

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

PHARMAC  
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency  
New Zealand  
Pharmaceutical Schedule

# Update

February 2025

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# Summary of Pharmac decisions

EFFECTIVE 1 FEBRUARY 2025

## New listings (page 20)

- Atorvastatin (Lorstat) tab 10 mg and 80 mg, 30 tab pack
- Itraconazole (Itracap) cap 100 mg – s29 and wastage claimable
- Efavirenz with emtricitabine and tenofovir disoproxil (Triovir) tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil 245 mg (300 mg as a fumarate) – Special Authority – Retail pharmacy, s29 and wastage claimable
- Denosumab (Xgeva) inj 120 mg per 1.7 ml vial – Special Authority – Retail pharmacy
- Entacapone (Entapone) tab 200 mg
- 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
- Clomipramine hydrochloride (APO Clomipramine) tab 25 mg – Safety medicine
- Carboplatin (DBL Carboplatin S29) inj 10 mg per ml, 45 ml vial – PCT only – Specialist, s29
- Bee venom allergy treatment (VENOX) initiation kit – 1 vial freeze dried venom with diluent, 1 OP – Special Authority – Retail pharmacy, s29
- Fexofenadine hydrochloride (Fexaclear) tab 120 mg and 180 mg
- Diclofenac sodium (Diclofenac Devatis) eye drops 0.1%, single dose, 10 and 30 dose

## Changes to restrictions (pages 21-24)

- Ezetimibe (Ezetimibe and Ezetimibe Sandoz) tab 10 mg – reinstate stat dispensing
- Denosumab inj 60 mg prefilled syringe (Prolia) and inj 120 mg per 1.7 ml vial (Xgeva) – added note and amended Special Authority criteria
- Oxycodone hydrochloride (Oxycodone Lucis) oral liq 1 mg per ml, 250 ml – removal of s29 and wastage claimable
- Midazolam (Midazolam-Baxter) inj 5 mg per ml, 3 ml ampoule – removal of brand switch fee
- Pazopanib (Pazopanib Teva and Votrient) tab 200 mg and 400 mg – amended Special Authority criteria
- Sunitinib (Sunitinib Pfizer) cap 12.5 mg, 25 mg and 50 mg – amended Special Authority criteria
- Preservative Free Ocular Lubricants – amended Special Authority criteria
- High fat low carbohydrate formula powder (unflavoured), 300 g OP (KetoCal 4:1 and Ketocal 3:1) and powder (vanilla), 300 g OP (KetoCal 4:1) – addition of Hospital pharmacy [HP3] rule

## Summary of Pharmac decisions – effective 1 February 2025 (continued)

### **Increased subsidy (page 25)**

- Hydroxocobalamin (Hydroxocobalamin Panpharma) inj 1 mg per ml, 1 ml ampoule
- Cyproterone acetate (Siterone) tab 50 mg and 100 mg
- Salbutamol (SalAir) aerosol inhaler, 100 mcg per dose CFC free, 200 dose OP

### **Decreased subsidy (page 25)**

- Cisplatin (Baxter) inj 1 mg for ECP

### **Increased subsidy but not price (page 25)**

- Salbutamol (Ventolin) aerosol inhaler, 100 mcg per dose CFC free, 200 dose OP

## Tender News

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

| <b>Chemical Name</b>           | <b>Presentation; Pack size</b>        | <b>PSS/SSS</b> | <b>PSS/SSS brand (and supplier)</b>                      |
|--------------------------------|---------------------------------------|----------------|--|
| Aqueous cream                  | Crm; 500 g                            | PSS            | Evara (Evara)  |
| Baclofen                       | Inj 2 mg per ml, 5 ml ampoule; 10 inj | PSS            | Baclofen Sintetica (Boucher)                             |
| Bezafibrate                    | Tab 200 mg; 90 tab                    | PSS            | Bezalip (Teva)   |
| Bezafibrate                    | Tab long-acting 400 mg; 30 tab        | PSS            | Bezalip Retard (Teva)                                    |
| Brimonidine tartrate           | Eye drops 0.2%; 5 ml OP               | PSS            | Arrow-Brimonidine (Teva)                                 |
| Ciprofloxacin                  | Eye drops 0.3%; 5 ml OP               | PSS            | Ciprofloxacin Teva (Teva)                                |
| Dasatinib                      | Tab 20 mg; 60 tab                     | PSS            | Dasatinib-Teva (Teva)                                    |
| Dasatinib                      | Tab 50 mg; 60 tab                     | PSS            | Dasatinib-Teva (Teva)                                    |
| Dasatinib                      | Tab 70 mg; 60 tab                     | PSS            | Dasatinib-Teva (Teva)                                    |
| Glipizide                      | Tab 5 mg; 100 tab                     | PSS            | Minidiab (Pfizer)  |
| Latanoprost                    | Eye drops 0.005%; 2.5 ml OP           | PSS            | Teva (Teva)  |
| Metronidazole                  | Tab 200 mg; 250 tab                   | PSS            | Metronidamed (Medsurge)                                  |
| Metronidazole                  | Tab 400 mg; 21 tab                    | PSS            | Metronidamed (Medsurge)                                  |
| Ornidazole                     | Tab 500 mg; 10 tab                    | PSS            | Arrow-Ornidazole (Teva)                                  |
| Pregnancy tests<br>– HCG urine | Cassette; 40 test OP                  | PSS            | David One Step Cassette Pregnancy Test<br>(Smith BioMed) |
| Quinapril                      | Tab 5 mg; 90 tab                      | PSS            | Arrow-Quinapril 5 (Teva)                                 |
| Quinapril                      | Tab 10 mg; 90 tab                     | PSS            | Arrow-Quinapril 10 (Teva)                                |
| Quinapril                      | Tab 20 mg; 90 tab                     | PSS            | Arrow-Quinapril 20 (Teva)                                |
| Rivastigmine                   | Patch 4.6 mg per 24 hour; 30 patch    | PSS            | Rivastigmine Patch BNM 5 (Boucher)                       |
| Rivastigmine                   | Patch 9.5mg per 24 hour; 30 patch     | PSS            | Rivastigmine Patch BNM 10 (Boucher)                      |

## 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 March 2025

- Denosumab inj 60 mg prefilled syringe (Prolia) and inj 120 mg per 1.7 ml vial (Xgeva) – amend Special Authority criteria
- Flucloxacillin (Staphlex) cap 250 mg and 500 mg

### Possible decisions for future implementation 1 March 2025

- Atezolizumab (Tecentriq) inj 60 mg per ml, 20 ml vial – amend Special Authority criteria
- Bevacizumab (Vegzelma) inj 25 mg per ml 4 ml and 16 ml vial – new listing with Special Authority
- Lenvatinib (Lenvima) cap 4 mg and 10 mg – amend Special Authority criteria

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

| Generic Name                           | Presentation  | Brand Name                                       | Expiry Date*        |
|--|---|--|---------------------|
| Abacavir sulphate with lamivudine      | Tab 600 mg with lamivudine 300 mg   | Abacavir/Lamivudine Viatris                      | 2025                |
| <b>Acarbose</b>                        | <b>Tab 50 mg &amp; 100 mg</b>   | <b>Accarb</b>                                    | <b>2027</b>         |
| <b>Aciclovir</b>                       | <b>Eye oint 3%, 4.5 g OP</b><br>Tab dispersible 400 mg & 800 mg<br>Tab dispersible 200 mg                                 | <b>ViruPOS</b><br>Lovir                          | <b>2027</b><br>2025 |
| Acitretin                              | Cap 10 mg and 25 mg   | Novatretin                                       | 2026                |
| Adalimumab (Amgevita)                  | Inj 20 mg per 0.4 ml prefilled syringe,<br>inj 40 mg per 0.8 ml prefilled syringe<br>& 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<br>Inj 0.3 mg per 0.3 ml auto- injector, 1 OP                                  | Epipen Jr<br>Epipen                              | 2025                |
| Alendronate sodium                     | Tab 70 mg   | Fosamax  | 2026                |
| Alendronate sodium with colecalciferol | Tab 70 mg with colecalciferol 5,600 iu  | Fosamax Plus                                     | 2026                |
| Allopurinol                            | Tab 100 mg and 300 mg   | Ipca-Allopurinol                                 | 2026                |
| Ambrisentan                            | Tab 5 mg & 10 mg  | Ambrisentan Viatris                              | 2026                |
| Amiodarone hydrochloride               | Inj 50 mg per ml, 3 ml ampoule<br>Tab 100 mg & 200 mg   | Max Health<br>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<br>Grans for oral liq 250 mg per 5 ml<br>Cap 250 mg<br>Cap 500 mg                      | Alphamox 125<br>Alphamox 250<br>Miro-Amoxicillin | 2026<br>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<br>Tab dispersible 300 mg  | Ethics Aspirin EC<br>Ethics Aspirin              | 2026                |
| Atazanavir sulphate                    | Cap 200 mg<br>Cap 150 mg  | Atazanavir Viatris<br>Atazanavir Mylan           | 2025                |
| <b>Atenolol</b>                        | <b>Tab 50 mg</b><br><b>Tab 100 mg</b>   | <b>Viatris</b><br><b>Atenolol Viatris</b>        | <b>2027</b>         |
| Atomoxetine                            | Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg,<br>80 mg and 100 mg  | APO-Atomoxetine                                  | 2026                |
| Atorvastatin                           | Tab 10 mg, 20 mg, 40 mg & 80 mg   | Lorstat  | 2027                |

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

| Generic Name                                 | Presentation   | Brand Name   | Expiry Date*            |
|--|--|--|-------------------------|
| <b>Atropine sulphate</b>                     | <b>Inj 600 mcg per ml, 1 ml ampoule</b><br>Eye drops 1%, 15 ml OP  | <b>Martindale</b><br>Atropt                                    | <b>2027</b><br>2026     |
| Azathioprine                                 | Tab 25 mg<br>Tab 50 mg   | Azamun   | 2025                    |
| 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<br>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<br>Oint 500 mcg with calcipotriol 50 mcg per g; 30 g OP    | Daivobet   | 2027                    |
| <b>Betamethasone valerate</b>                | <b>Crn 0.1%, 50 g OP</b><br><b>Oint 0.1%, 50 g OP</b><br><b>Scalp app 0.1%, 100 ml OP</b>                      | <b>Beta Cream</b><br><b>Beta Ointment</b><br><b>Beta Scalp</b> | <b>2027</b>             |
| Bicalutamide                                 | Tab 50 mg  | Binarex  | 2026                    |
| Bimatoprost                                  | Eye drops 0.03%, 3 ml OP   | Lumigan  | 2027                    |
| <b>Bisacodyl</b>                             | <b>Suppos 10 mg</b><br>Tab 5 mg  | <b>Lax-Suppositories</b><br>Bisacodyl Viatrix                  | <b>2027</b><br>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                    |
| <b>Budesonide</b>                            | <b>Metered aqueous nasal spray, 50 mcg &amp; 100 mcg per dose, 200 dose OP</b><br>Cap modified-release 3 mg    | <b>SteroClear</b><br><br>Budesonide Te Arai (Te Arai)          | <b>2027</b><br><br>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 Viatrix  | 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                    |
| <b>Candesartan cilexetil</b>                 | <b>Tab 4 mg, 8 mg, 16 mg and 32 mg</b>   | <b>Candestar</b>   | <b>2027</b>             |

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| Generic Name                   | Presentation  | Brand Name                            | Expiry Date*            |
|--------------------------------|---|---------------------------------------|-------------------------|
| Capecitabine                   | Tab 150 mg<br>Tab 500 mg  | Capecitabine Viatrix                  | 2025                    |
| Captopril                      | Oral liq 5 mg per ml, 100 ml OP   | DP-Captopril (Douglas)                | 2026                    |
| Carbimazole                    | Tab 5 mg  | Neo-Mercazole                         | 2025                    |
| Cefaclor monohydrate           | Cap 250 mg<br>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                    |
| <b>Cetomacrogol</b>            | <b>Crn BP, 500 g</b>  | <b>Cetomacrogol-AFT</b>               | <b>2027</b>             |
| Cetomacrogol with glycerol     | Crn 90% with glycerol 10%, 500 ml OP<br>Crn 90% with glycerol 10%, 1,000 ml OP                          | Evara                                 | 2025                    |
| Chloramphenicol                | Eye drops 0.5%<br>Eye oint 1%, 5 g OP   | Chlorsig<br>Devatis                   | 2025                    |
| Chlortalidone [Chlorthalidone] | Tab 25 mg   | Hygroton                              | 2025                    |
| Cinacalcet                     | Tab 30 mg & 60 mg   | Cinacalcet Devatis                    | 2027                    |
| Ciprofloxacin                  | Tab 750 mg<br>Tab 250 mg & 500 mg   | Ipca-Ciprofloxacin                    | 2027<br>2026            |
| Citalopram hydrobromide        | Tab 20 mg   | Celapram                              | 2025                    |
| Clarithromycin                 | Tab 250 mg & 500 mg   | Klacid                                | 2027                    |
| Clindamycin                    | Cap 150 mg<br>Inj 150 mg per ml   | Dalacin C<br>Hameln                   | 2026<br>2025            |
| Clobetasol propionate          | Crn & oint 0.05%, 30 g OP Scalp app<br>0.05%, 30 ml OP  | Dermol                                | 2025                    |
| Clonidine                      | Patch 2.5 mg, 100 mcg per day<br>Patch 5 mg, 200 mcg per day<br>Patch 7.5 mg, 300 mcg per day           | Mylan                                 | 2026                    |
| <b>Clonidine hydrochloride</b> | <b>Tab 150 mcg</b><br>Inj 150 mcg per ml, 1 ml ampoule<br>Tab 25 mcg                                    | <b>Catapres</b><br><br>Clonidine Teva | <b>2027</b><br><br>2025 |
| Clopidogrel                    | Tab 75 mg   | Arrow – Clopid                        | 2025                    |
| Clotrimazole                   | Vaginal crm 1% with applicators, 35 g OP<br>Vaginal crm 2% with applicators, 20 g OP<br>Crn 1%, 20 g OP | Clomazol                              | 2025                    |
| Codeine phosphate              | Tab 15 mg<br>Tab 30 mg & 60 mg  | Noumed                                | 2025                    |
| Colchicine                     | Tab 500 mcg   | Colgout                               | 2025                    |
| Colecalciferol                 | Cap 1.25 mg (50,000 iu)   | Vit.D3                                | 2026                    |

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

| Generic Name   | Presentation  | Brand Name                                       | Expiry Date* |
|--|---|--|--------------|
| Compound electrolytes  | Powder for oral soln  | Electral   | 2025         |
| Compound electrolytes with glucose [dextrose]  | Soln with electrolytes, 1,000 ml OP   | Hydralyte – Lemonade                             | 2025         |
| <b>Crotamiton</b>  | <b>Crn 10%, 20 g OP</b>   | <b>Itch-Soothe</b>                               | <b>2027</b>  |
| <b>Cyclizine hydrochloride</b>   | <b>Tab 50 mg</b>  | <b>Nausicalm</b>                                 | <b>2027</b>  |
| 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 Viatris                                | 2026         |
| Desmopressin acetate   | Nasal spray 10 mcg per dose, 6 ml OP  | Desmopressin-PH&T                                | 2026         |
| <b>Dexamethasone</b>   | <b>Tab 0.5 mg &amp; 4 mg</b>  | <b>Dexmethsone</b>                               | <b>2027</b>  |
| 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<br>Rectal tubes 5 mg  | Arrow-Diazepam<br>Stesolid                       | 2026<br>2025 |
| <b>Diclofenac sodium</b>   | <b>Tab EC 25 mg &amp; 50 mg</b>   | <b>Diclofenac Sandoz</b>                         | <b>2027</b>  |
| Digoxin  | Tab 62.5 mcg<br>Tab 250 mcg   | Lanoxin PG<br>Lanoxin                            | 2025         |
| Dihydrocodeine tartrate  | Tab long-acting 60 mg   | DHC Continus                                     | 2025         |
| Diltiazem hydrochloride  | Cap long-acting 180 mg & 240 mg<br>Cap long-acting 120 mg   | Cardizem CD<br>Diltiazem CD Clinect              | 2027<br>2025 |
| Dimethicone  | Crn 5% pump bottle, 500 ml OP<br>Lotn 4%, 200 ml OP   | healthE Dimethicone 5%<br>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         |

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

| Generic Name                            | Presentation  | Brand Name                                     | Expiry Date* |
|---|---|--|--------------|
| 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         |
| <b>Dorzolamide with timolol</b>         | <b>Eye drops 2% with timolol 0.5%, 5 ml OP</b>  | <b>Dortimopt</b>                               | <b>2027</b>  |
| 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         |
| <b>Enoxaparin sodium</b>                | <b>Inj 20 mg in 0.2 ml syringe<br/>Inj 40 mg in 0.4 ml syringe<br/>Inj 60 mg in 0.6 ml syringe<br/>Inj 80 mg in 0.8 ml syringe<br/>Inj 100 mg in 1 ml syringe<br/>Inj 120 mg in 0.8 ml syringe<br/>Inj 150 mg in 1 ml syringe</b> | <b>Clexane</b>                                 | <b>2027</b>  |
| 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         |
| Ethinylloestradiol with levonorgestrel  | Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets<br>Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets  | Lo-Oralcon 20 ED<br>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         |
| <b>Felodipine</b>                       | <b>Tab long-acting 2.5 mg<br/>Tab long-acting 5 mg<br/>Tab long-acting 10 mg</b>  | <b>Plendil ER<br/>Felo 5 ER<br/>Felo 10 ER</b> | <b>2027</b>  |
| Fentanyl                                | Patches 12.5 mcg, 25 mcg, 50 mcg, 75 mcg & 100 mcg per hour   | Fentanyl Sandoz                                | 2027         |
| <b>Ferrous fumarate</b>                 | <b>Tab 200 mg (65 mg elemental)</b>   | <b>Ferro-tab</b>                               | <b>2027</b>  |
| 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)<br>Oral liq 30 mg (6 mg elemental) per ml   | Ferrograd<br>Ferodan                           | 2025         |
| Filgrastim                              | Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe  | Nivestim                                       | 2027         |

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

| Generic Name   | Presentation  | Brand Name  | Expiry Date*            |
|--|---|---|-------------------------|
| Finasteride  | Tab 5 mg  | Ricit   | 2026                    |
| Flecainide acetate   | Tab 50 mg<br>Cap long-acting 100 mg & 200 mg  | Flecainide BNM<br>Flecainide Controlled Release<br>Teva | 2026                    |
| <b>Flucloxacillin</b>  | <b>Grans for oral liq 25 mg &amp; 50 mg per ml,<br/>100 ml</b><br>Inj 250 mg vial and 500 mg vial<br>Inj 1 g vial | <b>AFT</b><br><br>Flucloxin<br>Flucil                   | <b>2027</b><br><br>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<br>Tab dispersible 20 mg, scored  | Arrow–Fluoxetine<br>Fluox                               | 2025                    |
| Folic acid   | Tab 5 mg  | Folic Acid Viatris                                      | 2027                    |
| <b>Furosemide [Frusemide]</b>  | <b>Tab 40 mg</b><br>Inj 10 mg per ml, 2 ml ampoule  | <b>IPCA-Frusemide</b><br>Furosemide-Baxter              | <b>2027</b><br>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<br>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,<br>syringe   | Zoladex (AstraZeneca)                                   | 2026                    |
| Haemophilus influenzae type<br>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<br>Inj 720 ELISA units in 0.5 ml syringe                                     | Havrix 1440   | 2027                    |
| Hepatitis B recombinant<br>vaccine   | Inj 10 mcg per 0.5 ml prefilled syringe<br>Inj 20 mcg per 1 ml prefilled syringe                                  | Engerix-B   | 2027                    |
| Human papillomavirus<br>(6, 11, 16, 18, 31, 33,<br>45, 52 and 58) vaccine<br>[HPV] | Inj 270 mcg in 0.5 ml syringe   | Gardasil 9  | 2027                    |
| Hydrocortisone   | Inj 100 mg vial<br>Crn 1%, 500 g<br>Crn 1%; 30 g OP   | Solu-Cortef<br>Noumed<br>Ethics                         | 2027<br>2025            |
| Hydrocortisone and paraffin<br>liquid and lanolin                                  | Lotn 1% with paraffin liquid 15.9% and<br>lanolin 0.6%, 250 ml  | DP Lotn (HC)  | 2026                    |

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

| Generic Name                          | Presentation   | Brand Name   | Expiry Date*      |
|---------------------------------------|--|--|-------------------|
| <b>Hydrocortisone with miconazole</b> | <b>Crn 1% with miconazole nitrate 2%, 15 g OP</b>  | <b>Micreme H</b>   | <b>2027</b>       |
| 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<br>IUD 33.6 mm length x 29.9 mm width<br>IUD 35.5 mm length x 19.6 mm width             | Choice 380 7med Nsha Silver/copper Short<br>TCu 380 Plus Normal<br>Cu 375 Standard | 2025              |
| <b>Isoniazid with rifampicin</b>      | <b>Tab 100 mg with rifampicin 150 mg<br/>Tab 150 mg with rifampicin 300 mg</b>   | <b>Rifinah</b>   | <b>2027</b>       |
| Isosorbide mononitrate                | Tab 20 mg<br>Tab long-acting 40 mg<br>Tab long-acting 60 mg  | Ismo 20<br>Ismo 40 Retard<br>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<br>Tab 150 mg   | Zetlam<br>Lamivudine Viatrix   | 2026              |
| <b>Lansoprazole</b>                   | <b>Cap 15 mg &amp; 30 mg</b>   | <b>Lanzol Relief</b>   | <b>2027</b>       |
| 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              |
| <b>Lenalidomide</b>                   | <b>Cap 5 mg, 10 mg, 15 mg &amp; 25 mg</b>  | <b>Lenalidomide Viatrix</b>  | <b>31/01/2028</b> |
| Letrozole                             | Tab 2.5 mg   | Letrole  | 2027              |
| <b>Levodopa with carbidopa</b>        | <b>Tab 100 mg with carbidopa 25 mg<br/>Tab 250 mg with carbidopa 25 mg<br/>Tab long-acting 200 mg with carbidopa 50 mg</b> | <b>Sinemet<br/>Sinemet CR</b>  | <b>2027</b>       |
| Levomepromazine hydrochloride         | Inj 25 mg per ml, 1 ml ampoule   | Wockhardt  | 2025              |
| Levonorgestrel                        | Subdermal implant (2 × 75 mg rods)<br>Tab 1.5 mg   | Jadelle<br>Levonorgestrel BNM  | 2026<br>2025      |
| Lidocaine [Lignocaine]                | Gel 2%, 11 ml urethral syringe   | Instillagel lido   | 2025              |
| Linezolid                             | Tab 600 mg   | Zyvox  | 2027              |

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

| Generic Name  | Presentation  | Brand Name  | Expiry Date*                |
|---|---|---|-----------------------------|
| Lisinopril  | Tab 5 mg, 10 mg & 20 mg   | Ethics Lisinopril   | 2025                        |
| <b>Lithium carbonate</b>  | <b>Tab long-acting 400 mg</b>   | <b>Priadel</b>  | <b>2027</b>                 |
| Loperamide hydrochloride  | Cap 2 mg  | Diamide Relief  | 2025                        |
| <b>Lopinavir with ritonavir</b>   | <b>Tab 200 mg with ritonavir 50 mg</b>  | <b>Lopinavir/Rotinavir Mylan</b>  | <b>2027</b>                 |
| Loratadine  | Tab 10 mg   | Lorafix   | 2025                        |
| <b>Lorazepam</b>  | <b>Tab 1 mg &amp; 2.5 mg</b>  | <b>Ativan</b>   | <b>2027</b>                 |
| 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                        |
| <b>Methadone hydrochloride</b>  | <b>Oral liq 2 mg per ml, 200 ml</b><br><b>Oral liq 5 mg per ml, 200 ml</b><br><b>Oral liq 10 mg per ml, 200 ml</b><br>Tab 5 mg          | <b>Biodone</b><br><b>Biodone Forte</b><br><b>Biodone Extra Forte</b><br>Methadone BNM | <b>2027</b><br><br><br>2025 |
| Methenamine (hexamine) hippurate  | Tab 1 g   | Hiprex  | 2025                        |
| <b>Methotrexate</b>   | <b>Inj 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg &amp; 30 mg prefilled syringe</b><br>Tab 2.5 mg & 10 mg                                       | <b>Methotrexate Sandoz</b><br><br>Trexate   | <b>2027</b><br><br>2025     |
| Methylprednisolone aceponate  | Crn 0.1%, 15 g OP<br>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                        |

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

| Generic Name                   | Presentation  | Brand Name  | Expiry Date* |
|--------------------------------|---|---|--------------|
| Metoprolol succinate           | Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg   | Myloc CR (Viatrix)  | 2026         |
| Metoprolol tartrate            | Tab 50 mg & 100 mg  | IPCA-Metoprolol   | 2027         |
| <b>Miconazole</b>              | <b>Oral gel 20 mg per g, 40 g OP</b>  | <b>Decozol</b>  | <b>2027</b>  |
| Miconazole nitrate             | Crn 2%, 15 g OP   | Multichem   | 2026         |
| <b>Midodrine</b>               | <b>Tab 2.5 mg &amp; 5 mg</b>  | <b>Midodrine Medsurge</b>   | <b>2027</b>  |
| <b>Moclobemide</b>             | <b>Tab 150 mg &amp; 300 mg</b>  | <b>Aurorix</b>  | <b>2027</b>  |
| <b>Mometasone furoate</b>      | <b>Lotn 0.1%, 30 ml OP</b><br><b>Oint 0.1%; 15 g &amp; 50 g OP</b><br><b>Crn 0.1%, 15 g &amp; 50 g OP</b>   | <b>Elocon</b><br><br><b>Elocon Alcohol Free</b>                     | <b>2027</b>  |
| Montelukast                    | Tab 4 mg, 5 mg & 10 mg  | Montelukast Viatrix   | 2025         |
| Morphine sulphate              | Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg<br>Inj 5 mg per ml, 1 ml ampoule<br>Inj 10 mg per ml, 1 ml ampoule<br>Inj 15 mg per ml, 1 ml ampoule<br>Inj 30 mg per ml, 1 ml ampoule | m-Eslon<br><br>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         |
| <b>Naproxen</b>                | <b>Tab 250 mg &amp; 500 mg</b><br><b>Tab long-acting 750 mg</b><br><b>Tab long-acting 1 g</b>   | <b>Norflam</b><br><b>Naprosyn SR 750</b><br><b>Naprosyn SR 1000</b> | <b>2027</b>  |
| <b>Neostigmine metisulfate</b> | <b>Inj 2.5 mg per ml, 1 ml ampoule</b>  | <b>Max Health</b>   | <b>2027</b>  |
| <b>Nevirapine</b>              | <b>Tab 200 mg</b>   | <b>Nevirapine Viatrix</b>   | <b>2027</b>  |
| Nicorandil                     | Tab 10 mg and 20 mg   | Max Health  | 2025         |
| Nitrofurantoin                 | Tab 50 mg<br>Cap modified-release 100 mg  | Nifuran<br>Macrobid   | 2027<br>2026 |
| Nortriptyline hydrochloride    | Tab 10 mg & 25 mg   | Norpress  | 2025         |
| Nystatin                       | Vaginal crn 100,000 u per 5 g with applicator(s), 75 g OP<br>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<br>Tab 2 mg<br>Pessaries 500 mcg  | Ovestin   | 2026         |
| Olanzapine                     | Tab 2.5 mg, 5 mg and 10 mg<br>Tab orodispersible 5 mg and 10 mg   | Zypine<br>Zypine ODT  | 2026         |

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

| Generic Name  | Presentation   | Brand Name                               | Expiry Date*        |
|---|--|--|---------------------|
| Olopatadine   | Eye drops 0.1%, 5 ml OP  | Olopatadine Teva                         | 2025                |
| Omeprazole  | Cap 10 mg  | Omeprazole actavis 10                    | 2026                |
|   | Cap 20 mg  | Omeprazole actavis 20                    |                     |
|   | Cap 40 mg  | Omeprazole actavis 40                    |                     |
|   | Inj 40 mg ampoule with diluent   | Dr Reddy's Omeprazole                    | 2025                |
| Ondansetron   | Tab disp 4 mg and 8 mg   | Periset ODT                              | 2026                |
|   | Tab 4 mg & 8 mg  | Periset                                  | 2025                |
| <b>Orphenadrine citrate</b>                           | <b>Tab 100 mg</b>  | <b>Norflex</b>                           | <b>2027</b>         |
| Oxycodone hydrochloride                               | Inj 10 mg per ml, 1 ml & 2 ml ampoule  | Hameln                                   | 2027                |
|   | Inj 50 mg per ml, 1 ml ampoule   |  |                     |
| 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  | Oxytocin BNM                             | 2025                |
|   | Inj 10 iu per ml, 1 ml ampoule   |  |                     |
| 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<br>Panzop Relief (Viatrix) | 2025                |
| Paracetamol   | Suppos 125 mg, 250 mg and 500 mg   | Gacet                                    | 2026                |
|   | Tab 500 mg-bottle pack   | Noumed Paracetamol                       |                     |
|   | Tab 500 mg-blistre pack  | Pacimol                                  |                     |
|   | Oral liq 120 mg per 5 ml   | Paracetamol (Ethics)                     | 2025                |
| Paracetamol with codeine                              | Tab paracetamol 500 mg with codeine phosphate 8 mg                                     | Paracetamol + Codeine                    | 2025                |
|   |  |  |                     |
| Paraffin  | White soft, 450 g  | EVARA White Soft Paraffin                | 2026                |
|   | White soft, 2,500 g<br>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                    |                     |
| <b>Phenoxymethylpenicillin (Penicillin V)</b>         | <b>Cap 250 mg &amp; 500 mg</b><br>Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml | <b>Cilicaine VK</b><br>AFT               | <b>2027</b><br>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                |

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

| Generic Name                                | Presentation   | Brand Name                     | Expiry Date* |
|---|--|--------------------------------|--------------|
| 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<br>Tab modified-release 100 mg  | Devatis<br>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         |
| Progesterone                                | Cap 100 mg   | Utrogestan                     | 2025         |
| Promethazine hydrochloride                  | Tab 10 mg & 25 mg  | Allersoothe                    | 2025         |
| Propranolol                                 | Tab 10 mg<br>Tab 40 mg   | Drofate<br>IPCA-Propranolol    | 2027         |
| Pyridoxine hydrochloride                    | Tab 25 mg  | Vitamin B6 25                  | 2026         |
| Quetiapine                                  | Tab 25 mg, 100 mg, 200 mg & 300 mg   | Quetapel                       | 2026         |
| <b>Ramipril</b>                             | <b>Cap 1.25 mg, 2.5 mg, 5 mg &amp; 10 mg</b>   | <b>Tryzan</b>                  | <b>2027</b>  |
| Rifampicin                                  | Cap 150 mg & 300 mg<br>Oral liq 100 mg per 5 ml  | Rifadin                        | 2026         |
| Rifaximin                                   | Tab 550 mg   | Xifaxan                        | 2027         |
| <b>Riluzole</b>                             | <b>Tab 50 mg</b>   | <b>Rilutek</b>                 | <b>2027</b>  |
| Risedronate sodium                          | Tab 35 mg  | Risedronate Sandoz             | 2025         |
| Risperidone                                 | Tab 0.5 mg, 1 mg, 2 mg, 3 mg and 4 mg<br>Oral liq 1 mg per ml, 30 ml   | Risperidone (Teva)<br>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<br>1,000,000 CCID50 per dose, prefilled oral applicator                            | Rotarix                        | 2027         |
| Roxithromycin                               | Tab 150 mg & 300 mg  | Arrow-Roxithromycin            | 2026         |

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

| Generic Name                                    | Presentation  | Brand Name  | Expiry Date* |
|---|---|---|--------------|
| 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<br>Tab 10 mg   | Simvastatin Viatris<br>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         |
| <b>Sodium fusidate [fusidic acid]</b>           | <b>Crn 2% &amp; oint 2%, 5 g OP</b>   | <b>Foban</b>  | <b>2027</b>  |
| Sodium hyaluronate [hyaluronic acid]            | Eye drops 1 mg per ml, 10 ml OP   | Hylo-Fresh  | 2027         |
| <b>Somatropin</b>                               | <b>Inj 5 mg, 10 mg &amp; 15 mg cartridge</b>  | <b>Omnitrope</b>  | <b>2027</b>  |
| Sotalol   | Tab 80 mg & 160 mg  | Mylan   | 2025         |
| Spiroonactone                                   | Tab 25 mg & 100 mg  | Spiractin   | 2025         |
| Sumatriptan                                     | Inj 12 mg per ml, 0.5 ml prefilled pen<br>Tab 50 mg & 100 mg  | Clustran (Douglas)<br>Sumagran                                    | 2025<br>2027 |
| Sunscreens, proprietary                         | Lotn, 200 g OP  | Marine Blue Lotion SPF lotn 50+                                   | 2025         |
| Tacrolimus                                      | Oint 1 %; 30 g OP   | Zematop   | 2026         |
| Tamoxifen citrate                               | Tab 10 mg & 20 mg   | Tamoxifen Sandoz  | 2026         |
| Tamsulosin                                      | Cap 400 mcg   | Tamsulosin-Rex  | 2025         |
| Temazepam                                       | Tab 10 mg   | Normison  | 2026         |
| Tenofovir disoproxil                            | Tab 245 mg (300 mg as a maleate)  | Tenofovir Disoproxil Viatris                                      | 2025         |
| Tenoxicam                                       | Tab 20 mg   | Tilcotil  | 2025         |
| Terbinafine                                     | Tab 250 mg  | Deolate   | 2026         |
| Teriparatide                                    | Inj 250 mcg per ml, 2.4 ml  | Teriparatide – Teva   | 2025         |
| Testosterone                                    | Gel (transdermal) 16.2 mg per g, 88 g OP  | Testogel  | 2027         |
| Tetrabenazine                                   | Tab 25 mg   | Motetis   | 2025         |
| Thiamine hydrochloride                          | Tab 50 mg   | Thiamine multichem  | 2025         |
| 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<br>Soln for inhalation 60 mg per ml, 5 ml                                     | Viatriis<br>Tobramycin BNM  | 2027<br>2026 |
| Tramadol hydrochloride                          | Tab sustained-release 100 mg<br>Tab sustained-release 150 mg<br>Tab sustained-release 200 mg<br>Cap 50 mg | Tramal SR 100<br>Tramal SR 150<br>Tramal SR 200<br>Arrow-Tramadol | 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 February 2025

| Generic Name  | Presentation  | Brand Name   | Expiry Date* |
|---|---|--|--------------|
| 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         |
| <b>Tretinoin</b>  | <b>Crn 0.5 mg per g, 50 g OP</b>  | <b>ReTrieve</b>  | <b>2027</b>  |
| Triamcinolone acetonide                                     | Paste 0.1%, 5 g OP<br>Crn 0.02%, 100 g OP<br>Oint 0.02%, 100 g OP<br>Inj 10 mg per ml, 1 ml ampoule<br>Inj 40 mg per ml, 1 ml ampoule | Kenalog in Orabase<br>Aristocort<br><br>Kenacort-A 10<br>Kenacort-A 40 | 2026         |
| Trientine   | Cap 250 mg; 100 cap   | Trientine Waymade  | 2025         |
| <b>Trimethoprim</b>   | <b>Tab 300 mg</b>   | <b>TMP</b>   | <b>2027</b>  |
| <b>Trimethoprim with sulphamethoxazole [Co-trimoxazole]</b> | <b>Tab trimethoprim 80 mg and sulphamethoxazole 400 mg</b>  | <b>Trisul</b>  | <b>2027</b>  |
| Tuberculin PPD [mantoux] test                               | Inj 5 TU per 0.1 ml, 1 ml vial  | Tubersol   | 2027         |
| Ursodeoxycholic acid  | Cap 250 mg  | Ursosan  | 2026         |
| <b>Valaciclovir</b>   | <b>Tab 500 mg &amp; 1,000 mg</b>  | <b>Vaclovir</b>  | <b>2027</b>  |
| <b>Valganciclovir</b>                                       | <b>Tab 450 mg</b>   | <b>Valganciclovir Viatrix</b>  | <b>2027</b>  |
| 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<br>Inj 20 ml ampoule  | Multichem<br>Fresenius Kabi  | 2025         |
| Zinc and castor oil   | Oint; 500 g   | Evara  | 2025         |
| Zoledronic acid   | Inj 4 mg per 5 ml, vial<br>Inj 0.05 mg per ml, 100 ml bag   | Zoledronic Acid Viatrix  | 2027<br>2025 |
| <b>Zopiclone</b>  | <b>Tab 7.5 mg</b>   | <b>Zopiclone Actavis</b>   | <b>2027</b>  |

**February 2025 changes are in bold type**

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

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Schedule page ref

Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## New Listings

### Effective 1 February 2025

|     |   |
|-----|---|
| 53  | ATORVASTATIN<br>Tab 10 mg..... 0.31 30 ✓ <b>Lorstat</b><br>Tab 80 mg..... 1.52 30 ✓ <b>Lorstat</b>  |
| 103 | ITRACONAZOLE<br>Cap 100 mg ..... 27.32 60 ✓ <b>Itracap</b> <b>S29</b><br>Wastage claimable  |
| 113 | EFAVIRENZ WITH EMTRICITABINE AND TENOFOVIR DISOPROXIL – Special Authority see SA2139 – Retail pharmacy<br>Note: Efavirenz with emtricitabine and tenofovir disoproxil counts as three anti-retroviral medications for the purposes of the anti-retroviral Special Authority<br>Tab 600 mg with emtricitabine 200 mg and tenofovir disoproxil<br>245 mg (300 mg as a fumarate)..... 106.88 30 ✓ <b>Triovir</b> <b>S29</b><br>Wastage claimable |
| 118 | DENOSUMAB – Special Authority see SA2427 – Retail pharmacy<br>Note: Denosumab inj 60 mg per 1 ml pre-filled syringe is Medsafe approved for use in osteoporosis. Denosumab inj 120 mg per 1.7 ml vial is Medsafe approved for use in hypercalcaemia of malignancy<br>Inj 120 mg per 1.7 ml vial..... 500.00 1 ✓ <b>Xgeva</b>  |
| 126 | ENTACAPONE<br>▲ Tab 200 mg..... 13.73 100 ✓ <b>Entapone</b>   |
| 126 | LEVODOPA WITH CARBIDOPA AND ENTACAPONE<br>* Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg... 27.01 100 ✓ <b>Stalevo</b><br>* Tab 100 mg with carbidopa 25 mg and entacapone 200 mg... 34.18 100 ✓ <b>Stalevo</b><br>* Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg... 44.96 100 ✓ <b>Stalevo</b><br>* Tab 200 mg with carbidopa 50 mg and entacapone 200 mg... 51.23 100 ✓ <b>Stalevo</b>                                 |
| 132 | CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency<br>Tab 25 mg..... 16.99 50 ✓ <b>AP0 Clomipramine</b>  |
| 154 | CARBOPLATIN – PCT only – Specialist<br>Inj 10 mg per ml, 45 ml vial ..... 25.73 1 ✓ <b>DBL Carboplatin S29</b> <b>S29</b>   |
| 257 | BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy<br>Initiation kit - 1 vial freeze dried venom with diluent ..... 305.00 1 OP ✓ <b>VENOX</b> <b>S29</b>   |
| 259 | FEXOFENADINE HYDROCHLORIDE<br>* Tab 120 mg..... 3.49 30 ✓ <b>Fexaclear</b><br>* Tab 180 mg..... 4.10 30 ✓ <b>Fexaclear</b>  |
| 270 | DICLOFENAC SODIUM<br>Eye drops 0.1%, single dose..... 1.85 10 dose ✓ <b>Diclofenac Devatis</b><br>5.54 30 dose ✓ <b>Diclofenac Devatis</b>  |

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

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

## Changes to Restrictions, Chemical Names and Presentations

Effective 1 February 2025

|     |  |        |    |   |
|-----|--|--------|----|---|
| 54  | EZETIMIBE (reinstate stat dispensing)<br>* Tab 10 mg.....  | 1.76   | 30 | ✓ Ezemibe Viatris<br>✓ Ezetimibe Sandoz |
| 118 | DENOSUMAB – Special Authority see <b>SA2427 4777</b> – Retail pharmacy (new note added and amended Special Authority criteria)<br><b>Note: Denosumab inj 60 mg per 1 ml pre-filled syringe is Medsafe approved for use in osteoporosis. Denosumab inj 120 mg per 1.7 ml vial is Medsafe approved for use in hypercalcaemia of malignancy</b> |        |    |   |
|     | Inj 60 mg prefilled syringe.....   | 326.00 | 1  | ✓ Prolia                                |
|     | Inj 120 mg per 1.7 ml vial.....  | 500.00 | 1  | ✓ Xgeva                                 |

► **SA2427 4777** Special Authority for Subsidy

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

All of the following:

- 1 The patient has severe, established osteoporosis; and
- 2 Either:
  - 2.1 The patient is female and postmenopausal; or
  - 2.2 The patient is male or non-binary; and
- 3 Any of the following:
  - 3.1 History of one significant osteoporotic fracture, demonstrated radiologically and documented bone mineral density (BMD) greater than or equal to -2.5 standard deviations below the mean normal value in young adults (i.e. T-Score less than or equal to -2.5) (see Note); or
  - 3.2 History of one significant osteoporotic fracture, demonstrated radiologically, and either the patient is elderly, or densitometry scanning cannot be performed because of major logistical, technical or pathophysiological reasons; or
  - 3.3 History of two significant osteoporotic fractures demonstrated radiologically; or
  - 3.4 Documented T-Score less than or equal to -3.0 (see Note); or
  - 3.5 A 10-year risk of hip fracture greater than or equal to 3%, calculated using a published risk assessment algorithm (e.g. FRAX or Garvan) which incorporates BMD measurements (see Note); or
  - 3.6 Patient has had a Special Authority approval for alendronate (Underlying cause - Osteoporosis) prior to 1 February 2019 or has had a Special Authority approval for raloxifene; and
- 4 Zoledronic acid is contraindicated because the patient's creatinine clearance is less than 35 mL/min; and
- 5 The patient has experienced at least one symptomatic new fracture after at least 12 months' continuous therapy with a funded antiresorptive agent; at adequate doses (see Notes); and
- 6 The patient must not receive concomitant treatment with any other funded antiresorptive agent for this condition or teriparatide.

**Initial application – (Hypercalcaemia) from any relevant practitioner. Approvals valid without further renewal unless notified.**

**Both:**

- 1 Patient has hypercalcaemia of malignancy; and**
- 2 Patient has severe renal impairment.**

Notes:

- a) BMD (including BMD used to derive T-Score) must be measured using dual-energy x-ray absorptiometry (DXA). Quantitative ultrasound and quantitative computed tomography (QCT) are not acceptable
- b) Evidence suggests that patients aged 75 years and over who have a history of significant osteoporotic fracture demonstrated radiologically are very likely to have a T-Score less than or equal to -2.5 and, therefore, do not require BMD measurement for treatment with denosumab

*continued...*

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## Changes to Restrictions – effective 1 February 2025 (continued)

continued...

- c) Osteoporotic fractures are the incident events for severe (established) osteoporosis and can be defined using the WHO definitions of osteoporosis and fragility fracture. The WHO defines severe (established) osteoporosis as a T-score below -2.5 with one or more associated fragility fractures. Fragility fractures are fractures that occur as a result of mechanical forces that would not ordinarily cause fracture (minimal trauma). The WHO has quantified this as forces equivalent to a fall from a standing height or less
- d) A vertebral fracture is defined as a 20% or greater reduction in height of the anterior or mid portion of a vertebral body relative to the posterior height of that body, or a 20% or greater reduction in any of these heights compared to the vertebral body above or below the affected vertebral body
- e) Antiresorptive agents and their adequate doses for the purposes of this Special Authority are defined as: risedronate sodium tab 35 mg once weekly; alendronate sodium tab 70 mg or tab 70 mg with cholecalciferol 5,600 iu once weekly; raloxifene hydrochloride tab 60 mg once daily. If an intolerance of a severity necessitating permanent treatment withdrawal develops during the use of one antiresorptive agent, an alternate antiresorptive agent must be trialled so that the patient achieves the minimum requirement of 12 months' continuous therapy

|     |  |          |        |                                  |
|-----|--|----------|--------|----------------------------------|
| 128 | OXYCODONE HYDROCHLORIDE (removal of s29 and wastage claimable)   |          |        |                                  |
|     | a) Only on a controlled drug form  |          |        |                                  |
|     | b) No patient co-payment payable   |          |        |                                  |
|     | c) Safety medicine; prescriber may determine dispensing frequency  |          |        |                                  |
|     | Oral liq 1 mg per ml.....  | 37.08    | 250 ml | ✓ Oxycodone Lucis <del>S29</del> |
|     | Wastage claimable  |          |        |                                  |
| 144 | MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency (removal of brand switch fee) |          |        |                                  |
|     | Inj 5 mg per ml, 3 ml ampoule – Brand switch fee payable   |          |        |                                  |
|     | (Pharmacoed 2695863).....  | 4.75     | 5      | ✓ Midazolam-Baxter               |
|     |  | 5.50     |        | ✓ Midazolam Viatrix              |
| 172 | PAZOPANIB – Special Authority see SA2429 4490 – Retail pharmacy (amended Special Authority criteria)     |          |        |                                  |
|     | Tab 200 mg.....  | 172.88   | 30     | ✓ Pazopanib Teva                 |
|     |  | 1,334.70 |        | ✓ Votrient                       |
|     | Tab 400 mg.....  | 464.00   | 30     | ✓ Pazopanib Teva                 |
|     |  | 2,669.40 |        | ✓ Votrient                       |

### ► SA2429 4490 Special Authority for Subsidy

Initial application – only from a relevant specialist or **medical any relevant** practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

#### Either:

- 1 All of the following:
  - 1.2 The patient has metastatic renal cell carcinoma **of predominantly clear cell histology**; and
  - 1.2 ~~Any of the following~~ **Either**:
    - 1.2.1 The patient is treatment naïve; or
    - 1.2.2 The patient has only received prior cytokine treatment; **or and**
  - 2.3 ~~Both~~:
    - 2.3.1 ~~The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and~~
    - 2.3.2 ~~The cancer did not progress whilst on sunitinib; and~~
  - 1.3 The patient has **good performance status (WHO/ an ECOG performance score of grade 0-2)**; and
- 4 ~~The disease is of predominant clear cell histology; and~~  
The patient has intermediate or poor prognosis defined as:
  - 1.4 Any of the following:
    - 1.4.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or
    - 1.4.2 Haemoglobin level < lower limit of normal; or
    - 1.4.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or

continued...

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Brand or  
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## Changes to Restrictions – effective 1 February 2025 (continued)

continued...

- 1.4.4 Interval of < 1 year from original diagnosis to start of systemic therapy; or
- 1.4.5 Karnofsky performance score of less than or equal to 70; or
- 1.4.6 2 or more sites of organ metastasis; and

1.5 Pazopanib to be used for a maximum of 3 months; or

### 2 All of the following:

2.1 The patient has metastatic renal cell carcinoma; and

2.1 The patient has discontinued sunitinib within 3 months of starting treatment due to intolerance; and

2.3 The cancer did not progress whilst on sunitinib; and

2.4 Pazopanib to be used for a maximum of 3 months.

Renewal only from a relevant specialist or medical **any** practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications **where there is meeting the following criteria:**

Both:

1 ~~No~~ evidence of disease progression; ~~The treatment remains appropriate and the patient is benefitting from treatment;~~  
and

2 ~~The treatment remains appropriate and the patient is benefitting from treatment.~~

Note: Pazopanib should be stopped if disease progresses.

Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.

174 SUNITINIB – Special Authority see **SA2430 2447** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

|                   |        |    |                    |
|-------------------|--------|----|--------------------|
| Cap 12.5 mg ..... | 208.38 | 28 | ✓ Sunitinib Pfizer |
| Cap 25 mg .....   | 416.77 | 28 | ✓ Sunitinib Pfizer |
| Cap 50 mg .....   | 694.62 | 28 | ✓ Sunitinib Pfizer |

► **SA2430 2447** Special Authority for Subsidy

Initial application – (RCC) only from a relevant specialist or medical **any relevant** practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1 The patient has metastatic renal cell carcinoma **of predominantly clear cell histology**; and

2 Any of the following:

2.1 The patient is treatment naïve; or

2.2 The patient has only received prior cytokine treatment; or

2.3 The patient has only received prior treatment with an investigational agent within the confines of a bona fide clinical trial with has Ethics Committee approval; or

2.4 Both:

2.4.1 The patient has discontinued pazopanib within 3 months of starting treatment due to intolerance; and

2.4.2 The cancer did not progress whilst on pazopanib; and

3 The patient has good performance status (WHO/ **an ECOG performance score of grade 0-2**); and

4 The disease is of predominant clear cell histology; and

The patient has intermediate or poor prognosis defined as

5 Any of the following:

5.1 Lactate dehydrogenase level > 1.5 times upper limit of normal; or

5.2 Haemoglobin level < lower limit of normal; or

5.3 Corrected serum calcium level > 10 mg/dL (2.5 mmol/L); or

5.4 Interval of < 1 year from original diagnosis to start of systemic therapy; or

5.5 Karnofsky performance score of less than or equal to 70; or

5.6 2 or more sites of organ metastasis; and

6 4 Sunitinib to be used for a maximum of 2 cycles.

continued...

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

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

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(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
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## Changes to Restrictions – effective 1 February 2025 (continued)

continued...

Renewal – (RCC) only from a relevant specialist or ~~medical~~ **any relevant** practitioner on the recommendation of a relevant specialist. Approvals valid for 3 months for applications **where there is meeting the following criteria:**

Both:

~~No~~ evidence of disease progression; ~~and~~

~~The treatment remains appropriate and the patient is benefitting from treatment.~~

~~Note: Sunitinib should be stopped if disease progresses.~~

~~Poor prognosis patients are defined as having at least 3 of criteria 5.1-5.6. Intermediate prognosis patients are defined as having 1 or 2 of criteria 5.1-5.6.~~

### 271 Preservative Free Ocular Lubricants (amended Special Authority criteria)

➔ **SA2431** ~~2+34~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid **without further renewal unless notified** for ~~12~~ months for applications meeting the following criteria:

Both:

1 Confirmed diagnosis by slit lamp or Schirmer test of severe secretory dry eye; and

2 Either:

2.1 Patient is using eye drops more than four times daily on a regular basis; or

2.2 Patient has had a confirmed allergic reaction to preservative in eye drop.

~~Renewal from any relevant practitioner. Approvals valid for 24 months where the patient continues to require lubricating eye drops and has benefited from treatment.~~

### 300 HIGH FAT LOW CARBOHYDRATE FORMULA – Special Authority see SA1197 – ~~Retail pharmacy~~ **Hospital pharmacy [HP3]**

– addition of Hospital pharmacy rule

|                            |       |          |                      |
|----------------------------|-------|----------|----------------------|
| Powder (unflavoured) ..... | 36.92 | 300 g OP | ✓ <b>KetoCal 4:1</b> |
|                            |       |          | ✓ <b>Ketocal 3:1</b> |
| Powder (vanilla) .....     | 36.92 | 300 g OP | ✓ <b>KetoCal 4:1</b> |



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(Mnfr's price)  
\$ Per

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Generic Mnfr  
✓ fully subsidised

## Changes to Subsidy and Manufacturer's Price

Effective 1 February 2025

|     |   |                |             |                              |
|-----|---|----------------|-------------|------------------------------|
| 31  | HYDROXOCOBALAMIN (↑ subsidy)<br>* Inj 1 mg per ml, 1 ml ampoule<br>– Up to 6 inj available on a PSO.....                        | 3.95           | 3           | ✓ Hydroxocobalamin Panpharma |
| 86  | CYPROTERONE ACETATE (↑ subsidy)<br>Tab 50 mg.....<br>Tab 100 mg.....  | 17.05<br>31.00 | 50<br>50    | ✓ Siterone<br>✓ Siterone     |
| 154 | CISPLATIN – PCT only – Specialist (↓ subsidy)<br>Inj 1 mg for ECP .....   | 0.19           | 1 mg        | ✓ Baxter                     |
| 260 | SALBUTAMOL (↑ subsidy)<br>Aerosol inhaler, 100 mcg per dose CFC free<br>– Up to 1000 dose available on a PSO.....               | 4.18           | 200 dose OP | ✓ SalAir                     |
| 260 | SALBUTAMOL (↑ subsidy but not price)<br>Aerosol inhaler, 100 mcg per dose CFC free<br>– Up to 1000 dose available on a PSO..... | 4.18<br>(6.80) | 200 dose OP | 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

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Subsidy  
(Mnfr's price)  
\$ Per

Brand or  
Generic Mnfr  
✓ fully subsidised

## Delisted Items

Effective 1 February 2025

|     |   |  |                                  |  |
|-----|---|--|----------------------------------|--|
| 40  | NONACOG GAMMA, [RECOMBINANT FACTOR IX] – [Xpharm]<br>For patients with haemophilia. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.<br>Inj 500 iu vial.....  | 435.00   | 1                                | ✓ RIXUBIS  |
| 40  | OCTOCOG ALFA [RECOMBINANT FACTOR VIII] (ADVATE) – [Xpharm]<br>For patients with haemophilia. Preferred Brand of short half-life recombinant factor VIII. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management Group.<br>Inj 250 iu vial.....<br>Inj 1,500 iu vial..... | 210.00<br>1,260.00   | 1<br>1                           | ✓ Advate<br>✓ Advate   |
| 40  | RURIOCTOCOG ALFA PEGOL [RECOMBINANT FACTOR VIII] – [Xpharm]<br>For patients with haemophilia A receiving prophylaxis treatment. Access to funded treatment is managed by the Haemophilia Treaters Group in conjunction with the National Haemophilia Management group.<br>Inj 250 iu vial.....<br>Inj 500 iu vial.....                            | 300.00<br>600.00   | 1<br>1                           | ✓ Adynovate<br>✓ Adynovate   |
| 88  | SOMATROPIN (OMNITROPE) – Special Authority see SA2032 – Retail pharmacy<br>* Inj 5 mg cartridge .....<br>* Inj 10 mg cartridge .....<br>* Inj 15 mg cartridge .....   | 69.75<br>69.75<br>139.50   | 1<br>1<br>1                      | ✓ Omnitrope S29 <del>S29</del><br>✓ Omnitrope S29 <del>S29</del><br>✓ Omnitrope S29 <del>S29</del> |
| 99  | GENTAMICIN SULPHATE<br>Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement.....<br>Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.  | 87.50  | 50                               | ✓ Pfizer   |
| 134 | HYOSCINE HYDROBROMIDE<br>Patch 1 mg per 72 hours – Special Authority see SA1998<br>– Retail pharmacy .....  | 88.50  | 10                               | ✓ Scopolamine - Mylan S29 <del>S29</del>   |
| 160 | LENALIDOMIDE – Retail pharmacy-Specialist – Special Authority see SA2047<br>Wastage claimable<br>Cap 5 mg .....<br>Cap 10 mg .....<br>Cap 15 mg .....<br>Cap 25 mg .....  | 5,122.76<br>4,655.25<br>6,207.00<br>5,429.39<br>7,239.18<br>7,627.00 | 28<br>21<br>28<br>21<br>28<br>21 | ✓ Revlimid<br>✓ Revlimid<br>✓ Revlimid<br>✓ Revlimid<br>✓ Revlimid<br>✓ Revlimid                   |
| 263 | IPRATROPIUM BROMIDE<br>Nebuliser soln, 250 mcg per ml, 2 ml ampoule<br>– Up to 40 neb available on a PSO.....   | 11.73  | 20                               | ✓ Ipratropium IVAX <del>S29</del>  |
| 270 | CYCLOPENTOLATE HYDROCHLORIDE<br>* Eye drops 1%, single dose (preservative free)<br>– Only on a prescription .....   | 84.85  | 20 dose                          | ✓ Minims Cyclopentolate  |

~~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

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Subsidy  
(Mnfr's price)  
\$

Per

Brand or  
Generic Mnfr  
✓ fully subsidised

### Delisted Items – effective 1 February 2025 (continued)

|     |  |      |             |                           |
|-----|--|------|-------------|---------------------------|
| 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  |      |             |                           |
| 281 | PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]            |      |             |                           |
|     | Liquid.....  | 6.50 | 500 ml OP   | ✓Frebini Energy           |
| 281 | PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]              |      |             |                           |
|     | Liquid.....  | 6.50 | 500 ml OP   | ✓Frebini Original         |
| 281 | PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] |      |             |                           |
|     | Liquid.....  | 7.00 | 500 ml OP   | ✓Frebini Energy Fibre     |
| 281 | PAEDIATRIC ENTERAL FEED WITH FIBRE 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]   |      |             |                           |
|     | Liquid.....  | 7.00 | 500 ml OP   | ✓Frebini Original Fibre   |
| 283 | SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]          |      |             |                           |
|     | Liquid.....  | 9.60 | 500 ml OP   | ✓Survimed OPD             |
| 286 | ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]                       |      |             |                           |
|     | Liquid.....  | 9.60 | 1,000 ml OP | ✓Fresubin HP Energy       |
| 286 | ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]                         |      |             |                           |
|     | Liquid.....  | 6.50 | 1,000 ml OP | ✓Fresubin Original        |
| 286 | ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]             |      |             |                           |
|     | Liquid.....  | 7.00 | 1,000 ml OP | ✓Fresubin Original Fibre  |
| 286 | ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]            |      |             |                           |
|     | Liquid.....  | 9.80 | 1,000 ml OP | ✓Fresubin HP Energy Fibre |
| 286 | ENTERAL FEED WITH PROTEIN 1.2KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]          |      |             |                           |
|     | Liquid.....  | 9.60 | 500 ml OP   | ✓Fresubin Intensive       |
| 288 | ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3]                        |      |             |                           |
|     | Liquid.....  | 6.50 | 500 ml OP   | ✓Fresubin 2kcal HP        |

▲ 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 May 2025

257 BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy  
Initiation kit - 5 vials freeze dried venom with diluent..... 305.00 1 OP ✓ **VENOX** <sup>S29</sup>

### Effective 1 July 2025

|     |  |                                    |              |  |
|-----|--|------------------------------------|--------------|--|
| 126 | ENTACAPONE<br>▲ Tab 200 mg.....  | 18.04                              | 100          | ✓ <b>Comtan</b>  |
| 132 | CLOMIPRAMINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency  |                                    |              |  |
|     | Tab 10 mg.....   | 10.17                              | 30           | ✓ <b>Clomipramine Teva</b>   |
|     | Tab 25 mg.....   | 11.99                              | 30           | ✓ <b>Clomipramine Teva</b>   |
|     |  | 39.97                              | 100          | ✓ <b>Anafranil</b> <sup>S29</sup>  |
|     | Cap 10 mg .....  | 35.50                              | 28           | ✓ <b>Clomipramine Teva</b>   |
|     | Cap 25 mg .....  | 35.50                              | 28           | ✓ <b>Clomipramine Teva</b>   |
| 134 | HYDROXOCOBALAMIN<br>* Inj 1 mg per ml, 1 ml ampoule –<br>Up to 6 inj available on a PSO..... | 2.46<br>4.10                       | 3<br>5       | ✓ <b>Cobal-B12</b> <sup>S29</sup><br>✓ <b>Cobalin-H</b> <sup>S29</sup>                       |
|     |  | 8.20                               | 10           | ✓ <b>Neo-Cytamen S29</b> <sup>S29</sup><br>✓ <b>Vitarubin Depot Injection</b> <sup>S29</sup> |
| 259 | FEXOFENADINE HYDROCHLORIDE<br>* Tab 120 mg.....  | 4.74<br>(8.23)<br>14.22<br>(26.44) | 10<br><br>30 | <br>Telfast<br><br>Telfast   |
| 270 | NEPAFENAC<br>Eye drops 0.3%.....   | 8.80                               | 3 ml OP      | ✓ <b>Ilevro</b>  |

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