

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

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

January 2025

Contents

Summary of Pharmac decisions effective 1 January 2025	3
Tender News	6
Looking Forward	10
Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025	11
New Listings.....	22
Changes to Restrictions, Chemical Names and Presentations	28
Changes to Subsidy and Manufacturer’s Price.....	32
Delisted Items	34
Items to be Delisted	36
Index.....	38

Summary of Pharmac decisions

EFFECTIVE 1 JANUARY 2025

New listings (pages 22-26)

- Calcitriol (Calcitriol-AFT S29) cap 0.25 mcg – s29 and wastage claimable
- Eftrenonacog alfa [recombinant factor IX] (Alprolix) inj 250 iu, 500 iu, 1,000 iu, 2,000 iu, 3,000 iu and 4,000 iu vial – Xpharm
- Atropine sulphate (Hikma) inj 600 mcg per ml, 1 ml ampoule – up to 5 inj available on a PSO, s29 and wastage claimable
- Flecainide acetate (Tambocor German) inj 10 mg per ml, 15 ml ampoule – s29 and wastage claimable
- Solifenacin succinate (Solifenacin succinate Max Health) tab 5 mg and 10 mg
- Risperidone (Risperdal) tab 4 mg – Safety medicine
- Cytarabine (Pfizer) inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist
- Osimertinib (Tagrisso) tab 40 mg and 80 mg – Special Authority – Retail pharmacy
- Palivizumab (Synagis) inj 100 mg per ml, 1 ml vial – PCT only – Special Authority
- Trastuzumab deruxtecan inj 100 mg per ml, 1 ml vial (Enhertu) and inj 1 mg for ECP (Baxter) – PCT only – Special Authority
- Promethazine hydrochloride (Phenergan Elixir) oral liq 1 mg per ml, 100 ml
- 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 – Special Authority – Retail pharmacy
- Sodium fusidate [fusidic acid] (Fucithalamic S29) eye drops 1%, 5 g OP – s29
- Covid-19 vaccine (Comirnaty Omicron (JN.1)) inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap; inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap and inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap – Xpharm

Changes to restrictions (pages 28-31)

- Continuous glucose monitor (interoperable) sensor (9) and transmitter (Dexcom G6), sensor (Dexcom G7) and sensor (Freestyle Libre 3 Plus) – removal of brand switch fee
- Continuous glucose monitor (standalone) sensor (Dexcom ONE+) and sensor (Freestyle Libre 2) – removal of brand switch fee
- Pegfilgrastim (Ziextenzo AU) inj 6 mg per 0.6 ml syringe – removal of s29 and wastage claimable
- Atorvastatin (Lorstat) tab 10 mg, 20 mg, 40 mg and 80 mg – removal of stat dispensing
- Ethinyloestradiol with norethisterone (Alyacen) tab 35 mcg with norethisterone 1 mg and 7 inert tab – removal of s29 and wastage claimable

Summary of Pharmac decisions – effective 1 January 2025 (continued)

- Ethinyloestradiol with norethisterone (Alyacen and Brevinor 1/28) tab 35 mcg with norethisterone 1 mg and 7 inert tab – removal of brand switch fee
- Norethisterone (Norethinderone – CDC, Noriday and Noriday 28) tab 350 mcg – removal of brand switch fee
- Itraconazole (Itraconazole Kent) oral liq 10 mg per ml, 150 ml OP – amended brand name
- 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
- Venlafaxine (Enlafax XR) cap 37.5 mg, 75 mg and 150 mg – removal of stat dispensing
- Erlotinib (Alchemy) tab 100 mg and 150 mg – amended Special Authority criteria
- Gefitinib (Iressa) tab 250 mg – amended Special Authority criteria
- Trastuzumab emtansine inj 100 mg and 160 mg vial (Kadcyla) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Durvalumab inj 50 mg per ml, 2.4 ml and 10 ml vial (Imfinzi) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (pages 32-33)

- Hydrocortisone acetate (Colifoam) rectal foam 10%, CFC-Free (14 applications), 15 g OP
 - Iron polymaltose (Ferrosig) inj 50 mg per ml, 2 ml ampoule
 - Folic acid (Biomed) oral liq 50 mcg per ml, 25 ml OP
 - Sodium bicarbonate (Biomed) inj 8.4%, 50 ml and 100 ml
 - Sodium chloride (Biomed) inj 23.4% (4 mmol/ml), 20 ml ampoule
 - Amiloride hydrochloride (Biomed) oral liq 1 mg per ml, 25 ml OP
 - Chlorothiazide (Biomed) oral liq 50 mg per ml, 25 ml OP
 - Spironolactone (Biomed) oral liq 5 mg per ml, 25 ml OP
 - Econazole nitrate (Pevaryl) crm 1%, 20 g OP
 - Potassium citrate (Biomed) oral liq 3 mmol per ml, 200 ml OP
 - Mifepristone (Mifegyne) tab 200 mg
 - Dexamethasone (Biomed) oral liq 1 mg per ml, 25 ml OP
 - Erythromycin ethyl succinate (E-Mycin) tab 400 mg and grans for oral liq 200 mg and 400 mg per 5 ml, 100 ml
 - Lidocaine [lignocaine] hydrochloride (Lidocaine-Baxter) inj 1%, 5 ml ampoule and inj 2%, 5 ml ampoule
 - Clomipramine hydrochloride (Clomipramine Teva) cap 10 mg and 25 mg
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Summary of Pharmac decisions – effective 1 January 2025 (continued)

- Methylphenidate hydrochloride (Ritalin) tab immediate-release 10 mg
- Methylphenidate hydrochloride extended-release (Ritalin LA) cap modified-release 10 mg, 20 mg, 30 mg and 40 mg
- Cetirizine hydrochloride (Histaclear) oral liq 1 mg per ml, 200 ml
- Sodium chloride (Biomed) soln 7%, 90 ml OP
- Caffeine citrate (Biomed) oral liq 20 mg per ml (10 mg base per ml), 25 ml OP
- Cyclopentolate hydrochloride (Cyclogyl) eye drops 1%, 15 ml OP
- Tropicamide (Mydriacyl) eye drops 0.5% and 1%, 15 ml OP

Decreased subsidy (page 33)

- Mitomycin C (Mitomycin (Fresenius Kabi)) inj 5 mg vial

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes
– effective 1 February 2025

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Acarbose	Tab 50 mg; 90 tab	PSS	Accarb (Viatriis)
Acarbose	Tab 100 mg; 90 tab	PSS	Accarb (Viatriis)
Aciclovir	Eye oint 3%; 4.5 g OP	PSS	ViruPOS (AFT)
Atenolol	Tab 50 mg; 500 tab	PSS	Viatriis (Viatriis)
Atenolol	Tab 100 mg; 500 tab	PSS	Atenolol Viatriis (Viatriis)
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule; 10 inj	PSS	Martindale (Max Health)
Betamethasone valerate	Crn 0.1%; 50 g OP	PSS	Beta Cream (Viatriis)
Betamethasone valerate	Oint 0.1%; 50 g OP	PSS	Beta Ointment (Viatriis)
Betamethasone valerate	Scalp app 0.1%; 100 ml OP	PSS	Beta Scalp (Viatriis)
Bisacodyl	Suppos 10 mg; 10 supp	PSS	Lax-Suppositories (AFT)
Budesonide	Metered aqueous nasal spray, 50 mcg per dose; 200 dose OP	PSS	SteroClear (AFT)
Budesonide	Metered aqueous nasal spray, 100 mcg per dose; 200 dose OP	PSS	SteroClear (AFT)
Candesartan cilexetil	Tab 4 mg; 90 tab	PSS	Candestar (Viatriis)
Candesartan cilexetil	Tab 8 mg; 90 tab	PSS	Candestar (Viatriis)
Candesartan cilexetil	Tab 16 mg; 90 tab	PSS	Candestat (Viatriis)
Candesartan cilexetil	Tab 32 mg; 90 tab	PSS	Candestar (Viatriis)
Cetomacrogol	Crn BP; 500 g	PSS	Cetromacrogol-AFT (AFT)
Clonidine hydrochloride	Tab 150 mcg; 100 tab	PSS	Catapres (Clinect)
Crotamiton	Crn 10%; 20 g OP	PSS	Itch-Soothe (AFT)
Cyclizine hydrochloride	Tab 50 mg; 10 tab	PSS	Nausicalm (AFT)
Dexamethasone	Tab 0.5 mg; 30 tab	PSS	Dexmethsone (Aspen)
Dexamethasone	Tab 4 mg; 30 tab	PSS	Dexmethsone (Aspen)
Diclofenac sodium	Tab EC 25 mg; 50 tab	PSS	Diclofenac Sandoz (Sandoz)
Diclofenac sodium	Tab EC 50 mg; 50 tab	PSS	Diclofenac Sandoz (Sandoz)
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%; 5 ml OP	PSS	Dortimopt (Viatriis)
Enoxaparin sodium	Inj 20 mg in 0.2 ml syringe; 10 inj	PSS	Clexane (Sanofi)
Enoxaparin sodium	Inj 40 mg in 0.4 ml syringe; 10 inj	PSS	Clexane (Sanofi)
Enoxaparin sodium	Inj 60 mg in 0.6 ml syringe; 10 inj	PSS	Clexane (Sanofi)
Enoxaparin sodium	Inj 80 mg in 0.8 ml syringe; 10 inj	PSS	Clexane (Sanofi)
Enoxaparin sodium	Inj 100 mg in 1 ml syringe; 10 inj	PSS	Clexane (Sanofi)

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes
– effective 1 February 2025 (continued)

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Enoxaparin sodium	Inj 120 mg in 0.8 ml syringe; 10 inj	PSS	Clexane (Sanofi)
Enoxaparin sodium	Inj 150 mg in 1 ml syringe; 10 inj	PSS	Clexane (Sanofi)
Ferrous fumarate	Tab 200 mg (65 mg elemental); 100 tab	PSS	Ferro-tab (AFT)
Felodipine	Tab long-acting 2.5 mg; 30 tab	PSS	Plendil ER (Astra)
Felodipine	Tab long-acting 5 mg; 90 tab	PSS	Felo 5 ER (Viatris)
Felodipine	Tab long-acting 10 mg; 90 tab	PSS	Felo 10 ER (Viatris)
Flucloxacillin	Grans for oral liq 25 mg per ml; 100 ml	PSS	AFT (AFT)
Flucloxacillin	Grans for oral liq 50 mg per ml; 100 ml	PSS	AFT (AFT)
Furosemide	Tab 40 mg; 1,000 tab	PSS	IPCA-Frusemide (Miro)
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%; 15 g OP	PSS	Micreme H (Viatris)
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg; 100 tab	PSS	Rifinah (Sanofi)
Isoniazid with rifampicin	Tab 150 mg with rifampicin 300 mg; 100 tab	PSS	Rifinah (Sanofi)
Lansoprazole	Cap 15 mg; 100 cap	PSS	Lanzol Relief (Viatris)
Lansoprazole	Cap 30 mg; 100 cap	PSS	Lanzol Relief (Viatris)
Lenalidomide	Cap 5 mg; 21 cap	PSS	Lenalidomide Viatris (Viatris)
Lenalidomide	Cap 10 mg; 21 cap	PSS	Lenalidomide Viatris (Viatris)
Lenalidomide	Cap 15 mg; 21 cap	PSS	Lenalidomide Viatris (Viatris)
Lenalidomide	Cap 25 mg; 21 cap	PSS	Lenalidomide Viatris (Viatris)
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg; 100 tab	PSS	Sinemet (Organon)
Levodopa with carbidopa	Tab 250 mg with carbidopa 25 mg; 100 tab	PSS	Sinemet (Organon)
Levodopa with carbidopa	Tab long-acting 200 mg with carbidopa 50 mg; 100 tab	PSS	Sinemet CR (Organon)
Lithium carbonate	Tab long-acting 400 mg; 100 tab	PSS	Priadel (Clinect)
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg; 120 tab	PSS	Lopinavir/Rotinavir Mylan (Viatris)
Lorazepam	Tab 1 mg; 250 tab	PSS	Ativan (Aspen)
Lorazepam	Tab 2.5 mg; 100 tab	PSS	Ativan (Aspen)
Methadone hydrochloride	Oral liq 2 mg per ml; 200 ml	PSS	Biodone (Biomed)
Methadone hydrochloride	Oral liq 5 mg per ml; 200 ml	PSS	Biodone Forte (Biomed)

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes
– effective 1 February 2025 (continued)

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Methadone hydrochloride	Oral liq 10 mg per ml; 200 ml	PSS	Biodone Extra Forte (Biomed)
Methotrexate	Inj 7.5 mg prefilled syringe; 1 inj	PSS	Methotrexate Sandoz (Sandoz)
Methotrexate	Inj 10 mg prefilled syringe; 1 inj	PSS	Methotrexate Sandoz (Sandoz)
Methotrexate	Inj 15 mg prefilled syringe; 1 inj	PSS	Methotrexate Sandoz (Sandoz)
Methotrexate	Inj 20 mg prefilled syringe; 1 inj	PSS	Methotrexate Sandoz (Sandoz)
Methotrexate	Inj 25 mg prefilled syringe; 1 inj	PSS	Methotrexate Sandoz (Sandoz)
Methotrexate	Inj 30 mg prefilled syringe; 1 inj	PSS	Methotrexate Sandoz (Sandoz)
Miconazole	Oral gel 20 mg per g; 40 g OP	PSS	Decozol (AFT)
Midodrine	Tab 2.5 mg; 100 tab	PSS	Midodrine Medsurge (Medsurge)
Midodrine	Tab 5 mg; 100 tab	PSS	Midodrine Medsurge (Medsurge)
Moclobemide	Tab 150 mg; 60 tab	PSS	Aurorix (Viatris)
Moclobemide	Tab 300 mg; 60 tab	PSS	Aurorix (Viatris)
Mometasone furoate	Lotn 0.1%; 30 ml OP	PSS	Elocon (Organon)
Mometasone furoate	Oint 0.1%; 15 g OP	PSS	Elocon (Organon)
Mometasone furoate	Crn 0.1%; 15 g OP	PSS	Elocon Alcohol Free (Organon)
Mometasone furoate	Crn 0.1%; 50 g OP	PSS	Elocon Alcohol Free (Organon)
Mometasone furoate	Oint 0.1%; 50 g OP	PSS	Elocon (Organon)
Naproxen	Tab 250 mg; 500 tab	PSS	Norflam (Viatris)
Naproxen	Tab 500 mg; 250 tab	PSS	Norflam (Viatris)
Naproxen	Tab long-acting 750 mg; 28 tab	PSS	Naprosyn SR 750 (Clinect)
Naproxen	Tab long-acting 1 g; 28 tab	PSS	Naprosyn SR 1000 (Clinect)
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule; 10 inj	PSS	Max Health (Max Health)
Nevirapine	Tab 200 mg; 60 tab	PSS	Nevirapine Viatris (Viatris)
Orphenadrine citrate	Tab 100 mg; 100 tab	PSS	Norflex (Innova)
Phenoxymethylpenicillin (Penicillin V)	Cap 250 mg; 50 cap	PSS	Cilicaine VK (Viatris)
Phenoxymethylpenicillin (Penicillin V)	Cap 500 mg; 50 cap	PSS	Cilicaine VK (Viatris)
Ramipril	Cap 1.25 mg; 90 cap	PSS	Tryzan (Viatris)
Ramipril	Cap 2.5 mg; 90 cap	PSS	Tryzan (Viatris)
Ramipril	Cap 5 mg; 90 cap	PSS	Tryzan (Viatris)
Ramipril	Cap 10 mg; 90 cap	PSS	Tryzan (Viatris)

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes
– effective 1 February 2025 (continued)

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Riluzole	Tab 50 mg; 56 tab	PSS	Rilutek (Sanofi)
Sodium fusidate [fusidic acid]	Crn 2%; 5 g OP	PSS	Foban (AFT)
Sodium fusidate [fusidic acid]	Oint 2%; 5 g OP	PSS	Foban (AFT)
Somatropin	Inj 5 mg cartridge; 1 inj	PSS	Omnitrope (Sandoz)
Somatropin	Inj 10 mg cartridge; 1 inj	PSS	Omnitrope (Sandoz)
Somatropin	Inj 15 mg cartridge; 1 inj	PSS	Omnitrope (Sandoz)
Tretinoin	Crn 0.5 mg per g; 50 g OP	PSS	ReTrieve (Inova)
Trimethoprim	Tab 300 mg; 50 tab	PSS	TMP (Viatris)
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg; 500 tab	PSS	Trisul (Viatris)
Valaciclovir	Tab 500 mg; 30 tab	PSS	Vaclovir (Viatris)
Valaciclovir	Tab 1,000 mg; 30 tab	PSS	Vaclovir (Viatris)
Valganciclovir	Tab 450 mg; 60 tab	PSS	Valganciclovir Viatris (Viatris)
Zopiclone	Tab 7.5 mg; 500 tab	PSS	Zopiclone Actavis (Teva)

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 February 2025

- Fexofenadine hydrochloride (Fexaclear) tab 120 mg and 180 mg – new listing
- Lanreotide (Mytolac) inj 60 mg, 90 mg and 120 mg per 0.5 ml, 0.5 ml syringe – new listing with Special Authority
- Levodopa with carbidopa and entacapone (Stalevo) tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg, tab 100 mg with carbidopa 25 mg and entacapone 200 mg, tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg and tab 200 mg with carbidopa 50 mg and entacapone 200 mg – new listing

Possible decisions for future implementation 1 February 2025

- Denosumab (Xgeva) inj 120 mg per 1.7 ml vial – new listing with Special Authority
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amend Special Authority criteria – reinstate new patient access
- Preservative Free Ocular Lubricants – amending Special Authority criteria – removing renewal criteria

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

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
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend	2027
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 January 2025

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
Bimatoprost	Eye drops 0.03%, 3 ml OP	Lumigan	2027
Bisacodyl	Tab 5 mg	Bisacodyl Viatris	2025
Bisoprolol fumarate	Tab 2.5 mg, 5 mg and 10 mg	Ipca-Bisoprolol (Ipca)	2026
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2027
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
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone 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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP Crn 90% with glycerol 10%, 1,000 ml OP	Evara	2025
Chloramphenicol	Eye drops 0.5% Eye oint 1%, 5 g OP	Chlorsig Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
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	Crn & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
Clonidine hydrochloride	Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Catapres Clonidine Teva	2027 2025
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crn 1% with applicators, 35 g OP Vaginal crn 2% with applicators, 20 g OP Crn 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	Powder for oral soln	Electral	2025
Compound electrolytes with glucose [dextrose]	Soln with electrolytes, 1,000 ml OP	Hydralyte – Lemonade	2025
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyclophosphamide	Tab 50 mg	Cyclonex	2027
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Dabigatran	Cap 75 mg, 110 mg and 150 mg	Pradaxa	2026
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatrix	2026
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Dexamfetamine sulfate	Tab 5 mg	Noumed Dexamfetamine	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2025
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg Cap long-acting 120 mg	Cardizem CD Diltiazem CD Clinect	2027 2025
Dimethicone	Crn 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Ethinylloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Lo-Oralcon 20 ED Oralcon 30 ED	2025
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026
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 Ferdan	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 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
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 Crn 1%, 500 g Crn 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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Albalon	2027
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blisters 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
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 Tab 30 mg	Noumed Phenobarbitone Noumed Phenobarbitone	2025
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2025
Pimecrolimus	Crn 1%, 15 g OP	Elidel	2026
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2026
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
Poliomyelitis 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 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
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2027
Prochlorperazine	Tab 5 mg	Nausafix	2026

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Progesterone	Cap 100 mg	Utrogestan	2025
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025
Propranolol	Tab 10 mg Tab 40 mg	Drofate IPCA-Propranolol	2027
Pyridoxine hydrochloride	Tab 25 mg	Vitamin B6 25	2026
Quetiapine	Tab 25 mg, 100 mg, 200 mg & 300 mg	Quetapel	2026
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 Viatrix	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 Viatrix Simvastatin Mylan	2026
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to January 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatrix	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2026
Teriparatide	Inj 250 mcg per ml, 2.4 ml	Teriparatide – Teva	2025
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
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 acetoneide	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

January 2025 changes are in bold type

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Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 January 2025

33	CALCITRIOL * Cap 0.25 mcg..... 7.89 Wastage claimable	100	✓ Calcitriol-AFT S29 S29
39	EFTRENONACOG ALFA [RECOMBINANT FACTOR IX] – [Xpharm] For patients with haemophilia B 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..... 612.50 Inj 500 iu vial..... 1,225.00 Inj 1,000 iu vial..... 2,450.00 Inj 2,000 iu vial..... 4,900.00 Inj 3,000 iu vial..... 7,350.00 Inj 4,000 iu vial..... 9,800.00	1 1 1 1 1 1	✓ Alprolix ✓ Alprolix ✓ Alprolix ✓ Alprolix ✓ Alprolix
	Note – these are new Pharmacode listings 2696150, 2696169, 2696177, 2696185, 2696193 and 2696207.		
50	ATROPINE SULPHATE * Inj 600 mcg per ml, 1 ml ampoule – Up to 5 inj available on a PSO..... 16.10 Wastage claimable	10	✓ Hikma S29
51	FLECAINIDE ACETATE Inj 10 mg per ml, 15 ml ampoule 108.16 Wastage claimable	5	✓ Tambocor German S29
85	SOLIFENACIN SUCCINATE Tab 5 mg..... 1.95 Tab 10 mg..... 3.53	30 30	✓ Solifenacin succinate Max Health ✓ Solifenacin succinate Max Health
140	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 4 mg..... 6.25	60	✓ Risperdal
160	CYTARABINE Inj 20 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist 472.00	5	✓ Pfizer
	Note – this is a new Pharmacode listing 2695758.		

New Listings – effective 1 January 2025 (continued)

174	OSIMERTINIB – Special Authority see SA2418 – Retail pharmacy			
	Tab 40 mg.....	9,310.00	30	✓ Tagrisso
	Tab 80 mg.....	9,310.00	30	✓ Tagrisso

► SA2418 Special Authority for Subsidy

Initial application – (NSCLC – first line) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either:

- 1 Patient is currently on treatment with osimertinib and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC); and
 - 2.2 Any of the following:
 - 2.2.1 Patient is treatment naïve; or
 - 2.2.2 Patient has received prior chemotherapy in the adjuvant setting and/or while awaiting *EGFR* results; or
 - 2.2.3 Both:
 - 2.2.3.1 The patient has discontinued gefitinib or erlotinib due to intolerance; and
 - 2.2.3.2 The cancer did not progress while on gefitinib or erlotinib; and
 - 2.3 There is documentation confirming that the cancer expresses activating mutations of *EGFR*; and
 - 2.4 Patient has an ECOG performance status 0-3; and
 - 2.5 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Renewal – (NSCLC – first line) from any relevant practitioner. Approvals valid for 6 months where response to or stable disease with treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period

Initial application – (NSCLC – second line) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

Either:

- 1 Patient is currently on treatment with osimertinib and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Patient has locally advanced or metastatic, incurable, non-squamous non-small cell lung cancer (NSCLC); and
 - 2.2 Patient has an ECOG performance status 0-3; and
 - 2.3 The patient must have received previous treatment with erlotinib or gefitinib; and
 - 2.4 There is documentation confirming that the cancer expresses T790M mutation of *EGFR* following progression on or after erlotinib or gefitinib; and
 - 2.5 The treatment must be given as monotherapy; and
 - 2.6 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Renewal – (NSCLC – second line) from any relevant practitioner. Approvals valid for 6 months where response to treatment in target lesions has been determined by comparable radiologic assessment following the most recent treatment period.

New Listings – effective 1 January 2025 (continued)

219	PALIVIZUMAB – PCT only – Special Authority see SA2419 Inj 100 mg per ml, 1 ml vial	1,700.00	1	Synagis
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► SA2419 Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:

1 Palivizumab to be administered during the annual RSV season; and

2 Either:

2.1 Both:

2.1.1 Infant was born in the last 12 months; and

2.1.2 Infant was born at less than 32 weeks zero days' gestation; or

2.2 Both:

2.2.1 Child was born in the last 24 months; and

2.2.2 Any of the following:

2.2.2.1 Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community; or

2.2.2.2 Both:

2.2.2.2.1 Child has haemodynamically significant heart disease; and

2.2.2.2.2 Any of the following:

2.2.2.2.2.1 Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B); or

2.2.2.2.2.2 Child has unoperated or surgically palliated complex congenital heart disease; or

2.2.2.2.2.3 Child has severe pulmonary hypertension (see Note C); or

2.2.2.2.2.4 Child has moderate or severe left ventricular (LV) failure (see Note D); or

2.2.2.3 Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant; or

2.2.2.4 Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist.

Renewal from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

1 Palivizumab to be administered during the annual RSV season; and

2 Child was born in the last 24 months; and

3 Any of the following:

3.1 Child has severe lung, airway, neurological or neuromuscular disease that requires ongoing ventilatory/respiratory support (see Note A) in the community; or

3.2 Both:

3.2.1 Child has haemodynamically significant heart disease; and

3.2.2 Any of the following:

3.2.2.1 Child has unoperated simple congenital heart disease with significant left to right shunt (see Note B); or

3.2.2.2 Child has unoperated or surgically palliated complex congenital heart disease; or

3.2.2.3 Child has severe pulmonary hypertension (see Note C); or

3.2.2.4 Child has moderate or severe left ventricular (LV) failure (see Note D); or

3.3 Child has severe combined immune deficiency, confirmed by an immunologist, but has not received a stem cell transplant; or

3.4 Child has inborn errors of immunity (see Note E) that increase susceptibility to life-threatening viral respiratory infections, confirmed by an immunologist.

Notes:

a) Ventilatory/respiratory support includes those on home oxygen, CPAP/VPAP and those with tracheostomies in situ managed at home

continued...

Check your Schedule for full details
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Subsidy
(Mnfr's price)
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Brand or
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New Listings – effective 1 January 2025 (continued)

continued...

- b) Child requires/will require heart failure medication, and/or child has significant pulmonary hypertension, and/or infant will require surgical palliation/definitive repair within the next 3 months
- c) Mean pulmonary artery pressure more than 25 mmHg
- d) LV Ejection Fraction less than 40%
- e) Inborn errors of immunity include, but are not limited to, IFNAR deficiencies.

239	TRASTUZUMAB DERUXTECAN – PCT only – Special Authority see SA2420			
	Inj 100 mg per ml, 1 ml vial	2,550.00	1	✓Enherthu
	Inj 1 mg for ECP	27.05	1 mg	✓Baxter

► SA2420 Special Authority for Subsidy

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

Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Patient is currently on treatment with trastuzumab deruxtecan and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Patient has metastatic breast cancer expressing HER-2 IHC3+ or ISH+ (including FISH or other current technology); and
 - 2.2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and
 - 2.3 Either:
 - 2.3.1 The patient has received prior therapy for metastatic disease; or
 - 2.3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy; and
 - 2.4 Patient has a good performance status (ECOG 0-1); and
 - 2.5 Patient has not received prior funded trastuzumab deruxtecan treatment; and
 - 2.6 Treatment to be discontinued at disease progression.

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

Approvals valid for 6 months for people meeting the following criteria:

Both:

- 1 The cancer has not progressed at any time point during the previous approval period whilst on trastuzumab deruxtecan; and
- 2 Treatment to be discontinued at disease progression.

Note: Prior or adjuvant therapy includes anthracycline, other chemotherapy, biological drugs, or endocrine therapy.

259	PROMETHAZINE HYDROCHLORIDE			
	* Oral liq 1 mg per 1 ml	10.47	100 ml	✓Phenergan Elixir

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

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

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New Listings – effective 1 January 2025 (continued)

- 263 BUDESONIDE WITH GLYCOPYRRONIUM AND EFORMOTEROL – Special Authority see SA2421 – Retail pharmacy
Aerosol inhaler budesonide 160 mcg with glycopyrronium
7.2 mcg and formoterol 5 mcg per dose..... 79.15 120 dose OP ✓ **Breztri Aerosphere**
- ➔ SA2421 Special Authority for Subsidy
Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:
Both:
- 1 Patient has a diagnosis of COPD confirmed by spirometry or spirometry has been attempted and technically acceptable results are not possible; and
 - 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is currently receiving an inhaled corticosteroid with long acting beta-2 agonist (ICS/LABA) or a long acting muscarinic antagonist with long acting beta-2 agonist (LAMA/LABA); and
 - 2.1.2 Any of the following:
Clinical criteria:
 - 2.1.2.1 Patient has a COPD Assessment Test (CAT) score greater than 10; or
 - 2.1.2.2 Patient has had 2 or more exacerbations in the previous 12 months; or
 - 2.1.2.3 Patient has had one exacerbation requiring hospitalisation in the previous 12 months; or
 - 2.1.2.4 Patient has had an eosinophil count greater than or equal to 0.3×10^9 cells/L in the previous 12 months; or
 - 2.2 Patient is currently receiving multiple inhaler triple therapy (inhaled corticosteroid with long-acting muscarinic antagonist and long-acting beta-2 agonist – ICS/LAMA/LABA) and met at least one of the clinical criteria above prior to commencing multiple inhaler therapy.
- 268 SODIUM FUSIDATE [FUSIDIC ACID]
Eye drops 1% 5.29 5 g OP ✓ **Fucithalmic S29 S29**
- 303 COVID-19 VACCINE – [Xpharm]
Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap 0.00 10 ✓ **Comirnaty Omicron (JN.1)**
Either:
1) One dose for previously unvaccinated children aged 5–11 years old; or
2) Up to three doses for immunocompromised children aged 5-11 years old.
Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap 0.00 10 ✓ **Comirnaty Omicron (JN.1)**
Up to three doses for previously unvaccinated children aged 6 months - 4 years at high risk of severe illness.
Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap 0.00 10 ✓ **Comirnaty Omicron (JN.1)**
Any of the following:
1) One dose for previously unvaccinated people aged 12-15 years old; or
2) Up to three doses for immunocompromised people aged 12-15 years old; or
3) Up to two doses for previously unvaccinated people 16-29 years old; or
4) Up to four doses for people aged 16-29 at high risk of severe illness; or
5) One dose for previously unvaccinated people aged 30 and older; or
6) One additional dose every 6 months for previously vaccinated people aged 30 years and over – additional dose is given at least 6 months after last dose.

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Generic Mnfr
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New Listings – effective 20 November 2024

46	PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy Inj 6 mg per 0.6 ml syringe 65.00 Wastage claimable	1	✓ Ziextenzo AU <small>\$29</small>
131	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab immediate-release 5 mg 13.77 Tab immediate-release 10 mg 18.77 Tab immediate-release 20 mg 26.77	100 100 100	✓ Oxycodone Amneal ✓ Oxycodone Amneal ✓ Oxycodone Amneal
Note – these are new Pharmacode listings, 2696053, 2696061 and 2696088.			
146	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 3 ml ampoule – Brand switch fee payable (Pharmacode 2695863) 5.50	5	✓ Midazolam Viatrix

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

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

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Subsidy
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Brand or
Generic Mnfr
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Changes to Restrictions, Chemical Names and Presentations Effective 1 January 2025

24	CONTINUOUS GLUCOSE MONITOR (INTEROPERABLE) – Special Authority see SA2371 – Retail pharmacy (removal of brand switch fee)			
	a) Brand switch fee payable (Pharmacode 2692147)			
	b) Only on a prescription			
	* Sensor (9) and transmitter (Dexcom G6)			
	– Maximum of 1 dev per prescription.....	990.00	1 OP	✓ Dexcom G6
	Maximum of 5 dev will be funded per year.			
	* Sensor (Dexcom G7)			
	– Maximum of 9 dev per prescription.....	110.00	1	✓ Dexcom G7
	Maximum of 40 dev will be funded per year.			
	* Sensor (Freestyle Libre 3 Plus)			
	– Maximum of 6 dev per prescription.....	99.46	1	✓ Freestyle Libre 3 Plus
	Maximum of 28 dev will be funded per year.			
24	CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see SA2370 – Retail pharmacy (removal of brand switch fee)			
	a) Brand switch fee payable (Pharmacode 2692139)			
	b) Only on a prescription			
	* Sensor (Dexcom ONE+)			
	– Maximum of 9 dev per prescription.....	81.00	1	✓ Dexcom ONE+
	Maximum of 40 dev will be funded per year.			
	* Sensor (Freestyle Libre 2)			
	– Maximum of 7 dev per prescription.....	92.83	1	✓ Freestyle Libre 2
	Maximum of 29 dev will be funded per year.			
46	PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy (removal of s29 and wastage claimable)			
	Inj 6 mg per 0.6 ml syringe.....	65.00	1	✓ Zientenzo AU s29
	Wastage claimable			
56	ATORVASTATIN (removal of stat dispensing)			
	Tab 10 mg.....	5.16	500	✓ Lorstat
	Tab 20 mg.....	8.12	500	✓ Lorstat
	Tab 40 mg.....	13.79	500	✓ Lorstat
	Tab 80 mg.....	25.39	500	✓ Lorstat
83	ETHINYLOESTRADIOL WITH NORETHISTERONE (removal of s29 and wastage claimable)			
	Tab 35 mcg with norethisterone 1 mg and 7 inert tab.....	12.25	84	✓ Alyacen s29
	a) Up to 84 tab available on a PSO			
	b) Wastage claimable			
83	ETHINYLOESTRADIOL WITH NORETHISTERONE (removal of brand switch fee)			
	Tab 35 mcg with norethisterone 1 mg and 7 inert tab.....	12.25	84	✓ Alyacen ✓ Brevinor 1/28
	a) Brand switch fee payable (Pharmacode 2692112)			
	b) Up to 84 tab available on a PSO			
84	NORETHISTERONE – Brand switch fee payable (Pharmacode 2692120) (removal of brand switch fee)			
	Tab 350 mcg – Up to 84 tab available on a PSO.....	12.25	84	✓ Norethindrone - CDC ✓ Noriday ✓ Noriday 28

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Changes to Restrictions – effective 1 January 2025 (continued)

106	ITRACONAZOLE (amended brand name) Oral liq 10 mg per ml – Special Authority see SA1322 – Retail pharmacy	141.80	150 ml OP	✓ Itraconazole Kent (S29)
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):			
	Tab 5 mg	1.45	10	✓ Methadone BNM
	Oral liq 2 mg per ml	7.80	200 ml	✓ Biodone
	Oral liq 5 mg per ml	7.80	200 ml	✓ Biodone Forte
	Oral liq 10 mg per ml	9.65	200 ml	✓ Biodone Extra Forte
	Inj 10 mg per ml, 1 ml	68.90	10	✓ AFT
133	VENLAFAXINE (removal of stat dispensing) Cap 37.5 mg	8.29	84	✓ Enlafax XR
	Cap 75 mg	10.32	84	✓ Enlafax XR
	Cap 150 mg	13.95	84	✓ Enlafax XR
171	ERLOTINIB – Retail pharmacy-Specialist – Special Authority see SA2422 2445 (amended Special Authority criteria) Tab 100 mg	280.84	30	✓ Alchemy
	Tab 150 mg	484.24	30	✓ Alchemy

➤ **SA2422 2445** Special Authority for Subsidy

Initial application ~~only from a relevant specialist or medical practitioner~~ **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 Patient has locally advanced, or metastatic, unresectable, non-squamous non-small cell lung cancer (NSCLC); and
- 2 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase **EGFR**; and
- 3 **Either Any of the following:**
 - 3.1 Patient is treatment naïve; or
 - 3.2 **Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results; or**
 - 3.3 Both:
 - 3.3.1 The patient has discontinued **osimertinib** or gefitinib due to intolerance; and
 - 3.3.2 The cancer did not progress while on **osimertinib** or gefitinib; ~~and~~

4 Erlotinib is to be given for a maximum of 3 months

Renewal ~~only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist.~~
Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed.

Renewal (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

- 1 The patient is clinically benefitting from treatment and continued treatment remains appropriate
- 2 Erlotinib to be discontinued at progression
- 3 The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on health sector

▲ 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 January 2025 (continued)

172 GEFITINIB – Retail pharmacy-Specialist – Special Authority see **SA2423 2116** (amended Special Authority criteria)
Tab 250 mg..... 918.00 30 ✓Iressa

► **SA2423 2116** Special Authority for Subsidy

Initial application ~~only from a relevant specialist or medical practitioner~~ **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 Patient has locally advanced, or metastatic, unresectable, non-squamous non-small cell lung cancer (NSCLC); and
2 **Either Any of the following:**

2.1 Patient is treatment naïve; or

2.2 **Patient has received prior treatment in the adjuvant setting and/or while awaiting EGFR results; or**

2.3 Both:

2.3.1 The patient has discontinued **osimertinib** or erlotinib due to intolerance; and

2.3.2 The cancer did not progress while on **osimertinib** or erlotinib; and

3 There is documentation confirming that the disease expresses activating mutations of EGFR tyrosine kinase **EGFR**; and
4 ~~Gefitinib is to be given for a maximum of 3 months~~

Renewal ~~only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist.~~
Approvals valid for 6 months where radiological assessment (preferably including CT scan) indicates NSCLC has not progressed

Renewal (pandemic circumstances) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

1 ~~The patient is clinically benefitting from treatment and continued treatment remains appropriate~~

2 ~~Gefitinib to be discontinued at progression~~

3 ~~The regular Special Authority renewal requirements cannot be met due to COVID-19 constraints on health sector~~

241 TRASTUZUMAB EMTANSINE – PCT only – Specialist – Special Authority see **SA2424 2144** (amended Special Authority criteria – affected criteria shown only)

Inj 100 mg vial..... 2,320.00 1 ✓Kadcyla

Inj 160 mg vial..... 3,712.00 1 ✓Kadcyla

Inj 1 mg for ECP 24.52 1 mg ✓Baxter

► **SA2424 2144** Special Authority for Subsidy

Initial application – (metastatic breast cancer) ~~only from a relevant specialist or a medical practitioner~~ **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 breast cancer expressing HER-2 IHC3+ or ISH+ (including FISH or other current technology); and

2 Patient has previously received trastuzumab and chemotherapy, separately or in combination; and

3 **Either:**

3.1 The patient has received prior therapy for metastatic disease*; or

3.2 The patient developed disease recurrence during, or within six months of completing adjuvant therapy*; and

4 Patient has a good performance status (ECOG 0-1); and

5 **Either:**

5.1 Patient does not have symptomatic brain metastases; or

5.2 Patient has brain metastases and has received prior local CNS therapy; and

6 ~~Patient has not received prior funded trastuzumab emtansine; and~~

6 **Either:**

6.1 **Patient has not received prior funded trastuzumab emtansine or trastuzumab deruxtecan treatment; or**

6.2 **Both:**

6.2.1 **Patient has discontinued trastuzumab deruxtecan due to intolerance; and**

6.2.2 **The cancer did not progress while on trastuzumab deruxtecan; and**

7 Treatment to be 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 January 2025 (continued)

246	DURVALUMAB – PCT only – Specialist – Special Authority see SA2425 2164 (amended Special Authority criteria)		
	Inj 50 mg per ml, 10 ml vial	4,700.00	1 ✓ Imfinzi
	Inj 50 mg per ml, 2.4 ml vial	1,128.00	1 ✓ Imfinzi
	Inj 1 mg for ECP	9.59	1 mg ✓ Baxter

► SA2425 2164 Special Authority for Subsidy

Initial application – (non-small cell lung cancer) only from **a relevant specialist** a medical oncologist or **any relevant medical practitioner** on the recommendation of a **relevant specialist** medical oncologist. Approvals valid for 3 4 months
All of the following:

1 Either:

- 1.1 Patient has histologically or cytologically documented stage III, locally advanced, unresectable non-small cell lung cancer (NSCLC); **or and**
- 1.2 **Patient has histologically or cytologically documented stage IIb (T1N2a only), locally advanced, unresectable non-small cell lung cancer (NSCLC); and**
- 2 Patient has received two or more cycles of platinum-based chemotherapy concurrently with definitive radiation therapy; and
- 3 Patient has no disease progression following the second or subsequent cycle of platinum-based chemotherapy with definitive radiation therapy treatment; and
- 4 Patient has an ECOG performance status of 0 or 1; and
- 5 Patient has completed last radiation dose within 8 weeks of starting treatment with durvalumab; and
- 6 Patient must not have received prior PD-1 or PD-L1 inhibitor therapy for this condition; and
- 7 Either:
 - 7.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or
 - 7.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and
- 8 Treatment with durvalumab to cease upon signs of disease progression.

Renewal – (non-small cell lung cancer) only from **a relevant specialist** a medical oncologist or **any relevant medical practitioner** on the recommendation of a **relevant specialist** medical oncologist. Approvals valid for 3 4 months
All of the following:

- 1 The treatment remains clinically appropriate and the patient is benefitting from treatment; and
- 2 Either:
 - 2.1 Durvalumab is to be used at a maximum dose of no greater than 10 mg/kg every 2 weeks; or
 - 2.2 Durvalumab is to be used at a flat dose of 1500 mg every 4 weeks; and
- 3 Treatment with durvalumab to cease upon signs of disease progression; and
- 4 Total continuous duration must not exceed 12 months.

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

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

Check your Schedule for full details
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Subsidy
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Changes to Subsidy and Manufacturer's Price

Effective 1 January 2025

7	HYDROCORTISONE ACETATE (↑ subsidy) Rectal foam 10%, CFC-Free (14 applications).....	57.09	15 g OP	✓ Colifoam
37	IRON POLYMALTOSE (↑ subsidy) * Inj 50 mg per ml, 2 ml ampoule	37.95	5	✓ Ferrosig
39	FOLIC ACID (↑ subsidy) Oral liq 50 mcg per ml	31.77	25 ml OP	✓ Biomed
46	SODIUM BICARBONATE (↑ subsidy) Inj 8.4%, 50 ml.....	24.70	1	✓ Biomed
	a) Up to 5 inj available on a PSO b) Not in combination			
	Inj 8.4%, 100 ml	25.31	1	✓ Biomed
	a) Up to 5 inj available on a PSO b) Not in combination			
46	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 23.4% (4 mmol/ml), 20 ml ampoule	40.15	5	✓ Biomed
	For Sodium chloride oral liquid formulation refer Standard Formulae			
54	AMILORIDE HYDROCHLORIDE (↑ subsidy) Oral liq 1 mg per ml	35.40	25 ml OP	✓ Biomed
54	CHLOROTHIAZIDE (↑ subsidy) Oral liq 50 mg per ml	30.67	25 ml OP	✓ Biomed
55	SPIRONOLACTONE (↑ subsidy) Oral liq 5 mg per ml	35.70	25 ml OP	✓ Biomed
71	ECONAZOLE NITRATE (↑ subsidy) Crm 1%	8.04	20 g OP	✓ Pevaryl
	a) Only on a prescription b) Not in combination			
86	POTASSIUM CITRATE (↑ subsidy) Oral liq 3 mmol per ml – Special Authority see SA1083 – Retail pharmacy	37.49	200 ml OP	✓ Biomed
86	MIFEPRISTONE (↑ subsidy) Tab 200 mg – Up to 15 tab available on a PSO.....	83.90	1	✓ Mifegyne
88	DEXAMETHASONE (↑ subsidy) Oral liq 1 mg per ml	53.86	25 ml OP	✓ Biomed

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Schedule page ref

Subsidy
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Changes to Subsidy and Manufacturer's Price – effective 1 January 2025 (continued)

100	ERYTHROMYCIN ETHYL SUCCINATE († subsidy)			
	Tab 400 mg.....	35.82	100	✓E-Mycin
	a) Up to 20 tab available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RFPF			
	Grans for oral liq 200 mg per 5 ml.....	6.53	100 ml	✓E-Mycin
	a) Up to 300 ml available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RFPF			
	c) Wastage claimable			
	Grans for oral liq 400 mg per 5 ml.....	9.41	100 ml	✓E-Mycin
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable			
128	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE († subsidy)			
	Inj 1%, 5 ml ampoule – Up to 25 inj available on a PSO.....	15.00	25	✓Lidocaine-Baxter
	Inj 2%, 5 ml ampoule – Up to 5 inj available on a PSO.....	27.50	25	✓Lidocaine-Baxter
132	CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency († subsidy)			
	Cap 10 mg.....	35.50	28	✓Clomipramine Teva
	Cap 25 mg.....	35.50	28	✓Clomipramine Teva
150	METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA2411 – Retail pharmacy († subsidy)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab immediate-release 10 mg.....	4.00	30	✓Ritalin
151	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA2412 – Retail pharmacy († subsidy)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Cap modified-release 10 mg.....	19.41	30	✓Ritalin LA
	Cap modified-release 20 mg.....	27.72	30	✓Ritalin LA
	Cap modified-release 30 mg.....	34.39	30	✓Ritalin LA
	Cap modified-release 40 mg.....	38.67	30	✓Ritalin LA
165	MITOMYCIN C – PCT only – Specialist († subsidy)			
	Inj 5 mg vial.....	517.65	1	✓Mitomycin (Fresenius Kabi)
259	CETIRIZINE HYDROCHLORIDE († subsidy)			
	* Oral liq 1 mg per ml.....	3.99	200 ml	✓Histaclear
266	SODIUM CHLORIDE († subsidy)			
	Not funded for use as a nasal drop.			
	Soln 7%.....	25.73	90 ml OP	✓Biomed
267	CAFFEINE CITRATE († subsidy)			
	Oral liq 20 mg per ml (10 mg base per ml).....	16.91	25 ml OP	✓Biomed
271	CYCLOPENTOLATE HYDROCHLORIDE († subsidy)			
	* Eye drops 1%.....	25.16	15 ml OP	✓Cycloglyl
271	TROPICAMIDE († subsidy)			
	* Eye drops 0.5%.....	20.52	15 ml OP	✓Mydriacyl
	* Eye drops 1%.....	24.82	15 ml OP	✓Mydriacyl

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

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

Check your Schedule for full details
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Delisted Items

Effective 1 January 2025

16	INSULIN PUMP – Special Authority see SA1603 – Retail pharmacy a) Maximum of 1 dev per prescription b) Only on a prescription c) Maximum of 1 insulin pump per patient each four year period. Min basal rate 0.025 U/h.....	8,800.00	1	✓MiniMed 770G
54	CLONIDINE HYDROCHLORIDE * Inj 150 mcg per ml, 1 ml ampoule	29.68	10	✓Medsurge
138	HYOSCINE HYDROBROMIDE Patch 1 mg per 72 hours – Special Authority see SA1998 – Retail pharmacy	17.70	2	✓Scopoderm TTS
140	OLANZAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 2.5 mg..... Tab 5 mg..... Tab 10 mg..... Note – this delist applies to the 28 tab pack only.	1.35 1.58 2.01	28 28 28	✓Zypine ✓Zypine ✓Zypine
140	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Oral liq 1 mg per ml	17.80	100 ml	✓Risperon
	Note – this delist applies to the 100 ml bottle pack only.			
158	LOMUSTINE – PCT – Retail pharmacy-Specialist Cap 10 mg	132.59	20	✓CeeNU
	Cap 40 mg	399.15	20	✓CeeNU
261	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO.....	28.20	20	✓Accord S29
262	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
270	BIMATOPROST * Eye drops 0.03%	5.95	3 ml OP	✓Bimatoprost Multichem
273	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓BSF Alyacen ✓BSF Norethindrone – CDC ✓BSF Continuous glucose monitor (standalone) ✓BSF Continuous glucose monitor (interoperable)
	a) May only be claimed once per patient. b) The Pharmacode for BSF Alyacen is 2692112 c) The Pharmacode for BSF Norethindrone - CDC is 2692120 d) The Pharmacode for BSF Continuous glucose monitor (standalone) is 2692139 e) The Pharmacode for BSF Continuous glucose monitor (interoperable) is 2692147			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items – effective 1 January 2025 (continued)

272	NAPHAZOLINE HYDROCHLORIDE * Eye drops 0.1%	4.15	15 ml OP	✓ Naphcon Forte
294	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Liquid (unflavoured)..... Liquid (juicy citrus) 62.5 ml..... Liquid (juicy orange) 62.5 ml	13.10 939.00 939.00	125 ml OP 60 OP 60 OP	✓ PKU Anamix Junior LQ ✓ PKU Lophlex LQ 10 ✓ PKU Lophlex LQ 10

▲ 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 February 2025

271	CYCLOPENTOLATE HYDROCHLORIDE * Eye drops 1%, single dose (preservative free) – Only on a Prescription	84.85	20 dose	✓ Minims Cyclopentolate
303	COVID-19 VACCINE – [Xpharm] Inj 10 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap	0.00	10	✓ Comirnaty Omicron (XBB.1.5)
	Access criteria apply			
	Inj 3 mcg raxtozinameran per 0.2 ml, 0.4 ml vial; infant vaccine, maroon cap	0.00	10	✓ Comirnaty Omicron (XBB.1.5)
	Access criteria apply			
	Inj 30 mcg raxtozinameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap	0.00	10	✓ Comirnaty Omicron (XBB.1.5)
	Access criteria apply			
	Inj 30 mcg raxtozinameran per 0.3 ml, 2.25 ml vial; adult vaccine, dark grey cap	0.00	10	✓ Comirnaty Omicron (XBB.1.5)
	Access criteria apply			

Effective 1 April 2025

125	DANTROLENE Cap 25 mg	112.13	100	✓ Dantrium ✓ Dantrium S29 ^{S29}
	Note – Dantrium S29 cap 25 mg delist applies to Pharmacode 2512580.			

Effective 1 May 2025

147	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule	16.75	10	✓ Midazolam Viatris
	Inj 5 mg per ml, 3 ml ampoule – Brand switch fee payable (Pharmacode 2695863)	5.50	10	✓ Midazolam Viatris

Effective 1 June 2025

86	SOLIFENACIN SUCCINATE Tab 5 mg	2.05	30	✓ Solifenacin Viatris
	Tab 10 mg	3.72	30	✓ Solifenacin Viatris

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 July 2025

292	GLUTEN FREE PASTA – Special Authority see SA1729 – Hospital pharmacy [HP3]			
	Buckwheat Spirals	2.00	250 g OP	
		(3.11)		Orgran
	Corn and Vegetable Shells.....	2.00	250 g OP	
		(2.92)		Orgran
	Corn and Vegetable Spirals	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Corn Lasagne Sheets.....	1.60	200 g OP	
		(3.82)		Orgran
	Rice and Corn Macaroni.....	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Corn Penne	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Maize Pasta Spirals	2.00	250 g OP	
		(2.92)		Orgran
	Rice and Millet Spirals	2.00	250 g OP	
		(3.11)		Orgran
	Rice and corn spaghetti noodles	2.00	375 g OP	
		(2.92)		Orgran
	Vegetable and Rice Spirals.....	2.00	250 g OP	
		(2.92)		Orgran
	Italian long style spaghetti.....	2.00	220 g OP	
		(3.11)		Orgran

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

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

Index

Pharmaceuticals and brands

A	
Alprolix	22
Alyacen.....	28
AMILORIDE HYDROCHLORIDE	32
AMINOACID FORMULA WITHOUT PHENYLALANINE	35
ATORVASTATIN	28
ATROPINE SULPHATE.....	22
B	
BIMATOPROST	34
Bimatoprost Multichem	34
Biodone	29
Biodone Extra Forte	29
Biodone Forte.....	29
Brevinor 1/28.....	28
Breztri Aerosphere.....	26
BSF Alyacen	34
BSF Continuous glucose monitor (interoperable).....	34
BSF Continuous glucose monitor (standalone).....	34
BSF Norethisterone – CDC.....	34
BUDESONIDE WITH GLYCOPYRRONIUM AND EFORMOTEROL.....	26
C	
CAFFEINE CITRATE	33
CALCITRIOL.....	22
Calcitriol-AFT S29.....	22
CeeNU	34
CETIRIZINE HYDROCHLORIDE.....	33
CHLOROTHIAZIDE.....	32
CLOMIPRAMINE HYDROCHLORIDE.....	33
Clomipramine Teva	33
CLONIDINE HYDROCHLORIDE.....	34
Colifoam	32
Comirnaty Omicron (JN.1).....	26
Comirnaty Omicron (XBB.1.5)	36
CONTINUOUS GLUCOSE MONITOR (INTEROPERABLE)...	28
CONTINUOUS GLUCOSE MONITOR (STANDALONE)	28
COVID-19 VACCINE	26, 36
Cyclogyl.....	33
CYCLOPENTOLATE HYDROCHLORIDE	33, 36
CYTARABINE	22
D	
Dantrium.....	36
Dantrium S29.....	36
DANTROLENE	36
DEXAMETHASONE	32
Dexcom G6.....	28
Dexcom G7	28
Dexcom ONE+	28
Duolin Respules.....	34
DURVALUMAB.....	31
E	
ECONAZOLE NITRATE	32
EFTRENONACOG ALFA [RECOMBINANT FACTOR IX]....	22
E-Mycin	33
Enhertu	25
Enlafax XR	29
ERLOTINIB	29
ERYTHROMYCIN ETHYL SUCCINATE	33
ETHINYLOESTRADIOL WITH NORETHISTERONE	28
F	
Ferrosig	32
FLECAINIDE ACETATE.....	22
FOLIC ACID.....	32
Freestyle Libre 2.....	28
Freestyle Libre 3 Plus	28
Fucithalmic S29	26
FUSIDIC ACID	26
G	
GEFITINIB	30
GLUTEN FREE PASTA	37
H	
Hikma.....	22
Histaclear.....	33
HYDROCORTISONE ACETATE	32
HYOSCINE HYDROBROMIDE	34
I	
Imfinzi.....	31
INSULIN PUMP	34
IPRATROPIUM BROMIDE	34
Iressa	30
IRON POLYMALTOSE	32
ITRACONAZOLE	29
Itraconazole Kent	29
K	
Kadcyla.....	30
L	
Lidocaine-Baxter	33
LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE.....	33
LIGNOCAINE	33
LOMUSTINE.....	34
Lorstat	28
M	
Methadone BNM	29
METHADONE HYDROCHLORIDE	29
METHYLPHENIDATE HYDROCHLORIDE.....	33
METHYLPHENIDATE HYDROCHLORIDE EXTENDED- RELEASE	33
MIDAZOLAM	27, 36
Midazolam Viatrix.....	27, 36
Mifegyne.....	32

Index

Pharmaceuticals and brands

MIFEPRISTONE	32	R	
MiniMed 770G	34	RECOMBINANT FACTOR IX	22
Minims Cyclopentolate	36	Risperdal	22
MITOMYCIN C	33	RISPERIDONE	22, 34
Mitomycin (Fresenius Kabi)	33	Risperon	34
Mydracyl	33	Ritalin	33
N		Ritalin LA	33
NAPHAZOLINE HYDROCHLORIDE	35	S	
Naphcon Forte	35	SALBUTAMOL WITH IPRATROPIUM BROMIDE	34
Norethindrone - CDC	28	Scopoderm TTS	34
NORETHISTERONE	28	SODIUM BICARBONATE	32
Noriday	28	SODIUM CHLORIDE	32, 33
Noriday 28	28	SODIUM FUSIDATE [FUSIDIC ACID]	26
O		SOLIFENACIN SUCCINATE	22, 36
OLANZAPINE	34	Solifenacin succinate Max Health	22
Orgran	37	Solifenacin Viatrix	36
OSIMERTINIB	23	SPIRONOLACTONE	32
Oxycodone Amneal	27	Synagis	24
OXYCODONE HYDROCHLORIDE	27	T	
P		Tagrisso	23
PALIVIZUMAB	24	Tambocor German	22
PEGFILGRASTIM	27, 28	TRASTUZUMAB DERUXTECAN	25
Pevaryl	32	TRASTUZUMAB EMTANSINE	30
PHARMACY SERVICES	34	TROPICAMIDE	33
Phenergan Elixir	25	V	
PKU Anamix Junior LQ	35	VENLAFAXINE	29
PKU Lophlex LQ 10	35	Z	
POTASSIUM CITRATE	32	Ziextenzo AU	27, 28
PROMETHAZINE HYDROCHLORIDE	25	Zypine	34

