

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-to-white gradient with a large, intricate, white geometric pattern of concentric, overlapping lines that form a complex, maze-like or cellular structure.

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

September 2024

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# Summary of Pharmac decisions

EFFECTIVE 1 SEPTEMBER 2024

## New listings (pages 17-18)

- Potassium chloride (LumaCina) inj 75 mg per ml, 10 ml
- Intra-uterine device (TCu 380 Plus Normal) IUD 33.6 mm length × 29.9 mm width – Up to 40 dev available on a PSO and only on a PSO
- Norethisterone (Norethinderone - CDC) tab 350 mcg – Up to 84 tab available on a PSO, S29 and wastage claimable
- Isoniazid (Isoniazid Teva) tab 100 mg – Retail pharmacy-Specialist, no patient co-payment payable, s29 and wastage claimable
- Risperidone (Risperdal) tab 1 mg and 3 mg – Safety medicine; prescriber may determine dispensing frequency
- Naltrexone hydrochloride (Revia) tab 50 mg – Special Authority – Retail pharmacy, s29 and wastage claimable
- Carmustine (Novadoz) inj 100 mg vial – PCT only – Specialist and s29
- Mitomycin C (Mitomycin (Fresenius Kabi) and Mitomycin (Sagent)) inj 5 mg vial – PCT only – Specialist, s29
- Temozolomide (Temozolomide-Taro) cap 5 mg – Special Authority – Retail pharmacy, s29 and wastage claimable
- Pharmacy services (BSF Eltroxin, BSF Lenalidomide (Viatris) and BSF Pomolide) brand switch fee – may only be claimed once per patient
- Aminoacid formula without valine, leucine and isoleucine (MSUD Maxamum) powder (neutral), can, 500 g OP – Special Authority – Hospital pharmacy [HP3]
- Aminoacid formula without phenylalanine (PKU Start) powder (neutral), 400 g can, 4 OP – Special Authority – Hospital pharmacy [HP3]
- Low calcium infant formula (Locasol) powder, 400 g OP – Special Authority – Hospital pharmacy [HP3]

## Changes to restrictions (pages 19-20)

- Levothyroxine (Eltroxin) tablet 50 mcg and 100 mcg – new formulation and addition of brand switch fee
- 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
- Lenalidomide (viatris) (Lenalidomide Viatris) cap 5 mg, 10 mg, 15 mg and 25 mg – addition of brand switch fee
- Pegaspargase (Oncaspar LYO) inj 750 iu per ml, 5 ml vial – removal of s29
- Pomalidomide (Pomolide) cap 1 mg, 2 mg, 3 mg and 4 mg – addition of brand switch fee

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

- Wasp venom allergy treatment (Albey) treatment kit (Paper wasp venom) - 1 vial 550 mcg freeze dried polistes venom, 1 diluent 9 ml, 3 diluent 1.8 ml, 1 OP and treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, 3 diluent 1.8 ml, 1 OP – amended presentation description
- Aminoacid formula without valine, leucine and isoleucine (MSUD Maxamum) powder (orange), 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

### Increased subsidy (pages 21-26)

- Lansoprazole (Lanzol Relief) cap 30 mg
  - Acarbose (Accarb) tab 50 mg and 100 mg
  - Bisacodyl (Lax-Suppositories) suppos 10 mg
  - Miconazole (Decozol) oral gel 20 mg per g, 40 g OP
  - Ferrous fumarate (Ferro-tab) tab 200 mg (65 mg elemental)
  - Ramipril (Tryzan) cap 1.25 mg, 2.5 mg, 5 mg and 10 mg
  - Candesartan cilexetil (Candestar) tab 4 mg, 8 mg and 16 mg
  - Atropine sulphate (Martindale) inj 600 mcg per ml, 1 ml ampoule
  - Disopyramide phosphate (Rythmodan – Cheplafarm) cap 100 mg
  - Atenolol tab 50 mg (Viatrix) and tab 100 mg (Atenolol Viatrix)
  - Felodipine tab long-acting 2.5 mg (Plendil ER), tab long-acting 5 mg (Felo 5 ER) and tab long-acting 10 mg (Felo 10 ER)
  - Clonidine hydrochloride (Catapres) tab 150 mcg
  - Furosemide [frusemide] (IPCA-Frusemide) tab 40 mg
  - Tretinoin (ReTrieve) crm 0.5 mg per g, 50 g OP
  - Sodium fusidate [fusidic acid] (Foban) crm 2%, 5 g OP and oint 2%, 5 g OP
  - Crotamiton (Itch-Soothe) crm 10%, 20 g OP
  - Betamethasone valerate crm 0.1%, 50 g OP (Beta Cream), oint 0.1%, 50 g OP (Beta Ointment) and scalp app 0.1%, 100 ml OP (Beta Scalp)
  - Mometasone furoate crm 0.1%, 15 g OP and 50 g OP (Elocon Alcohol Free), oint 0.1%, 15 g OP and 50 g OP (Elocon) and lotn 0.1%, 30 ml OP (Elocon)
  - Hydrocortisone with miconazole (Micreme H) crm 1% with miconazole nitrate 2%, 15 g OP
  - Cetomacrogol (Cetomacrogol-AFT) crm BP, 500 g
-

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

- Condoms (Moments) 49 mm, 53 mm, 10 and 144 pack, 53 mm, 0.05 mm thickness, 10 and 144 pack, 53 mm, chocolate, brown, 10 and 144 pack, 53 mm, strawberry, red, 10 and 144 pack, 56 mm, 10 and 144 pack, 56 mm, 0.08 mm thickness, 10 and 144 pack, 56 mm, 0.08 mm thickness, red, 10 and 144 pack
  - Dexamethasone (Dexmethsone) tab 0.5 mg and 4 mg
  - Somatropin (omnitrope) (Omnitrope) inj 5 mg and 10 mg cartridge
  - Flucloxacillin (AFT) grans for oral liq 25 mg and 50 mg per ml, 100 ml
  - Phenoxyethylpenicillin (penicillin V) (Cilicaine VK) cap 250 mg and 500 mg
  - Trimethoprim (TMP) tab 300 mg
  - Trimethoprim with sulphamethoxazole [co-trimoxazole] (Trisul) tab trimethoprim 80 mg and sulphamethoxazole 400 mg
  - Valaciclovir (Vaclovir) tab 500 mg and 1,000 mg
  - Valganciclovir (Valganciclovir Viatris) tab 450 mg
  - Nevirapine (Nevirapine Viatris) tab 200 mg
  - Lopinavir with ritonavir (Lopinavir/Ritonavir Mylan) tab 200 mg with ritonavir 50 mg
  - Neostigmine metilsulfate (Max Health) inj 2.5 mg per ml, 1 ml ampoule
  - Diclofenac sodium (Diclofenac Sandoz) tab EC 25 mg and 50 mg
  - Naproxen tab 250 mg (Noflam 250), tab 500 mg (Noflam 500), tab long-acting 750 mg (Naprosyn SR 750) and tab long-acting 1 g (Naprosyn SR 1000)
  - Orphenadrine citrate (Norflex) tab 100 mg
  - Levodopa with carbidopa tab 100 mg with carbidopa 25 mg and tab 250 mg with carbidopa 25 mg (Sinemet) and tab long-acting 200 mg with carbidopa 50 mg (Sinemet CR)
  - Methadone hydrochloride oral liq 2 mg per ml, 200 ml (Biodone), oral liq 5 mg per ml, 200 ml (Biodone Forte) and oral liq 10 mg per ml, 200 ml (Biodone Extra Forte)
  - Moclobemide (Aurorix) tab 150 mg and 300 mg
  - Cyclizine hydrochloride (Nausicalm) tab 50 mg
  - Lithium carbonate (Priadel) tab long-acting 400 mg
  - Lorazepam (Ativan) tab 1 mg and tab 2.5 mg
  - Zopiclone (Zopiclone Actavis) tab 7.5 mg
  - Cyclophosphamide (Endoxan) inj 1 g and 2 g vial
  - Methotrexate (Methotrexate Sandoz) inj 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg and 30 mg prefilled syringe
  - Pegaspargase (Oncaspar LYO) inj 750 iu per ml, 5 ml vial
  - Vincristine sulphate (DBL Vincristine Sulfate) inj 1 mg per ml, 1 ml vial
  - Aciclovir (VirusPOS) eye oint 3%, 4.5 g OP
-

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

- Dorzolamide with timolol (Dortimopt) eye drops 2% with timolol 0.5%, 5 ml OP
- Renal oral feed 2 kcal/ml (NovaSource Renal) liquid, 200 ml bottle, 4 OP

### **Decreased subsidy (pages 21-25)**

- Lansoprazole (Lanzol Relief) cap 15 mg
- Enoxaparin sodium inj 20 mg in 0.2 ml syringe, inj 40 mg in 0.4 ml syringe, inj 60 mg in 0.6 ml syringe, inj 80 mg in 0.8 ml syringe and inj 100 mg in 1 ml syringe (Clexane) and inj 120 mg in 0.8 ml syringe and inj 150 mg in 1 ml syringe (Clexane Forte)
- Candesartan cilexetil (Candestar) tab 32 mg
- Midodrine (Midodrine Medsurge and MAR-Midodrine) tab 2.5 mg and 5 mg
- Riluzole (Rilutek) tab 50 mg
- Budesonide (SteroClear) metered aqueous nasal spray, 50 mcg and 100 mcg per dose, 200 dose OP

## Tender News

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

<b>Chemical Name</b>	<b>Presentation; Pack size</b>	<b>PSS/SSS</b>	<b>PSS/SSS brand (and supplier)</b>
Erlotinib	Tab 100 mg; 30 tab	PSS	Alchemy (Alchemy)
Erlotinib	Tab 150 mg; 30 tab	PSS	Alchemy (Alchemy)
Rosuvastatin	Tab 5 mg; 30 tab	PSS	Rosuvastatin Viatrix (Viatrix)
Rosuvastatin	Tab 10 mg; 30 tab	PSS	Rosuvastatin Viatrix (Viatrix)
Trientine	Cap 250 mg; 100 cap	PSS	Trientine Waymade (Clinect)

## 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 October 2024

- Baclofen (Baclofen Sintetica) inj 2 mg per ml, 5 ml ampoule – new listing
- Dasatinib (Teva) tab 20 mg, 50 mg and 70 mg – new listing
- Dasatinib (Sprycel and Teva) tab 20 mg, 50 mg and 70 mg – amend Special Authority criteria
- Metronidazole (Metromed) tab 200 mg and tab 400 mg – new listing

### Possible decisions for future implementation 1 October 2024

- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amend Special authority criteria
- Posaconazole tab modified-release 100 mg (Posaconazole Juno) and oral liq 40 mg per ml, 105 ml OP (Devatis) – amend Special Authority criteria
- Voriconazole tab 50 mg and 200 mg (Vttack) and powder for oral suspension 40 mg per ml, 70 ml (Vfend) – amend Special Authority criteria

## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to September 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
<b>Amoxicillin</b>	Grans for oral liq 125 mg per 5 ml	Alphamox 125	2026
	Grans for oral liq 250 mg per 5 ml	Alphamox 250	
	<b>Cap 250 mg</b> Cap 500 mg	<b>Miro-Amoxicillin</b>	<b>2025</b>
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	APO-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

*\*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 September 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Betahistine 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
Bicalutamide	Tab 50 mg	Binarex	2026
Bisacodyl	Tab 5 mg	Bisacodyl Viatrix	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 Viatrix	2025
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg	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

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

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

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

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## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to September 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 (Viatriis)	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 Viatriis	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 September 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	Noumed Phenobarbitone	2025
	Tab 30 mg	Noumed Phenobarbitone	
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	Devatis	2025
	Tab modified-release 100 mg	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	Drofate	2027
	Tab 40 mg	IPCA-Propranolol	
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 September 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 September 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

**September 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.*



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Subsidy  
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## New Listings

Effective 1 September 2024

43	POTASSIUM CHLORIDE * Inj 75 mg per ml, 10 ml .....	65.00	50	✓ LumaCina
78	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 33.6 mm length × 29.9 mm width .....	26.80	1	✓ TCu 380 Plus Normal
80	NORETHISTERONE Tab 350 mcg – Up to 84 tab available on a PSO..... Wastage claimable	12.25	84	✓ Norethindrone - CDC <sup>\$29</sup>
105	ISONIAZID – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician * Tab 100 mg..... Wastage claimable	94.50	100	✓ Isoniazid Teva <sup>\$29</sup>
135	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 1 mg..... Tab 3 mg.....	2.44 4.50	60 60	✓ Risperdal ✓ Risperdal
147	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy Tab 50 mg..... Wastage claimable	138.88	50	✓ Revia <sup>\$29</sup>
151	CARMUSTINE – PCT only – Specialist Inj 100 mg vial.....	710.00	1	✓ Novadoz <sup>\$29</sup>
160	MITOMYCIN C – PCT only – Specialist Inj 5 mg vial.....	577.50	1	✓ Mitomycin (Fresenius Kabi) <sup>\$29</sup>
		526.00	1	✓ Mitomycin (Sagent) <sup>\$29</sup>
162	TEMOZOLOMIDE – Special Authority see SA2275 on the next page – Retail pharmacy Cap 5 mg .....	9.13	5	✓ Temozolomide-Taro <sup>\$29</sup>
262	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Eltroxin ✓ BSF Lenalidomide (Viatris) ✓ BSF Pomolide
	a) May only be claimed once per patient. b) The Pharmacode for BSF Eltroxin is 2689251 c) The Pharmacode for BSF Lenalidomide (Viatris) is 2689286 d) The Pharmacode for BSF Pomolide is 2689278			

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

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

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### New Listings – effective 1 September 2024 (continued)

281	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Powder (neutral), can .....	454.71	500 g OP	✓MSUD Maxamum
282	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Powder (neutral), 400 g can .....	715.16	4 OP	✓PKU Start
285	LOW CALCIUM INFANT FORMULA – Special Authority see SA1110 – Hospital pharmacy [HP3] Powder..... Note – this is a Pharmacode listing, 2684721.	46.18	400 g OP	✓Locasol

### Effective 1 August 2024

286	AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3] Powder.....	43.60	400 g OP	✓Alfamino
Note – this is a new Pharmcode listing, 2657953.				

### Effective 29 July 2024

211	OMALIZUMAB – Special Authority see SA1744 – Retail pharmacy Inj 150 mg prefilled syringe.....	450.00	1	✓Xolair AU
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## Changes to Restrictions, Chemical Names and Presentations Effective 1 September 2024

87	LEVOTHYROXINE (new formulation and addition of brand switch fee) * Tablet 50 mcg – <b>Brand switch fee payable (Pharmacode 2689251)</b> ..... 12.86	200	✓ <b>Eltroxin</b>
	* Tablet 100 mcg – <b>Brand switch fee payable (Pharmacode 2689251)</b> ..... 13.36	200	✓ <b>Eltroxin</b>
118	TERIPARATIDE – Special Authority see SA1139 – Retail pharmacy (removal of brand switch fee) Inj 250 mcg per ml, 2.4 ml – <del>Brand switch fee payable</del> (Pharmacode 2679701) ..... 195.00	1	✓ <b>Teriparatide - Teva</b>
146	DONEPEZIL HYDROCHLORIDE – <del>Brand switch fee payable (Pharmacode 2679728)</del> (removal of brand switch fee) * Tab 5 mg ..... 3.70	84	✓ <b>Ipca-Donepezil</b>
	* Tab 10 mg ..... 5.50	84	✓ <b>Ipca-Donepezil</b>
159	LENALIDOMIDE (VIATRIS) – Special Authority see SA2353 – Retail pharmacy – <b>Brand switch fee payable (Pharmacode 2689286)</b> (addition of brand switch fee) Cap 5 mg ..... 76.92	21	✓ <b>Lenalidomide Viatris</b>
	Cap 10 mg ..... 50.30	21	✓ <b>Lenalidomide Viatris</b>
	Cap 15 mg ..... 62.13	21	✓ <b>Lenalidomide Viatris</b>
	Cap 25 mg ..... 65.09	21	✓ <b>Lenalidomide Viatris</b>
162	PEGASPARGASE – PCT only – Special Authority see SA1979 (removal of s29) Inj 750 iu per ml, 5 ml vial ..... 3,973.25	1	✓ <b>Oncaspar LYO</b> <del>629</del>
162	POMALIDOMIDE – Special Authority see SA2354 – Retail pharmacy – <b>Brand switch fee payable (Pharmacode 2689278)</b> (addition of brand switch fee) Cap 1 mg ..... 47.45	14	✓ <b>Pomalide</b>
	71.18	21	✓ <b>Pomalide</b>
	Cap 2 mg ..... 94.90	14	✓ <b>Pomalide</b>
	142.35	21	✓ <b>Pomalide</b>
	Cap 3 mg ..... 142.35	14	✓ <b>Pomalide</b>
	213.53	21	✓ <b>Pomalide</b>
	Cap 4 mg ..... 189.81	14	✓ <b>Pomalide</b>
	284.71	21	✓ <b>Pomalide</b>
248	WASP VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy (amended presentation description) Treatment kit (Paper wasp venom) - 1 vial 550 mcg freeze dried <del>poister</del> <b>polistes</b> venom, 1 diluent 9 ml, + 3 diluent 1.8 ml ..... 382.23	1 OP	✓ <b>Albey</b>
	Treatment kit (Yellow jacket venom) - 1 vial 550 mcg freeze dried vespula venom, 1 diluent 9 ml, + 3 diluent 1.8 ml ..... 431.24	1 OP	✓ <b>Albey</b>
281	AMINOACID FORMULA WITHOUT VALINE, LEUCINE AND ISOLEUCINE – Special Authority see SA2357 – Hospital pharmacy [HP3] (amended presentation description) Powder ( <del>neutral</del> <b>orange</b> ), can ..... 454.71	500 g OP	✓ <b>MSUD Maxamum</b>
	Note – this applies to Pharmacode 469564.		

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

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

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

293	<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"> <li>1) Up to four doses for children <del>up to and</del> under the age of 10 years for primary immunisation; or</li> <li>2) An additional four doses (as appropriate) <del>are funded</del> for (re-)immunisation <del>for</del> of children under the age of 18 years <del>who are patients</del> post haematopoietic stem cell transplantation, <del>or chemotherapy; pre or post splenectomy; pre- or post solid organ transplant, renal dialysis and other severely immunosuppressive regimens; or</del></li> <li>3) <b>An additional four doses (as appropriate) for (re-)immunisation of children under the age of 10 years who are post chemotherapy; pre or post splenectomy; undergoing renal dialysis and other severely immunosuppressive regimens; or</b></li> <li>4) Up to five doses for children <del>up to and</del> under the age of 10 years receiving solid organ transplantation.</li> </ol> <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</p> <p>20-40mcg in 0.5ml syringe..... 0.00      10      ✓ <b>Infanrix-hexa</b></p>
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## Effective 1 August 2024

283	<p>GLYCOMACROPEPTIDE AND AMINO ACID CONTAINS SOME PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] (amended brand name)</p> <p>Powder (vanilla) 33.4 g sachets..... 936.00      30      ✓ <b>PKU GMP Pro 20 Ultra Vanilla</b></p>
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\$ Per

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## Changes to Subsidy and Manufacturer's Price

Effective 1 September 2024

9	LANSOPRAZOLE (↓ subsidy) * Cap 15 mg .....	4.04	100	✓ Lanzol Relief
9	LANSOPRAZOLE (↑ subsidy) * Cap 30 mg .....	5.43	100	✓ Lanzol Relief
11	ACARBOSE (↑ subsidy) * Tab 50 mg..... * Tab 100 mg.....	11.20 17.38	90 90	✓ Accarb ✓ Accarb
25	BISACODYL – Only on a prescription (↑ subsidy) * Suppos 10 mg.....	4.14	10	✓ Lax-Suppositories
31	MICONAZOLE (↑ subsidy) Oral gel 20 mg per g .....	5.19	40 g OP	✓ Decozol
34	FERROUS FUMARATE (↑ subsidy) * Tab 200 mg (65 mg elemental).....	3.49	100	✓ Ferro-tab
41	ENOXAPARIN SODIUM – Special Authority see SA2152 – Retail pharmacy (↓ subsidy) Inj 20 mg in 0.2 ml syringe .....	21.90	10	✓ Clexane
	Inj 40 mg in 0.4 ml syringe .....	29.74	10	✓ Clexane
	Inj 60 mg in 0.6 ml syringe .....	42.47	10	✓ Clexane
	Inj 80 mg in 0.8 ml syringe .....	56.62	10	✓ Clexane
	Inj 100 mg in 1 ml syringe .....	70.91	10	✓ Clexane
	Inj 120 mg in 0.8 ml syringe .....	88.11	10	✓ Clexane Forte
	Inj 150 mg in 1 ml syringe .....	100.70	10	✓ Clexane Forte
46	RAMIPRIL (↑ subsidy) * Cap 1.25 mg .....	17.25	90	✓ Tryzan
	* Cap 2.5 mg .....	16.50	90	✓ Tryzan
	* Cap 5 mg .....	16.88	90	✓ Tryzan
	* Cap 10 mg .....	17.63	90	✓ Tryzan
46	CANDESARTAN CILEXETIL (↑ subsidy) * Tab 4 mg.....	2.68	90	✓ Candestar
	* Tab 8 mg.....	2.67	90	✓ Candestar
	* Tab 16 mg.....	4.22	90	✓ Candestar
46	CANDESARTAN CILEXETIL (↓ subsidy) * Tab 32 mg.....	5.24	90	✓ Candestar
47	ATROPINE SULPHATE (↑ subsidy) * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	16.10	10	✓ Martindale
47	DISOPYRAMIDE PHOSPHATE (↑ subsidy) ▲ Cap 100 mg .....	55.90	84	✓ Rythmodan – Cheplafarm <b>S29</b>

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“certified exemption” by the prescriber or pharmacist

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## Changes to Subsidy and Manufacturer's Price – effective 1 September 2024 (continued)

48	MIDODRINE – Special Authority see SA1474 – Retail pharmacy (↓ subsidy) Tab 2.5 mg.....	36.68	100	✓ Midodrine Medsurge ✓ MAR-Midodrine <sup>\$29</sup>
	Tab 5 mg.....	58.88	100	✓ Midodrine Medsurge ✓ MAR-Midodrine <sup>\$29</sup>
48	ATENOLOL (↑ subsidy) * Tab 50 mg..... * Tab 100 mg.....	11.00 18.50	500 500	✓ Viatris ✓ Atenolol Viatris
50	FELODIPINE (↑ subsidy) * Tab long-acting 2.5 mg..... * Tab long-acting 5 mg..... * Tab long-acting 10 mg.....	2.18 6.57 6.95	30 90 90	✓ Plendil ER ✓ Felo 5 ER ✓ Felo 10 ER
50	CLONIDINE HYDROCHLORIDE (↑ subsidy) * Tab 150 mcg.....	40.41	100	✓ Catapres
51	FUROSEMIDE [FRUSEMIDE] (↑ subsidy) Tab 40 mg – Up to 30 tab available on a PSO.....	12.80	1,000	✓ IPCA-Frusemide
67	TRETINOIN (↑ subsidy) Crm 0.5 mg per g – Maximum of 50 g per prescription.....	16.82	50 g OP	✓ ReTrieve
68	SODIUM FUSIDATE [FUSIDIC ACID] (↑ subsidy) Crm 2%..... a) Maximum of 5 g per prescription b) Only on a prescription c) Not in combination Oint 2%..... a) Maximum of 5 g per prescription b) Only on a prescription c) Not in combination	1.69 1.69	5 g OP 5 g OP	✓ Foban ✓ Foban
69	CROTAMITON (↑ subsidy) a) Only on a prescription b) Not in combination Crm 10%.....	3.49	20 g OP	✓ Itch-Soothe
69	BETAMETHASONE VALERATE (↑ subsidy) * Crm 0.1%..... * Oint 0.1%.....	5.85 7.90	50 g OP 50 g OP	✓ Beta Cream ✓ Beta Ointment
70	MOMETASONE FUROATE (↑ subsidy) Crm 0.1 %..... Oint 0.1 %..... Lotn 0.1%.....	2.25 3.50 2.25 3.50 4.99	15 g OP 50 g OP 15 g OP 50 g OP 30 ml OP	✓ Elocon Alcohol Free ✓ Elocon Alcohol Free ✓ Elocon ✓ Elocon ✓ Elocon
70	HYDROCORTISONE WITH MICONAZOLE – Only on a prescription (↑ subsidy) * Crm 1% with miconazole nitrate 2%.....	2.85	15 g OP	✓ Micreme H

<sup>\$29</sup> 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

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Subsidy  
(Mnfr's price)  
\$ Per

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## Changes to Subsidy and Manufacturer's Price – effective 1 September 2024 (continued)

71	CETOMACROGOL (↑ subsidy) * Crm BP .....	2.29	500 g	✓ Cetomacrogol-AFT
75	BETAMETHASONE VALERATE (↑ subsidy) * Scalp app 0.1% .....	12.95	100 ml OP	✓ Beta Scalp
77	CONDOMS (↑ subsidy)			
	* 49 mm – Up to 144 dev available on a PSO .....	14.25	144	✓ Moments
	* 53 mm .....	1.15	10	✓ Moments
		14.25	144	✓ Moments
	a) Maximum of 60 dev per prescription			
	b) Up to 60 dev available on a PSO			
	* 53 mm, 0.05 mm thickness .....	1.15	10	✓ Moments
		14.25	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 53 mm, chocolate, brown .....	1.15	10	✓ Moments
		14.25	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 53 mm, strawberry, red .....	1.15	10	✓ Moments
		14.25	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm .....	1.15	10	✓ Moments
		14.50	144	✓ Moments
	a) Maximum of 60 dev per prescription			
	b) Up to 60 dev available on a PSO			
	* 56 mm, 0.08 mm thickness .....	1.15	10	✓ Moments
		14.25	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
	* 56 mm, 0.08 mm thickness, red .....	1.15	10	✓ Moments
		14.25	144	✓ Moments
	a) Up to 60 dev available on a PSO			
	b) Maximum of 60 dev per prescription			
84	DEXAMETHASONE (↑ subsidy)			
	* Tab 0.5 mg – Up to 60 tab available on a PSO .....	1.80	30	✓ Dexmethsone
	* Tab 4 mg – Up to 30 tab available on a PSO .....	3.18	30	✓ Dexmethsone
88	SOMATROPIN (OMNITROPE) – Special Authority see SA2032 – Retail pharmacy (↑ subsidy)			
	* Inj 5 mg cartridge .....	80.21	1	✓ Omnitrope
	* Inj 10 mg cartridge .....	80.21	1	✓ Omnitrope
97	FLUCLOXACILLIN (↑ subsidy)			
	Grans for oral liq 25 mg per ml .....	4.89	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable			
	Grans for oral liq 50 mg per ml .....	5.89	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable			

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

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

Check your Schedule for full details  
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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
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## Changes to Subsidy and Manufacturer's Price – effective 1 September 2024 (continued)

98	PHENOXYMETHYLPENICILLIN (PENICILLIN V) († subsidy)			
	Cap 250 mg – Up to 30 cap available on a PSO .....	7.68	50	✓ Cilicaine VK
	Cap 500 mg .....	13.72	50	✓ Cilicaine VK
	a) Up to 20 cap available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RFPF			
101	TRIMETHOPRIM († subsidy)			
	* Tab 300 mg – Up to 30 tab available on a PSO.....	27.83	50	✓TMP
101	TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] († subsidy)			
	* Tab trimethoprim 80 mg and sulphamethoxazole 400 mg – Up to 30 tab available on a PSO.....	115.74	500	✓Trisul
107	VALACICLOVIR († subsidy)			
	Tab 500 mg.....	9.64	30	✓Vaclovir
	Tab 1,000 mg.....	17.78	30	✓Vaclovir
107	VALGANCICLOVIR – Special Authority see SA1993 – Retail pharmacy († subsidy)			
	Tab 450 mg.....	140.89	60	✓Valganciclovir Viatris
111	NEVIRAPINE – Special Authority see SA2139 – Retail pharmacy († subsidy)			
	Tab 200 mg.....	198.25	60	✓ Nevirapine Viatris
112	LOPINAVIR WITH RITONAVIR – Special Authority see SA2139 – Retail pharmacy († subsidy)			
	Tab 200 mg with ritonavir 50 mg .....	875.00	120	✓Lopinavir/Ritonavir Mylan
115	NEOSTIGMINE METILSULFATE († subsidy)			
	Inj 2.5 mg per ml, 1 ml ampoule .....	48.25	10	✓Max Health
115	DICLOFENAC SODIUM († subsidy)			
	* Tab EC 25 mg .....	2.19	50	✓Diclofenac Sandoz
	* Tab EC 50 mg .....	2.19	50	✓Diclofenac Sandoz
115	NAPROXEN († subsidy)			
	* Tab 250 mg.....	39.23	500	✓Noflam 250
	* Tab 500 mg.....	34.45	250	✓Noflam 500
	* Tab long-acting 750 mg.....	10.40	28	✓Naprosyn SR 750
	* Tab long-acting 1 g.....	11.50	28	✓Naprosyn SR 1000
120	ORPHENADRINE CITRATE († subsidy)			
	Tab 100 mg.....	23.25	100	✓Norflex
121	LEVODOPA WITH CARBIDOPA († subsidy)			
	* Tab 100 mg with carbidopa 25 mg .....	26.49	100	✓Sinemet
	* Tab long-acting 200 mg with carbidopa 50 mg .....	44.99	100	✓Sinemet CR
	* Tab 250 mg with carbidopa 25 mg .....	39.49	100	✓Sinemet
121	RILUZOLE – Special Authority see SA1403 – Retail pharmacy († subsidy)			
	Wastage claimable			
	Tab 50 mg.....	117.00	56	✓Rilutek



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## Changes to Subsidy and Manufacturer's Price – effective 1 September 2024 (continued)

125	METHADONE HYDROCHLORIDE († subsidy)			
	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).			
	e) For methadone hydrochloride oral liquid refer Standard Formulae			
	Oral liq 2 mg per ml .....	7.80	200 ml	✓ Biodone
	Oral liq 5 mg per ml .....	7.80	200 ml	✓ Biodone Forte
	Oral liq 10 mg per ml .....	9.65	200 ml	✓ Biodone Extra Forte
128	MOCLOBEMIDE († subsidy)			
	* Tab 150 mg .....	23.60	60	✓ Aurorix
	* Tab 300 mg .....	38.50	60	✓ Aurorix
133	CYCLIZINE HYDROCHLORIDE († subsidy)			
	Tab 50 mg .....	0.66	10	✓ Nausicalm
135	LITHIUM CARBONATE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab long-acting 400 mg .....	82.80	100	✓ Priadel
138	LORAZEPAM – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 1 mg .....	10.20	250	✓ Ativan
	Tab 2.5 mg .....	13.13	100	✓ Ativan
142	ZOPICLONE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Tab 7.5 mg .....	21.85	500	✓ Zopiclone Actavis
151	CYCLOPHOSPHAMIDE († subsidy)			
	Inj 1 g vial – PCT – Retail pharmacy-Specialist .....	47.46	1	✓ Endoxan
	Inj 2 g vial – PCT only – Specialist .....	95.06	1	✓ Endoxan
155	METHOTREXATE († subsidy)			
	* Inj 7.5 mg prefilled syringe .....	29.17	1	✓ Methotrexate Sandoz
	* Inj 10 mg prefilled syringe .....	19.09	1	✓ Methotrexate Sandoz
	* Inj 15 mg prefilled syringe .....	24.53	1	✓ Methotrexate Sandoz
	* Inj 20 mg prefilled syringe .....	16.64	1	✓ Methotrexate Sandoz
	* Inj 25 mg prefilled syringe .....	20.72	1	✓ Methotrexate Sandoz
	* Inj 30 mg prefilled syringe .....	55.00	1	✓ Methotrexate Sandoz
162	PEGASPARGASE – PCT only – Special Authority see SA1979 († subsidy)			
	Inj 750 iu per ml, 5 ml vial .....	3,973.25	1	✓ Oncaspar LYO
164	VINCRIStINE SULPHATE († subsidy)			
	Inj 1 mg per ml, 1 ml vial – PCT – Retail pharmacy-Specialist ....	74.52	5	✓ DBL Vincristine Sulfate
256	BUDESONIDE (↓ subsidy)			
	Metered aqueous nasal spray, 50 mcg per dose .....	2.59	200 dose OP	✓ SteroClear
	Metered aqueous nasal spray, 100 mcg per dose .....	2.89	200 dose OP	✓ SteroClear

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

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Generic Mnfr  
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### Changes to Subsidy and Manufacturer's Price – effective 1 September 2024 (continued)

257	ACICLOVIR († subsidy) * Eye oint 3% .....	15.89	4.5 g OP	✓ <b>VirusPOS</b>
259	DORZOLAMIDE WITH TIMOLOL († subsidy) * Eye drops 2% with timolol 0.5% .....	3.58	5 ml OP	✓ <b>Dortimopt</b>
272	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] († subsidy) Liquid, 200 ml bottle .....	13.24	4 OP	✓ <b>NovaSource Renal</b>

### Effective 1 August 2024

86	OESTRADIOL († subsidy) Patch 25 mcg per day..... a) No more than 2 patch per week b) Only on a prescription	21.35	8	✓ <b>Lyllana</b> <b>\$29</b>
	Patch 50 mcg per day..... a) No more than 2 patch per week b) Only on a prescription	21.55	8	✓ <b>Lyllana</b> <b>\$29</b>
	Patch 75 mcg per day..... a) No more than 2 patch per week b) Only on a prescription	22.37	8	✓ <b>Lyllana</b> <b>\$29</b>
	Patch 100 mcg per day..... a) No more than 2 patch per week b) Only on a prescription	22.77	8	✓ <b>Lyllana</b> <b>\$29</b>

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## Delisted Items

Effective 1 September 2024

46	QUINAPRIL WITH HYDROCHLOROTHIAZIDE – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking quinapril with hydrochlorothiazide prior to 1 May 2022 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of quinapril with hydrochlorothiazide. Tab 10 mg with hydrochlorothiazide 12.5 mg..... 4.10 Tab 20 mg with hydrochlorothiazide 12.5 mg..... 5.25	30 30	✓ Accuretic 10 ✓ Accuretic 20
51	METHYLDOPA * Tab 250 mg..... 15.10 52.85	100 500	✓ Methyldopa Mylan ✓ Methyldopa Mylan S29 <b>S29</b>
	Note – this delist applies to Pharmacodes 2500167, 2603934 and 2567989		
54	SIMVASTATIN * Tab 80 mg..... 8.81	90	✓ Simvastatin Mylan
97	AMOXICILLIN Cap 250 mg ..... 43.45 a) Up to 30 cap available on a PSO b) Up to 10 x the maximum PSO quantity for RFPP	500	✓ Alphamox
98	FLUCLOXACILLIN Grans for oral liq 25 mg per ml ..... 3.29 a) Up to 200 ml available on a PSO b) Wastage claimable Grans for oral liq 50 mg per ml ..... 3.68 a) Up to 200 ml available on a PSO b) Wastage claimable	100 ml 100 ml	✓ AFT ✓ AFT
	Note – this delist applies to Pharmacodes 2072270 and 2072262.		
115	NAPROXEN * Tab 250 mg..... 32.69 * Tab 500 mg..... 28.71	500 250	✓ Noflam 250 ✓ Noflam 500
	Note – this delist applies to Pharmacode 319333 and 323071.		
252	SALBUTAMOL Aerosol inhaler, 100 mcg per dose CFC free – Up to 1000 dose available on a PSO..... 3.80	200 dose OP	✓ RespiGen
264	PHARMACY SERVICES * Brand switch fee..... 4.50	1 fee	✓ BSF Ipca-Donepezil ✓ BSF Teriparatide - Teva
	a) May only be claimed once per patient. b) The Pharmacode for BSF Ipca-Donepezil is 2679728 c) The Pharmacode for BSF Teriparatide - Teva is 2679701		
282	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Powder (neutral)..... 178.79	400 g OP	✓ PKU Start

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**Delisted Items – effective 1 September 2024 (continued)**

301	<p>PNEUMOCOCCAL (PCV10) CONJUGATE VACCINE – [Xpharm]</p> <p>1) A primary course of three doses for previously unvaccinated individuals up to the age of 59 months inclusive Note: please refer to the Immunisation Handbook for the appropriate schedule for catch up programmes Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe.....</p>	0.00	10	✓Synflorix
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\$ Per

Brand or  
Generic Mnfr  
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## Items to be Delisted

### Effective 1 October 2024

8	<p>PREDNISOLONE SODIUM Rectal foam 20 mg per dose (14 applications) .....</p>	74.10	1 OP	<b>✓ Essential Prednisolone</b>
126	<p>OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency</p>	<p>Cap immediate-release 10 mg..... 3.32 Oral liq 5 mg per 5 ml..... 11.20</p>	<p>20 250 ml</p>	<b>✓ OxyNorm</b> <b>✓ OxyNorm</b>

### Effective 1 December 2024

126	<p>OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency</p>	<p>Cap immediate-release 5 mg ..... 1.88</p>	20	<b>✓ OxyNorm</b>
262	<p>PHARMACY SERVICES * Brand switch fee.....</p>	4.50	1 fee	<b>✓ BSF Eltroxin</b> <b>✓ BSF Lenalidomide (Viatris)</b> <b>✓ BSF Pomolide</b>
	<p>a) May only be claimed once per patient. b) The Pharmacode for BSF Eltroxin is 2689251 c) The Pharmacode for BSF Lenalidomide (Viatris) is 2689286 d) The Pharmacode for BSF Pomolide is 2689278</p>			

### Effective 1 February 2025

88	<p>SOMATROPIN (OMNITROPE) – Special Authority see SA2032 – Retail pharmacy * Inj 5 mg cartridge .....</p>	69.75	1	<b>✓ Omnitrope S29</b> <del>S29</del>
	<p>* Inj 10 mg cartridge .....</p>	69.75	1	<b>✓ Omnitrope S29</b> <del>S29</del>
	<p>* Inj 15 mg cartridge .....</p>	139.50	1	<b>✓ Omnitrope S29</b> <del>S29</del>
99	<p>GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement.....</p>	87.50	50	<b>✓ Pfizer</b>
	<p>Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.</p>			

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

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### Effective 1 March 2025

126	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Cap immediate-release 20 mg.....	5.23	20	✓OxyNorm
285	LOW CALCIUM INFANT FORMULA – Special Authority see SA1110 – Hospital pharmacy [HP3] Powder..... Note – this delist applies to Pharmacode 2601451.	46.18	400 g OP	✓Locasol

### Effective 1 July 2025

32	HYDROXOCOBALAMIN * Inj 1 mg per ml, 1 ml ampoule – Up to 6 inj available on a PSO.....	2.46	3	✓Vita-B12
261	CARBOMER – Special Authority see SA2134 – Retail pharmacy Ophthalmic gel 0.3%, 0.5 g.....	8.25	30	✓Poly-Gel

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