

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

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

December 2024

Contents

Summary of Pharmac decisions effective 1 December 2024.....	3
Tender News	6
Looking Forward	6
Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 2024	7
New Listings.....	18
Changes to Restrictions, Chemical Names and Presentations	22
Changes to Subsidy and Manufacturer’s Price.....	29
Delisted Items	30
Items to be Delisted	33
Index.....	35

Summary of Pharmac decisions

EFFECTIVE 1 DECEMBER 2024

New listings (pages 18-21)

- Heparin sodium (Wockhardt PSF) inj 1,000 iu per ml, 5 ml ampoule – s29 and wastage claimable
- Flecainide acetate (Almarytm) inj 10 mg per ml, 15 ml ampoule – s29 and wastage claimable
- Amiloride hydrochloride (Wockhardt and Padagis) tab 5 mg – s29 and wastage claimable
- Norethisterone (Noriday) tab 350 mcg – up to 84 tab available on a PSO, brand switch fee payable
- Beta-hCG low sensitivity urine test kit (CheckToP) midstream, 1 test OP – up to 15 test available on a PSO
- Gentamicin sulphate (Cidomycin P/Free) inj 40 mg per ml, 2 ml vial – Subsidy by endorsement, s29 and wastage claimable
- Isoniazid (Noumed Isoniazid) tab 100 mg – Retail pharmacy-Specialist and no patient co-payment payable
- Hydroxychloroquine sulphate (Ipca-Hydroxychloroquine) tab 200 mg
- Levomepromazine hydrochloride (Nozinan) inj 25 mg per ml, 1 ml ampoule – safety medicine, s29 and wastage claimable
- Midazolam (Midazolam Viatrix) inj 1 mg per ml, 5 ml ampoule – safety medicine
- Lisdexamfetamine dimesilate (Vyvanse) cap 30 mg – no more than 1 cap per day, cap 50 mg and 70 mg – Special Authority – Retail pharmacy, only on a controlled drug form and safety medicine
- Modafinil (Modafinil Max Health) tab 100 mg – Special Authority – Retail pharmacy
- Cisplatin (Cisplatin Accord) inj 1 mg per ml, 50 ml vial – PCT only – Specialist
- Amsacrine (AmsaLyo) inj 75 mg – PCT only – Specialist, s29
- Pazopanib (Pazopanib Teva) Tab 200 mg and 400 mg – Special Authority – Retail pharmacy
- Lenvatinib (Lenvima) cap 4 mg and 10 mg – Special Authority – Retail pharmacy and wastage claimable
- Octreotide (Omega) inj 50 mcg per ml, 1 ml vial and inj 500 mcg per ml, 1 ml vial – s29 and wastage claimable
- Pharmacy services brand switch fee – may only be claimed once per patient (BSF Midazolam-Baxter) and immunisation administration fee – other (Immunisation Other)

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

Changes to restrictions (pages 22-28)

- SGLT2 Inhibitors – amended Special Authority criteria
- Empagliflozin (Jardiance) tab 10 mg and 25 mg – removal of note
- Empagliflozin with metformin hydrochloride (Jardiamet) tab 5 mg with 500 mg and 1,000 mg metformin hydrochloride and tab 12.5 mg with 500 mg and 1,000 mg metformin hydrochloride – removal of note
- Levothyroxine (Eltroxin) tablet 50 mcg and 100 mcg – removal of brand switch fee
- Diltiazem hydrochloride (Diltiazem CD Clinect) cap long-acting 120 mg – removal of stat dispensing
- Hydroxychloroquine sulphate (Plaquenil and Ipca-Hydroxychloroquine) tab 200 mg – amended chemical name and removal of subsidy by endorsement
- Methadone hydrochloride tab 5 mg (Methadone BNM), oral liq 2 mg per ml, 200 ml (Biodone), oral liq 5 mg per ml, 200 ml (Biodone Forte), oral liq 10 mg per ml, 200 ml (Biodone Extra Forte) and inj 10 mg per ml, 1 ml (AFT) – removal of note
- Midazolam (Midazolam-Baxter) inj 5 mg per ml, 3 ml ampoule – addition of brand switch fee
- Dexamfetamine sulfate (Noumed Dexamfetamine) tab 5 mg – amended Special Authority criteria
- Methylphenidate hydrochloride tab immediate-release 5 mg, 10 mg and 20 mg (Rubifen), tab sustained-release 20 mg (Rubifen SR), tab immediate-release 10 mg (Ritalin) and tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Methylphenidate ER – Teva) – amended Special Authority criteria
- Methylphenidate hydrochloride extended-release tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Concerta) and cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA) – amended Special Authority criteria
- Modafinil (Modavigil and Modafinil Max Health) tab 100 mg – amended Special Authority criteria
- Lenalidomide (Lenalidomide Viartis) cap 5 mg, 10 mg, 15 mg and 25 mg – removal of brand switch fee
- Pomalidomide (Pomolide) cap 1 mg, 2 mg, 3 mg and 4 mg – removal of brand switch fee
- Everolimus (Afinitor) tab 5 mg and 10 mg – amended Special Authority criteria
- Pharmacy services immunisation administration fee – flu or shingles (Immunisation Flu or Shingles) and immunisation co-administration fee – flu and shingles (Immunisation Flu and Shingles) – amend presentation description and brand name

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

Increased subsidy (page 29)

- Sodium chloride (Baxter) inj 0.9%, bag, 500 ml and 1,000 ml bag
- Betamethasone valerate (Betnovate) lotn 0.1%, 50 ml OP
- Fentanyl (Boucher and Muir) inj 50 mcg per ml, 2 ml ampoule
- Salbutamol (Ventolin) oral liq 400 mcg per ml, 150 ml

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes

– effective 1 January 2025

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg; 3 cap	PSS	Emend (MSD)
Bimatoprost	Eye drops 0.03%, 3 ml OP	PSS	Lumigan (AbbVie)
Bosentan	Tab 62.5 mg; 60 tab	PSS	Bosentan Dr Reddy's (Dr Reddy's)
Bosentan	Tab 125 mg; 60 tab	PSS	Bosentan Dr Reddy's (Dr Reddy's)
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule; 5 inj	PSS	Catapres (Clinect)
Naphazoline hydrochloride	Eye drops 0.1%; 15 ml OP	PSS	Albalon (AbbVie)

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 January 2025

- Durvalumab inj 50 mg per ml, 2.4 ml and 10 ml vial (Imfinzi) and inj 1 mg for ECP (Baxter) – amend Special Authority criteria
- Solifenacin succinate (Solifenacin succinate Max Health) tab 5 mg and 10 mg – new listing

Possible decisions for future implementation 1 January 2025

- Budesonide with glycopyrronium and eformoterol (Breztri Aerosphere) aerosol inhaler budesonide 160 mcg with glycopyrronium 7.2 mcg and formoterol 5 mcg per dose, 120 dose OP – new listing with Special Authority
- Osimertinib (Tagrisso) tab 40 mg and 80 mg – new listing with Special Authority
- Palivizumab (Synagis) inj 100 mg per ml, 1 ml vial – new listing with Special Authority
- Trastuzumab deruxtecan inj 100 mg per ml, 1 ml vial (Enhertu) and inj 1 mg for ECP (Baxter) – new listing with Special Authority

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatrix	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 Viatrix	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
Amisulpride	Tab 100 mg, 200 mg & 400 mg	Sulprix	2027
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
Anastrozole	Tab 1 mg	Anatrole	2026
Ascorbic acid	Tab 100 mg	CVite	2025
Aspirin	Tab 100 mg Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
Atazanavir sulphate	Cap 200 mg Cap 150 mg	Atazanavir Viatrix Atazanavir Mylan	2025
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	APO-Atomoxetine	2026
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2027
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt	2026
Azathioprine	Tab 25 mg Tab 50 mg	Azamun	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 December 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine AJV	2027
Baclofen	Tab 10 mg	Pacifen	2027
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg and 5 mg	Arrow-Bendrofluazide	2026
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026
Bethahistine dihydrochloride	Tab 16 mg	Serc	2026
Betamethasone dipropionate	Crn 0.05%, 15 g OP and 50 g OP Oint 0.05%, 15 g OP and 50 g OP	Diprosone	2026
Betamethasone dipropionate with calcipotriol	Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP Oint 500 mcg with calcipotriol 50 mcg per g; 30 g OP	Daivobet	2027
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
Brimonidine tartrate with timolol maleate	Eye drops 0.2% with timolol maleate 0.5%, 5 ml OP	Combigan	2027
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2027
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
Buspiron hydrochloride	Tab 5 mg & 10 mg	Buspiron Viatris	2027
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Cetomacrogol with glycerol	Crm 90% with glycerol 10%, 500 ml OP Crm 90% with glycerol 10%, 1,000 ml OP	Evvara	2025
Chloramphenicol	Eye drops 0.5% Eye oint 1%, 5 g OP	Chlorsig Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027
Ciprofloxacin	Tab 750 mg Tab 250 mg & 500 mg	Ipca-Ciprofloxacin	2027 2026
Citalopram hydrobromide	Tab 20 mg	Celapram	2025
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Cap 150 mg Inj 150 mg per ml	Dalacin C Hameln	2026 2025
Clobetasol propionate	Crm & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
Clonidine hydrochloride	Tab 25 mcg	Clonidine Teva	2025
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
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
Cyclophosphamide	Tab 50 mg	Cyclonex	2027
Cyproterone acetate with ethinylloestradiol	Tab 2 mg with ethinylloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Dabigatran	Cap 75 mg, 110 mg and 150 mg	Pradaxa	2026
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatrix	2026
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	Noumed Dexamfetamine	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Boostrix	2027
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;	Infanrix IPV	2027
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	Infanrix-hexa	2027
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
Eplerenone	Tab 25 mg & 50 mg	Inspra	2027
Erlotinib	Tab 100 mg & 150 mg	Alchemy	2027
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca)	2026
Ethinylestradiol 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026
Fentanyl	Patches 12.5 mcg, 25 mcg, 50 mcg, 75 mcg & 100 mcg per hour	Fentanyl Sandoz	2027
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2027
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2025
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2027
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
Fluorouracil	Crn 5%, 20 g OP	Efudix	2027
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
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2027
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 0.5 ml syringe	Havrix 1440	2027
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml prefilled syringe Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mcg in 0.5 ml syringe	Gardasil 9	2027
Hydrocortisone	Inj 100 mg vial Crm 1%; 500 g Crm 1%; 30 g OP	Solu-Cortef Noumed Ethics	2027 2025
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%, 250 ml	DP Lotn (HC)	2026
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2026
Hyoscine Butylbromide	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Tab 200 mg	Relieve	2026
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
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
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2027
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2026
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatrix	2026
Latanoprost with timolol	Eye drops 0.005% with timolol 0.5%, 2.5 ml OP	Arrow - Lattim	2026
Leflunomide	Tab 10 mg & 20 mg	Arava	2026
Letrozole	Tab 2.5 mg	Letrole	2027
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
Linezolid	Tab 600 mg	Zyvox	2027
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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	Priorix	2027
Mebendazole	Tab 100 mg	Vermox	2027
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
Melatonin	Tab modified-release 2 mg	Vigisom	2027
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	MenQuadfi	2027
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
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Tab 2.5 mg & 10 mg	Trexate	2027
Methylprednisolone aceponate	Crn 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2026
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg	Myloc CR (Viatris)	2026
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
Miconazole nitrate	Crn 2%, 15 g OP	Multichem	2026
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatris	2025
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025

*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 December 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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	Tab 50 mg Cap modified-release 100 mg	Nifuran Macrobid	2027 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
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Sandostatin LAR	2027
Oestradiol	Gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP	Estrogel	31/10/2027
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
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Hameln	2027
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2027
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 (Viatrix)	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

**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 December 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Paraffin	White soft, 450 g	EVARA White Soft Paraffin	2026
	White soft, 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
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
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2027
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	Prevenar 13	2027
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2027
Polioyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2027
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
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2027
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

*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 December 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
Rifaximin	Tab 550 mg	Xifaxan	2027
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 Viartis	2026
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2027
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2027
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viartis 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
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2027
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 Viartis	2025
Tenoxicam	Tab 20 mg	Tilcotil	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 December 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2027
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Inj 40 mg per ml, 2 ml vial Soln for inhalation 60 mg per ml, 5 ml	Viatrix Tobramycin BNM	2027 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
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2027
Triamcinolone acetonide	Paste 0.1%, 5 g OP Crn 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
Tuberculin PPD [mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2027
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2026
Vancomycin	Inj 500 mg vial	Mylan	2026
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2027
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 4 mg per 5 ml, vial Inj 0.05 mg per ml, 100 ml bag	Zoledronic Acid Viatrix	2027 2025

December 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 December 2024

44	HEPARIN SODIUM Inj 1,000 iu per ml, 5 ml ampoule..... Wastage claimable	103.70	10	✓ Wockhardt PSF ^{S29}
50	FLECAINIDE ACETATE Inj 10 mg per ml, 15 ml ampoule Wastage claimable	102.79	5	✓ Almarytm ^{S29}
53	AMILORIDE HYDROCHLORIDE Tab 5 mg..... Wastage claimable Tab 5 mg..... Wastage claimable	171.41 81.07	28 100	✓ Wockhardt ^{S29} ✓ Padagis ^{S29}
83	NORETHISTERONE – Brand switch fee payable (Pharmacode 2692120) Tab 350 mcg – Up to 84 tab available on a PSO.....	12.25	84	✓ Noriday
84	BETA-HCG LOW SENSITIVITY URINE TEST KIT a) Note: for use in abortion services only. b) Up to 15 test available on a PSO Midstream	16.28	1 test OP	✓ CheckTOP
102	GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml vial – Subsidy by endorsement..... 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.	36.70	5	✓ Cidomycin P/Free ^{S29}
109	ISONIAZID – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician * Tab 100 mg.....	327.41	100	✓ Noumed Isoniazid
121	HYDROXYCHLOROQUINE SULPHATE * Tab 200 mg.....	7.80	100	✓ Ipca-Hydroxychloroquine
140	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule Wastage claimable	24.48	10	✓ Nozinan ^{S29}
147	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule	16.75	10	✓ Midazolam Viatris

^{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

New Listings – effective 1 December 2024 (continued)

149	LISDEXAMFETAMINE DIMESILATE – Special Authority see SA2415 – Retail pharmacy a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Cap 30 mg – no more than 1 cap per day 60.00 Cap 50 mg 60.00 Cap 70 mg 60.00	30 30 30	✓ Vyvanse ✓ Vyvanse ✓ Vyvanse
	<p>▶ SA2415 Special Authority for Subsidy Initial application only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid without further renewal unless notified for applications meeting the following criteria. Either:</p> <ol style="list-style-type: none"> 1 Patient is currently on treatment with lisdexamfetamine dimesilate and met all remaining criteria prior to commencing treatment; or 2 All of the following: <ol style="list-style-type: none"> 2.1 ADHD (Attention Deficit and Hyperactivity Disorder); and 2.2 Diagnosed according to DSM-V or ICD 11 criteria; and 2.3 Either: <ol style="list-style-type: none"> 2.3.1 Applicant is a paediatrician or psychiatrist; or 2.3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and 2.4 Any of the following: <ol style="list-style-type: none"> 2.4.1 Patient is taking a currently subsidised formulation of atomoxetine or methylphenidate hydrochloride (extended-release) and has not received sufficient benefit or has experienced intolerable side effects; or 2.4.2 Patient is taking a currently subsidised formulation of dexamfetamine sulfate (immediate-release) which has not been effective due to significant administration and/or treatment adherence difficulties; or 2.4.3 There is significant concern regarding the risk of diversion or abuse of immediate release dexamfetamine sulfate; or 2.4.4 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or treatment adherence difficulties; or 2.4.5 There is significant concern regarding the risk of diversion or abuse of immediate release methylphenidate hydrochloride; or 2.4.6 Both: <ol style="list-style-type: none"> 2.4.6.1 Patient would have been prescribed a subsidised formulation of methylphenidate hydrochloride (extended-release) but has been unable to access due to supply issues with methylphenidate hydrochloride (extended-release); and 2.4.6.2 Other alternative stimulant presentations (methylphenidate or dexamfetamine) are not appropriate; and 2.5 Lisdexamfetamine dimesilate is not to be used in combination with another funded methylphenidate presentation. 		
151	MODAFINIL – Special Authority see SA2413 – Retail pharmacy Tab 100 mg 14.27	30	✓ Modafinil Max Health
158	CISPLATIN – PCT only – Specialist Inj 1 mg per ml, 50 ml vial 9.45	1	✓ Cisplatin Accord
163	AMSACRINE – PCT only – Specialist Inj 75 mg 6,218.00	5	✓ AmsaLyo S29

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 December 2024 (continued)

174	PAZOPANIB – Special Authority see SA1190 – Retail pharmacy			
	Tab 200 mg.....	172.88	30	✓ Pazopanib Teva
	Tab 400 mg.....	464.00	30	✓ Pazopanib Teva
174	LENVATINIB – Special Authority see SA2407 – Retail pharmacy			
	Wastage claimable			
	Cap 4 mg	3,407.40	30	✓ Lenvima
	Cap 10 mg	3,407.40	30	✓ Lenvima

▶ SA2407 Special Authority for Subsidy

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

Either:

- 1 Patient is currently on treatment with lenvatinib and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 The patient has locally advanced or metastatic differentiated thyroid cancer; and
 - 2.2 Either:
 - 2.2.1 Patient must have symptomatic progressive disease prior to treatment; or
 - 2.2.2 Patient must progressive disease at critical anatomical sites with a high risk of morbidity or mortality where local control cannot be achieved by other measures; and
 - 2.3 Any of the following:
 - 2.3.1 A lesion without iodine uptake in a RAI scan; or
 - 2.3.2 Receiving cumulative RAI greater than or equal to 600 mCi; or
 - 2.3.3 Experiencing disease progression after a RAI treatment within 12 months; or
 - 2.3.4 Experiencing disease progression after two RAI treatments administered within 12 months of each other; and
 - 2.4 Patient has thyroid stimulating hormone (TSH) adequately suppressed; and
 - 2.5 Patient is not a candidate for radiotherapy with curative intent; and
 - 2.6 Surgery is clinically inappropriate; and
 - 2.7 Patient has an ECOG performance status of 0-2.

Renewal – (thyroid cancer) from any relevant practitioner. Approvals valid for 6 months where there is no evidence of disease progression.

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

All of the following:

- 1 Patient has unresectable hepatocellular carcinoma; and
- 2 Patient has preserved liver function (Childs-Pugh A); and
- 3 Transarterial chemoembolisation (TACE) is unsuitable; and
- 4 Patient has an ECOG performance status of 0-2; and
- 5 Patient has not received prior systemic therapy for their disease in the palliative setting.

Renewal – (unresectable hepatocellular carcinoma) from any relevant practitioner. Approvals valid for 6 months where there is no evidence of disease progression.

Initial application – (renal cell carcinoma) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either:

1. All of the following:
 - 1.1 The patient has metastatic renal cell carcinoma; and
 - 1.2 The disease is of predominant clear-cell histology; and
 - 1.3 The patient has documented disease progression following one previous line of treatment; and
 - 1.4 The patient has an ECOG performance status of 0-2; and
 - 1.5 Lenvatinib is to be used in combination with everolimus; or

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

New Listings – effective 1 December 2024 (continued)

continued...

2 All of the following:

- 2.1 Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma; and
- 2.2 Patient has experienced treatment limiting toxicity from treatment with nivolumab; and
- 2.3 Lenvatinib is to be used in combination with everolimus; and
- 2.4 There is no evidence of disease progression.

Renewal – (renal cell carcinoma) from any relevant practitioner. Approvals valid for 4 months where there is no evidence of disease progression.

181	OCTREOTIDE			
	Inj 50 mcg per ml, 1 ml vial	27.58	5	✓ Omega \$29
	Wastage claimable			
	Inj 500 mcg per ml, 1 ml vial	113.10	5	✓ Omega \$29
	Wastage claimable			
274	PHARMACY SERVICES			
	* Brand switch fee	4.50	1 fee	✓ BSF Midazolam-Baxter
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Midazolam-Baxter is 2695863			
	* Immunisation administration fee – other	0.00	1 fee	✓ Immunisation Other

▲ 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, Chemical Names and Presentations

Effective 1 December 2024

12 SGLT2 Inhibitors (amended Special Authority criteria)

► **SA2408** ~~2068~~ Special Authority for Subsidy

Initial application – (heart failure reduced ejection fraction) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

All of the following:

1 Patient has heart failure; and

2 Patient is in NYHA functional class II or III or IV; and

3 Either:

3.1 Patient has a documented left ventricular ejection fraction (LVEF) of less than or equal to 40%; or

3.2 An ECHO is not reasonably practicable, and in the opinion of the treating practitioner the patient would benefit from treatment; and

4 Patient is receiving concomitant optimal standard funded chronic heart failure treatment

Initial application – (Type 2 Diabetes) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 Patient has previously received an initial approval for a GLP-1 agonist; or

2 All of the following:

2.1 Patient has type 2 diabetes; and

2.2 Any of the following:

2.2.1 Patient is Māori or any Pacific ethnicity*; or

2.2.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or

2.2.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or

2.2.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or

2.2.5 Patient has diabetic kidney disease (see note b)*; and

2.3 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of at least one blood-glucose lowering agent (e.g. metformin, vildagliptin, or insulin) for at least 3 months.

Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.

b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause.

c) Funded [empagliflozin / empagliflozin with metformin hydrochloride] treatment is not to be given in combination with a funded GLP-1 unless receiving (empagliflozin / empagliflozin with metformin hydrochloride) for the treatment of heart failure.

13 EMPAGLIFLOZIN – Special Authority see SA2408 – Retail pharmacy (removal of note)

Note: Not to be given in combination with a funded GLP-1 agonist:

* Tab 10 mg.....58.56 30 ✓ **Jardiance**

* Tab 25 mg.....58.56 30 ✓ **Jardiance**

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 December 2024 (continued)

13	EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE – Special Authority see SA2408 – Retail pharmacy (removal of note) Note: Not to be given in combination with a funded GLP-1 agonist. * Tab 5 mg with 1,000 mg metformin hydrochloride 58.56 * Tab 5 mg with 500 mg metformin hydrochloride 58.56 * Tab 12.5 mg with 1,000 mg metformin hydrochloride 58.56 * Tab 12.5 mg with 500 mg metformin hydrochloride 58.56	60 60 60 60	✓ Jardiamet ✓ Jardiamet ✓ Jardiamet ✓ Jardiamet
52	DILTIAZEM HYDROCHLORIDE (removal of stat dispensing) Cap long-acting 120 mg 65.35	500	✓ Diltiazem CD Clinect
91	LEVOTHYROXINE (removal of brand switch fee) * Tablet 50 mcg – Brand switch fee payable (Pharmacode 2689251) 12.86 * Tablet 100 mcg – Brand switch fee payable (Pharmacode 2689251) 13.36	200 200	✓ Eltroxin ✓ Eltroxin
121	HYDROXYCHLOROQUINE SULPHATE – Subsidy by endorsement (amended chemical name and removal of 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 7.80	100	✓ Plaquenil ✓ Ipca-Hydroxychloroquine
130	METHADONE HYDROCHLORIDE (removal of note) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets). e) For methadone hydrochloride oral liquid refer Standard Formulae Tab 5 mg 1.45 Oral liq 2 mg per ml 7.80 Oral liq 5 mg per ml 7.80 Oral liq 10 mg per ml 9.65 Inj 10 mg per ml, 1 ml 68.90	10 200 ml 200 ml 200 ml 10	✓ Methadone BNM ✓ Biodone ✓ Biodone Forte ✓ Biodone Extra Forte ✓ AFT
147	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (addition of brand switch fee) Inj 5 mg per ml, 3 ml ampoule – Brand switch fee payable (Pharmacode 2695863) 4.75	5	✓ Midazolam-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**

Changes to Restrictions – effective 1 December 2024 (continued)

149	DEXAMFETAMINE SULFATE – Special Authority see SA2410 1149 – Retail pharmacy (amended Special Authority criteria) a) Only on a controlled drug form b) Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	29.80	100	✓ Noumed Dexamfetamine
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➔ **SA2410 1149** Special Authority for Subsidy

Initial application – (ADHD in patients **aged 5 years** or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) **or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing)**. Approvals valid for ~~24 months~~ **without further renewal unless notified** for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) **in** patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
 - 3.1 Applicant is a paediatrician or psychiatrist; or
 - 3.2 Applicant is a medical practitioner **or nurse practitioner** and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Initial application – (ADHD in patients **aged under 5 years**) only from a paediatrician or psychiatrist. Approvals valid for ~~12 months~~ **without further renewal unless notified** for applications meeting the following criteria:

Both:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) **in** patients under 5 years of age; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria.

Initial application – (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for ~~24 months~~ **without further renewal unless notified** where the patient suffers from narcolepsy.

Renewal – (ADHD in patients 5 or over) only from a paediatrician, psychiatrist or medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for 24 months for applications meeting the following criteria:

Both:

1 The treatment remains appropriate and the patient is benefiting from treatment; and

2 Either:

- 2.1 Applicant is a paediatrician or psychiatrist; or
- 2.2 Applicant is a medical practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Renewal – (ADHD in patients under 5) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal – (Narcolepsy) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment on you mean food remains appropriate and the patient is benefiting from treatment.

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 December 2024 (continued)

149	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA2411 1964 – Retail pharmacy (amended Special Authority criteria)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab immediate-release 5 mg.....	3.20	30	✓ Rubifen
	Tab immediate-release 10 mg.....	3.00	30	✓ Ritalin
				✓ Rubifen
	Tab extended-release 18 mg.....	7.75	30	✓ Methylphenidate ER - Teva
	Tab immediate-release 20 mg.....	7.85	30	✓ Rubifen
	Tab sustained-release 20 mg.....	10.95	30	✓ Rubifen SR
	Tab extended-release 27 mg.....	11.45	30	✓ Methylphenidate ER - Teva
	Tab extended-release 36 mg.....	15.50	30	✓ Methylphenidate ER - Teva
	Tab extended-release 54 mg.....	22.25	30	✓ Methylphenidate ER - Teva

► **SA2411 1964** Special Authority for Subsidy

Initial application – (ADHD in patients **aged 5 years** or over) only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for **24 months without further renewal unless notified** for applications meeting the following criteria:

All of the following:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) in patients aged 5 years or over; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 3 Either:
 - 3.1 Applicant is a paediatrician or psychiatrist; or
 - 3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Initial application – (ADHD in patients **aged under 5 years**) only from a paediatrician or psychiatrist. Approvals valid for **12 months without further renewal unless notified** for applications meeting the following criteria:

Both:

- 1 ADHD (Attention Deficit and Hyperactivity Disorder) in patients under 5 years of age; and
- 2 Diagnosed according to DSM-IV or ICD 10 criteria.

Initial application – (Narcolepsy*) only from a neurologist or respiratory specialist. Approvals valid for **24 months without further renewal unless notified** where the patient suffers from narcolepsy.

Note: *narcolepsy is not a registered indication for Methylphenidate ER – Teva.

Renewal – (ADHD in patients **5 or over**) only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing):

Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 The treatment remains appropriate and the patient is benefiting from treatment; and
- 2 Either:

- 2.1 Applicant is a paediatrician or psychiatrist; or
- 2.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.

Renewal – (ADHD in patients **under 5**) only from a paediatrician or psychiatrist. Approvals valid for 12 months where the treatment remains appropriate and the patient is benefiting from treatment.

Renewal – (Narcolepsy*) only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.

Note: *narcolepsy is not a registered indication for Methylphenidate ER – Teva.

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 December 2024 (continued)

150 METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see **SA2412 2305** – Retail pharmacy (amended Special Authority criteria)

a) Only on a controlled drug form

b) Safety medicine; prescriber may determine dispensing frequency

Tab extended-release 18 mg	58.96	30	✓ Concerta
Tab extended-release 27 mg	65.44	30	✓ Concerta
Tab extended-release 36 mg	71.93	30	✓ Concerta
Tab extended-release 54 mg	86.24	30	✓ Concerta
Cap modified-release 10 mg	15.60	30	✓ Ritalin LA
Cap modified-release 20 mg	20.40	30	✓ Ritalin LA
Cap modified-release 30 mg	25.52	30	✓ Ritalin LA
Cap modified-release 40 mg	30.60	30	✓ Ritalin LA

► **SA2412 2305** Special Authority for Subsidy

Initial application – (ADHD) only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing). Approvals valid for ~~24 months~~ **without further renewal unless notified** for applications meeting the following criteria:

All of the following:

1 ADHD (Attention Deficit and Hyperactivity Disorder); and

2 Diagnosed according to DSM-IV or ICD 10 criteria; and

3 Either:

3.1 Applicant is a paediatrician or psychiatrist; or

3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and

4 Either:

4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release or sustained-release) which has not been effective due to significant administration and/or difficulties with adherence; or

4.2 There is significant concern regarding the risk of diversion or abuse of immediate-release methylphenidate hydrochloride.

~~Renewal – (ADHD) only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing).~~

~~Approvals valid for 24 months for applications meeting the following criteria:~~

~~Both:~~

~~1 The treatment remains appropriate and the patient is benefiting from treatment; and~~

~~2 Either:~~

~~2.1 Applicant is a paediatrician or psychiatrist; or~~

~~2.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing.~~

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 December 2024 (continued)

151	MODAFINIL – Special Authority see SA2413 1999 – Retail pharmacy (amended Special Authority criteria)			
	Tab 100 mg.....	29.13	60	✓ Modavigil
		14.27	30	✓ Modafinil Max Health

➔ ~~SA2413~~ ~~1999~~ Special Authority for Subsidy

Initial application only from a neurologist or respiratory specialist. Approvals valid for ~~24 months~~ **without further renewal unless notified** for applications meeting the following criteria:

All of the following:

- 1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and
- 2 Either:
 - 2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or
 - 2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and
- 3 Either:
 - 3.1 An effective dose of a subsidised formulation of methylphenidate or dexamfetamine has been trialed and discontinued because of intolerable side effects; or
 - 3.2 Methylphenidate and dexamfetamine are contraindicated.

~~Renewal only from a neurologist or respiratory specialist. Approvals valid for 24 months where the treatment remains appropriate and the patient is benefiting from treatment.~~

165	LLENALIDOMIDE (VIATRIS) – Special Authority see SA2353 – Retail pharmacy (removal of brand switch fee)			
	Brand switch fee payable (Pharmacode 2689286)			
	Cap 5 mg.....	76.92	21	✓ Lenalidomide Viatris
	Cap 10 mg.....	50.30	21	✓ Lenalidomide Viatris
	Cap 15 mg.....	62.13	21	✓ Lenalidomide Viatris
	Cap 25 mg.....	65.09	21	✓ Lenalidomide Viatris

168	POMALIDOMIDE – Special Authority see SA2354 below – Retail pharmacy (removal of brand switch fee)			
	Brand switch fee payable (Pharmacode 2689278)			
	Cap 1 mg.....	47.45	14	✓ Pomolide
		71.18	21	✓ Pomolide
	Cap 2 mg.....	94.90	14	✓ Pomolide
		142.35	21	✓ Pomolide
	Cap 3 mg.....	142.35	14	✓ Pomolide
		213.53	21	✓ Pomolide
	Cap 4 mg.....	189.81	14	✓ Pomolide
		284.71	21	✓ Pomolide

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 December 2024 (continued)

251	<p>EVEROLIMUS – Special Authority see SA2414 2008 – Retail pharmacy (amended Special Authority criteria – new criteria shown only)</p> <p>Wastage claimable</p> <p>Tab 10 mg..... 6,512.29 30 ✓ Afinitor</p> <p>Tab 5 mg..... 4,555.76 30 ✓ Afinitor</p> <p>► SA2414 2008 Special Authority for Subsidy</p> <p>Initial application – (renal cell carcinoma) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:</p> <p>Either:</p> <p>1 All of the following:</p> <p>1.1 The patient has metastatic renal cell carcinoma; and</p> <p>1.2 The disease is of predominant clear-cell histology; and</p> <p>1.3 The patient has documented disease progression following one previous line of treatment; and</p> <p>1.4 The patient has an ECOG performance status of 0-2; and</p> <p>1.5 Everolimus is to be used in combination with lenvatinib; or</p> <p>2 All of the following:</p> <p>2.1 Patient has received funded treatment with nivolumab for the second line treatment of metastatic renal cell carcinoma; and</p> <p>2.2 Patient has experienced treatment limiting toxicity from treatment with nivolumab; and</p> <p>2.3 Everolimus is to be used in combination with lenvatinib; and</p> <p>2.4 There is no evidence of disease progression.</p> <p>Renewal – (renal cell carcinoma) from any relevant practitioner. Approvals valid for 4 months where there is no evidence of disease progression.</p>		
274	<p>PHARMACY SERVICES (amended presentation description and brand name)</p> <p>* Immunisation administration fee – flu or shingles 0.00 1 fee ✓ Immunisation Administration Flu or Shingles</p> <p>* Immunisation co-administration fee – flu and shingles..... 0.00 1 fee ✓ Immunisation Co-administration Flu and Shingles</p>		

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 December 2024

45	SODIUM CHLORIDE († subsidy) Not funded for use as a nasal drop. Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, bag – Up to 2000 ml available on a PSO	1.53	500 ml	✓ Baxter
		1.58	1,000 ml	✓ Baxter
	Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)			
71	BETAMETHASONE VALERATE († subsidy) * Lotn 0.1%	30.00	50 ml OP	✓ Betnovate
130	FENTANYL († subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 50 mcg per ml, 2 ml ampoule.....	4.25	10	✓ Boucher and Muir
258	SALBUTAMOL († subsidy) Oral liq 400 mcg per ml	50.00	150 ml	✓ Ventolin

▲ 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 December 2024

56	SIMVASTATIN * Tab 40 mg.....	4.11	90	✓ Simvastatin Mylan
82	ETHINYLOESTRADIOL WITH NORETHISTERONE * Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO.....	16.33	112	✓ Brevinor-1 28 Day ✓ Norimin-1 28 Day
	Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 84 tab available on a PSO.....	29.32	112	✓ Norimin
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 750 mg.....	5.95	28	✓ Cipflox
106	TERBINAFINE * Tab 250 mg.....	4.48	42	✓ Apo-Terbinafine S29
115	EFAVIRENZ – Special Authority see SA2139 – Retail pharmacy Tab 200 mg..... Tab 600 mg.....	190.15 63.38	90 30	✓ Stocrin ✓ Stocrin
116	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Cap 200 mg	110.00	60	✓ Atazanavir Mylan
132	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 5 mg	1.88	20	✓ OxyNorm
158	CARBOPLATIN – PCT only – Specialist Inj 10 mg per ml, 45 ml vial	45.20	1	✓ Carboplatin Ebewe
161	CLADRIBINE – PCT only – Specialist Inj 2 mg per ml, 5 ml	749.96	1	✓ Litak S29
180	BICALUTAMIDE Tab 50 mg.....	4.18	28	✓ Apo-Bicalutamide S29
181	OCTREOTIDE LONG-ACTING – Special Authority see SA2119 – Retail pharmacy Inj depot 10 mg prefilled syringe	439.97	1	✓ Octreotide Depot Teva
	Inj depot 20 mg prefilled syringe	647.03	1	✓ Octreotide Depot Teva
	Inj depot 30 mg prefilled syringe	718.55	1	✓ Octreotide Depot Teva

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 December 2024 (continued)

262	SALBUTAMOL					
	Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	8.96	20		✓PMS-Salbutamol \$29 ✓Teva-Salbutamol Sterinebs P.F. \$29 ✓Ventolin Nebules \$29	
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO	9.43	20		✓PMS-Salbutamol \$29	
		14.15	30		✓Salbutamol Cipla \$29	
270	DICLOFENAC SODIUM					
	Eye drops 0.1%	8.80	5 ml OP		✓Voltaren Ophtha	
274	PHARMACY SERVICES					
	* Brand switch fee	4.50	1 fee		✓BSF Eltroxin ✓BSF Lenalidomide (Viatris) ✓BSF Pomolide	
	a) May only be claimed once per patient.					
	b) The Pharmacode for BSF Eltroxin is 2689251					
	c) The Pharmacode for BSF Lenalidomide (Viatris) is 2689286					
	d) The Pharmacode for BSF Pomolide is 2689278					
277	METHADONE MIXTURE					
	Methadone powder		qs			
	Glycerol		qs			
	Water		to 100 ml			
307	HAEMOPHILUS INFLUENZAE TYPE B VACCINE					
	a) Only on a prescription					
	b) No patient co-payment payable					
	c) A) Access criteria applies					
	B) Contractors will be entitled to claim payment from the Funder for the supply of Haemophilus influenzae type b vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the Haemophilus influenzae type b vaccine listed in the Pharmaceutical Schedule.					
	C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.					
	Haemophilus Influenzae type B polysaccharide 10 mcg conjugated to tetanus toxoid as carrier protein 20-40 mcg; prefilled syringe plus vial 0.5 ml.....	0.00	1		✓Hiberix	

▲ 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 December 2024 (continued)

315 MENINGOCOCCAL C CONJUGATE VACCINE – [Xpharm]

Both:

- 1) The child is under 12 months of age; and
- 2) Any of the following:
 - 1) Up to three doses for patients pre- and post splenectomy and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre or post solid organ transplant; or
 - 2) Two doses for close contacts of meningococcal cases of any group; or
 - 3) Two doses for child who has previously had meningococcal disease of any group; or
 - 4) A maximum of two doses for bone marrow transplant patients; or
 - 5) A maximum of two doses for child pre- and post-immunosuppression*.

Note: children under 12 months of age require two doses 8 weeks apart. Refer to the Immunisation Handbook for recommended booster schedules with meningococcal ACWY vaccine.

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

Inj 10 mcg in 0.5 ml syringe 0.00 1 ✓ Neisvac-C

319 VARICELLA VACCINE [CHICKENPOX VACCINE]

- a) Only on a prescription
- b) No patient co-payment payable
- c) A) Access criteria applies
 - B) Contractors will be entitled to claim payment from the Funder for the supply of Varicella vaccine [Chickenpox vaccine] vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the Varicella vaccine [Chickenpox vaccine] listed in the Pharmaceutical Schedule.
 - C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A above.

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

Inj 1350 PFU pre-filled syringe plus vial 0.00 1 ✓ Varivax
10 ✓ Varivax

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

263	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO.....	28.20	20	✓ Accord S29
263	SALBUTAMOL WITH IPRATROPIUM BROMIDE Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO.....	33.12	60	✓ Duolin Respules S29

Effective 1 February 2025

263	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO.....	11.73	20	✓ Ipratropium IVAX S29
274	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Midazolam-Baxter is 2695863	4.50	1 fee	✓ BSF Midazolam-Baxter

Effective 1 April 2025

263	SALBUTAMOL WITH IPRATROPIUM BROMIDE Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO.....	11.04	20	✓ Duolin Cipla S29
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Effective 1 May 2025

21	HYDROXYCHLOROQUINE SULPHATE * Tab 200 mg.....	8.78	100	✓ Plaquenil
109	ISONIAZID – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician * Tab 100 mg.....	23.00	100	✓ PSM
151	MODAFINIL – Special Authority see SA2413 – Retail pharmacy Tab 100 mg.....	29.13	60	✓ Modavigil
174	PAZOPANIB – Special Authority see SA1190 – Retail pharmacy Tab 200 mg..... Tab 400 mg.....	1,334.70 2,669.40	30 30	✓ Votrient ✓ Votrient
263	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO.....	5.86	10	✓ Pharmascience S29

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 June 2025

11	INSULIN ISOPHANE WITH INSULIN NEUTRAL			
	▲ Inj human with neutral insulin 100 u per ml	25.26	10 ml OP	✓ Mixtard 30
	▲ Inj human with neutral insulin 100 u per ml, 3 ml.....	42.66	5	✓ PenMix 50

Effective 1 July 2025

56	EZETIMIBE			
	Tab 10 mg.....	1.76	30	✓ Ezemibe Viatris

Index

Pharmaceuticals and brands

A	
Afinitor.....	28
Almarytm.....	18
AMILORIDE HYDROCHLORIDE.....	18
AMSACRINE.....	19
AmsaLyo.....	19
Apo-Bicalutamide.....	30
Apo-Terbinafine.....	30
Atazanavir Mylan.....	30
ATAZANAVIR SULPHATE.....	30
B	
BETA-HCG LOW SENSITIVITY URINE TEST KIT.....	18
BETAMETHASONE VALERATE.....	29
Betnovate.....	29
BICALUTAMIDE.....	30
Biodone.....	23
Biodone Extra Forte.....	23
Biodone Forte.....	23
Brevinor-1 28 Day.....	30
BSF Eltroxin.....	31
BSF Lenalidomide (Viatris).....	31
BSF Midazolam-Baxter.....	21, 33
BSF Pomolide.....	31
C	
CARBOPLATIN.....	30
Carboplatin Ebewe.....	30
CheckToP.....	18
CHICKENPOX VACCINE.....	32
Cidomycin P/Free.....	18
Cipflox.....	30
CIPROFLOXACIN.....	30
CISPLATIN.....	19
Cisplatin Accord.....	19
CLADRIBINE.....	30
Concerta.....	26
D	
DEXAMFETAMINE SULFATE.....	24
DICLOFENAC SODIUM.....	31
Diltiazem CD Clinect.....	23
DILTIAZEM HYDROCHLORIDE.....	23
Duolin Cipla.....	33
Duolin Respules.....	33
E	
EFAVIRENZ.....	30
Eltroxin.....	23
EMPAGLIFLOZIN.....	22
EMPAGLIFLOZIN WITH METFORMIN HYDROCHLORIDE.....	23
ETHINYLOESTRADIOL WITH NORETHISTERONE.....	30
EVEROLIMUS.....	28
Ezemibe Viatris.....	34
EZETIMIBE.....	34
F	
FENTANYL.....	29
FLECAINIDE ACETATE.....	18
G	
GENTAMICIN SULPHATE.....	18
H	
HAEMOPHILUS INFLUENZAE TYPE B VACCINE.....	31
HEPARIN SODIUM.....	18
Hiberix.....	31
HYDROXYCHLOROQUINE.....	23
HYDROXYCHLOROQUINE SULPHATE.....	18, 23, 33
I	
Immunisation Administration.....	28
Immunisation Flu or Shingles.....	28
Immunisation Other.....	21
INSULIN ISOPHANE WITH INSULIN NEUTRAL.....	34
Ipca-Hydroxychloroquine.....	18, 23
IPRATROPIUM BROMIDE.....	33
Ipratropium IVAX.....	33
ISONIAZID.....	18, 33
J	
Jardiamet.....	23
Jardiance.....	22
L	
Lenalidomide Viatris.....	27
LENALIDOMIDE (VIATRIS).....	27
LENAVATINIB.....	20
Lenvima.....	20
LEVOMEPRMAZINE HYDROCHLORIDE.....	18
LEVOTHYROXINE.....	23
LISDEXAMFETAMINE DIMESILATE.....	19
Litak.....	30
M	
MENINGOCOCCAL C CONJUGATE VACCINE.....	32
Methadone BNM.....	23
METHADONE HYDROCHLORIDE.....	23
METHADONE MIXTURE.....	31
Methylphenidate ER - Teva.....	25
METHYLPHENIDATE HYDROCHLORIDE.....	25
METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE.....	26
MIDAZOLAM.....	18, 23
Midazolam-Baxter.....	23
Midazolam Viatris.....	18
Mixtard 30.....	34
MODAFINIL.....	19, 27, 33
Modafinil Max Health.....	19, 27
Modavigil.....	27, 33

Index

Pharmaceuticals and brands

N	
Neisvac-C	32
NORETHISTERONE	18
Noriday	18
Norimin	30
Norimin-1 28 Day	30
Noumed Dexamfetamine	24
Noumed Isoniazid	18
Nozinan	18
O	
OCTREOTIDE	21
Octreotide Depot Teva	30
OCTREOTIDE LONG-ACTING	30
OXYCODONE HYDROCHLORIDE	30
OxyNorm	30
P	
Padagis	18
PAZOPANIB	20, 33
Pazopanib Teva	20
PenMix 50	34
PHARMACY SERVICES	21, 28, 31, 33
Plaquenil	23, 33
PMS-Salbutamol	31
POMALIDOMIDE	27
Pomolide	27
R	
Ritalin	25
Ritalin LA	26
Rubifen	25
Rubifen SR	25
S	
SALBUTAMOL	29, 31
Salbutamol Cipla	31
SALBUTAMOL WITH IPRATROPIUM BROMIDE	33
SIMVASTATIN	30
Simvastatin Mylan	30
SODIUM CHLORIDE	29
Stocrin	30
T	
TERBINAFINE	30
Teva-Salbutamol Sterinebs P.F.	31
V	
VARICELLA VACCINE [CHICKENPOX VACCINE]	32
Varivax	32
Ventolin	29
Ventolin Nebules	31
Voltaren Ophtha	31
Votrient	33
Vyvanse	19

