

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

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

October 2024

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# Summary of Pharmac decisions

EFFECTIVE 1 OCTOBER 2024

## New listings (pages 19-23)

- Omeprazole (Omeprazole Teva) cap 10 mg, 20 mg cap 40 mg
- Continuous glucose monitor (standalone) sensor (Freestyle Libre 2) – maximum of 29 dev will be funded per year and maximum of 7 dev per prescription and sensor (Dexcom ONE+) – maximum of 40 dev will be funded per year and maximum of 9 dev per prescription – Special Authority – Retail pharmacy and only on a prescription
- Continuous glucose monitor (interoperable) sensor (9) and transmitter, 1 OP (Dexcom G6) – maximum of 5 dev will be funded per year and maximum of 1 dev per prescription, sensor (Dexcom G7) – maximum of 40 dev will be funded per year and maximum of 9 dev per prescription and sensor (Freestyle Libre 3 Plus) – maximum of 28 dev will be funded per year and maximum of 6 dev per prescription – Special Authority – Retail pharmacy and only on a prescription
- Insulin pump with algorithm min basal rate 0.1 U/h (Tandem t:slim X2 with Control-IQ) and min basal rate 0.02 U/h (mylife YpsoPump with CamAPS FX) – Special Authority – Retail pharmacy, only on a prescription, maximum of 1 dev per prescription and maximum of 1 insulin pump per patient each four year period
- Insulin pump infusion set (steel cannula, straight insertion) (mylife Orbit micro) 5.5 mm steel cannula; straight insertion; 45 cm line x 10 with 10 needles, 5.5 mm steel needle; straight insertion; 60 cm line x 10 with 10 needles, 5.5 mm steel needle; straight insertion; 80 cm line x 10 with 10 needles, 8.5 mm steel needle; straight insertion; 60 cm line x 10 with 10 needles and 8.5 mm steel needle; straight insertion; 80 cm line x 10 with 10 needles, 1 OP – Special Authority – Retail pharmacy, maximum of 5 sets per prescription, only on a prescription and maximum of 19 infusion sets will be funded per year
- Insulin pump infusion set (teflon cannula, flexible insertion with insertion device) (mylife Inset soft) 6 mm teflon cannula; flexible insertion; insertion device; 46 cm line x 10 with 10 needles, 6 mm teflon cannula; flexible insertion; insertion device; 60 cm line with integrated inserter x 10 with 10 needles, 6 mm teflon cannula; flexible insertion; insertion device; 80 cm line x 10 with 10 needles, 9 mm teflon cannula; flexible insertion; insertion device; 60 cm line x 10 with 10 needles and 9 mm teflon cannula; flexible insertion; insertion device; 80 cm line x 10 with 10 needles, 1 OP – Special Authority – Retail pharmacy, only on a prescription, maximum of 5 sets per prescription and maximum of 19 infusion sets will be funded per year
- Insulin pump infusion set (teflon cannula, variable insertion) (VariSoft) 13 mm teflon cannula; variable insertion; 60 cm line x 10 with 10 needles, 1 OP – Special Authority – Retail pharmacy, only on a prescription, maximum of 5 sets per prescription and maximum of 19 infusion sets will be funded per year

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

- Insulin pump reservoir (mylife YpsoPump Reservoir) 10 x 1.6 ml glass reservoir for YpsoPump, 1 OP – Special Authority – Retail pharmacy, maximum of 9 sets per prescription, only on a prescription and maximum of 36 packs of reservoir sets will be funded per year
- Calcitriol (Calcitriol-AFT S29) cap 0.5 mcg – s29 and wastage claimable
- Heparin sodium inj 1,000 iu per ml, 5 ml ampoule (Wockhardt) and inj 1,000 iu per ml, 10 ml vial (Pfizer) – s29 and wastage claimable
- Intra-uterine device (Cu 375 Standard) IUD 35.5 mm length × 19.6 mm width – up to 40 dev available on a PSO and only on a PSO
- Ethinyloestradiol with norethisterone (Alyacen) tab 35 mcg with norethisterone 1 mg and 7 inert tab – s29, wastage claimable and up to 84 tab available on a PSO
- Gentamicin sulphate (Gentamicin Noridem) inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement, s29 and wastage claimable
- Metronidazole (Metronidamed) tab 200 mg – up to 30 tab available on a PSO and tab 400 mg – up to 15 tab available on a PSO
- Emtricitabine with tenofovir disoproxil (Teva) tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) – Subsidy by endorsement; can be waived by Special Authority
- Baclofen (Sintetica Baclofen Intrathecal) inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement
- Midazolam (Midazolam-Pfizer) inj 5 mg per ml, 1 ml plastic ampoule – safety medicine and up to 10 available on a PSO
- Dasatinib (Dasatinib-Teva) tab 20 mg, 50 mg and 70 mg – Special Authority – Retail pharmacy, wastage claimable
- Amino acid formula (Neocate SYNEO) powder (unflavoured), 400 g OP – Special Authority – Hospital pharmacy [HP3]
- Pharmacy services (BSF Alyacen, BSF Norethisterone – CDC, BSF Continuous glucose monitor (standalone) and BSF Continuous glucose monitor (interoperable)) brand switch fee and may only be claimed once per patient
- Oral feed 1.5kcal/ml (Ensure Plus) liquid (banana, chocolate, fruit of the forest and vanilla) 200 ml OP – Special Authority – Hospital pharmacy [HP3]

### Changes to restrictions (pages 24-32)

- Continuous glucose monitor (standalone) sensor (Freestyle Libre 2) and sensor (Dexcom ONE+) – addition of brand switch fee
- Continuous glucose monitor (interoperable) sensor (9) and transmitter (Dexcom G6), sensor (Dexcom G7) and sensor (Freestyle Libre 3 Plus) – addition of brand switch fee

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

- Insulin pump with algorithm (Tandem t:slim X2 with Basal-IQ) min basal rate 0.1 U/h – amended chemical name
- Insulin Pump Consumables – amended Special Authority criteria
- Insulin pump cartridge (Tandem Cartridge) cartridge 300 U, t:lock × 10, 1 OP – addition of stat dispensing and amended quantities
- Insulin pump infusion set (steel cannula) 6 mm steel needle; 60 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-864A), 6 mm steel needle; 80 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-866A), 8 mm steel needle; 60 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-874A) and 8 mm steel needle; 80 cm tubing × 10, 1 OP (MiniMed Sure-T MMT-876A) – addition of stat dispensing and amended quantities
- Insulin pump infusion set (steel cannula, straight insertion) (TruSteel) 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles and 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles, 1 OP – addition of stat dispensing and amended quantities
- Insulin pump infusion set (teflon cannula) 13 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Silhouette MMT-381A), 17 mm teflon needle, 110 cm tubing × 10, 1 OP (MiniMed Silhouette MMT-377A), 17 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Silhouette MMT-378A), 6 mm teflon needle, 110 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-398A), 6 mm teflon needle, 45 cm blue tubing × 10, 1 OP (MiniMed Mio MMT-941, 6 mm teflon needle, 45 cm pink tubing × 10, 1 OP (MiniMed Mio MMT-921A), 6 mm teflon needle, 60 cm blue tubing × 10, 1 OP (MiniMed Mio MMT-943A), 6 mm teflon needle, 60 cm pink tubing × 10, 1 OP (MiniMed Mio MMT-923A), 6 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-399A), 6 mm teflon needle, 80 cm blue tubing, 1 OP (MiniMed Mio MMT-945A), 6 mm teflon needle, 80 cm clear tubing × 10, 1 OP (MiniMed Mio MMT-965A), 6 mm teflon needle, 80 cm pink tubing × 10, 1 OP (MiniMed Mio MMT-925A), 9 mm teflon needle, 110 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-396A), 9 mm teflon needle, 60 cm tubing × 10, 1 OP (MiniMed Quick-Set MMT-397A) and 9 mm teflon needle, 80 cm clear tubing × 10, 1 OP (MiniMed Mio MMT-975A) – addition of stat dispensing and amended quantities
- Insulin pump infusion set (teflon cannula, angle insertion with insertion device) (AutoSoft 30) 13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles and 13 mm teflon cannula; angle insertion; insertion device; 60 cm line × 10 with 10 needles, 1 OP – addition of stat dispensing and amended quantities

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

- Insulin pump infusion set (teflon cannula, straight insertion with insertion device) (AutoSoft 90) 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles, 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles, 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles and 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles, 1 OP – addition of stat dispensing and amended quantities
- Insulin pump reservoir 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps, 1 OP (ADR Cartridge 1.8) and cartridge for 7 series pump; 3.0 ml × 10, 1 OP (MiniMed 3.0 Reservoir MMT-332A) – addition of stat dispensing and amended quantities
- Ethinyloestradiol with norethisterone (Brevinor 1/28, Alyacen, Brevinor-1 28 Day and Norimin-1 28 Day) tab 35 mcg with norethisterone 1 mg and 7 inert tab – addition of brand switch fee
- Norethisterone (Norethinderone - CDC and Noriday 28) tab 350 mcg – addition of brand switch fee payable
- Posaconazole tab modified-release 100 mg (Posaconazole Juno) and oral liq 40 mg per ml, 105 ml OP (Devatis) – amended Special Authority criteria
- Voriconazole tab 50 mg and 200 mg (Vttack) and powder for oral suspension 40 mg per ml, 70 ml (Vfend) – amended Special Authority criteria
- Dasatinib (Sprycel and Dasatinib-Teva) tab 20 mg, 50 mg and 70 mg – amended Special Authority criteria
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

### Increased subsidy (pages 33-35)

- Alginic acid (Gaviscon Infant) sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet
- Glipizide (Minidiab) tab 5 mg
- Insulin pump with algorithm (Tandem t:slim X2 with Basal-IQ) min basal rate 0.1 U/h
- Insulin pump cartridge (Tandem Cartridge) cartridge 300 U, t:lock × 10, 1 OP
- Insulin pump infusion set (steel cannula, straight insertion) (TruSteel) 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles, 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles and 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles, 1 OP

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

- Insulin pump infusion set (teflon cannula, angle insertion with insertion device) (AutoSoft 30) 13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles and 13 mm teflon cannula; angle insertion; insertion device; 60 cm line × 10 with 10 needles, 1 OP
- Insulin pump infusion set (teflon cannula, straight insertion with insertion device) (AutoSoft 90) 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles, 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles, 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles and 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles, 1 OP
- Quinapril tab 5 mg (Arrow-Quinapril 5), tab 10 mg (Arrow-Quinapril 10) and tab 20 mg (Arrow-Quinapril 20)
- Bezafibrate tab 200 mg (Bezalip) and tab long-acting 400 mg (Bezalip Retard)
- Povidone iodine (Riodine) antiseptic solution 10%, 100 ml
- Somatropin (Omnitrope) inj 5 mg and 10 mg cartridge
- Ornidazole (Arrow-Ornidazole) tab 500 mg
- Rivastigmine patch 4.6 mg per 24 hour (Rivastigmine Patch BNM 5) and patch 9.5 mg per 24 hour (Rivastigmine Patch BNM 10)
- Cyclophosphamide (Baxter) inj 1 mg for ECP
- Ciprofloxacin (Ciprofloxacin Teva) eye drops 0.3%, 5 ml OP
- Latanoprost (Teva) eye drops 0.005%, 2.5 ml OP
- Brimonidine tartrate (Arrow-Brimonidine) eye drops 0.2%, 5 ml OP

### **Decreased subsidy (pages 34-35)**

- Aqueous cream (Evara) crm, 500 g
- Azacitidine inj 100 mg vial (Azacitidine Dr Reddy's) and inj 1 mg for ECP (Baxter)
- Calcium folinate (Leucovorin DBL) inj 300 mg

## Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Ciprofloxacin	Tab 250 mg; 28 tab	PSS	Ipca-Ciprofloxacin (Miro)
Ciprofloxacin	Tab 500 mg; 28 tab	PSS	Ipca-Ciprofloxacin (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 November 2024

- Bendamustine hydrochloride (Bendamustine Sandoz) inj 25 mg and 100 mg vial – new listing
- Nivolumab inj 10 mg per ml, 4 ml vial and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria
- Pemetrexed (Pemetrexed-AFT) inj 100 mg and 500 mg vial – new listing

### Possible decisions for future implementation 1 November 2024

- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled pen and syringe – amend Special Authority criteria
- Aripiprazole (Abilify Maintena) inj 300 mg and 400 mg vial – amend Special Authority criteria
- Bendamustine hydrochloride (Bendamustine Sandoz and Ribomustin) inj 25 mg and 100 mg vial – amend Special Authority criteria
- Cetuximab inj 5 mg per ml, 20 ml and 100 ml vial (Erbix) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria
- Etanercept (Enbrel) Inj 25 mg, inj 25 mg and 50 mg autoinjector and inj 50 mg prefilled syringe – amend Special Authority criteria
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria
- Iron (as ferric carboxymaltose) (Ferinject) inj 50 mg per ml, 10 ml vial – amend Special Authority criteria
- Oestradiol (EstroGel) gel (transdermal) 0.6 mg per g, 80 g OP – new listing
- Paliperidone (Invega Sustenna) inj 25 mg, 50 mg, 75 mg, 100 mg and 150 mg syringe – amend Special Authority criteria



### **Possible decisions for future implementation 1 November 2024 (continued)**

- Pemetrexed (Pemetrexed-AFT and Juno Pemetrexed) inj 100 mg and 500 mg vial  
– remove Special Authority criteria
- Risperidone (Risperdal Consta) inj 25 mg, 37.5 mg and 50 mg vial  
– amend Special Authority criteria
- Secukinumab (Cosentyx) Inj 150 mg per ml, 1 ml prefilled syringe  
– amend Special Authority criteria

## Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to October 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 250 mg Cap 500 mg	Alphamox 125	2026
		Alphamox 250	2026
		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	Ethics Aspirin EC Ethics Aspirin	2026
	Tab dispersible 300 mg		
Atazanavir sulphate	Cap 200 mg	Atazanavir Viatris Atazanavir Mylan	2025
	Cap 150 mg		
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	Azamun	2025
	Tab 50 mg		
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 October 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 October 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 Crn 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	Powder for oral soln	Electral	2025
Compound electrolytes with glucose [dextrose]	Soln with electrolytes, 1,000 ml OP	Hydralyte – Lemonade	2025
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Dabigatran	Cap 75 mg, 110 mg and 150 mg	Pradaxa	2026
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatris	2026
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	Noumed Dexamfetamine	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2025
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg Cap long-acting 120 mg	Cardizem CD Diltiazem CD Clinect	2027 2025
Dimethicone	Crn 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
Domperidone	Tab 10 mg	Domperidone Viatris	2025
Donepezil hydrochloride	Tab 5 mg and 10 mg	Ipca-Donepezil	2026
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Viatris	2025
Emulsifying ointment	Oint BP, 500 g	Emulsifying Ointment ADE	2026
Enalapril maleate	Tab 5 mg, 10 mg and 20 mg	Acetec	2026
Entecavir	Tab 0.5 mg	Entecavir	2026
<b>Erlotinib</b>	<b>Tab 100 mg &amp; 150 mg</b>	<b>Alchemy</b>	<b>2027</b>

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

Generic Name	Presentation	Brand Name	Expiry Date*
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
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 Viatrix	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

\*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 October 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Hyoscine Butylbromide	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Tab 200 mg	Relieve	2026
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
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 Viatris	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 Viatris	2027

*\*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 October 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025
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 October 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	
	Tab 500 mg-blister pack	Pacimol	2025
	Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Paracetamol (Ethics) Pamol	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	White soft, 450 g White soft, 2,500 g	EVARA White Soft Paraffin	2026
	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 October 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
<b>Rosuvastatin</b>	<b>Tab 5 mg, 10 mg, 20 mg &amp; 40 mg</b>	<b>Rosuvastatin Viatris</b>	<b>2026</b>
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 Viatris 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
Spirolactone	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 Viatris	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2026
Teriparatide	Inj 250 mcg per ml, 2.4 ml	Teriparatide – Teva	2025
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Soln for inhalation 60 mg per ml, 5 ml	Tobramycin BNM	2026

\*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 October 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
<b>Trientine</b>	<b>Cap 250 mg; 100 cap</b>	<b>Trientine Waymade</b>	<b>2025</b>
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

**October 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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## New Listings

Effective 1 October 2024

9	OMEPRAZOLE For omeprazole suspension refer Standard Formulae			
	* Cap 10 mg .....	2.06	90	✓ Omeprazole Teva
	* Cap 20 mg .....	2.02	90	✓ Omeprazole Teva
	* Cap 40 mg .....	3.18	90	✓ Omeprazole Teva

13	CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see SA2370 – Retail pharmacy			
	a) Only on a prescription			
	* Sensor (Freestyle Libre 2) .....	92.83	1	✓ Freestyle Libre 2
	a) Maximum of 29 dev will be funded per year			
	b) Maximum of 7 dev per prescription			
	* Sensor (Dexcom ONE+) .....	81.00	1	✓ Dexcom ONE+
	a) Maximum of 40 dev will be funded per year			
	b) Maximum of 9 dev per prescription			

► SA2370 Special Authority for Subsidy

Initial application – (type 1 diabetes) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Any of the following:

- 1 The patient has type 1 diabetes; or
- 2 The patient has permanent neonatal diabetes or specific monogenic diabetes subtypes with insulin deficiency, considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit; or
- 3 The patient has Type 3c diabetes considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit (Type 3c diabetes includes insulin deficiency due to pancreatectomy, insulin deficiency secondary to cystic fibrosis or pancreatitis); or
- 4 The patient has atypical inherited forms of diabetes.

Renewal – (type 1 diabetes) from any relevant practitioner. Approvals valid for 2 years where the patient is continuing to derive benefit according to the treatment plan agreed at induction.

13	CONTINUOUS GLUCOSE MONITOR (INTEROPERABLE) – Special Authority see SA2371 – Retail pharmacy			
	a) Only on a prescription			
	* Sensor (9) and transmitter (Dexcom G6) .....	990.00	1 OP	✓ Dexcom G6
	a) Maximum of 5 dev will be funded per year			
	b) Maximum of 1 dev per prescription			
	* Sensor (Dexcom G7) .....	110.00	1	✓ Dexcom G7
	a) Maximum of 40 dev will be funded per year			
	b) Maximum of 9 dev per prescription			
	* Sensor (Freestyle Libre 3 Plus) .....	99.46	1	✓ Freestyle Libre 3 Plus
	a) Maximum of 28 dev will be funded per year			
	b) Maximum of 6 dev per prescription			

► SA2371 Special Authority for Subsidy

Initial application – (type 1 diabetes) from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Both:

- 1 Any of the following:
  - 1.1 The patient has type 1 diabetes; or
  - 1.2 The patient has permanent neonatal diabetes or specific monogenic diabetes subtypes with insulin deficiency, considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit; or

*continued...*

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

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

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

continued...

1.3 The patient has Type 3c diabetes considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit (Type 3c diabetes includes insulin deficiency due to pancreatectomy, insulin deficiency secondary to cystic fibrosis or pancreatitis); or

1.4 The patient has atypical inherited forms of diabetes; and

2 In the opinion of the treating relevant practitioner the patient would benefit from an Automated Insulin Delivery (AID) system.

Renewal – (type 1 diabetes) from any relevant practitioner. Approvals valid for 2 years where the patient is continuing to derive benefit according to the treatment plan agreed at induction.

16 INSULIN PUMP WITH ALGORITHM – Special Authority see SA2367 – Retail pharmacy

a) Only on a prescription

b) Maximum of 1 dev per prescription

c) Maximum of 1 insulin pump per patient each four year period

Min basal rate 0.1 U/h.....	7,653.00	1	✓ Tandem t:slim X2 with Control-IQ
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Min basal rate 0.02 U/h.....	8,970.00	1	✓ mylife YpsoPump with CamAPS FX
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► SA2367 Special Authority for Subsidy

Initial application – (type 1 diabetes) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Any of the following:

1.1 The patient has type 1 diabetes; or

1.2 The patient has permanent neonatal diabetes or specific monogenic diabetes subtypes with insulin deficiency, considered by the treating endocrinologist as likely to benefit; or

1.3 The patient has Type 3c diabetes considered by the treating endocrinologist as likely to benefit (Type 3c diabetes includes insulin deficiency due to pancreatectomy, insulin deficiency secondary to cystic fibrosis or pancreatitis); or

1.4 The patient has atypical inherited forms of diabetes; and

2 Patient has been evaluated by a diabetes multidisciplinary team for their suitability for insulin pump therapy; and

3 In the opinion of the treating relevant practitioner the patient would benefit from an Automated Insulin Delivery (AID) system

Renewal – (type 1 diabetes) from any relevant practitioner. Approvals valid for 6 months where the patient is continuing to derive benefit according to the treatment plan agreed at induction.

21 INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA2380 – Retail pharmacy

a) Maximum of 5 sets per prescription

b) Only on a prescription

c) Maximum of 19 infusion sets will be funded per year

\* 5.5 mm steel cannula; straight insertion;

45 cm line x 10 with 10 needles .....	136.00	1 OP	✓ mylife Orbit micro
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\* 5.5 mm steel needle; straight insertion;

60 cm line x 10 with 10 needles .....	136.00	1 OP	✓ mylife Orbit micro
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\* 5.5 mm steel needle; straight insertion;

80 cm line x 10 with 10 needles .....	136.00	1 OP	✓ mylife Orbit micro
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\* 8.5 mm steel needle; straight insertion;

60 cm line x 10 with 10 needles .....	136.00	1 OP	✓ mylife Orbit micro
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\* 8.5 mm steel needle; straight insertion;

80 cm line x 10 with 10 needles .....	136.00	1 OP	✓ mylife Orbit micro
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## New Listings – effective 1 October 2024 (continued)

21	INSULIN PUMP INFUSION SET (TEFLON CANNULA, FLEXIBLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA2380 – Retail pharmacy a) Only on a prescription b) Maximum of 5 sets per prescription c) Maximum of 19 infusion sets will be funded per year * 6 mm teflon cannula; flexible insertion; insertion device; 46 cm line x 10 with 10 needles ..... 157.00 * 6 mm teflon cannula; flexible insertion; insertion device; 60 cm line with integrated inserter x 10 with 10 needles.... 157.00 * 6 mm teflon cannula; flexible insertion; insertion device; 80 cm line x 10 with 10 needles ..... 157.00 * 9 mm teflon cannula; flexible insertion; insertion device; 60 cm line x 10 with 10 needles ..... 157.00 * 9 mm teflon cannula; flexible insertion; insertion device; 80 cm line x 10 with 10 needles ..... 157.00	1 OP 1 OP 1 OP 1 OP 1 OP	✓ mylife Inset soft ✓ mylife Inset soft ✓ mylife Inset soft ✓ mylife Inset soft ✓ mylife Inset soft
22	INSULIN PUMP INFUSION SET (TEFLON CANNULA, VARIABLE INSERTION) – Special Authority see SA2380 – Retail pharmacy a) Only on a prescription b) Maximum of 5 sets per prescription c) Maximum of 19 infusion sets will be funded per year. * 13 mm teflon cannula; variable insertion; 60 cm line x 10 with 10 needles ..... 182.00	1 OP	✓ VariSoft
23	INSULIN PUMP RESERVOIR – Special Authority see SA2380 – Retail pharmacy a) Maximum of 9 sets per prescription b) Only on a prescription c) Maximum of 36 packs of reservoir sets will be funded per year * 10 x 1.6 ml glass reservoir for YpsoPump ..... 50.00	1 OP	✓ mylife YpsoPump Reservoir
32	CALCITRIOL * Cap 0.5 mcg..... 13.68 Wastage claimable	100	✓ Calcitriol-AFT S29 S29
42	HEPARIN SODIUM Inj 1,000 iu per ml, 5 ml ampoule..... 25.49 Wastage claimable Inj 1,000 iu per ml, 10 ml vial..... 127.44 Wastage claimable	10 25	✓ Wockhardt S29 ✓ Pfizer S29
79	INTRA-UTERINE DEVICE a) Up to 40 dev available on a PSO b) Only on a PSO * IUD 35.5 mm length × 19.6 mm width ..... 33.00	1	✓ Cu 375 Standard
80	ETHINYLOESTRADIOL WITH NORETHISTERONE Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO..... 12.25 Wastage claimable	84	✓ Alyacen S29

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

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

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

100	GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement.....91.90	50	✓Gentamicin Noridem <b>S29</b>
	a) Wastage claimable		
	b) Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.		
105	METRONIDAZOLE Tab 200 mg – Up to 30 tab available on a PSO.....25.86	250	✓Metronidamed
	Tab 400 mg – Up to 15 tab available on a PSO.....4.29	21	✓Metronidamed
110	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2138		
	a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP, should be applied using Special Authority SA2138.		
	b) Endorsement for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure): Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA2139 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber.		
	Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement, for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure), is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA2139.		
	There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the Pharmac website.		
	* Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate) .....	15.45	30 ✓Teva
121	BACLOFEN Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement.....490.91	10	✓Sintetica Baclofen Intrathecal
	Subsidised only for use in a programmable pump in patients where oral antispastic agents have been ineffective or have caused intolerable side effects and the prescription is endorsed accordingly.		
143	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 1 ml plastic ampoule – Up to 10 inj available on a PSO.....22.50	10	✓Midazolam-Pfizer
	On a PSO for status epilepticus use only. PSO must be endorsed for status epilepticus use only.		
167	DASATINIB – Special Authority see SA2385 – Retail pharmacy Wastage claimable Tab 20 mg.....132.88	60	✓Dasatinib-Teva
	Tab 50 mg.....304.13	60	✓Dasatinib-Teva
	Tab 70 mg.....415.75	60	✓Dasatinib-Teva
290	AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3] Powder (unflavoured) .....	55.61	400 g OP ✓Neocate SYNEO
	Note – this is a new Pharmacode listing, 2684713.		

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\$ Per

Brand or  
Generic Mnfr  
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## New Listings – effective 1 October 2024 (continued)

262	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓BSF Alyacen ✓BSF Norethindrone – CDC ✓BSF Continuous glucose monitor (standalone) ✓BSF Continuous glucose monitor (interoperable)
	a) May only be claimed once per patient. b) The Pharmacode for BSF Alyacen is 2692112 c) The Pharmacode for BSF Norethindrone - CDC is 2692120 d) The Pharmacode for BSF Continuous glucose monitor (standalone) is 2692139 e) The Pharmacode for BSF Continuous glucose monitor (interoperable) is 2692147			
281	ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.			
	Liquid (banana) – Higher subsidy of up to \$1.56 per 200 ml with Endorsement .....	0.72 (1.56)	200 ml OP	Ensure Plus
	Liquid (chocolate) – Higher subsidy of up to \$1.56 per 200 ml with Endorsement .....	0.72 (1.56)	200 ml OP	Ensure Plus
	Liquid (fruit of the forest) – Higher subsidy of \$1.56 per 200 ml with Endorsement .....	0.72 (1.56)	200 ml OP	Ensure Plus
	Liquid (vanilla) – Higher subsidy of up to \$1.56 per 200 ml with Endorsement .....	0.72 (1.56)	200 ml OP	Ensure Plus

## Effective 1 September 2024

28	LEVOCARNITINE – Special Authority see SA2040 – Retail pharmacy Cap 500 mg .....	CBS	300	✓Metabolics
47	ATROPINE SULPHATE * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	16.10	10	✓Juno <del>S29</del>
117	HYDROXYCHLOROQUINE – Subsidy by endorsement Subsidised only if prescribed for rheumatoid arthritis, systemic or discoid lupus erythematosus, malaria treatment or suppression, relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration)*, sarcoidosis (pulmonary and non-pulmonary)*, and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of hydroxychloroquine. Note: Indication marked with a * is an unapproved indication.			
	* Tab 200 mg.....	8.78	100	✓Plaquenil
	Note – this is a new Pharmacode listing, 2689405.			

▲ 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, Chemical Names and Presentations

Effective 1 October 2024

- 13 CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see SA2370 – Retail pharmacy (addition of brand switch fee)
- a) Only on a prescription
- b) Brand switch fee payable (Pharmacode 2692139)**
- \* Sensor (Freestyle Libre 2) ..... 92.83 1 ✓ **Freestyle Libre 2**
- a) Maximum of 29 dev will be funded per year
- b) Maximum of 7 dev per prescription
- \* Sensor (Dexcom ONE+) ..... 81.00 1 ✓ **Dexcom ONE+**
- a) Maximum of 40 dev will be funded per year
- b) Maximum of 9 dev per prescription
- 13 CONTINUOUS GLUCOSE MONITOR (INTEROPERABLE) – Special Authority see SA2371 – Retail pharmacy (addition of brand switch fee)
- a) Only on a prescription
- b) Brand switch fee payable (Pharmacode 2692147)**
- \* Sensor (9) and transmitter (Dexcom G6) ..... 990.00 1 OP ✓ **Dexcom G6**
- a) Maximum of 5 dev will be funded per year
- b) Maximum of 1 dev per prescription
- \* Sensor (Dexcom G7) ..... 110.00 1 ✓ **Dexcom G7**
- a) Maximum of 40 dev will be funded per year
- b) Maximum of 9 dev per prescription
- \* Sensor (Freestyle Libre 3 Plus) ..... 99.46 1 ✓ **Freestyle Libre 3 Plus**
- a) Maximum of 28 dev will be funded per year
- b) Maximum of 6 dev per prescription
- 16 INSULIN PUMP WITH ALGORITHM – Special Authority see SA2367 – Retail pharmacy (amended chemical name)
- a) Maximum of 1 dev per prescription
- b) Only on a prescription
- c) Maximum of 1 insulin pump per patient each four year period.
- Min basal rate 0.1 U/h ..... 7,653.00 1 ✓ **Tandem t:slim X2 with Basal-IQ**
- 19 Insulin Pump Consumables (amended Special Authority criteria – new criteria below in bold replace current criteria)
- SA2380 Special Authority for Subsidy
- Initial applications – (type 1 diabetes) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:**
- All of the following:**
- 1 Any of the following:**
- 1.1 **The patient has type 1 diabetes; or**
- 1.2 **The patient has permanent neonatal diabetes or specific monogenic diabetes subtypes with insulin deficiency, considered by the treating endocrinologist as likely to benefit; or**
- 1.3 **The patient has Type 3c diabetes considered by the treating endocrinologist as likely to benefit (Type 3c diabetes includes insulin deficiency due to pancreatotomy, insulin deficiency secondary to cystic fibrosis or pancreatitis); or**
- 1.4 **The patient has atypical inherited forms of diabetes; and**
- 2 Patient has been evaluated by a diabetes multidisciplinary team for their suitability for insulin pump therapy; and**
- 3 In the opinion of the treating relevant practitioner the patient would benefit from an Automated Insulin Delivery (AID) system**
- Renewal – (type 1 diabetes) from any relevant practitioner. Approvals valid for 2 years where the patient is continuing to derive benefit according to the treatment plan agreed at induction.**



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

20	INSULIN PUMP CARTRIDGE – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing and amended quantities)			
	a) Maximum of <b>3 5</b> sets per prescription			
	b) Only on a prescription			
	c) Maximum of <b>13 19</b> infusion sets will be funded per year.			
	* Cartridge 300 U, t:lock × 10.....	86.00	1 OP	✓ <b>Tandem Cartridge</b>
20	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing and amended quantities)			
	a) Maximum of <b>3 5</b> sets per prescription			
	b) Only on a prescription			
	c) Maximum of <b>13 19</b> infusion sets will be funded per year.			
	* 6 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-864A</b>
	* 6 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-866A</b>
	* 8 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-874A</b>
	* 8 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-876A</b>
21	INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing and amended quantities)			
	a) Maximum of <b>3 5</b> sets per prescription			
	b) Only on a prescription			
	c) Maximum of <b>13 19</b> infusion sets will be funded per year.			
	* 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles.....	182.00	1 OP	✓ <b>TruSteel</b>
	* 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles.....	182.00	1 OP	✓ <b>TruSteel</b>
	* 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles.....	182.00	1 OP	✓ <b>TruSteel</b>
	* 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles.....	182.00	1 OP	✓ <b>TruSteel</b>
22	INSULIN PUMP INFUSION SET (TEFLON CANNULA) – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing and amended quantities)			
	a) Maximum of <b>3 5</b> sets per prescription			
	b) Only on a prescription			
	c) Maximum of <b>13 19</b> infusion sets will be funded per year.			
	* 13 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Silhouette MMT-381A</b>
	* 17 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Silhouette MMT-377A</b>
	* 17 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Silhouette MMT-378A</b>
	* 6 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-398A</b>
	* 6 mm teflon needle, 45 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-941A</b>
	* 6 mm teflon needle, 45 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-921A</b>
	* 6 mm teflon needle, 60 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-943A</b>
	* 6 mm teflon needle, 60 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-923A</b>
	* 6 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-399A</b>
	* 6 mm teflon needle, 80 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-945A</b>
	* 6 mm teflon needle, 80 cm clear tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-965A</b>
	* 6 mm teflon needle, 80 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-925A</b>
	* 9 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-396A</b>
	* 9 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-397A</b>
	* 9 mm teflon needle, 80 cm clear tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-975A</b>

▲ 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 October 2024 (continued)

22	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing and amended quantities)			
	a) Maximum of <del>3</del> <b>5</b> sets per prescription			
	b) Only on a prescription			
	c) Maximum of <del>13</del> <b>19</b> infusion sets will be funded per year.			
	* 13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles .....	182.00	1 OP	✓ <b>AutoSoft 30</b>
	* 13 mm teflon cannula; angle insertion; insertion device; 60 cm line × 10 with 10 needles .....	182.00	1 OP	✓ <b>AutoSoft 30</b>
23	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing and amended quantities)			
	a) Maximum of <del>3</del> <b>5</b> sets per prescription			
	b) Only on a prescription			
	c) Maximum of <del>13</del> <b>19</b> infusion sets will be funded per year.			
	* 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles .....	182.00	1 OP	✓ <b>AutoSoft 90</b>
	* 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles .....	182.00	1 OP	✓ <b>AutoSoft 90</b>
	* 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles .....	182.00	1 OP	✓ <b>AutoSoft 90</b>
	* 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles .....	182.00	1 OP	✓ <b>AutoSoft 90</b>
23	INSULIN PUMP RESERVOIR – Special Authority see SA2380 – Retail pharmacy (addition of stat dispensing and amended quantities)			
	a) Maximum of <del>3</del> <b>9</b> sets per prescription			
	b) Only on a prescription			
	c) Maximum of <del>13</del> <b>36</b> packs of reservoir sets will be funded per year			
	* 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps.....	50.00	1 OP	✓ <b>ADR Cartridge 1.8</b>
	* Cartridge for 7 series pump; 3.0 ml × 10.....	50.00	1 OP	✓ <b>MiniMed 3.0 Reservoir MMT-332A</b>
80	ETHINYLÖESTRADIOL WITH NORETHISTERONE (addition of brand switch fee)			
	Tab 35 mcg with norethisterone 1 mg and 7 inert tab .....	12.25	84	✓ <b>Brevinor 1/28</b> ✓ <b>Alyacen <sup>S29</sup></b>
		16.33	112	✓ <b>Brevinor-1 28 Day</b> ✓ <b>Norimin-1 28 Day</b>
	a) Up to 84 tab available on a PSO			
	<b>b) Brand switch fee payable (Pharmacode 2692112)</b>			
81	NORETHISTERONE – <b>Brand switch fee payable (Pharmacode 2692120)</b> (addition of brand switch fee)			
	Tab 350 mcg – Up to 84 tab available on a PSO.....	12.25	84	✓ <b>Norethinderone - CDC</b> ✓ <b>Noriday 28</b>

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

104	POSACONAZOLE – Special Authority see <b>SA2383 1285</b> – Retail pharmacy (amended Special Authority criteria – new criteria shown only)				
	Tab modified-release 100 mg .....	206.00	24		✓ <b>Posaconazole Juno</b>
	Oral liq 40 mg per ml .....	342.51	105 ml OP		✓ <b>Devatis</b>

► **SA2383 1285** Special Authority for Subsidy

**Initial application – (Invasive fungal infection prophylaxis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

**1 The patient is at risk of invasive fungal infection; and**

**2 Either:**

- 2.1 Posaconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or**
- 2.2 Prescribing posaconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).**

**Renewal – (Invasive fungal infection prophylaxis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

**1 The patient is at risk of invasive fungal infection; and**

**2 Either:**

- 2.1 Posaconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or**
- 2.2 Prescribing posaconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).**

▲ 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 October 2024 (continued)

104	VORICONAZOLE – Special Authority see <b>SA2384 4273</b> – Retail pharmacy (amended Special Authority criteria – new criteria shown only)			
	Tab 50 mg.....	91.00	56	✓Vttack
	Tab 200 mg.....	350.00	56	✓Vttack
	Powder for oral suspension 40 mg per ml			
	– Wastage claimable.....	1,523.22	70 ml	✓Vfend

► **SA2384 4273** Special Authority for Subsidy

**Initial application – (Invasive fungal infection prophylaxis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

**1 The patient is at risk of invasive fungal infection; and**

**2 Either:**

**2.1 Voriconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or**

**2.2 Prescribing voriconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).**

**Renewal – (Invasive fungal infection prophylaxis) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

**1 The patient is at risk of invasive fungal infection; and**

**2 Either:**

**2.1 Voriconazole is prescribed by, or recommended by a haematologist, transplant physician, infectious disease specialist, paediatric haematologist or paediatric oncologist; or**

**2.2 Prescribing voriconazole is in accordance with a protocol or guideline that has been endorsed by the Health New Zealand - Te Whatu Ora Hospital in the specific settings where there is a greater than 10% risk of invasive fungal infection (IFI).**

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

167	DASATINIB – Special Authority see <b>SA2385 +805</b> – Retail pharmacy (amended Special Authority criteria) Wastage claimable			
	Tab 20 mg.....	3,774.06	60	✓ <b>Sprycel</b>
		132.88	60	✓ <b>Dasatinib-Teva</b>
	Tab 50 mg.....	6,214.20	60	✓ <b>Sprycel</b>
		304.13	60	✓ <b>Dasatinib-Teva</b>
	Tab 70 mg.....	7,692.58	60	✓ <b>Sprycel</b>
		415.75	60	✓ <b>Dasatinib-Teva</b>

### ▶ **SA2385 +805** Special Authority for Subsidy

Initial application only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

Any of the following:

1 **Both:**

- 1.1 The patient has a diagnosis of chronic myeloid leukaemia (CML) in blast crisis or accelerated phase; **or and**
- 1.2 ~~Maximum dose of 140 mg/day; or~~

2 **Both:**

- 2.1 The patient has a diagnosis of Philadelphia chromosome-positive acute lymphoid leukaemia (Ph+ ALL); **or and**
- 2.2 ~~Maximum dose of 140 mg/day; or~~

3 **Both All of the following:**

- 3.1 The patient has a diagnosis of CML in chronic phase; and
- 3.2 ~~Maximum dose of 100 mg/day; and~~

**3.2** ~~3.2~~ Any of the following:

- 3.2.1** ~~3.2.1~~ Patient has documented treatment failure\* with imatinib; or
- 3.2.2** ~~3.2.2~~ Patient has experienced treatment-limiting toxicity with imatinib precluding further treatment with imatinib; or
- 3.2.3** ~~3.2.3~~ Patient has high-risk chronic-phase CML defined by the Sokal or EURO scoring system.; ~~or~~
- 3.2.4** ~~3.2.4~~ Patient is enrolled in the KISS study\*\* and requires dasatinib treatment according to the study protocol.

Renewal only from a haematologist or Practitioner on the recommendation of a haematologist. Approvals valid for 6 months for applications meeting the following criteria:

**Both All of the following:**

- 1 Lack of treatment failure while on dasatinib\*; and
- 2 Dasatinib treatment remains appropriate and the patient is benefiting from treatment.; ~~and~~
- 3 ~~Maximum dasatinib dose of 140 mg/day for accelerated or blast phase CML and Ph+ ALL, and 100 mg/day for chronic phase CML.~~

Note: \*treatment failure for CML as defined by Leukaemia Net Guidelines. \*\*Kinase Inhibition Study with Sprycel Start-up  
<https://www.cancertrialsnz.ac.nz/kiss/>

▲ 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 October 2024 (continued)

243 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2386 2307** (amended Special Authority criteria – new criteria shown only)

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

► **SA2386 2307** Special Authority for Subsidy

**Initial application – (breast cancer, advanced) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:**  
Either:

- 1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
  - 2.1 Either:
    - 2.1.1 Patient has recurrent or de novo unresectable, inoperable locally advanced triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]); or
    - 2.1.2 Patient has recurrent or de novo metastatic triple-negative breast cancer (that does not express ER, PR or HER2 IHC3+ or ISH+ [including FISH or other technology]); and
  - 2.2 Patient is treated with palliative intent; and
  - 2.3 Patient's cancer has confirmed PD-L1 Combined Positive Score (CPS) is greater than or equal to 10; and
  - 2.4 Patient has received no prior systemic therapy in the palliative setting; and
  - 2.5 Patient has an ECOG score of 0–2; and
  - 2.6 Pembrolizumab is to be used in combination with chemotherapy; and
  - 2.7 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
  - 2.8 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

**Renewal – (breast cancer, advanced) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:**

All of the following:

- 1 Any of the following:
  - 1.1 Patient's disease has had a complete response to treatment; or
  - 1.2 Patient's disease has had a partial response to treatment; or
  - 1.3 Patient has stable disease; and
- 2 No evidence of disease progression; and
- 3 Response to treatment in target lesions has been determined by a comparable radiologic assessment following the most recent treatment period; and
- 4 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent); and
- 5 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

**Initial application – (head and neck squamous cell carcinoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:**

Either:

- 1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
  - 2.1 Patient has recurrent or metastatic head and neck squamous cell carcinoma of mucosal origin (excluding nasopharyngeal carcinoma) that is incurable by local therapies; and
  - 2.2 Patient has not received prior systemic therapy in the recurrent or metastatic setting; and
  - 2.3 Patient has a positive PD-L1 combined positive score (CPS) of greater than or equal to 1; and
  - 2.4 Patient has an ECOG performance score of 0-2; and

*continued...*

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

continued...

### 2.5 Either:

2.5.1 Pembrolizumab to be used in combination with platinum-based chemotherapy; or

2.5.2 Pembrolizumab to be used as monotherapy.

2.6 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Renewal – (head and neck squamous cell carcinoma) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

#### 1 Any of the following:

1.1 Patient's disease has had a complete response to treatment; or

1.2 Patient's disease has had a partial response to treatment; or

1.3 Patient has stable disease; and

2 No evidence of disease progression; and

3 Pembrolizumab is to be used at a maximum dose of 200 mg every three weeks (or equivalent); and

4 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initial application – (MSI-H/dMMR advanced colorectal cancer) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

#### 2 All of the following:

##### 2.1 Either:

2.1.1 Patient has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) metastatic colorectal cancer; or

2.1.2 Patient has deficient mismatch repair (dMMR) or microsatellite instability-high (MSI-H) unresectable colorectal cancer; and

2.2 Patient is treated with palliative intent; and

2.3 Patient has not previously received funded treatment with pembrolizumab; and

2.4 Patient has an ECOG performance score of 0-2; and

2.5 Baseline measurement of overall tumour burden is documented clinically and radiologically; and

2.6 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

Renewal – (MSI-H/dMMR advanced colorectal cancer) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 No evidence of disease progression; and

2 Pembrolizumab to be used at a maximum dose of 200 mg every three weeks (or equivalent); and

3 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).

Initial application – (Urothelial carcinoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or

#### 2 All of the following:

2.1 Patient has inoperable locally advanced (T4) or metastatic urothelial carcinoma; and

2.2 Patient has an ECOG performance score of 0-2; and

2.3 Patient has documented disease progression following treatment with chemotherapy; and

continued...

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

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

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

*continued...*

- 2.4 Pembrolizumab to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent) for a maximum of 16 weeks.

**Renewal – (Urothelial carcinoma) from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:**

**All of the following:**

- 1 Any of the following:**

- 1.1 Patient's disease has had a complete response to treatment; or
- 1.2 Patient's disease has had a partial response to treatment; or
- 1.3 Patient has stable disease; and

- 2 No evidence of disease progression; and**

- 3 Pembrolizumab is to be used as monotherapy at a maximum dose of 200 mg every three weeks (or equivalent); and**

- 4 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).**

**Initial application – (relapsed/refractory Hodgkin lymphoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:**

**Either:**

- 1 Patient is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or**

- 2 All of the following:**

**2.1 Either:**

**2.1.1 Both:**

- 2.1.1.1 Patient has relapsed/refractory Hodgkin lymphoma after two or more lines of chemotherapy; and

- 2.1.1.2 Patient is ineligible for autologous stem cell transplant; or

- 2.1.2 Patient has relapsed/refractory Hodgkin lymphoma and has previously undergone an autologous stem cell transplant; and

**2.2 Patient has not previously received funded pembrolizumab; and**

**2.3 Pembrolizumab to be administered at doses no greater than 200 mg once every 3 weeks.**

**Renewal – (relapsed/refractory Hodgkin lymphoma) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications meeting the following criteria:**

**Both:**

- 1 Patient has received a partial or complete response to pembrolizumab; and**

- 2 Treatment with pembrolizumab is to cease after a total duration of 24 months from commencement (or equivalent of 35 cycles dosed every 3 weeks).**



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## Changes to Subsidy and Manufacturer's Price

Effective 1 October 2024

6	ALGINIC ACID († subsidy) Sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet.....	6.04	30	✓ Gaviscon Infant
11	GLIPIZIDE († subsidy) * Tab 5 mg.....	6.86	100	✓ Minidiab
16	INSULIN PUMP WITH ALGORITHM – Special Authority see SA2367 – Retail pharmacy († subsidy) a) Only on a prescription b) Maximum of 1 dev per prescription c) Maximum of 1 insulin pump per patient each four year period. Min basal rate 0.1 U/h.....	7,653.00	1	✓ Tandem t:slim X2 with Basal-IQ
20	INSULIN PUMP CARTRIDGE – Special Authority see SA2380 – Retail pharmacy († subsidy) a) Maximum of 5 sets per prescription b) Only on a prescription c) Maximum of 19 packs of cartridge sets will be funded per year. * Cartridge 300 U, t:lock × 10.....	86.00	1 OP	✓ Tandem Cartridge
21	INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA2380 – Retail pharmacy († subsidy) a) Maximum of 5 sets per prescription b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year. * 6 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles..... * 8 mm steel cannula; straight insertion; 80 cm line × 10 with 10 needles..... * 6 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles..... * 8 mm steel cannula; straight insertion; 60 cm line × 10 with 10 needles.....	182.00 182.00 182.00 182.00	1 OP 1 OP 1 OP 1 OP	✓ TruSteel ✓ TruSteel ✓ TruSteel ✓ TruSteel
22	INSULIN PUMP INFUSION SET (TEFLON CANNULA, ANGLE INSERTION WITH INSERTION DEVICE) – Special Authority see SA2380 – Retail pharmacy († subsidy) a) Maximum of 5 sets per prescription b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year. * 13 mm teflon cannula; angle insertion; insertion device; 110 cm line × 10 with 10 needles..... * 13 mm teflon cannula; angle insertion; insertion device; 60 cm line × 10 with 10 needles.....	182.00 182.00	1 OP 1 OP	✓ AutoSoft 30 ✓ AutoSoft 30

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

23	INSULIN PUMP INFUSION SET (TEFLON CANNULA, STRAIGHT INSERTION WITH INSERTION DEVICE) – Special Authority see SA2380 – Retail pharmacy († subsidy) a) Maximum of 5 sets per prescription b) Only on a prescription c) Maximum of 19 infusion sets will be funded per year. * 6 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles ..... 182.00 * 6 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles ..... 182.00 * 9 mm teflon cannula; straight insertion; insertion device; 110 cm line × 10 with 10 needles ..... 182.00 * 9 mm teflon cannula; straight insertion; insertion device; 60 cm line × 10 with 10 needles ..... 182.00	1 OP 1 OP 1 OP 1 OP	✓ AutoSoft 90 ✓ AutoSoft 90 ✓ AutoSoft 90 ✓ AutoSoft 90
46	QUINAPRIL († subsidy) * Tab 5 mg..... 10.24 * Tab 10 mg..... 12.51 * Tab 20 mg..... 14.83	90 90 90	✓ Arrow-Quinapril 5 ✓ Arrow-Quinapril 10 ✓ Arrow-Quinapril 20
53	BEZAFIBRATE († subsidy) * Tab 200 mg..... 22.65 * Tab long-acting 400 mg..... 21.54	90 30	✓ Bezalip ✓ Bezalip Retard
71	AQUEOUS CREAM († subsidy) Crm..... 1.65	500 g	✓ Evara
72	POVIDONE IODINE († subsidy) Antiseptic Solution 10%..... 4.99	100 ml	✓ Riodyne
89	SOMATROPIN (OMNITROPE) – Special Authority see SA2032 – Retail pharmacy († subsidy) * Inj 5 mg cartridge ..... 80.21 * Inj 10 mg cartridge ..... 80.21	1 1	✓ Omnitrope S29 <sup>S29</sup> ✓ Omnitrope S29 <sup>S29</sup>
104	ORNIDAZOLE († subsidy) Tab 500 mg..... 36.52	10	✓ Arrow-Ornidazole
146	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy († subsidy) Patch 4.6 mg per 24 hour ..... 49.40 Patch 9.5 mg per 24 hour ..... 49.40	30 30	✓ Rivastigmine Patch BNM 5 ✓ Rivastigmine Patch BNM 10
152	AZACITIDINE – PCT only – Specialist – Special Authority see SA2141 († subsidy) Inj 100 mg vial..... 50.00 Inj 1 mg for ECP ..... 0.54	1 1 mg	✓ Azacitidine Dr Reddy's ✓ Baxter
154	CYCLOPHOSPHAMIDE († subsidy) Inj 1 mg for ECP – PCT only – Specialist..... 0.05	1 mg	✓ Baxter

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

155	CALCIUM FOLINATE (↓ subsidy) Inj 300 mg – PCT only – Specialist .....	21.55	1	✓ <b>Leucovorin DBL</b>
257	CIPROFLOXACIN (↑ subsidy) Eye drops 0.3% – Subsidy by endorsement..... When prescribed for the treatment of bacterial keratitis or severe bacterial conjunctivitis resistant to chloramphenicol; or for the second line treatment of chronic suppurative otitis media (CSOM)*; and the prescription is endorsed accordingly. Note: Indication marked with a * is an unapproved indication.	10.85	5 ml OP	✓ <b>Ciprofloxacin Teva</b>
259	LATANOPROST (↑ subsidy) * Eye drops 0.005% .....	2.08	2.5 ml OP	✓ <b>Teva</b>
260	BRIMONIDINE TARTRATE (↑ subsidy) * Eye drops 0.2% .....	5.16	5 ml OP	✓ <b>Arrow-Brimonidine</b>

▲ 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 October 2024

8	PREDNISOLONE SODIUM Rectal foam 20 mg per dose (14 applications) .....	74.10	1 OP	✓ Essential Prednisolone
48	FLECAINIDE ACETATE ▲ Tab 50 mg.....	19.95	60	✓ Flecatab <b>S29</b>
50	NIFEDIPINE * Tab long-acting 30 mg.....	10.24	30	✓ Nifedipine Viatrix <b>S29</b>
53	ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy * Tab 5 mg..... * Tab 10 mg..... Note – this delist applies to Pharmacodes 2616742 and 2616750 only.	1.29 1.69	30 30	✓ Rosuvastatin Viatrix ✓ Rosuvastatin Viatrix
72	POVIDONE IODINE Skin preparation, povidone iodine 10% with 70% alcohol..... (7.78)	1.63	100 ml	Pfizer
125	PARACETAMOL Oral liq 120 mg per 5 ml .....	10.50	200 ml OP	✓ Avallon
	a) Maximum of 600 ml per prescription; can be waived by endorsement b) Up to 200 ml available on a PSO c) Not in combination d) 1) Maximum of 200 ml per dispensing for non-endorsed patients. If quantities prescribed exceed 200 ml (for non-endorsed patients), then dispense in repeat dispensing not exceeding 200 ml per dispensing. 2) Subsidy by endorsement for higher quantities is available for patients with long term conditions who require regular daily dosing for one month or greater and the prescription is endorsed or annotated accordingly. Pharmacists may annotate the prescription as endorsed where dispensing history supports a long-term condition. 3) Note: 200 ml presentations of paracetamol oral liquid may be supplied on BSO to a Vaccinator (other than a Pharmacist) under the provisions in Part I of Section A 4) Note: Direct Provision by a pharmacist of up to 200 ml permitted under the provisions in Part I of Section A in conjunction with immunisation of a child under 2 years of age with meningococcal B multicomponent vaccine.			
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 10 mg..... Oral liq 5 mg per 5 ml .....	3.32 11.20	20 250 ml	✓ OxyNorm ✓ OxyNorm
127	DOSULEPIN [DOTHIEPIN] HYDROCHLORIDE – Subsidy by endorsement a) Safety medicine; prescriber may determine dispensing frequency b) Subsidy by endorsement – Subsidised for patients who were taking dosulepin [dothiepin] hydrochloride prior to 1 June 2019 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of dosulepin [dothiepin] hydrochloride. Cap 25 mg .....	7.83	50	✓ Dosulepin Mylan <b>S29</b>

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

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

Check your Schedule for full details  
Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

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

135	PERICYAZINE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 2.5 mg.....	10.49	84	✓ Neulactil
	Tab 10 mg.....	37.34	84	✓ Neulactil
	Note – this delist applies to the 84 tab pack only.			
135	PROCHLORPERAZINE			
	* Tab 5 mg – Up to 30 tab available on a PSO.....	25.00	250	✓ Nausafix - S29 <b>S29</b>
165	VINORELBINE			
	Inj 10 mg per ml, 1 ml vial – PCT only – Specialist.....	12.00	1	✓ Navelbine
	Inj 10 mg per ml, 5 ml vial – PCT only – Specialist.....	56.00	1	✓ Navelbine

▲ 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 January 2025

16	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy a) Maximum of 1 dev per prescription b) Only on a prescription c) Maximum of 1 insulin pump per patient each four year period. Min basal rate 0.025 U/h.....	8,800.00	1	✓ <b>MiniMed 770G</b>
262	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ <b>BSF Alyacen</b> ✓ <b>BSF Norethindrone – CDC</b> ✓ <b>BSF Continuous glucose monitor (standalone)</b> ✓ <b>BSF Continuous glucose monitor (interoperable)</b>
	a) May only be claimed once per patient. b) The Pharmacode for BSF Alyacen is 2692112 c) The Pharmacode for BSF Norethindrone - CDC is 2692120 d) The Pharmacode for BSF Continuous glucose monitor (standalone) is 2692139 e) The Pharmacode for BSF Continuous glucose monitor (interoperable) is 2692147			

### Effective 1 February 2025

134	HYOSCINE HYDROBROMIDE Patch 1 mg per 72 hours – Special Authority see SA1998 – Retail pharmacy .....	88.50	10	✓ <b>Scopolamine - Mylan S29</b> <b>S29</b>
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### Effective 1 March 2025

71	AQUEOUS CREAM Crm.....	1.30	100 g	✓ <b>healthE Aqueous Cream SLS Free</b>
		1.73	500 g	✓ <b>GEM Aqueous Cream</b>
82	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette .....	12.00	40 test OP	✓ <b>Smith BioMed Rapid Pregnancy Test</b>
105	METRONIDAZOLE Tab 200 mg – Up to 30 tab available on a PSO..... Tab 400 mg – Up to 15 tab available on a PSO.....	33.15 5.23	250 21	✓ <b>Metrogyl</b> ✓ <b>Metrogyl</b>

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 March 2025 (continued)

121	BACLOFEN Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement.....	306.82	5	✓ <b>Medsurge</b>
	Subsidised only for use in a programmable pump in patients where oral antispastic agents have been ineffective or have caused intolerable side effects and the prescription is endorsed accordingly.			
148	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy			
	Patch 4.6 mg per 24 hour.....	90.00	30	✓ <b>Exelon Patch 5</b>
	Patch 9.5 mg per 24 hour.....	90.00	30	✓ <b>Exelon Patch 10</b>
167	DASATINIB – Special Authority see SA2385 – Retail pharmacy			
	Wastage claimable			
	Tab 20 mg.....	3,774.06	60	✓ <b>Sprycel</b>
	Tab 50 mg.....	6,214.20	60	✓ <b>Sprycel</b>
	Tab 70 mg.....	7,692.58	60	✓ <b>Sprycel</b>

## Effective 1 April 2025

281	ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.			
	Liquid (banana) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement .....	0.72 (1.56)	200 ml OP	Ensure Plus
	Liquid (chocolate) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement .....	0.72 (1.56)	200 ml OP	Ensure Plus
	Liquid (fruit of the forest) – Higher subsidy of \$1.56 per 200 ml with Endorsement .....	0.72 (1.56)	200 ml OP	Ensure Plus
	Liquid (vanilla) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement.....	0.72 (1.56)	200 ml OP	Ensure Plus
	Note – this delist applies to Pharmacodes 234885, 234680, 234893 and 234672.			
290	AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3] Powder (unflavoured) .....	55.61	400 g OP	✓ <b>Neocate SYNEO</b>
	Note – this delist applies to Pharmacodes 2587955 and 2555271.			

## Effective 1 May 2025

117	HYDROXYCHLOROQUINE – Subsidy by endorsement Subsidised only if prescribed for rheumatoid arthritis, systemic or discoid lupus erythematosus, malaria treatment or suppression, relevant dermatological conditions (cutaneous forms of lupus and lichen planus, cutaneous vasculitides and mucosal ulceration)*, sarcoidosis (pulmonary and non-pulmonary)*, and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of hydroxychloroquine. Note: Indication marked with a * is an unapproved indication.			
	* Tab 200 mg.....	8.78	100	✓ <b>Plaquenil</b>
	Note – this delist applies to Pharmacode 2689405.			

▲ 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 July 2025

262	BETAXOLOL			
	* Eye drops 0.25% .....	11.80	5 ml OP	✓ <b>Betoptic S</b>
	* Eye drops 0.5% .....	7.50	5 ml OP	✓ <b>Betoptic</b>

Note – delisting delayed until 1 December 2025.

## Effective 1 December 2025

262	BETAXOLOL			
	* Eye drops 0.25% .....	11.80	5 ml OP	✓ <b>Betoptic S</b>
	* Eye drops 0.5% .....	7.50	5 ml OP	✓ <b>Betoptic</b>

## Effective 1 October 2026

20	INSULIN PUMP INFUSION SET (STEEL CANNULA) – Special Authority see SA2380 – Retail pharmacy			
	a) Maximum of 5 sets per prescription			
	b) Only on a prescription			
	c) Maximum of 19 infusion sets will be funded per year.			
	* 6 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-864A</b>
	* 6 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-866A</b>
	* 8 mm steel needle; 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-874A</b>
	* 8 mm steel needle; 80 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Sure-T MMT-876A</b>
22	INSULIN PUMP INFUSION SET (TEFLON CANNULA) – Special Authority see SA2380 – Retail pharmacy			
	a) Maximum of 5 sets per prescription			
	b) Only on a prescription			
	c) Maximum of 19 infusion sets will be funded per year.			
	* 13 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Silhouette MMT-381A</b>
	* 17 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Silhouette MMT-377A</b>
	* 17 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Silhouette MMT-378A</b>
	* 6 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-398A</b>
	* 6 mm teflon needle, 45 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-941A</b>
	* 6 mm teflon needle, 45 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-921A</b>
	* 6 mm teflon needle, 60 cm blue tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-965A</b>
	* 6 mm teflon needle, 60 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-923A</b>
	* 6 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-399A</b>
	* 6 mm teflon needle, 80 cm blue tubing.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-945A</b>
	* 6 mm teflon needle, 80 cm clear tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-965A</b>
	* 6 mm teflon needle, 80 cm pink tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-925A</b>
	* 9 mm teflon needle, 110 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-396A</b>
	* 9 mm teflon needle, 60 cm tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Quick-Set MMT-397A</b>
	* 9 mm teflon needle, 80 cm clear tubing × 10.....	130.00	1 OP	✓ <b>MiniMed Mio MMT-975A</b>
23	INSULIN PUMP RESERVOIR – Special Authority see SA2380 – Retail pharmacy			
	a) Maximum of 9 sets per prescription			
	b) Only on a prescription			
	c) Maximum of 36 packs of reservoir sets will be funded per year			
	* 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps.....	50.00	1 OP	✓ <b>ADR Cartridge 1.8</b>
	* Cartridge for 7 series pump; 3.0 ml × 10.....	50.00	1 OP	✓ <b>MiniMed 3.0 Reservoir MMT-332A</b>



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