriparatide (Teriparatide – Teva) inj 250 mcg per ml, 2.4 ml – removal of brand switch fee
- Donepezil hydrochloride (Ipca-Donepezil) tab 5 mg and 10 mg – removal of brand switch fee

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to August 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 Cap 500 mg	Alphamox 125	2026
		Alphamox 250 Miro-Amoxicillin	2025
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
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	AP0-Atomoxetine	2026
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
Betahistine dihydrochloride	Tab 16 mg	Serc	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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Betamethasone dipropionate	Crm 0.05%, 15 g OP and 50 g OP Oint 0.05%, 15 g OP and 50 g OP	Diprosone	2026
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	Crm 90% with glycerol 10%, 500 ml OP Crm 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	Crm & 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

**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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crm 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
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 Viatrix	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 Viatrix	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 Viatrix	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

*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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca)	2026
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

**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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Imatinib Mesilate	Cap 100 mg & 400 mg	Imatinib-Rex	2026
Indapamide	Tab 2.5 mg	Dapa-Tabs	2026
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

*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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
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 (Viartis)	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 Viartis	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 2.5 mg, 5 mg and 10 mg Tab orodispersible 5 mg and 10 mg	Zypine 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

**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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
Paracetamol	Suppos 125 mg, 250 mg and 500 mg	Gacet	2026
	Tab 500 mg-bottle pack	Noumed Paracetamol	2025
	Tab 500 mg-blister pack	Pacimol	
	Oral liq 120 mg per 5 ml	Paracetamol (Ethics)	
Oral liq 250 mg per ml, 200 ml	Pamol		
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	White soft, 450 g	EVARA White Soft Paraffin	2026
	White soft, 2,500 g 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
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenobarbitone	Tab 15 mg Tab 30 mg	Noumed Phenobarbitone 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
Pomalidomide	Cap 1 mg, 2 mg, 3 mg and 4 mg	Pomolide	31/07/2027
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
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 IPCA-Propranolol	2027
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2026
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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) Risperon	2026
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

**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 August 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
Trastuzumab (Herzuma)	Inj 150 mg vial and 440 mg vial	Herzuma	31/05/2027
Triamcinolone acetonide	Paste 0.1%, 5 g OP Crm 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
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 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	Zoledronic Acid Viatrix	2025

August 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 August 2024

51	CLONIDINE HYDROCHLORIDE * Inj 150 mcg per ml, 1 ml ampoule.....	14.10	5	✓ Catapres
55	ADRENALINE Inj 1 in 1,000, 1 ml ampoule – Up to 5 inj available on a PSO..... Wastage claimable	25.30	10	✓ Hameln \$29
116	CAPSAICIN Crn 0.025% – Special Authority see SA1289 – Retail pharmacy	9.75	45 g OP	✓ Zo-Rub Osteo \$29
123	CAPSAICIN – Subsidy by endorsement Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly. Crn 0.075%	11.95	45 g OP	✓ Zo-Rub HP \$29
155	CALCIUM FOLINATE Inj 10 mg per ml, 100 ml vial – PCT only – Specialist.....	72.00	1	✓ Eurofolic \$29
160	LENALIDOMIDE (VIATRIS) – Special Authority see SA2353 – Retail pharmacy Cap 5 mg Cap 10 mg Cap 15 mg Cap 25 mg	76.92 50.30 62.13 65.09	21 21 21 21	✓ Lenalidomide Viatris ✓ Lenalidomide Viatris ✓ Lenalidomide Viatris ✓ Lenalidomide Viatris

► **SA2353** Special Authority for Subsidy

Initial application – (Plasma cell dyscrasia) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Both:

- 1 Patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and
- 2 Patient is not refractory to prior lenalidomide use.

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

Both:

- 1 Patient has low or intermediate-1 risk myelodysplastic syndrome (based on IPSS or an IPSS-R score of less than 3.5) associated with a deletion 5q cytogenetic abnormality; and
- 2 Patient has transfusion-dependent anaemia.

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

Both:

- 1 Patient has not needed a transfusion in the last 4 months; and
- 2 No evidence of disease progression.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 August 2024 (continued)

163	POMALIDOMIDE – Special Authority see SA2354 – Retail pharmacy			
	Cap 1 mg	47.45	14	✓ Pomolide
	Cap 1 mg	71.18	21	✓ Pomolide
	Cap 2 mg	94.90	14	✓ Pomolide
	Cap 2 mg	142.35	21	✓ Pomolide
	Cap 3 mg	142.35	14	✓ Pomolide
	Cap 3 mg	213.53	21	✓ Pomolide
	Cap 4 mg	189.81	14	✓ Pomolide
	Cap 4 mg	284.71	21	✓ Pomolide
	<p>► SA2354 Special Authority for Subsidy Initial application – (Relapsed/refractory plasma cell dyscrasia) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: Both:</p> <ol style="list-style-type: none"> 1 Patient has relapsed or refractory plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment; and 2 Patient has not received prior funded pomalidomide. <p>Renewal – (Relapsed/refractory plasma cell dyscrasia) from any relevant practitioner. Approvals valid for 12 months where there is no evidence of disease progression.</p>			
174	OCTREOTIDE			
	Inj 100 mcg per ml, 1 ml vial	48.50	5	✓ Omega S29
	Wastage claimable			
252	IPRATROPIUM BROMIDE			
	Nebuliser soln, 250 mcg per ml, 2 ml ampoule			
	– Up to 40 neb available on a PSO.....	5.86	10	✓ Pharmascience S29
	Wastage claimable			
261	BIMATOPROST			
	* Eye drops 0.03%	5.15	3 ml OP	✓ Lumigan
263	NAPHAZOLINE HYDROCHLORIDE			
	* Eye drops 0.1%	5.65	15 ml OP	✓ Albalon
264	PHARMACY SERVICES			
	* Brand switch fee	4.50	1 fee	✓ BSF Noumed Phenobarbitone
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Noumed Phenobarbitone is 2684756.			

▲ 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 August 2024 (continued)

283	AMINOACID FORMULA WITHOUT METHIONINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (unflavoured), can	260.00	400 g OP	✓HCU Anamix Infant
	Powder (neutral) 36 g sachets	750.30	30	✓HCU Anamix Junior
	Liquid (orange) 125 ml bottles	941.40	36	✓HCU Anamix Junior LQ
	Liquid (juicy berries) 125 ml bottles	1,684.80	30	✓HCU Lophlex LQ
283	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (unflavoured), can	260.00	400 g OP	✓MSUD Anamix Infant
	Powder (neutral) 36 g sachets	750.00	30	✓MSUD Anamix Junior
	Liquid (orange) 125 ml bottles	941.40	36	✓MSUD Anamix Junior LQ
	Liquid (juicy berries) 125 ml pouches	1,684.80	30	✓MSUD Lophlex LQ 20
284	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (unflavoured) 12.5 g sachets.....	234.00	30	✓PKU First Spoon
285	GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (vanilla) 33.4 g sachets.....	936.00	30	✓PKU GMPro 20 Vanilla
	Powder (unflavoured) 12.5 g sachets.....	468.00	30	✓PKU GMPro Mix-In
	Liquid (neutral), 250 ml carton.....	280.80	18	✓PKU GMPro LQ
286	AMINOACID FORMULA WITHOUT LYSINE – Special Authority see SA2300 – Hospital pharmacy [HP3]			
	Powder, can	260.00	400 g OP	✓GA1 Anamix Infant
	Powder (neutral), 18 g sachets	750.30	30	✓GA1 Anamix Junior
286	AMINOACID FORMULA WITHOUT PHENYLALANINE AND TYROSINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (neutral) 36 g sachets	471.00	30	✓TYR Anamix Junior
	Powder, can	260.00	400 g OP	✓TYR Anamix Infant
	Liquid (orange) 125 ml bottle.....	941.40	36	✓TYR Anamix Junior LQ
	Liquid (juicy berries) 125 ml pouches	1,684.80	30	✓TYR Lophlex LQ 20
286	PROTEIN FREE SUPPLEMENT CONTAINING CARBOHYDRATE, FAT WITH ADDED VITAMINS AND MINERALS – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (neutral), can	49.29	400 g OP	✓Energivit
286	ELEMENTAL FEED WITH HIGH MEDIUM CHAIN TRIGLYCERIDES – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (neutral), 100 g sachets	47.01	10	✓Emsogen
286	ESSENTIAL AMINO ACID FORMULA – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (neutral), can	313.73	200 g OP	✓Essential Amino acid Mix
286	AMINOACID FORMULA WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder, can	260.00	400 g OP	✓MMA/PA Anamix Infant
286	AMINOACID FORMULA WITHOUT METHIONINE, THREONINE AND VALINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Powder (neutral) 18 g sachets	750.30	30	✓MMA/PA Anamix Junior

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

48	MIDODRINE – Special Authority see SA1474 – Retail pharmacy			
	Tab 5 mg.....	59.98	100	✓ MAR-Midodrine S29
	Wastage claimable			
135	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 0.5 mg.....	0.72	20	✓ Risperdal
	Tab 2 mg.....	2.72	60	✓ Risperdal

▲ 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 August 2024

55	NICORANDIL – Brand switch fee payable (Pharmacode 2677903) (removal of brand switch fee)		
	▲ Tab 10 mg.....	21.73	60 ✓ Max Health
	▲ Tab 20 mg.....	27.44	60 ✓ Max Health
126	OXYCODONE HYDROCHLORIDE (removal of s29 and wastage claimable)		
	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 s29
	Wastage claimable		
	Tab immediate-release 10 mg.....	18.77	100 ✓ Oxycodone Amneal s29
	Wastage claimable		
	Tab immediate-release 20 mg.....	26.77	100 ✓ Oxycodone Amneal s29
	Wastage claimable		
130	PHENOBARBITONE (addition of brand switch fee)		
	For phenobarbitone oral liquid refer Standard Formulae		
	Tab 15 mg		
	– Brand switch fee payable (Pharmacode 2684756)	248.50	500 ✓ Noumed Phenobarbitone
158	BORTEZOMIB – PCT only – Specialist – Special Authority see SA2355 1889 (amended Special Authority criteria)		
	Inj 3.5 mg vial.....	74.93	1 ✓ DBL Bortezomib
	Inj 1 mg for ECP	22.26	1 mg ✓ Baxter
	▶ SA2355 1889 Special Authority for Subsidy		
	Initial application — (multiple myeloma/amyloidosis plasma cell dyscrasia) only from a any relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid without further renewal unless notified where for applications meeting the following criteria:		
	Either:		
	1—The patient has plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment. symptomatic multiple myeloma; or		
	2—The patient has symptomatic systemic AL amyloidosis*.		
	Note: Indications marked with * are unapproved indications.		
161	LENALIDOMIDE (REVLIMID) – Retail pharmacy-Specialist – Special Authority see SA2047 (amended chemical name)		
	Wastage claimable		
	Cap 5 mg	5,122.76	28 ✓ Revlimid
	Cap 10 mg	4,655.25	21 ✓ Revlimid
		6,207.00	28 ✓ Revlimid
	Cap 15 mg	5,429.39	21 ✓ Revlimid
		7,239.18	28 ✓ Revlimid
	Cap 25 mg	7,627.00	21 ✓ Revlimid

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 August 2024 (continued)

164	THALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA2356 1124 (amended Special Authority criteria)			
	Cap 50 mg	378.00	28	✓ Thalomid
	Cap 100 mg	756.00	28	✓ Thalomid

➔ **SA2356** ~~1124~~ 1124 Special Authority for Subsidy

Initial application ~~only~~ from a **any** relevant ~~specialist or medical practitioner on the recommendation of a relevant specialist.~~

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

Either:

1 The patient has **plasma cell dyscrasia, not including Waldenström macroglobulinaemia, requiring treatment.**
~~multiple myeloma; or~~

2 The patient has systemic AL amyloidosis*.

Renewal ~~only~~ from a **any** relevant ~~specialist or medical practitioner on the recommendation of a relevant specialist.~~

Approvals valid without further renewal unless notified where the patient has obtained a response from treatment during the initial approval period.

Notes: Prescription must be written by a registered prescriber in the thalidomide risk management programme operated by the supplier.

Maximum dose of 400 mg daily as monotherapy or in a combination therapy regimen.

Indication marked with * is an unapproved indication.

283	Foods And Supplements For Inherited Metabolic Disease (amended Special Authority criteria)			
-----	--	--	--	--

➔ **SA2357** ~~2300~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid without further renewal unless notified **where patient requires dietary management of inherited metabolic disorders** for applications meeting the following criteria:

Either:

1 Dietary management of inherited metabolic disease; or

2 For use as a supplement to a Ketogenic diet in patients diagnosed with epilepsy.

283	AMINOACID FORMULA WITHOUT METHIONINE – Special Authority see SA2357 – Hospital pharmacy [HP3] (amended presentation description)			
-----	--	--	--	--

Powder (neutral), can	480.42	500 g OP	✓ XMET Maxamum
---	--------	----------	-----------------------

283	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA2357 – Hospital pharmacy [HP3] (amended presentation description)			
-----	--	--	--	--

Powder (neutral), can	454.71	500 g OP	✓ MSUD Maxamum
---	--------	----------	-----------------------

▲ 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 August 2024 (continued)

294	<p>DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE (amended restriction criteria)</p> <p>a) Only on a prescription</p> <p>b) No patient co-payment payable</p> <p>c) A) Funded for children meeting any of the following criteria</p> <ol style="list-style-type: none"> 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 18 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. <p>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.</p> <p>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 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
-----	---	------	----	------------------------

Changes to Restrictions – effective 1 August 2024 (continued)

295	HEPATITIS B RECOMBINANT VACCINE – [Xpharm] (amended restriction criteria)			
	Inj 10 mcg per 0.5 ml prefilled syringe	0.00	1	✓ Engerix-B
	Funded for patients meeting any of the following criteria:			
	1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or			
	2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or			
	3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or			
	4) for HIV positive patients; or			
	5) for hepatitis C positive patients; or			
	6) for patients following non-consensual sexual intercourse; or			
	7) for patients prior to planned immunosuppression for greater than 28 days; or			
	8) for patients following immunosuppression; or			
	9) for solid organ transplant patients; or			
	10) for post-haematopoietic stem cell transplant (HSCT) patients; or			
	11) following needle stick injury.			
	Inj 20 mcg per 1 ml prefilled syringe	0.00	1	✓ Engerix-B
	Funded for patients meeting any of the following criteria:			
	1) for household or sexual contacts of known acute hepatitis B patients or hepatitis B carriers; or			
	2) for children born to mothers who are hepatitis B surface antigen (HBsAg) positive; or			
	3) for children up to and under the age of 18 years inclusive who are considered not to have achieved a positive serology and require additional vaccination or require a primary course of vaccination; or			
	4) for HIV positive patients; or			
	5) for hepatitis C positive patients; or			
	6) for patients following non-consensual sexual intercourse; or			
	7) for patients prior to planned immunosuppression for greater than 28 days; or			
	8) for patients following immunosuppression; or			
	9) for solid organ transplant patients; or			
	10) for post-haematopoietic stem cell transplant (HSCT) patients; or			
	11) following needle stick injury; or			
	12) for dialysis patients; or			
	13) for liver or kidney transplant patients.			

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 August 2024

56	PENTOXIFYLLINE [OXPENTIFYLLINE] (↑ subsidy) Tab 400 mg.....	44.37	50	✓Trental 400
58	BOSENTAN – Special Authority see SA2254 – Retail pharmacy (↓ subsidy) Tab 62.5 mg..... Tab 125 mg.....	100.00 100.00	60 60	✓Bosentan Dr Reddy's ✓Bosentan Dr Reddy's
97	AMOXICILLIN WITH CLAVULANIC ACID (↑ subsidy) Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml – Up to 200 ml available on a PSO	4.65	100 ml OP	✓Curam
132	APREPITANT – Special Authority see SA0987 – Retail pharmacy (↓ subsidy) Cap 2 × 80 mg and 1 × 125 mg	21.90	3 OP	✓Emend Tri-Pack
135	PERICYAZINE – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Tab 2.5 mg..... Tab 10 mg.....	13.61 48.45	100 100	✓Neulactil ✓Neulactil
141	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↑ subsidy) Inj 1 mg per ml, 5 ml ampoule	7.80	10	✓Midazolam-Baxter
141	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (↓ subsidy) Inj 5 mg per ml, 3 ml ampoule	4.75	5	✓Midazolam-Baxter
153	CISPLATIN – PCT only – Specialist (↑ subsidy) Inj 1 mg for ECP	0.31	1 mg	✓Baxter
283	AMINOACID FORMULA WITHOUT METHIONINE – Special Authority see SA2357 – Hospital pharmacy [HP3] (↑ subsidy) Powder (neutral), can	480.42	500 g OP	✓XMET Maxamum
283	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA2357 – Hospital pharmacy [HP3] (↑ subsidy) Powder (neutral), can	454.71	500 g OP	✓MSUD Maxamum

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 August 2024

9	OMEPRAZOLE * Inj 40 mg ampoule with diluent Note – delisting revoked.	37.38	5	✓ Oeicure S29
10	DIAZOXIDE – Special Authority see SA1320 – Retail pharmacy Oral liq 50 mg per ml	620.00	30 ml OP	✓ Proglycem S29
26	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	35.89	50	✓ Micolette-S29 S29
33	ALFACALCIDOL * Cap 1 mcg.....	87.98	100	✓ One-Alpha S29 S29
49	ATENOLOL * Oral liq 25 mg per 5 ml	38.20 21.25	300 ml OP 300 ml OP	✓ Essential Generics S29 ✓ Atenolol AFT S29 S29
50	LABELALOL * Inj 5 mg per ml, 20 ml vial	42.29 (48.20)	1	Alvogen S29
52	FUROSEMIDE [FRUSEMIDE] * Tab 500 mg.....	89.48 169.96	50 100	✓ Furosemid-Ratiopharm S29 ✓ Furosemid-Ratiopharm S29
53	BUMETANIDE * Tab 1 mg.....	4.91	30	✓ Burinex S29 S29
55	ACIPIMOX * Cap 250 mg	21.56	30	✓ Olbetam S29 S29
56	COLESTIPOL HYDROCHLORIDE Grans for oral liq 5 g.....	32.89	30	✓ Colestid
84	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule.....	5.98	5	✓ Oxytocin GH S29
86	TESTOSTERONE CIPIONATE Inj 100 mg per ml, 10 ml vial	393.00	1	✓ Taro-Testosterone S29
100	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml ampoule – Subsidy by endorsement.....	182.00	10	✓ Teligent S29
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 RPPP			

▲ 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 August 2024 (continued)

120	BENZBROMARONE – Special Authority see SA196 – Retail pharmacy Tab 100 mg.....	13.50	30	✓ Desuric S29 ✓ Urinorm S29 ✓ Benzbromaron AL S29
		45.00	100	
132	PREGABALIN Note: Not subsidised in combination with subsidised gabapentin Cap 150 mg	12.44	56	✓ Milpharm S29
134	PHENOBARBITONE For phenobarbitone oral liquid refer Standard Formulae Tab 15 mg.....	40.00	500	✓ PSM
139	LEVOMEPROMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule	16.75	5	✓ Neuraxpharm S29 ✓ Nozinan S29 S29
147	ATOMOXETINE Cap 10 mg	18.41	28	✓ APO-Atomoxetine S29 S29 ✓ Generic Partners
	Cap 18 mg	27.06	28	✓ Generic Partners
	Cap 25 mg	29.22	28	✓ Generic Partners
	Cap 40 mg	29.22	28	✓ Generic Partners
	Cap 60 mg	46.51	28	✓ APO-Atomoxetine S29 S29 ✓ Generic Partners
	Cap 80 mg	56.45	28	✓ APO-Atomoxetine S29 S29 ✓ Generic Partners
	Cap 100 mg	58.48	28	✓ APO-Atomoxetine S29 S29 ✓ Generic Partners
154	NICOTINE a) Nicotine will not be funded in amounts less than 4 weeks of treatment. b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A. Patch 7 mg for direct distribution only – [Xpharm].....	4.13	7	✓ Habitrol
155	MELPHALAN Inj 50 mg – PCT only – Specialist	48.25	1	✓ Alkeran S29 S29
160	DACARBAZINE – PCT only – Specialist Inj 200 mg vial.....	580.60	10	✓ Dacarbazine APP S29
160	DOXORUBICIN HYDROCHLORIDE – PCT only – Specialist Inj 2 mg per ml, 100 ml vial	69.99	1	✓ Accord S29
165	TEMOZOLOMIDE – Special Authority see SA2275 – Retail pharmacy Cap 180 mg	620.00	14	✓ Accord S29
167	VINORELBINE Inj 10 mg per ml, 5 ml vial – PCT only – Specialist.....	328.65	1	✓ Sagent S29

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 August 2024 (continued)

210	MEPOLIZUMAB – Special Authority see SA2331 – Retail pharmacy Inj 100 mg vial.....	1,638.00	1	✓ Nucala
251	CHLORPHENIRAMINE MALEATE * Oral liq 2 mg per 5 ml.....	9.37	500 ml	✓ Histafen
253	SALBUTAMOL Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO.....	51.11	20	✓ Accord S29
265	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓BSF Max Health ✓BSF Methylphenidate ER - Teva
	a) May only be claimed once per patient. b) The Pharmacode for BSF Max Health is 267790 c) The Pharmacode for BSF Methylphenidate ER - Teva is 2677822			
277	RENAL ENTERAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid.....	6.08	500 ml OP	✓Nepro HP RTH

▲ 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

48	FLECAINIDE ACETATE ▲ Tab 50 mg.....	19.95	60	✓ Flecatab \$29
50	NIFEDIPINE * Tab long-acting 30 mg.....	10.24	30	✓ Nifedipine Viatris \$29
72	POVIDONE IODINE Skin preparation, povidone iodine 10% with 70% alcohol.....	1.63 (7.78)	100 ml	Pfizer

Effective 1 November 2024

85	TESTOSTERONE Patch 5 mg per day	225.00	30	✓ Androderm
264	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Noumed Phenobarbitone is 2684756.	4.50	1 fee	✓ BSF Noumed Phenobarbitone

Effective 1 January 2025

51	CLONIDINE HYDROCHLORIDE * Inj 150 mcg per ml, 1 ml ampoule.....	29.68	10	✓ Medsurge
133	HYOSCINE HYDROBROMIDE Patch 1 mg per 72 hours – Special Authority see SA1998 – Retail pharmacy	17.70	2	✓ Scopoderm TTS
135	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Oral liq 1 mg per ml..... Note – this delist applies to the 100 ml bottle pack only.	17.80	100 ml	✓ Risperon
154	LOMUSTINE – PCT – Retail pharmacy-Specialist Cap 10 mg	132.59	20	✓ CeeNU
	Cap 40 mg	399.15	20	✓ CeeNU
261	BIMATOPROST * Eye drops 0.03%	5.95	3 ml OP	✓ Bimatoprost Multichem
263	NAPHAZOLINE HYDROCHLORIDE * Eye drops 0.1%	4.15	15 ml OP	✓ Naphcon Forte
284	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Liquid (unflavoured)..... Liquid (juicy citrus) 62.5 ml..... Liquid (juicy orange) 62.5 ml.....	13.10 939.00 939.00	125 ml OP 60 OP 60 OP	✓ PKU Anamix Junior LQ ✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 10

\$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

Effective 1 February 2025

160	LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA2047			
	Wastage claimable			
	Cap 5 mg	5,122.76	28	✓ Revlimid
	Cap 10 mg	4,655.25	21	✓ Revlimid
		6,207.00	28	✓ Revlimid
	Cap 15 mg	5,429.39	21	✓ Revlimid
		7,239.18	28	✓ Revlimid
	Cap 25 mg	7,627.00	21	✓ Revlimid

▲ 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	
ACIPIMOX.....	25
ADRENALINE.....	16
Albalon.....	17
ALFACALCIDOL.....	25
Alkeran S29.....	26
Alphamox.....	25
Alvogen.....	25
AMINOACID FORMULA WITHOUT ISOLEUCINE, METHIONINE, THREONINE AND VALINE.....	18
AMINOACID FORMULA WITHOUT LYSINE.....	18
AMINOACID FORMULA WITHOUT METHIONINE.....	18, 21, 24
AMINOACID FORMULA WITHOUT METHIONINE, THREONINE AND VALINE.....	18
AMINOACID FORMULA WITHOUT PHENYLALANINE.....	18, 28
AMINOACID FORMULA WITHOUT PHENYLALANINE AND TYROSINE.....	18
AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE.....	18, 21, 24
AMOXICILLIN.....	25
AMOXICILLIN WITH CLAVULANIC ACID.....	24
Androderm.....	28
APO-Atomoxetine S29.....	26
APREPITANT.....	24
ATENOLOL.....	25
Atenolol AFT S29.....	25
ATOMOXETINE.....	26
B	
Benzbromaron AL.....	26
BENZBROMARONE.....	26
BIMATOPROST.....	17, 28
Bimatoprost Multichem.....	28
BORTEZOMIB.....	20
BOSENTAN.....	24
Bosentan Dr Reddy's.....	24
BSF Max Health.....	27
BSF Methylphenidate ER - Teva.....	27
BSF Noumed Phenobarbitone.....	17, 28
BUMETANIDE.....	25
Burinex S29.....	25
C	
CALCIUM FOLINATE.....	16
CAPSAICIN.....	16
Catapres.....	16
CeeNU.....	28
CHLORPHENIRAMINE MALEATE.....	27
CISPLATIN.....	24
CLONIDINE HYDROCHLORIDE.....	16, 28
Colestid.....	25
COLESTIPOPOL HYDROCHLORIDE.....	25
Curam.....	24
D	
DACARBAZINE.....	26
Dacarbazine APP.....	26
DBL Bortezomib.....	20
Desuric.....	26
DIAZOXIDE.....	25
DIPHTHERIA, TETANUS, PERTUSSIS, POLIO, HEPATITIS B AND HAEMOPHILUS INFLUENZAE TYPE B VACCINE.....	22
DOXORUBICIN HYDROCHLORIDE.....	26
E	
ELEMENTAL FEED WITH HIGH MEDIUM CHAIN TRIGLYCERIDES.....	18
Emend Tri-Pack.....	24
Emsogen.....	18
Energivit.....	18
Engerix-B.....	23
ESSENTIAL AMINO ACID FORMULA.....	18
Essential Amino acid Mix.....	18
Eurofolic.....	16
F	
FLECAINIDE ACETATE.....	28
Flecatab.....	28
FRUSEMIDE.....	25
FUROSEMIDE [FRUSEMIDE].....	25
Furosemid-Ratiopharm.....	25
G	
GA1 Anamix Infant.....	18
GA1 Anamix Junior.....	18
GENTAMICIN SULPHATE.....	25
GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE.....	18
H	
Habitrol.....	26
HCU Anamix Infant.....	18
HCU Anamix Junior.....	18
HCU Anamix Junior LQ.....	18
HCU Lophlex LQ.....	18
HEPATITIS B RECOMBINANT VACCINE.....	23
Histafen.....	27
HYOSCINE HYDROBROMIDE.....	28
I	
Infanrix-hexa.....	22
IPRATROPIUM BROMIDE.....	17
L	
LABETALOL.....	25
LENALIDOMIDE.....	20, 29

Index

Pharmaceuticals and brands

LLENALIDOMIDE (REVLIMID).....	20	PHENOBARBITONE.....	20, 26
Lenalidomide Viatrix.....	16	PKU Anamix Junior LQ.....	28
LLENALIDOMIDE (VIATRIS).....	16	PKU First Spoon.....	18
LEVOMEPRMAZINE HYDROCHLORIDE.....	26	PKU GMPro 20 Vanilla.....	18
LOMUSTINE.....	28	PKU GMPro LQ.....	18
Lumigan.....	17	PKU GMPro Mix-In.....	18
M		PKU Lophlex LQ 10.....	28
MAR-Midodrine.....	19	POMALIDOMIDE.....	17
MELPHALAN.....	26	Pomolide.....	17
MEPOLIZUMAB.....	27	POVIDONE IODINE.....	28
Micolette-S29.....	25	PREGABALIN.....	26
MIDAZOLAM.....	24	Proglycem.....	25
Midazolam-Baxter.....	24	PROTEIN FREE SUPPLEMENT CONTAINING CARBOHYDRATE, FAT WITH ADDED VITAMINS AND MINERALS.....	18
MIDODRINE.....	19	R	
MMA/PA Anamix Infant.....	18	RENAL ENTERAL FEED 1.8 KCAL/ML.....	27
MMA/PA Anamix Junior.....	18	Revlimid.....	20, 29
MSUD Anamix Infant.....	18	Risperdal.....	19
MSUD Anamix Junior.....	18	RISPERIDONE.....	19, 28
MSUD Anamix Junior LQ.....	18	Risperon.....	28
MSUD Lophlex LQ 20.....	18	S	
MSUD Maxamum.....	21, 24	SALBUTAMOL.....	27
N		Scopoderm TTS.....	28
NAPHAZOLINE HYDROCHLORIDE.....	17, 28	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE.....	25
Naphcon Forte.....	28	T	
Nepro HP RTH.....	27	Taro-Testosterone.....	25
Neulactil.....	24	Telgent.....	25
Neuraxpharm.....	26	TEMOZOLOMIDE.....	26
NICORANDIL.....	20	TESTOSTERONE.....	28
NICOTINE.....	26	TESTOSTERONE CIPIONATE.....	25
NIFEDIPINE.....	28	THALIDOMIDE.....	21
Nifedipine Viatrix.....	28	Thalomid.....	21
Noumed Phenobarbitone.....	20	Trental 400.....	24
Nozinan S29.....	26	TYR Anamix Infant.....	18
Nucala.....	27	TYR Anamix Junior.....	18
O		TYR Anamix Junior LQ.....	18
Ocicure.....	25	TYR Lophlex LQ 20.....	18
OCTREOTIDE.....	17	U	
Olbetam S29.....	25	Urinorm.....	26
OMEPRAZOLE.....	25	V	
One-Alpha S29.....	25	VINORELBINE.....	26
OXPENTIFYLLINE.....	24	X	
Oxycodone Amneal.....	20	XMET Maxamum.....	21, 24
OXYCODONE HYDROCHLORIDE.....	20	Z	
OXYTOCIN.....	25	Zo-Rub HP.....	16
Oxytocin GH.....	25	Zo-Rub Osteo.....	16
P			
PENTOXIFYLLINE [OXPENTIFYLLINE].....	24		
PERICYAZINE.....	24		
PHARMACY SERVICES.....	17, 27, 28		

