PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

November 2024

Contents

Summary of Pharmac decisions
EFFECTIVE 1 NOVEMBER 2024

New listings (pages 19-20)

- Hyoscine butylbromide (Hyoscine Butylbromide (Adiramedica)) tab 10 mg
- Oil in water emulsion (Fatty Emulsion Cream (Evara)) crm, 500 g
- Oestradiol (Estrogel) gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP
- Amoxicillin with clavulanic acid (Amoxiclav Devatis Forte) grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml, 100 ml OP – up to 200 ml available on a PSO
- Itraconazole (Kent) oral liq 10 mg per ml, 150 ml OP – Special Authority – Retail Pharmacy and s29
- Fosfomycin (UroFos) powder for oral solution, 3 g sachet – Special Authority – Retail pharmacy
- Ibuprofen (Ibuprofen SR BNM) tab long-acting 800 mg
- Teriflunomide (Teriflunomide Sandoz) tab 14 mg – Special Authority – Retail pharmacy and wastage claimable
- Bendamustine hydrochloride (Bendamustine Sandoz) inj 25 mg and 100 mg vial – PCT only – Specialist – Special Authority
- Pemetrexed (Pemetrexed-AFT) inj 100 mg and 500 mg vial – PCT only – Specialist
- Niraparib (Zejula) tab 100 mg – Special Authority – Retail pharmacy and wastage claimable
- Acetylcysteine (DBL Acetylcysteine) inj 200 mg per ml, 10 ml ampoule
- Naloxone hydrochloride (DBL Naloxone Hydrochloride) inj 400 mcg per ml, 1 ml ampoule – up to 10 inj available on a PSO and only on a PSO

Changes to restrictions (pages 21-35)

- Insulin pump infusion set (steel cannula, straight insertion) (mylife Orbit micro) 5.5 mm steel cannula; straight insertion; 45 cm line × 10 with 10 needles, 1 OP and 5.5 mm steel needle; straight insertion; 60 cm line × 10 with 10 needles, 1 OP – removal of stat dispensing
- Iron (as ferric carboxymaltose) (Ferinject) inj 50 mg per ml, 10 ml vial – amended Special Authority criteria
- Atorvastatin (Lorstat) tab 10 mg, 20 mg and 40 mg – reinstate stat dispensing
- Ezetimibe (Ezemibe Viatris and Ezetimibe Sandoz) tab 10 mg – removal of stat dispensing
- Norethisterone (Norethinderone – CDC) tab 350 mcg – removal of s29 and wastage claimable
- Oestradiol (Lyllana) patch 25 mcg, 50 mcg, 75 mcg and 100 mcg per day – removal of s29 and wastage claimable

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

- Phenobarbitone (Noumed Phenobarbitone) tab 15 mg – removal of brand switch fee
- Pregabalin cap 25 mg, 150 mg and 300 mg (Pregabalin Pfizer), cap 25 mg (Milpharm) and cap 150 mg (Lyrica) – reinstate stat dispensing
- Aripiprazole (Abilify Maintena and Abilify Maintena S29) inj 300 mg and 400 mg vial – amended Special Authority criteria
- Paliperidone (Invega Sustenna) inj 25 mg, 50 mg, 75 mg, 100 mg and 150 mg syringe – amended Special Authority criteria
- Risperidone (Risperdal Consta) inj 25 mg, 37.5 mg and 50 mg vial – amended Special Authority criteria
- Bendamustine hydrochloride inj 25 mg and 100 mg vial (Ribomustin and Bendamustine Sandoz) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pemetrexed inj 100 mg and 500 mg vial (Juno Pemetrexed and Pemetrexed-AFT) and inj 1 mg for ECP (Baxter) – removal of Special Authority criteria
- Etanercept (Enbrel) inj 25 mg, inj 25 mg autoinjector and inj 50 mg autoinjector and prefilled syringe – amended Special Authority criteria
- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe and inj 40 mg per 0.8 ml prefilled pen and prefilled syringe – amended Special Authority criteria
- Cetuximab inj 5 mg per ml, 20 ml vial and 100 ml vial (Erbitux) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Infliximab inj 100 mg (Remicade) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – amended Special Authority criteria
- Tocilizumab inj 20 mg per ml, 4 ml, 10 ml and 20 ml vial (Actemra) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (page 37)

- Ibuprofen (Ethics) oral liq 20 mg per ml, 200 ml

Decreased subsidy (page 37)

- Pemetrexed (Baxter) inj 1 mg for ECP

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amisulpride	Tab 100 mg; 30 tab	PSS	Sulprix (Viatris)
Amisulpride	Tab 200 mg; 60 tab	PSS	Sulprix (Viatris)
Amisulpride	Tab 400 mg; 60 tab	PSS	Sulprix (Viatris)
Atorvastatin	Tab 10 mg; 500 tab	PSS	Lorstat (Viatris)
Atorvastatin	Tab 20 mg; 500 tab	PSS	Lorstat (Viatris)
Atorvastatin	Tab 40 mg; 500 tab	PSS	Lorstat (Viatris)
Atorvastatin	Tab 80 mg; 500 tab	PSS	Lorstat (Viatris)
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent; 1 inj	PSS	BCG Vaccine AJV (Seqirus)
Baclofen	Tab 10 mg; 100 tab	PSS	Pacifen (Viatris)
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g; 60 g OP	PSS	Daivobet (Leo Pharma)
Betamethasone dipropionate with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g; 30 g OP	PSS	Daivobet (Leo Pharma)
Brimonidine tartrate with timolol maleate	Eye drops 0.2% with timolol maleate 0.5%; 5 ml OP	PSS	Combigan (AbbVie)
Brinzolamide	Eye drops 1%; 5 ml OP	PSS	Azopt (Novartis)
Buspirone hydrochloride	Tab 5 mg; 100 tab	PSS	Buspirone Viatris (Viatris)
Buspirone hydrochloride	Tab 10 mg; 100 tab	PSS	Buspirone Viatris (Viatris)
Cinacalcet	Tab 30 mg; 28 tab	PSS	Cinacalcet Devatis (Devatis)
Cinacalcet	Tab 60 mg; 28 tab	PSS	Cinacalcet Devatis (Devatis)
Ciprofloxacin	Tab 750 mg; 28 tab	PSS	Ipca-Ciprofloxacin (Miro)
Clindamycin	Cap 150 mg; 24 tab	PSS	Dalacin C (Pfizer)
Cyclophosphamide	Tab 50 mg; 50 tab	PSS	Cyclonex (Boucher)
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe; 10 inj	PSS	Boostrix (GlaxoSmithKline)
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe; 10 inj	PSS	Infanrix IPV (GlaxoSmithKline)

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe; 10 inj	PSS	Infanrix-hexa (GlaxoSmithKline)
Eplerenone	Tab 25 mg; 30 tab	PSS	Inspra (Viatris)
Eplerenone	Tab 50 mg; 30 tab	PSS	Inspra (Viatris)
Fentanyl	Patches 12.5 mcg per hour; 5 patch	PSS	Fentanyl Sandoz (Sandoz)
Fentanyl	Patches 25 mcg per hour; 5 patch	PSS	Fentanyl Sandoz (Sandoz)
Fentanyl	Patches 50 mcg per hour; 5 patch	PSS	Fentanyl Sandoz (Sandoz)
Fentanyl	Patches 75 mcg per hour; 5 patch	PSS	Fentanyl Sandoz (Sandoz)
Fentanyl	Patches 100 mcg per hour; 5 patch	PSS	Fentanyl Sandoz (Sandoz)
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg; 100 tab	PSS	Ferro-F-Tabs (AFT)
Filgrastim	Inj 300 mcg per 0.5 ml prefilled syringe; 10 inj	PSS	Nivestim (Pfizer)
Filgrastim	Inj 480 mcg per 0.5 ml prefilled syringe; 10 inj	PSS	Nivestim (Pfizer)
Fluorouracil	Todium crm 5%; 20 g OP	PSS	Efudix (Inova)
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe; 1 inj	PSS	Havrix 1440 (GlaxoSmithKline)
Hepatitis A vaccine	Inj 720 ELISA units in 0.5 ml syringe; 1 inj	PSS	Havrix Junior (GlaxoSmithKline)
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml prefilled syringe; 1 inj	PSS	Engerix-B (GlaxoSmithKline)
Hepatitis B recombinant vaccine	Inj 20 mcg per 1 ml prefilled syringe; 1 inj	PSS	Engerix-B (GlaxoSmithKline)
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe; 1 inj	PSS	Act-HIB (Sanofi-Aventis)
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe; 10 inj	PSS	Gardasil 9 (Seqirus)
Hydrocortisone	Inj 100 mg vial; 1 inj	PSS	Solu-Cortef (Pfizer)
Isotretinoin	Cap 5 mg; 60 cap	PSS	Oratane (Douglas)
Isotretinoin	Cap 10 mg; 120 cap	PSS	Oratane (Douglas)
Isotretinoin	Cap 20 mg; 120 cap	PSS	Oratane (Douglas)

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Letrozole	Tab 2.5 mg; 30 tab	PSS	Letrole (Viatris)
Linezolid	Tab 600 mg; 10 tab	PSS	Zyvox (Pfizer)
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ ampoule of diluent 0.5 ml; 10 inj	PSS	Priorix (GlaxoSmithKline)
Mebendazole	Tab 100 mg; 6 tab	PSS	Vermox (Inova)
Melatonin	Tab modified-release 2 mg; 30 tab	PSS	Vigisom (Aspen)
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial; 1 inj	PSS	MenQuadfi (Sanofi-Aventis)
Methotrexate	Tab 2.5 mg; 90 tab	PSS	Trexate (Rex Medical)
Methotrexate	Tab 10 mg; 90 tab	PSS	Trexate (Rex Medical)
Nitrofurantoin	Tab 50 mg; 100 tab	PSS	Nifuran (Bamford)
Octreotide long-acting	Inj depot 10 mg prefilled syringe; 1 inj	PSS	Sandostatin LAR (Novartis)
Octreotide long-acting	Inj depot 20 mg prefilled syringe; 1 inj	PSS	Sandostatin LAR (Novartis)
Octreotide long-acting	Inj depot 30 mg prefilled syringe; 1 inj	PSS	Sandostatin LAR (Novartis)
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml ampoule; 5 inj	PSS	Hameln (Max Health)
Oxycodone hydrochloride	Inj 10 mg per ml, 2 ml ampoule; 5 inj	PSS	Hameln (Max Health)
Oxycodone hydrochloride	Inj 50 mg per ml, 1 ml ampoule; 5 inj	PSS	Hameln (Max Health)
Oxycodone hydrochloride	Tab controlled-release 5 mg; 20 tab	PSS	Oxycodone Sandoz (Sandoz)
Oxycodone hydrochloride	Tab controlled-release 10 mg; 20 tab	PSS	Oxycodone Sandoz (Sandoz)
Oxycodone hydrochloride	Tab controlled-release 20 mg; 20 tab	PSS	Oxycodone Sandoz (Sandoz)
Oxycodone hydrochloride	Tab controlled-release 40 mg; 20 tab	PSS	Oxycodone Sandoz (Sandoz)
Oxycodone hydrochloride	Tab controlled-release 80 mg; 20 tab	PSS	Oxycodone Sandoz (Sandoz)
Perindopril	Tab 2 mg; 30 tab	PSS	Coversyl (Servier)
Perindopril	Tab 4 mg; 30 tab	PSS	Coversyl (Servier)
Perindopril	Tab 8 mg; 30 tab	PSS	Coversyl (Servier)
Pioglitazone	Tab 15 mg; 90 tab	PSS	Vexazone (Viatris)
Pioglitazone	Tab 30 mg; 90 tab	PSS	Vexazone (Viatris)
Pioglitazone	Tab 45 mg; 90 tab	PSS	Vexazone (Viatris)

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Pneumococcal (PCV13) conjugate vaccine	Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml Syringe; 1 and 10 inj	PSS	Prevenar 13 (Pfizer)
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype); 1 inj	PSS	Pneumovax 23 (Merck Sharpe & Dohme)
Prednisolone	Oral liq 5 mg per ml; 30 ml OP	PSS	Redipred (Aspen)
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe; 1 inj	PSS	IPOL (Sanofi-Aventis)
Rifaximin	Tab 550 mg; 56 tab	PSS	Xifaxan (Norgine)
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator; 10 pack	PSS	Rotarix (GlaxoSmithKline)
Sildenafil	Tab 25 mg; 4 tab	PSS	Vedafil (Viatris)
Sildenafil	Tab 50 mg; 4 tab	PSS	Vedafil (Viatris)
Sildenafil	Tab 100 mg; 12 tab	PSS	Vedafil (Viatris)
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml; 10 ml OP	PSS	Hylo-Fresh (AFT)
Ticagrelor	Tab 90 mg; 56 tab	PSS	Ticagrelor Sandoz (Sandoz)
Tobramycin	Inj 40 mg per ml, 2 ml vial; 5 inj	PSS	Viatris (Viatris)
Travoprost	Eye drops 0.004%; 2.5 ml OP	PSS	Travatan (Novartis)
Tuberculin PPD [mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial; 1 inj	PSS	Tubersol (Sanofi-Aventis)
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial; 10 inj	PSS	Varilrix (GlaxoSmithKline)
Zoledronic Acid	Inj 4 mg per 5 ml, vial; 1 inj	PSS	Zoledronic Acid Viatris (Viatris)

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 December 2024

- Modafinil (Modafinil Max Health) tab 100 mg – new listing
- Pazopanib (Pazopanib Teva) tab 200 mg and 400 mg – new listing

Possible decisions for future implementation 1 December 2024

- Dexamfetamine sulfate (Noumed Dexamfetamine) tab 5 mg – amend Special Authority criteria – removing renewal criteria
- Everolimus (Afinitor) tab 5 mg and 10 mg – amend Special Authority criteria
- Lenvatinib (Lenvima) cap 4 mg and 10 mg – new listing with Special Authority criteria
- Lisdexamfetamine dimesilate (Vyvanse) cap 30 mg, 50 mg and 70 mg – new listing with Special Authority, only on a controlled drug form, safety medicine, 30 day dispensing like dexamfetamine
- Methylphenidate hydrochloride (Rubifen, Ritalin and Methylphenidate ER – Teva) tabs – amend Special Authority criteria – removing renewal criteria
- Methylphenidate hydrochloride extended-release (Concerta and Ritalin LA) tabs and caps – amend Special Authority criteria – removing renewal criteria
- Modafinil (Modavigil and Modafinil Max Health) tab 100 mg – amend Special Authority criteria – removing renewal criteria

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to November 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 Alphamox 250 Miro-Amoxicillin	2026 2025
Amoxicillin with clavulanic acid	Tab 500 mg with clavulanic acid 125 mg	Curam Duo 500/125	2026
Anastrazole	Tab 1 mg	Anatrole	2026
Ascorbic acid	Tab 100 mg	CVite	2025
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
Atazanavir sulphate	Cap 200 mg Cap 150 mg	Atazanavir Viatris Atazanavir Mylan	2025
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	APO-Atomoxetine	2026
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2026
Azathioprine	Tab 25 mg Tab 50 mg	Azamun	2025
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg and 5 mg	Arrow-Bendrofluazide	2026
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Betahistine dihydrochloride	Tab 16 mg	Serc	2026
Betamethasone dipropionate	Crm 0.05%, 15 g OP and 50 g OP Oint 0.05%, 15 g OP and 50 g OP	Diprosone	2026
Bicalutamide	Tab 50 mg	Binarex	2026
Bisacodyl	Tab 5 mg	Bisacodyl Viatris	2025
Bisoprolol fumarate	Tab 2.5 mg, 5 mg and 10 mg	Ipca-Bisoprolol (Ipca)	2026
Budesonide	Cap modified-release 3 mg	Budesonide Te Arai (Te Arai)	2025
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Calcitriol	Cap 0.25 mcg & 0.5 mcg	Calcitriol-AFT	2025
Calcium carbonate	Tab 1.25 g (500 mg elemental)	Calci-Tab 500	2026
Capecitabine	Tab 150 mg Tab 500 mg	Capecitabine Viatris	2025
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg	Cephalexin ABM	2025
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP Crm 90% with glycerol 10%, 1,000 ml OP	Evara	2025
Chloramphenicol	Eye drops 0.5% Eye oint 1%, 5 g OP	Chlorsig Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Ciprofloxacin	**Tab 250 mg & 500 mg**	**Ipca-Ciprofloxacin**	**2026**
Citalopram hydrobromide	Tab 20 mg	Celapram	2025
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Inj 150 mg per ml	Hameln	2025
Clobetasol propionate	Crm & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
Clonidine hydrochloride	Tab 25 mcg	Clonidine Teva	2025

**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 November 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crm 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	Powder for oral soln	Electral	2025
Compound electrolytes with glucose [dextrose]	Soln with electrolytes, 1,000 ml OP	Hydralyte – Lemonade	2025
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Dabigatran	Cap 75 mg, 110 mg and 150 mg	Pradaxa	2026
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatris	2026
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	Noumed Dexamfetamine	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2025
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg Cap long-acting 120 mg	Cardizem CD Diltiazem CD Clinect	2027 2025
Dimethicone	Crm 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
Domperidone	Tab 10 mg	Domperidone Viatris	2025
Donepezil hydrochloride	Tab 5 mg and 10 mg	Ipca-Donepezil	2026
Emtricitabine with tenofovir disoproxil	Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Emtricitabine Viatris	2025
Emulsifying ointment	Oint BP, 500 g	Emulsifying Ointment ADE	2026
Enalapril maleate	Tab 5 mg, 10 mg and 20 mg	Acetec	2026
Entecavir	Tab 0.5 mg	Entecavir	2026
Erlotinib	Tab 100 mg & 150 mg	Alchemy	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 November 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
Ethinyloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Lo-Oralcon 20 ED Oralcon 30 ED	2025
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2025
Finasteride	Tab 5 mg	Ricit	2026
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2026
Flucloxacillin	Inj 250 mg vial and 500 mg vial Inj 1 g vial	Flucloxin Flucil	2026
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluoxetine hydrochloride	Cap 20 mg Tab dispersible 20 mg, scored	Arrow–Fluoxetine Fluox	2025
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Furosemide [Frusemide]	Inj 10 mg per ml, 2 ml ampoule	Furosemide-Baxter	2025
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Gliclazide	Tab 80 mg	Glizide	2026
Glucose [Dextrose]	Inj 50%, 10 ml ampoule Inj 50%, 90 ml bottle	Biomed	2026
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule	Robinul	2025
Goserelin	Implant 3.6 mg, syringe and 10.8 mg, syringe	Zoladex (AstraZeneca)	2026
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
Hydrocortisone	Crm 1%, 500 g Crm 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 November 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 380 7med Nsha Silver/copper Short** **TCu 380 Plus Normal** **Cu 375 Standard**	**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	Jadelle Levonorgestrel BNM	2026 2025
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
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025

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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methylprednisolone aceponate	Crm 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2026
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg	Myloc CR (Viatris)	2026
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
Miconazole nitrate	Crm 2%, 15 g OP	Multichem	2026
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatris	2025
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Nicorandil	Tab 10 mg and 20 mg	Max Health	2025
Nitrofurantoin	Cap modified-release 100 mg	Macrobid	2026
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2026
Oestradiol	**Gel (transdermal) 0.06% (750 mcg/ actuation), 80 g OP**	**Estrogel**	**31/10/2027**
Oestriol	Crm 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

**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 November 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief Panzop Relief (Viatris)	2025
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blister pack Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Gacet Noumed Paracetamol Pacimol Paracetamol (Ethics) Pamol	2026 2025
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	White soft, 450 g White soft, 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	EVARA White Soft Paraffin White Soft Liquid Paraffin AFT	2026 2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenobarbitone	Tab 15 mg Tab 30 mg	Noumed Phenobarbitone Noumed Phenobarbitone	2025
Phenoxymethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2025
Pimecrolimus	Crm 1%, 15 g OP	Elidel	2026
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2026
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
Pomalidomide	Cap 1 mg, 2 mg, 3 mg and 4 mg	Pomolide	31/07/2027
Posaconazole	Oral liq 40 mg per ml, 105 ml OP Tab modified-release 100 mg	Devatis Posaconazole Juno	2025
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Pravastatin	Tab 20 mg and 40 mg	Clinect	2026
Prochlorperazine	Tab 5 mg	Nausafix	2026
Progesterone	Cap 100 mg	Utrogestan	2025
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2027

**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 November 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2026
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2026
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2026
Risedronate sodium	Tab 35 mg	Risedronate Sandoz	2025
Risperidone	Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg Oral liq 1 mg per ml, 30 ml	Risperidone (Teva) Risperon	2026
Rivaroxaban	Tab 10 mg, 15 mg & 20 mg	Xarelto	2026
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2026
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatris	2026
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin 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
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen Tab 50 mg & 100 mg	Clustran (Douglas) Sumagran	2025 2027
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tacrolimus	Oint 1 %; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil 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

**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 November 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Soln for inhalation 60 mg per ml, 5 ml	Tobramycin BNM	2026
Tramadol hydrochloride	Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg Cap 50 mg	Tramal SR 100 Tramal SR 150 Tramal SR 200 Arrow-Tramadol	2026
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
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
Trientine	Cap 250 mg; 100 cap	Trientine Waymade	2025
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 Viatris	2025

November 2024 changes are in bold type

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

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

New Listings

Effective 1 November 2024

8 HYOSCINE BUTYLBROMIDE

✳ Tab 10 mg	2.25	20	✔**Hyoscine Butylbromide (Adiramedica)**

73 OIL IN WATER EMULSION

✳ Crm	2.10	500 g	✔**Fatty Emulsion Cream (Evara)**

89 OESTRADIOL

Gel (transdermal) 0.06% (750 mcg/actuation)	14.25	80 g OP	✔**Estrogel**

100 AMOXICILLIN WITH CLAVULANIC ACID

Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml – Up to 200 ml available on a PSO	5.61	100 ml OP	✔**Amoxiclav Devatis Forte**

105 ITRACONAZOLE

Oral liq 10 mg per ml – Special Authority see SA1322 – Retail pharmacy	141.80	150 ml OP	✔**Kent** S29

118 FOSFOMYCIN – Special Authority see SA2406 – Retail pharmacy

Powder for oral solution, 3 g sachet	18.70	1	✔**UroFos**

SA2406 Special Authority for Subsidy

Initial application – from any relevant practitioner. Approvals valid for 2 months for applications meeting the following criteria:

Both:

1 Patient has an acute, symptomatic, bacteriologically-proven uncomplicated urinary tract infection (UTI)/cystitis with Escherichia Coli; and

2 Either:

2.1 Microbiological testing confirms the pathogen is resistant to all of: trimethoprim, nitrofurantoin, amoxicillin, cefaclor, cefalexin, amoxicillin with clavulanic acid, and norfloxacin; or

2.2 The patient has a contraindication or intolerance to all of: trimethoprim, nitrofurantoin, amoxicillin, cefaclor, cefalexin, amoxicillin with clavulanic acid, and norfloxacin that the pathogen is susceptible to.

Renewal – from any relevant practitioner. Approvals valid for 2 months for applications meeting the following criteria:

Both:

1 Patient has an acute, symptomatic, bacteriologically-proven uncomplicated urinary tract infection (UTI)/cystitis with Escherichia Coli; and

2 Either:

2.1 Microbiological testing confirms the pathogen is resistant to all of: trimethoprim, nitrofurantoin, amoxicillin, cefaclor, cefalexin, amoxicillin with clavulanic acid, and norfloxacin; or

2.2 The patient has a contraindication or intolerance to all of: trimethoprim, nitrofurantoin, amoxicillin, cefaclor, cefalexin, amoxicillin with clavulanic acid, and norfloxacin that the pathogen is susceptible to.

120 IBUPROFEN

✳ Tab long-acting 800 mg	3.65	30	✔**Ibuprofen SR BNM**

145 TERIFLUNOMIDE – Special Authority see SA2274 – Retail pharmacy

a) Wastage claimable

b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Tab 14 mg	263.96	28	✔**Teriflunomide Sandoz**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

New Listings – effective 1 November 2024 (continued)

156 BENDAMUSTINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA2398

Inj 25 mg vial	50.05	1	✔**Bendamustine Sandoz**
Inj 100 mg vial	200.20	1	✔**Bendamustine Sandoz**

161 PEMETREXED – PCT only – Specialist

Inj 100 mg vial	8.99	1	✔**Pemetrexed-AFT**
Inj 500 mg vial	29.99	1	✔**Pemetrexed-AFT**

166 NIRAPARIB – Special Authority see SA2325 – Retail pharmacy

Wastage claimable			
Tab 100 mg	13,393.50	84	✔**Zejula**

272 ACETYLCYSTEINE

Inj 200 mg per ml, 10 ml ampoule	42.99	10	✔**DBL Acetylcysteine**

272 NALOXONE HYDROCHLORIDE

a) Up to 10 inj available on a PSO			
b) Only on a PSO			
✳ Inj 400 mcg per ml, 1 ml ampoule	13.29	5	✔**DBL Naloxone Hydrochloride**

Effective 4 October 2024

141 RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency

Tab 0.5 mg	4.01	60	✔**Risperidone Sandoz** S29
Wastage claimable			
Tab 1 mg	3.68	60	✔**Risperidone Sandoz** S29
Wastage claimable			
Tab 2 mg	5.38	60	✔**Risperidone Sandoz** S29
Wastage claimable			
Tab 3 mg	8.57	60	✔**Risperidone Sandoz** S29
Wastage claimable			

Effective 1 October 2024

153 NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy

Tab 50 mg	102.60	30	✔**Naltrexone Max Health** S29
Wastage claimable			

Changes to Restrictions, Chemical Names and Presentations

Effective 1 November 2024

20 INSULIN PUMP INFUSION SET (STEEL CANNULA, STRAIGHT INSERTION) – Special Authority see SA2380 – Retail pharmacy (removal of stat dispensing)

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 × 10 with 10 needles ..... 136.00 1 OP ✔**mylife Orbit micro**

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

35 IRON (AS FERRIC CARBOXYMALTOSE) – Special Authority see **SA2394** ~~1840~~ – Retail pharmacy (amended Special Authority criteria)

Inj 50 mg per ml, 10 ml vial ..... 150.00 1 ✔**Ferinject**

➽ **SA2394** ~~1840~~ Special Authority for Subsidy

~~Initial application — (serum ferritin less than or equal to 20 mcg/L) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:~~
~~Both:~~
~~1 Patient has been diagnosed with iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and~~
~~2 Any of the following:~~
~~2.1 Patient has been compliant with oral iron treatment and treatment has proven ineffective; or~~
~~2.2 Treatment with oral iron has resulted in dose-limiting intolerance; or~~
~~2.3 Rapid correction of anaemia is required.~~

~~Renewal — (serum ferritin less than or equal to 20 mcg/L) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:~~
~~Both:~~
~~1 Patient continues to have iron-deficiency anaemia with a serum ferritin level of less than or equal to 20 mcg/L; and~~
~~2 A re-trial with oral iron is clinically inappropriate.~~

Initial application – (Anaemia) from any relevant practitioner. Approval valid for 3 months for applications meeting the following criteria:
All of the following:
1 Patient has been diagnosed with anaemia; and
2 Any of the following
2.1 Serum ferritin level is 20 mcg/L or less; or
2.2 Both:
2.2.1 Serum ferritin is between 20 and 50 mcg/L; and
2.2.2 C-Reactive Protein (CRP) is at least 5 mg/L; or
2.3 Patient has chronic inflammatory disease with symptoms of anaemia despite normal iron levels; and
3 Any of the following:
3.1 Oral iron treatment has proven ineffective; or
3.2 Oral iron treatment has resulted in dose-limiting intolerance; or
3.3 Rapid correction of anaemia is required.

Renewal – (Anaemia) from any relevant practitioner. Approval valid for 3 months for applications meeting the following criteria:
Both:
1 Patient continues to have anaemia with a serum ferritin level of 20 mcg/L, or less or between 20 and 50 mcg/L with CRP of at least 5 mg/L, or has chronic inflammatory disease with symptoms of anaemia despite normal iron levels; and
2 A trial (or re-trial) with oral iron is clinically inappropriate.

continued...

Changes to Restrictions – effective 1 November 2024 (continued)

continued...

Initial application — (iron deficiency anaemia) only from an internal medicine physician, obstetrician, gynaecologist, anaesthetist or medical practitioner on the recommendation of a internal medicine physician, obstetrician, gynaecologist or anaesthetist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 Patient has been diagnosed with iron-deficiency anaemia; and
2 Any of the following:
- 2.1 Patient has been compliant with oral iron treatment and treatment has proven ineffective; or
- 2.2 Treatment with oral iron has resulted in dose-limiting intolerance; or
- 2.3 Patient has symptomatic heart failure, chronic kidney disease stage 3 or more or active inflammatory bowel disease and a trial of oral iron is unlikely to be effective; or
- 2.4 Rapid correction of anaemia is required.

Renewal — (iron deficiency anaemia) only from an internal medicine physician, obstetrician, gynaecologist, anaesthetist or medical practitioner on the recommendation of a internal medicine physician, obstetrician, gynaecologist or anaesthetist. Approvals valid for 3 months for applications meeting the following criteria:
Both:
1 Patient continues to have iron-deficiency anaemia; and
2 A re-trial with oral iron is clinically inappropriate.

55 ATORVASTATIN (reinstate stat dispensing)

❋ Tab 10 mg	5.16	500	✔**Lorstat**
❋ Tab 20 mg	8.12	500	✔**Lorstat**
❋ Tab 40 mg	13.79	500	✔**Lorstat**

56 EZETIMIBE (removal of stat dispensing)

Tab 10 mg	1.76	30	✔**Ezemibe Viatris** ✔**Ezetimibe Sandoz**

83 NORETHISTERONE (removal of s29 and wastage claimable)

Tab 350 mcg – Up to 84 tab available on a PSO ~~Wastage claimable~~	12.25	84	✔**Norethinderone - CDC** ~~S29~~

89 OESTRADIOL (removal of s29 and wastage claimable)

Patch 25 mcg per day a) No more than 2 patch per week b) Only on a prescription ~~c) Wastage claimable~~	21.35	8	✔**Lyllana** ~~S29~~
Patch 50 mcg per day a) No more than 2 patch per week b) Only on a prescription ~~c) Wastage claimable~~	21.55	8	✔**Lyllana** ~~S29~~
Patch 75 mcg per day a) No more than 2 patch per week b) Only on a prescription ~~c) Wastage claimable~~	22.37	8	✔**Lyllana** ~~S29~~
Patch 100 mcg per day a) No more than 2 patch per week b) Only on a prescription ~~c) Wastage claimable~~	22.77	8	✔**Lyllana** ~~S29~~

Changes to Restrictions – effective 1 November 2024 (continued)

136 PHENOBARBITONE (removal of brand switch fee)
For phenobarbitone oral liquid refer Standard Formulae
Tab 15 mg – ~~Brand switch fee payable (Pharmacode 2684756)~~ ..... 248.50 500 ✔ **Noumed Phenobarbitone**

136 PREGABALIN (reinstate stat dispensing)
Note: Not subsidised in combination with subsidised gabapentin
❋ Cap 25 mg ..... 2.25 56 ✔ **Pregabalin Pfizer**
7.80 ✔ **Milpharm** S29
❋ Cap 150 mg ..... 4.01 56 ✔ **Lyrica**
✔ **Pregabalin Pfizer**
❋ Cap 300 mg ..... 7.38 56 ✔ **Pregabalin Pfizer**

141 ARIPIPRAZOLE – Special Authority see **SA2395** ~~2312~~ – Retail pharmacy (amended Special Authority criteria)
Safety medicine; prescriber may determine dispensing frequency
Inj 300 mg vial ..... 273.56 1 ✔ **Abilify Maintena**
✔ **Abilify Maintena S29** S29
Inj 400 mg vial ..... 341.96 1 ✔ **Abilify Maintena**
✔ **Abilify Maintena S29** S29

➽ **SA2395** ~~2312~~ Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid ~~for 12 months~~ **without further renewal unless notified** for applications meeting the following criteria:
Either**:**

1 Either:
1.1 The patient has had an initial Special Authority approval for risperidone depot injection, paliperidone depot injection or olanzapine depot injection; or
1.2 All of the following:
1.2.1 The patient has schizophrenia or other psychotic disorder; and
1.2.2 The patient has received treatment with oral atypical antipsychotic agents but has been unable to adhere; and
1.2.3 The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in last 12 months; or

~~1 Both:~~
~~1.1 The patient has had an initial Special Authority approval for risperidone depot injection, paliperidone depot injection or olanzapine depot injection; and~~
~~1.2 Patient has tried but has experienced an inadequate response to, or intolerable side effects from, prior therapy with risperidone depot injection, paliperidone depot injection or olanzapine depot injection; or~~

2 The patient has been unable to access olanzapine depot injection due to supply issues with olanzapine depot injection, or otherwise would have been started on olanzapine depot injection but has been unable to due to supply issues with the olanzapine depot injection.

Notes: The Olanzapine depot injection Special Authority criteria that apply to criterion 2 in this Aripiprazole Special Authority application are as follows:
- The patient has had an initial Special Authority approval for paliperidone depot injection or risperidone depot injection; or
- All of the following:
  - The patient has schizophrenia; and
  - The patient has **not been able to adhere** ~~tried but failed to comply~~ with treatment using oral atypical antipsychotic agents; and
  - The patient has been admitted to hospital or treated in respite care, or intensive outpatient or home-based treatment for 30 days or more in the last 12 months.

continued...

Changes to Restrictions – effective 1 November 2024 (continued)

continued...

~~Renewal from any relevant practitioner. Approvals valid for 12 months where the initiation of aripiprazole depot injection has been associated with fewer days of intensive intervention compared with pre-aripiprazole depot initiation than prior to the initiation of an atypical antipsychotic depot injection.~~

142 PALIPERIDONE – Special Authority see **SA2396** ~~1429~~ – Retail pharmacy (amended Special Authority criteria)

Safety medicine; prescriber may determine dispensing frequency

Inj 25 mg syringe	194.25	1	✔**Invega Sustenna**
Inj 50 mg syringe	271.95	1	✔**Invega Sustenna**
Inj 75 mg syringe	357.42	1	✔**Invega Sustenna**
Inj 100 mg syringe	435.12	1	✔**Invega Sustenna**
Inj 150 mg syringe	435.12	1	✔**Invega Sustenna**

➽ **SA2396** ~~1429~~ Special Authority for Subsidy

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

Either:

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

2 All of the following:

2.1 The patient has schizophrenia or other psychotic disorder; and

2.2 Has **been unable to adhere to treatment** ~~tried but failed to comply with treatment~~ using oral atypical antipsychotic agents; and

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

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

143 RISPERIDONE – Special Authority see **SA2397** ~~1427~~ – Retail pharmacy (amended Special Authority criteria)

Safety medicine; prescriber may determine dispensing frequency

Inj 25 mg vial	135.98	1	✔**Risperdal Consta**
Inj 37.5 mg vial	178.71	1	✔**Risperdal Consta**
Inj 50 mg vial	217.56	1	✔**Risperdal Consta**

➽ **SA2397** ~~1427~~ Special Authority for Subsidy

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

Either:

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

2 All of the following:

2.1 The patient has schizophrenia or other psychotic disorder; and

2.2 Has **not been able to adhere with** ~~tried but failed to comply with~~ treatment using oral atypical antipsychotic agents; and

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

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

Changes to Restrictions – effective 1 November 2024 (continued)

156 BENDAMUSTINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see **SA2398** ~~2153~~ (amended Special Authority criteria)

Inj 25 mg vial	77.00	1	✔**Ribomustin**
	50.05		✔**Bendamustine Sandoz**
Inj 100 mg vial	308.00	1	✔**Ribomustin**
	200.20		✔**Bendamustine Sandoz**
Inj 1 mg for ECP	3.23	1 mg	✔**Baxter**

➽ **SA2398** ~~2153~~ Special Authority for Subsidy

Initial application – (~~treatment naive~~ CLL*) only from a relevant specialist or ~~medical practitioner~~ **any relevant practitioner** on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The patient has ~~Binet stage B or C, or progressive stage A~~ chronic lymphocytic leukaemia requiring treatment; and

~~2 The patient is chemotherapy treatment naive; and~~

~~3 The patient is unable to tolerate toxicity of full-dose FCR; and~~

2 ~~4~~ Patient has ECOG performance status **of** 0-2; and

~~5 Patient has a Cumulative Illness Rating Scale (CIRS) score of < 6; and~~

3 ~~6~~ Bendamustine is to be administered at a maximum dose of 100 mg/m^2 on days 1 and 2 every 4 weeks for a maximum of 6 cycles.

Notes: **Indication marked with a * includes indications that are unapproved.** 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL). ~~Chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.~~

Initial application – (Indolent, Low-grade lymphomas) only from a relevant specialist or ~~medical practitioner~~ **any relevant practitioner** on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 The patient has Indolent low grade NHL requiring treatment; and

2 The patient has **ECOG** ~~a WHO~~ performance status of 0-2; and

3 Any of the following:

- 3.1 Both
  - 3.1.1 Patient is treatment naïve; and
  - 3.1.2 Bendamustine is to be administered for a maximum of 6 cycles (in combination with rituximab when CD20+); or
- 3.2 Both:
  - 3.2.1 Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen; and
  - 3.2.2 Bendamustine is to be administered in combination with obinutuzumab for a maximum of 6 cycles; or
- 3.3 All of the following:
  - 3.3.1 The patient has not received prior bendamustine therapy; and
  - 3.3.2 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
  - 3.3.3 Patient has had a rituximab treatment-free interval of 12 months or more; pr
- 3.4 Bendamustine is to be administered as monotherapy for a maximum of 6 cycles in rituximab refractory patients.

Renewal – (Indolent, Low-grade lymphomas) only from a relevant specialist or ~~medical practitioner~~ **any relevant practitioner** on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

Either:

continued...

Changes to Restrictions – effective 1 November 2024 (continued)

continued...

1 Both:
  1.1 Patient is refractory to or has relapsed within 12 months of rituximab in combination with bendamustine; and
  1.2 Bendamustine is to be administered in combination with Obinutuzumab for a maximum of 6 cycles; or
2 Both:
  2.1 Patients have not received a bendamustine regimen within the last 12 months; and
  2.2 Either:
    2.2.1 Both:
      2.2.1.1 Bendamustine is to be administered for a maximum of 6 cycles in relapsed patients (in combination with rituximab when CD20+); and
      2.2.1.2 Patient has had a rituximab treatment-free interval of 12 months or more; or
    2.2.2 Bendamustine is to be administered as a monotherapy for a maximum of 6 cycles

Note: 'Indolent, low-grade lymphomas' include follicular, mantle cell, marginal zone and lymphoplasmacytic/Waldenstroms macroglobulinaemia.

Initial application – (Hodgkin's lymphoma*) only from a relevant specialist or ~~medical practitioner~~ **any relevant practitioner** on the recommendation of a relevant specialist. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 Patient has Hodgkin's lymphoma requiring treatment; and
2 Patient has a ECOG performance status of 0-2; and
3 Patient has received on prior line of chemotherapy; and
4 Patient's disease relapsed or was refractory following prior chemotherapy; and
5 Bendamustine is to be administered in combination with gemcitabine and vinoreline (BeGeV) at a maximum dose of no greater than 90 mg/m^2 twice per cycle, for a maximum of four cycles

Note: Indications marked with * are unapproved indications.

Changes to Restrictions – effective 1 November 2024 (continued)

161 PEMETREXED – PCT only – Specialist ~~– Special Authority see SA1679~~ (Special Authority removed)

Inj 100 mg vial	60.89	1	✔**Juno Pemetrexed**
	8.99	1	✔**Pemetrexed-AFT**
Inj 500 mg vial	217.77	1	✔**Juno Pemetrexed**
	29.99	1	✔**Pemetrexed-AFT**
Inj 1 mg for ECP	0.11	1 mg	✔**Baxter**

~~SA1679 Special Authority for Subsidy~~

~~Initial application — (mesothelioma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:~~
~~Both:~~
~~1 Patient has been diagnosed with mesothelioma; and~~
~~2 Pemetrexed to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles.~~

~~Renewal — (mesothelioma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 No evidence of disease progression; and~~
~~2 The treatment remains appropriate and the patient is benefitting from treatment; and~~
~~3 Pemetrexed to be administered at a dose of 500mg/m² every 21 days for a maximum of 6 cycles.~~

~~Initial application — (non-small cell lung carcinoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:~~
~~Both:~~
~~1 Patient has locally advanced or metastatic non-squamous non-small cell lung carcinoma; and~~
~~2 Either:~~
~~2.1 Both:~~
~~2.1.1 Patient has chemotherapy-naïve disease; and~~
~~2.1.2 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days in combination with cisplatin or carboplatin for a maximum of 6 cycles; or~~
~~2.2 All of the following:~~
~~2.2.1 Patient has had first-line treatment with platinum based chemotherapy; and~~
~~2.2.2 Patient has not received prior funded treatment with pemetrexed; and~~
~~2.2.3 Pemetrexed is to be administered at a dose of 500 mg/m² every 21 days for a maximum of 6 cycles.~~

~~Renewal — (non-small cell lung carcinoma) only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist. Approvals valid for 8 months for applications meeting the following criteria:~~
~~All of the following:~~
~~1 No evidence of disease progression; and~~
~~2 The treatment remains appropriate and the patient is benefitting from treatment; and~~
~~3 Pemetrexed is to be administered at a dose of 500mg/m² every 21 days.~~

Changes to Restrictions – effective 1 November 2024 (continued)

181 ETANERCEPT – Special Authority see **SA2399** ~~2103~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 25 mg	690.00	4	✔**Enbrel**
Inj 25 mg autoinjector	690.00	4	✔**Enbrel**
Inj 50 mg autoinjector	1,050.00	4	✔**Enbrel**
Inj 50 mg prefilled syringe	1,050.00	4	✔**Enbrel**

SA2399 ~~2103~~ Special Authority for Subsidy

Initial application — (severe chronic plaque psoriasis) only from a dermatologist **or any relevant practitioner on the recommendation of a dermatologist**. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 Patient has had an initial Special Authority approval for adalimumab for severe chronic plaque psoriasis; and
- 1.2 Either:
  - 1.2.1 Patient has experienced intolerable side effects from adalimumab; or
  - 1.2.2 Patient has received insufficient benefit from adalimumab to meet the renewal criteria for adalimumab for severe chronic plaque psoriasis; or

2 All of the following:
- 2.1 **Any of the following** ~~Either~~:
  - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Sensitivity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; ~~and~~ **or**
  - **2.1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; and**
- 2.2 Patient has tried, but had inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 2.3 A PASI assessment or Dermatology Quality Index (DLQI) assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 2.4 The most recent PASI or DLQI assessment is no more than 1 month old at the time of application.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand**,** ~~or~~ foot, **genital or flexural areas** at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and **for the face, palm of a hand or sole of a foot** the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Renewal — (severe chronic plaque psoriasis) ~~only from a dermatologist or Practitioner on the recommendation of a dermatologist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

Both ~~All of the following~~:

~~1 Either:~~
- ~~1.1 Applicant is a dermatologist; or~~
- ~~1.2 Applicant is a Practitioner and confirms that a dermatologist has provided a letter, email or fax recommending that the patient continues with etanercept treatment; and~~

continued...

Changes to Restrictions – effective 1 November 2024 (continued)

continued...

1 ~~2~~ **Any of the following** ~~Either~~:

1.1 ~~2.1~~ Both:

1.1.1 ~~2.1.1~~ Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and

1.1.2 ~~2.1.2~~ Either:

1.1.2.1 ~~2.1.2.1~~ Following each prior etanercept treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-treatment baseline value; or

1.1.2.2 ~~2.1.2.2~~ Following each prior etanercept treatment course the patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, when compared with the pre-treatment baseline value; or

1.2 ~~2.2~~ Both:

1.2.1 ~~2.2.1~~ Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

1.2.2 ~~2.2.2~~ Either:

1.2.2.1 ~~2.2.2.1~~ Following each prior etanercept treatment course the patient has a reduction in the PASI symptom sub-scores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

1.2.2.2 ~~2.2.2.2~~ Following each prior etanercept treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; ~~and~~ **or**

1.3 Both:

1.3.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and

1.3.2 Either

1.3.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or

1.3.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing etanercept; and

2 ~~3~~ Etanercept to be administered at doses no greater than 50 mg every 7 days.

Note: A treatment course is defined as a minimum of 12 weeks of etanercept treatment.

Changes to Restrictions – effective 1 November 2024 (continued)

188 ADALIMUMAB (AMGEVITA) – Special Authority see **SA2400** ~~2178~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg per 0.4 ml prefilled syringe	190.00	1	✔**Amgevita**
Inj 40 mg per 0.8 ml prefilled pen	375.00	2	✔**Amgevita**
Inj 40 mg per 0.8 ml prefilled syringe	375.00	2	✔**Amgevita**

➽ **SA2400** ~~2178~~ Special Authority for Subsidy

Initial application – (Plaque psoriasis – severe chronic) only from a dermatologist **or any relevant practitioner on the recommendation of a dermatologist**. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 Patient has had an initial Special Authority approval for etanercept for severe chronic plaque psoriasis; and
- 1.2 Either:
  - 1.2.1 Patient has experienced intolerable side effects; or
  - 1.2.2 Patient has received insufficient benefit to meet the renewal criteria for etanercept for severe chronic plaque psoriasis; or

2 All of the following:
- 2.1 **Any of the following** ~~Either~~:
  - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a PASI score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; ~~and~~ **or**
  - **2.1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; and**
- 2.2 Patient has tried, but received insufficient therapeutic effect from, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 2.3 A PASI assessment or DLQI assessment has been completed for at least the most recent prior treatment course but no longer than 1 month following cessation of each prior treatment course and is no more than 1 month old at the time of application.

Renewal — (Plaque psoriasis – severe chronic) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following ~~Either~~:

1 Both:
- 1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
- 1.2 Either:
  - 1.2.1 The patient has experienced a 75% or more reduction in PASI score, or is sustained at this level, when compared with the pre-treatment baseline value; or
  - 1.2.2 The patient has a DLQI improvement of 5 or more, when compared with the pre-treatment baseline value; or

2 Both:
- 2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and
- 2.2 Either
  - 2.2.1 The patient has experienced a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or
  - 2.2.2 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value**; or**

continued...

Changes to Restrictions – effective 1 November 2024 (continued)

continued...

3 Both:

3.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and

3.2 Either

3.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or

3.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing adalimumab.

206 CETUXIMAB – PCT only – Specialist – Special Authority see **SA2401** ~~1697~~ (amended Special Authority criteria)

Inj 5 mg per ml, 20 ml vial	364.00	1	✔**Erbitux**
Inj 5 mg per ml, 100 ml vial	1,820.00	1	✔**Erbitux**
Inj 1 mg for ECP	3.82	1 mg	✔**Baxter**

➽ **SA2401** ~~1697~~ Special Authority for Subsidy

Initial application – **(head and neck cancer, locally advanced)** only from a ~~medical oncologist~~ **relevant specialist** or ~~medical~~ **any relevant** practitioner on the recommendation of a **relevant specialist** ~~medical oncologist~~. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Patient has locally advanced, non-metastatic, squamous cell cancer of the head and neck; and

2 ~~Patient is contraindicated to, or is intolerant of, cisplatin~~ **Cisplatin is contraindicated or has resulted in intolerable side effects**; and

3 Patient has ~~good performance status~~ **an ECOG performance score of 0-2**; and

4 To be administered in combination with radiation therapy.

Initial application – (colorectal cancer, metastatic) 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:

All of the following:

1 Patient has metastatic colorectal cancer located on the left side of the colon (see Note); and

2 There is documentation confirming disease is RAS and BRAF wild-type; and

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

4 Patient has not received prior funded treatment with cetuximab; and

5 Either:

5.1 Cetuximab is to be used in combination with chemotherapy, or

5.2 Chemotherapy is determined to not be in the best interest of the patient based on clinician assessment

Renewal – (colorectal cancer, metastatic) only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 6 months for applications where there is no evidence of disease progression

Note: Left-sided colorectal cancer comprises of the distal one-third of the transverse colon, the splenic flexure, the descending colon, the sigmoid colon, or the rectum.

Changes to Restrictions – effective 1 November 2024 (continued)

207 INFLIXIMAB – PCT only – Special Authority see **SA2402** ~~2179~~ (amended Special Authority criteria – affected criteria shown only)

Inj 100 mg	428.00	1	✔**Remicade**
Inj 1 mg for ECP	4.40	1 mg	✔**Baxter**

➽ **SA2402** ~~2179~~ Special Authority for Subsidy

Initial application – (plaque psoriasis) only from a dermatologist or **any relevant** ~~P~~**p**ractitioner on the recommendation of a dermatologist. Approvals valid for 3 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 The patient has had an initial Special Authority approval for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; and
- 1.2 Either:
  - 1.2.1 Patient has experienced intolerable side effects from adalimumab, etanercept or secukinumab; or
  - 1.2.2 Patient has received insufficient benefit from adalimumab, etanercept or secukinumab to meet the renewal criteria for adalimumab, etanercept or secukinumab for severe chronic plaque psoriasis; or

2 All of the following:
- 2.1 **Any of the following** ~~Either~~:
  - 2.1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
  - 2.1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; ~~and~~ **or**
  - **2.1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; and**
- 2.2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and
- 2.3 A PASI assessment has been completed for at least the most recent prior treatment course (but preferably all prior treatment courses), preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and
- 2.4 The most recent PASI assessment is no more than 1 month old at the time of initiation.

Note: "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand**,** ~~or~~ foot, **genital or flexural areas** at least 2 of the 3 PASI symptom subscores for erythema, thickness and scaling are rated as severe or very severe, and **for the face, palm of a hand or sole of a foot** the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Renewal – (plaque psoriasis) ~~only from a dermatologist or Practitioner on the recommendation of a dermatologist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 **Any of the following** ~~Either~~:
- 1.1 Both:
  - 1.1.1 Patient had "whole body" severe chronic plaque psoriasis at the start of treatment; and
  - 1.1.2 Following each prior infliximab treatment course the patient has a PASI score which is reduced by 75% or more, or is sustained at this level, when compared with the pre-infliximab treatment baseline value; or

continued...

Changes to Restrictions – effective 1 November 2024 (continued)

continued...

1.2 Both:

1.2.1 Patient had severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot at the start of treatment; and

1.2.2 Either:

1.2.2.1 Following each prior infliximab treatment course the patient has a reduction in the PASI symptom subscores for all 3 of erythema, thickness and scaling, to slight or better, or sustained at this level, as compared to the treatment course baseline values; or

1.2.2.2 Following each prior infliximab treatment course the patient has a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-infliximab treatment baseline value; ~~and~~ **or**

1.3 Both:

1.3.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and

1.3.2 Either

1.3.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or

1.3.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing infliximab; and

2 Infliximab to be administered at doses no greater than 5 mg/kg every 8 weeks.

Changes to Restrictions – effective 1 November 2024 (continued)

232 SECUKINUMAB – Special Authority see **SA2403** ~~2084~~ – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 150 mg per ml, 1 ml prefilled syringe	799.50	1	✔**Cosentyx**
	1,599.00	2	✔**Cosentyx**

SA2403 ~~2084~~ Special Authority for Subsidy

Initial application — (severe chronic plaque psoriasis – first-line biologic) only from a dermatologist **or any relevant practitioner on the recommendation of a dermatologist**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 **Any of the following** ~~Either~~:
   - 1.1 Patient has "whole body" severe chronic plaque psoriasis with a Psoriasis Area and Severity Index (PASI) score of greater than 10, where lesions have been present for at least 6 months from the time of initial diagnosis; or
   - 1.2 Patient has severe chronic plaque psoriasis of the face, or palm of a hand or sole of a foot, where the plaque or plaques have been present for at least 6 months from the time of initial diagnosis; ~~and~~ **or**
   - **1.3 Patient has severe chronic localised genital or flexural plaque psoriasis where the plaques or lesions have been present for at least 6 months from the time of initial diagnosis, and with a Dermatology Life Quality Index (DLQI) score greater than 10; and**

2 Patient has tried, but had an inadequate response (see Note) to, or has experienced intolerable side effects from, at least three of the following (at maximum tolerated doses unless contraindicated): phototherapy, methotrexate, ciclosporin, or acitretin; and

3 A PASI assessment or Dermatology Quality of Life Index (DLQI) assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and

4 The most recent PASI or DQLI assessment is no more than 1 month old at the time of application.

Note: A treatment course is defined as a minimum of 12 weeks of treatment. "Inadequate response" is defined as: for whole body severe chronic plaque psoriasis, a PASI score of greater than 10, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment; for severe chronic plaque psoriasis of the face, hand**,** ~~or~~ foot**, genital or flexural areas,** at least 2 of the 3 PASI symptom sub scores for erythema, thickness and scaling are rated as severe or very severe, and **for the face, palm of a hand or sole of a foot** the skin area affected is 30% or more of the face, palm of a hand or sole of a foot, as assessed preferably while still on treatment but no longer than 1 month following cessation of the most recent prior treatment.

Renewal — (severe chronic plaque psoriasis – first and second-line biologic) ~~only from a dermatologist or medical practitioner on the recommendation of a dermatologist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

Both:

1 Either:
   - **1.1 Either:**
   - ~~1.1~~ **1.1.1** Patient's PASI score has reduced by 75% or more (PASI 75) as compared to baseline PASI prior to commencing secukinumab; or
   - ~~1.2~~ **1.1.2** Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; ~~and~~ **or**
   - **1.2 Both:**
     - **1.2.1 Patient had severe chronic localised genital or flexural plaque psoriasis at the start of treatment; and**
     - **1.2.2 Either**
       - **1.2.2.1 The patient has experienced a reduction of 75% or more in the skin area affected, or sustained at this level, as compared to the pre-treatment baseline value; or**
       - **1.2.2.2 Patient has a Dermatology Quality of Life Index (DLQI) improvement of 5 or more, as compared to baseline DLQI prior to commencing secukinumab; and**

2 Secukinumab to be administered at a maximum dose of 300 mg monthly.

Changes to Restrictions – effective 1 November 2024 (continued)

234 TOCILIZUMAB – PCT only – Special Authority see **SA2404** ~~2332~~ (amended Special Authority criteria – affected criteria shown only)

Inj 20 mg per ml, 4 ml vial	220.00	1	✔**Actemra**
Inj 20 mg per ml, 10 ml vial	550.00	1	✔**Actemra**
Inj 20 mg per ml, 20 ml vial	1,100.00	1	✔**Actemra**
Inj 1 mg for ECP	2.85	1 mg	✔**Baxter**

SA2404 ~~2332~~ Special Authority for Subsidy

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

Either:

1 **Both** ~~All of the following~~:

~~1.1 The patient is enrolled in the Children's Oncology Group AALL1731 trial; and~~

1.1 ~~1.2~~ The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and

1.2 ~~1.3~~ Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses (if less than 30kg, maximum of 12 mg/kg); or

2 All of the following:

2.1 The patient is enrolled in the Malaghan Institute of Medical Research ENABLE trial programme; and

2.2 The patient has developed CRS or Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) following CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and

2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS or ICANS for CAR T-cell therapy at doses no greater than 8 mg/kg IV for a maximum of 3 doses.

245 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA2405** ~~2306~~ (amended Special Authority criteria – new criteria shown only)

Inj 10 mg per ml, 4 ml vial	1,051.98	1	✔**Opdivo**
Inj 10 mg per ml, 10 ml vial	2,629.96	1	✔**Opdivo**
Inj 1 mg for ECP	27.62	1 mg	✔**Baxter**

SA2405 ~~2306~~ Special Authority for Subsidy

Initial application – (Renal 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 nivolumab and met all remaining criteria prior to commencing treatment; or

2 All of the following:

2.1 Patient has metastatic renal-cell carcinoma; and

2.2 The disease is of predominant clear-cell histology; and

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

2.4 Patient has documented disease progression following one or two previous regimens of antiangiogenic therapy; and

2.5 Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (or equivalent) and discontinued at disease progression.

Renewal – (Renal 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:

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 Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (or equivalent) and discontinued at disease progression.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Changes to Restrictions – effective 1 October 2024

55	ATORVASTATIN (stat dispensing removed)			
	Tab 10 mg	5.16	500	✔**Lorstat**
	Tab 20 mg	8.12	500	✔**Lorstat**
	Tab 40 mg	13.79	500	✔**Lorstat**

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 November 2024

120 IBUPROFEN (↑ subsidy)
✻ Oral liq 20 mg per ml ..... 2.85 200 ml ✔**Ethics**

161 PEMETREXED – PCT only (↓ subsidy)
Inj 1 mg for ECP ..... 0.11 1 mg ✔**Baxter**

▲ 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 November 2024

81	INTRA-UTERINE DEVICE			
	a) Up to 40 dev available on a PSO			
	b) Only on a PSO			
	✻ IUD 29.1 mm length × 23.2 mm width	29.80	1	✔7 MED NSHA Silver/Copper Short ✔Choice TT380 Short
	✻ IUD 33.6 mm length × 29.9 mm width	29.80	1	✔Choice TT380 Standard
	✻ IUD 35.5 mm length × 19.6 mm width	33.00	1	✔Choice Load 375
88	TESTOSTERONE			
	Patch 5 mg per day	225.00	30	✔Androderm
102	CIPROFLOXACIN			
	Recommended for patients with any of the following: i) microbiologically confirmed and clinically significant pseudomonas infection; or ii) prostatitis; or iii) pyelonephritis; or iv) gonorrhoea.			
	Tab 250 mg – Up to 5 tab available on a PSO	2.42	28	✔Cipflox
		3.85	10	✔Ciprofloxacin - Torrent
	Tab 500 mg – Up to 5 tab available on a PSO	4.25	10	✔Ciprofloxacin - Torrent
271	PHARMACY SERVICES			
	✻ Brand switch fee	4.50	1 fee	✔BSF Noumed Phenobarbitone
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Noumed Phenobarbitone is 2684756.			
	✻ COVID-19 Services	0.00	1 fee	✔After Hours Med Mgmt 15 min ✔After Hours Med Mgmt 30 min ✔After Hours Med Mgmt 45 min ✔Antivirals Eligibility Review ✔Compliance Packaging ✔Med Mgmt 15 min ✔Med Mgmt 30 min ✔Med Mgmt 45 min ✔Medicine Delivery

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 February 2025

40 NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm]
For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.
Inj 500 iu vial ..... 435.00 1 ✔**RIXUBIS**

40 OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – [Xpharm]
For patients with haemophilia. Preferred Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.
Inj 250 iu vial ..... 210.00 1 ✔**Advate**
Inj 1,500 iu vial ..... 1,260.00 1 ✔**Advate**

40 RURIOCTOCOG ALFA PEGOL [RECOMBINANT FACTOR VIII] – [Xpharm]
For patients with haemophilia A receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management group.
Inj 250 iu vial ..... 300.00 1 ✔**Adynovate**
Inj 500 iu vial ..... 600.00 1 ✔**Adynovate**

Effective 1 April 2025

8 HYOSCINE BUTYLBROMIDE
✳ Tab 10 mg ..... 6.35 100 ✔**Buscopan**

72 OIL IN WATER EMULSION
✳ Crm ..... 2.04 500 g ✔**Fatty Cream AFT**

120 IBUPROFEN
✳ Tab long-acting 800 mg ..... 3.05 30 ✔**Brufen SR**

145 TERIFLUNOMIDE – Special Authority see SA2274 – Retail pharmacy
a) Wastage claimable
b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.
Tab 14 mg ..... 659.90 28 ✔**Aubagio**

272 ACETYLCYSTEINE
Inj 200 mg per ml, 10 ml ampoule ..... 52.88 10 ✔**Martindale Pharma**

272 NALOXONE HYDROCHLORIDE
a) Up to 10 inj available on a PSO
b) Only on a PSO
✳ Inj 400 mcg per ml, 1 ml ampoule ..... 35.26 10 ✔**Hameln**

Effective 1 May 2025

197 ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see SA2157 – Retail pharmacy
Inj 40 mg per 0.4 ml prefilled pen ..... 1,599.96 2 ✔**HumiraPen**
Note – this delist applies to Pharmacode 2635003.

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 June 2025

100 AMOXICILLIN WITH CLAVULANIC ACID

Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml – Up to 200 ml available on a PSO ..... 4.65 100 ml OP ✔**Curam**

Index
Pharmaceuticals and brands

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

ISSN 1179-3686 (Online)

Te Kāwanatanga o Aotearoa New Zealand Government