

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

March 2025

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Summary of Pharmac decisions

EFFECTIVE 1 MARCH 2025

New listings (pages 20-23)

- Atorvastatin (Lipitor) tab 20 mg
- Clarithromycin (Klaricid) tab 250 mg – maximum of 500 mg per prescription; can be waived by Special Authority, s29 and wastage claimable
- Flucloxacillin (Staphlex) cap 250 mg and 500 mg – up to 30 cap available on a PSO
- Colistin sulphomethate (Colomycin) inj 2 million iu, 10 ml vial – Retail pharmacy-Specialist – Subsidy by endorsement, s29 and wastage claimable
- Gentamicin sulphate (Gentamicin Amdipharm) inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement, s29 and wastage claimable
- Atazanavir sulphate (Atazanavir Viatris) cap 150 mg – Special Authority – Retail pharmacy
- Venlafaxine (Enlafax XR) cap 75 mg and 150 mg, 28 cap pack
- Prochlorperazine (Prochlorperazine Max Health) tab 3 mg buccal
- Letrozole (Accord) tab 2.5 mg – S29 and wastage claimable
- Lanreotide (Mytolac) inj 60 mg and 120 mg per 0.5 ml, 0.5 ml syringe – Special Authority – Retail pharmacy
- Bevacizumab inj 25 mg per ml, 4 ml and 16 ml vial (Vegzelma) and inj 1 mg for ECP (Baxter) – PCT only – Special Authority
- Pharmacy services (BSF Dasatinib-Teva) brand switch fee – may only be claimed once per patient
- Influenza vaccine (Influvac Tetra (2025 formulation)) inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine) – maximum of 1 inj per prescription, only on a prescription, no patient co-payment payable and access criteria applies

Changes to restrictions (pages 24-29)

- Dulaglutide (Trulicity) inj 6 mg per 0.5 ml prefilled pen – amended note
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended Special Authority criteria and note
- Diltiazem hydrochloride (Diltiazem CD Clinect) cap long-acting 120 mg – reinstate stat dispensing
- Aqueous cream (Evara) crm, 500 g – reinstate stat dispensing
- Levonorgestrel (Microlut) tab 30 mcg – amended PSO quantity
- Oestradiol (Estrogel) gel (transdermal) 0.06% 750 mcg/actuation), 80 g OP – addition of stat dispensing
- Denosumab (Prolia) inj 60 mg per 1 ml prefilled syringe – amended presentation description and Special Authority criteria
- Denosumab (Xgeva) inj 120 mg per 1.7 ml vial – amended Special Authority criteria

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

- Entacapone (Entacapone Viatrix) tab 200 mg – amended brand name
- Methylphenidate hydrochloride extended-release tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Concerta) and cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA) – amended Special Authority criteria
- Dasatinib (Dasatinib-Teva) tab 20 mg, 50 mg and 70 mg – addition of brand switch fee
- Lenvatinib (Lenvima) cap 4 mg and 10 mg – amended Special Authority criteria
- Long-acting Somatostatin Analogues – new therapeutic subgroup with Special Authority criteria
- Octreotide long-acting (Sandostatin LAR) inj depot 10 mg, 20 mg and 30 mg prefilled syringe – moved to a new therapeutic subgroup
- Atezolizumab inj 60 mg per ml, 20 ml vial (Tecentriq) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

Increased subsidy (pages 30-31)

- Sulfasalazine tab 500 mg (Salazopyrin) and tab EC 500 mg (Salazopyrin EN)
- Heparin sodium (Hospira) inj 25,000 iu per ml, 0.2 ml
- Medroxyprogesterone acetate (Depo-Provera) inj 150 mg per ml, 1 ml syringe
- Methylprednisolone (as sodium succinate) inj 500 mg vial (Solu-Medrol-Act-O-Vial) and inj 1 g vial (Solu-Medrol)
- Benzathine benzylpenicillin (Bicillin LA) inj 900 mg (1.2 million units) in 2.3 ml syringe
- Dantrolene (Dantrium S29) cap 25 mg
- Lidocaine [lignocaine] hydrochloride (Lidocaine-Baxter) inj 1% and 2%, 20 ml vial
- Clozapine (Versacloz) suspension 50 mg per ml, 100 ml
- Methotrexate (Methotrexate DBL) inj 2.5 mg per ml, 2 ml
- Antithymocyte globulin (equine) (ATGAM) inj 50 mg per ml, 5 ml
- Theophylline tab long-acting 250 mg (Nuelin SR) and oral liq 80 mg per 15 ml, 500 ml (Nuelin)
- Desferrioxamine mesilate (DBL Desferrioxamine Mesylate for Inj BP) inj 500 mg vial

Decreased subsidy (page 30)

- Trimethoprim with sulphamethoxazole [co-trimoxazole] (Deprim) oral liq 8 mg sulphamethoxazole 40 mg per ml, 100 ml
- Voriconazole (Vttack) tab 50 mg and tab 200 mg
- Denosumab (Prolia) inj 60 mg per 1 ml prefilled syringe

Tender News

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

– effective 1 April 2025

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule; 10 inj	PSS	DBL Acetylcysteine (Pfizer)
Calamine	Crm, aqueous, BP, 100 g	PSS	healthE (Jaychem)
Fosfomycin	Powder for oral solution, 3 g sachet; 1 sach	PSS	UroFos (Te Arai BioFarma)
Hyoscine butylbromide	Tab 10 mg; 20 tab	PSS	Hyoscine Butylbromide (Adiramedica) (Adiramedica)
Ibuprofen	Oral liq 20 mg per ml; 200 ml	PSS	Ethics (Multichem)
Ibuprofen	Tab long-acting 800 mg; 30 tab	PSS	Ibuprofen SR BNM (Boucher and Muir)
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule; 5 inj	PSS	DBL Naloxone Hydrochloride (Pfizer)
Oil in Water Emulsion	Crm; 500 g	PSS	Fatty Emulsion Cream (Evara) (Evara)
Teriflunomide	Tab 14 mg; 28 tab	PSS	Teriflunomide Sandoz (Sandoz)

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 April 2025

- Acetazolamide (Medsurge) tab 250 mg – new listing
- Lanreotide (Mytolac) inj 90 mg per 0.5 ml, 0.5 ml syringe – new listing

Possible decisions for future implementation 1 April 2025

- Axitinib (Inlyta) tab 1 mg and 5 mg – new listing with Special Authority
- Crizotinib (Xalkori) cap 200 mg and 250 mg – new listing with Special Authority
- Desogestrel (Cerazette) tab 75 mcg – new listing
- Inotuzumab ozogamicin inj 1 mg, vial (Besponsa) and inj 1 mg for ECP (Baxter) – new listing with Special Authority
- Ipilimumab (Yervoy) inj 5 mg per ml, 10 ml vial and inj 5 mg per ml, 40 ml vial – new listing with Special Authority
- Nivolumab inj 10 mg per ml, 1 ml and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Sunitinib (Sunitinib Pfizer) cap 12.5 mg, 25 mg and 50 mg – amended Special Authority criteria
- Ursodeoxycholic acid (Ursosan) cap 250 mg – amended Special Authority criteria

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

Generic Name	Presentation	Brand Name	Expiry Date*
Abacavir sulphate with lamivudine	Tab 600 mg with lamivudine 300 mg	Abacavir/Lamivudine Viatris	2025
Acarbose	Tab 50 mg & 100 mg	Accarb	2027
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 400 mg & 800 mg Tab dispersible 200 mg	VirusPOS Lovir	2027 2025
Acitretin	Cap 10 mg and 25 mg	Novatretin	2026
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen	Amgevita	31/07/2026
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector, 1 OP Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen Jr Epipen	2025
Alendronate sodium	Tab 70 mg	Fosamax	2026
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600 iu	Fosamax Plus	2026
Allopurinol	Tab 100 mg and 300 mg	Ipca-Allopurinol	2026
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatris	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
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
Aqueous cream	Crn, 500 g	Evra	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 Viatris Atazanavir Mylan	2025
Atenolol	Tab 50 mg Tab 100 mg	Viatris Atenolol Viatris	2027
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	AP0-Atomoxetine	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2027
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule Eye drops 1%, 15 ml OP	Martindale Atropt	2027 2026
Azathioprine	Tab 25 mg 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	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Baclofen Sintetica 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
Betamethasone valerate	Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Beta Cream Beta Ointment Beta Scalp	2027
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2027
Bicalutamide	Tab 50 mg	Binarex	2026
Bimatoprost	Eye drops 0.03%, 3 ml OP	Lumigan	2027
Bisacodyl	Suppos 10 mg Tab 5 mg	Lax-Suppositories Bisacodyl Viatrix	2027 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	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	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	Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP Cap modified-release 3 mg	SteroClear Budesonide Te Arai (Te Arai)	2027 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatriis	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
Candesartan cilexetil	Tab 4 mg, 8 mg, 16 mg and 32 mg	Candestar	2027
Capecitabine	Tab 150 mg Tab 500 mg	Capecitabine Viatriis	2025
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg	Cephalexin ABM	2025
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2027
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	Eye drops 0.3%, 5 ml OP Tab 750 mg Tab 250 mg & 500 mg	Ciprofloxacin Teva	2027
		Ipca-Ciprofloxacin	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	2026
		Hameln	2025
Clobetasol propionate	Crn & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
		Catapres	2027
		Clonidine Teva	2025
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP Vaginal crm 2% with applicators, 20 g OP Crm 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	Powder for oral soln	Electral	2025
Compound electrolytes with glucose [dextrose]	Soln with electrolytes, 1,000 ml OP	Hydralyte – Lemonade	2025
Crotamiton	Crm 10%, 20 g OP	Itch-Soothe	2027
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2027
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
Dasatinib	Tab 20 mg, 50 mg & 70 mg	Dasatinib-Teva	2027
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2027
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Dexamfetamine sulfate	Tab 5 mg	Noumed Dexamfetamine	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2027
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2025
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diitiazem hydrochloride	Cap long-acting 180 mg & 240 mg Cap long-acting 120 mg	Cardizem CD Diitiazem CD Clinect	2027 2025
Dimethicone	Crm 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2027
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
Enoxaparin sodium	Inj 20 mg in 0.2 ml syringe Inj 40 mg in 0.4 ml syringe Inj 60 mg in 0.6 ml syringe Inj 80 mg in 0.8 ml syringe Inj 100 mg in 1 ml syringe Inj 120 mg in 0.8 ml syringe Inj 150 mg in 1 ml syringe	Clexane	2027
Entecavir	Tab 0.5 mg	Entecavir	2026
Eplerenone	Tab 25 mg & 50 mg	Inspra	2027
Erlotinib	Tab 100 mg & 150 mg	Alchemy	2027
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca)	2026
Ethinylestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Lo-Oralcon 20 ED Oralcon 30 ED	2025
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Felodipine	Tab long-acting 2.5 mg Tab long-acting 5 mg Tab long-acting 10 mg	Plendil ER Felo 5 ER Felo 10 ER	2027
Fentanyl	Patches 12.5 mcg, 25 mcg, 50 mcg, 75 mcg & 100 mcg per hour	Fentanyl Sandoz	2027
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2027
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2027
Ferrous sulfate	Tab long-acting 325 mg (105 mg elemental) Oral liq 30 mg (6 mg elemental) per ml	Ferrograd Ferodan	2025
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2027
Finasteride	Tab 5 mg	Ricit	2026
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2026
Flucloxacillin	Grans for oral liq 25 mg & 50 mg per ml, 100 ml Inj 250 mg vial and 500 mg vial Inj 1 g vial	AFT Flucloxin Flucil	2027 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]	Tab 40 mg Inj 10 mg per ml, 2 ml ampoule	IPCA-Frusemide Furosemide-Baxter	2027 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
Glipizide	Tab 5 mg	Minidiab	2027
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 March 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
Hydrocortisone with miconazole	Crn 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2027
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
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2027
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 Viartis	2026
Lansoprazole	Cap 15 mg & 30 mg	Lanzol Relief	2027
Latanoprost	Eye drops 0.005%, 2.5 ml OP	Teva	2027
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

**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 March 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Lenalidomide	Cap 5 mg, 10 mg, 15 mg & 25 mg	Lenalidomide Viatrix	31/01/2028
Letrozole	Tab 2.5 mg	Letrole	2027
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg	Sinemet	2027
	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet CR	
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Subdermal implant (2 × 75 mg rods)	Jadelle	2026
	Tab 1.5 mg	Levonorgestrel BNM	2025
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel lido	2025
Linezolid	Tab 600 mg	Zyvox	2027
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2025
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Rotinavir Mylan	2027
Loratadine	Tab 10 mg	Lorafix	2025
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2027
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 Viatrix	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Methadone hydrochloride	Oral liq 2 mg per ml, 200 ml Oral liq 5 mg per ml, 200 ml Oral liq 10 mg per ml, 200 ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methadone BNM	2027 2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Inj 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg prefilled syringe Tab 2.5 mg & 10 mg	Methotrexate Sandoz 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 (Viatriis)	2026
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
Metronidazole	Tab 200 mg & 400 mg	Metronidamed	2026
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2027
Miconazole nitrate	Crn 2%, 15 g OP	Multichem	2026
Midodrine	Tab 2.5 mg & 5 mg	Midodrine Medsurge	2027
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2027
Mometasone furoate	Lotn 0.1%, 30 ml OP Oint 0.1%; 15 g & 50 g OP Crn 0.1%, 15 g & 50 g OP	Elocon Elocon Alcohol Free	2027
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatriis	2025
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Albalon	2027
Naproxen	Tab 250 mg & 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Norflam Naprosyn SR 750 Naprosyn SR 1000	2027
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2027
Nevirapine	Tab 200 mg	Nevirapine Viatriis	2027
Nicorandil	Tab 10 mg and 20 mg	Max Health	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
Nitrofurantoin	Tab 50 mg	Nifuran	2027
	Cap modified-release 100 mg	Macrobid	2026
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP	Nilstat	2026
	Oral liq 100,000 u per ml, 24 ml OP		
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	Crm 1 mg per g with applicator, 15 g OP	Ovestin	2026
	Tab 2 mg		
	Pessaries 500 mcg		
Olanzapine	Tab 2.5 mg, 5 mg and 10 mg	Zypine	2026
	Tab orodispersible 5 mg and 10 mg	Zypine ODT	
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
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2027
Orphenadrine citrate	Tab 100 mg	Norflex	2027
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 Panzop Relief (Viatris)	2025
Paracetamol	Suppos 125 mg, 250 mg and 500 mg	Gacet	2026
	Tab 500 mg-bottle pack	Noumed Paracetamol	
	Tab 500 mg-blister pack	Pacimol	
	Oral liq 120 mg per 5 ml	Paracetamol (Ethics)	2025
	Oral liq 250 mg per ml, 200 ml	Pamol	
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
Paraffin	White soft, 450 g	EVARA White Soft Paraffin	2026
	White soft, 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenobarbitone	Tab 15 mg	Noumed Phenobarbitone	2025
	Tab 30 mg	Noumed Phenobarbitone	
Phenoxyethylpenicillin (Penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2027
	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	Devatis	2025
	Tab modified-release 100 mg	Posaconazole Juno	
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Pravastatin	Tab 20 mg and 40 mg	Clinect	2026
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2027
Pregnancy tests – HCG urine	Cassette, 40 test OP	David One Step Cassette Pregnancy Test	2027
Prochlorperazine	Tab 5 mg	Nausafix	2026
Progesterone	Cap 100 mg	Utrogestan	2025
Promethazine hydrochloride	Tab 10 mg & 25 mg	Allersoothe	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Quinapril	Tab 5 mg Tab 10 mg Tab 20 mg	Arrow-Quinapril 5 Arrow-Quinapril 10 Arrow-Quinapril 20	2027
Ramipril	Cap 1.25 mg, 2.5 mg, 5 mg & 10 mg	Tryzan	2027
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2026
Rifaximin	Tab 550 mg	Xifaxan	2027
Riluzole	Tab 50 mg	Rilutek	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
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2027
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2026
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatris	2026
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 Viatris Simvastatin Mylan	2026
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl 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 fusidate [fusidic acid]	Crn 2% & oint 2%, 5 g OP	Foban	2027
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2027
Somatropin	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Sotalol	Tab 80 mg & 160 mg	Mylan	2025
Spironolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Inj 12 mg per ml, 0.5 ml prefilled pen Tab 50 mg & 100 mg	Clustran (Douglas) Sumagran	2025 2027
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tacrolimus	Oint 1 %; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatris	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2026
Teriparatide	Inj 250 mcg per ml, 2.4 ml	Teriparatide – Teva	2025
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
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	Viatris 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
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2027
Triamcinolone acetonide	Paste 0.1%, 5 g OP Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Kenacort-A 10 Kenacort-A 40	2026
Trientine	Cap 250 mg; 100 cap	Trientine Waymade	2025
Trimethoprim	Tab 300 mg	TMP	2027
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Tuberculin PPD [mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2027
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2026
Valaciclovir	Tab 500 mg & 1,000 mg	Vaclovir	2027
Valganciclovir	Tab 450 mg	Valganciclovir Viatris	2027
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 Viatris	2027 2025
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

March 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.*

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings

Effective 1 March 2025

52	ATORVASTATIN Tab 20 mg.....	0.45	28	✓ Lipitor
95	CLARITHROMYCIN – Maximum of 500 mg per prescription; can be waived by Special Authority see SA1857 Tab 250 mg..... Wastage claimable	7.31	12	✓ Klaricid \$29
97	FLUCLOXACILLIN Cap 250 mg – Up to 30 cap available on a PSO Cap 500 mg – Up to 30 cap available on a PSO	22.58 72.71	250 500	✓ Staphlex ✓ Staphlex
99	COLISTIN SULPHOMETHATE – Retail pharmacy-Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 2 million iu, 10 ml vial Wastage claimable	216.67	10	✓ Colomycin \$29
99	GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement..... a) Wastage claimable b) Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.	18.38	10	✓ Gentamicin Amdipharm \$29
112	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Cap 150 mg	85.00	60	✓ Atazanavir Viatris
129	VENLAFAXINE Cap 75 mg Cap 150 mg	3.44 4.65	28 28	✓ Enlafax XR ✓ Enlafax XR
134	PROCHLORPERAZINE * Tab 3 mg buccal.....	5.97 (30.00)	50	Prochlorperazine Max Health
177	LETROZOLE * Tab 2.5 mg..... Wastage claimable	4.36	28	✓ Accord \$29
180	Long-acting Somatostatin Analogues LANREOTIDE – Special Authority see SA2445 – Retail pharmacy Inj 60 mg per 0.5 ml, 0.5 ml syringe Inj 120 mg per 0.5 ml, 0.5 ml syringe	382.77 646.70	1 1	✓ Mytolac ✓ Mytolac

► SA2445] Special Authority for Subsidy

Initial application – (malignant bowel obstruction) from any relevant practitioner. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

- 1 The patient has nausea* and vomiting* due to malignant bowel obstruction*; and
- 2 Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has not been successful; and
- 3 Treatment to be given for up to 4 weeks

Note: Indications marked with * are unapproved indications

continued...

\$29 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

New Listings – effective 1 March 2025 (continued)

continued...

Renewal – (malignant bowel obstruction) from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefitting from treatment.

Initial application – (acromegaly) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 The patient has acromegaly; and
- 2 Either:
 - 2.1 Treatment with surgery and radiotherapy is not suitable or was unsuccessful; or
 - 2.2 Treatment is for an interim period while awaiting the beneficial effects of radiotherapy; and
- 3 Treatment with a dopamine agonist has been unsuccessful.

Renewal – (acromegaly) from any relevant practitioner. Approvals valid for 2 years where IGF1 levels have decreased since starting treatment.

Note: In patients with acromegaly, treatment should be discontinued if IGF1 levels have not decreased 3 months after treatment. In patients treated with radiotherapy treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following treatment withdrawal for at least 4 weeks.

Initial application – (pre-operative acromegaly) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has acromegaly; and
- 2 Patient has a large pituitary tumour, greater than 10 mm at its widest; and
- 3 Patient is scheduled to undergo pituitary surgery in the next six months.

Initial application – (Other indications) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

- 1 VIPomas and glucagonomas – for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 2 Both:
 - 2.1 Gastrinoma; and
 - 2.2 Either:
 - 2.2.1 Surgery has been unsuccessful; or
 - 2.2.2 Patient has metastatic disease after treatment with H2 antagonist or proton pump inhibitors has been unsuccessful; or
- 3 Both:
 - 3.1 Insulinomas; and
 - 3.2 Surgery is contraindicated or has not been successful; or
- 4 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 5 Both:
 - 5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
 - 5.2 Disabling symptoms not controlled by maximal medical therapy.

Note: The use of a long-acting somatostatin analogue in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded under Special Authority.

Renewal – (Other indications) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from treatment.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 March 2025 (continued)

200	BEVACIZUMAB – PCT only – Special Authority see SA2444			
	Inj 25 mg per ml, 4 ml vial	69.00	1	✓Vegzelma
	Inj 25 mg per ml, 16 ml vial	276.00	1	✓Vegzelma
	Inj 1 mg for ECP	0.71	1 mg	✓Baxter

▶ SA2444 Special Authority for Subsidy

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

Either:

- 1 Patient is currently on treatment with bevacizumab, and met all remaining criteria prior to commencing treatment; or
- 2 All of the following:
 - 2.1 Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma; and
 - 2.2 Patient has preserved liver function (Child-Pugh A); and
 - 2.3 Transarterial chemoembolisation (TACE) is unsuitable; and
 - 2.4 Any of the following:
 - 2.4.1 Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma; or
 - 2.4.2 Patient received funded lenvatinib before 1 March 2025; or
 - 2.4.3 Both:
 - 2.4.3.1 Patient has experienced treatment-limiting toxicity from treatment with lenvatinib; and
 - 2.4.3.2 No disease progression since initiation of lenvatinib; and
 - 2.5 Patient has an ECOG performance status of 0-2; and
 - 2.6 To be given in combination with atezolizumab.

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

Initial application – (advanced or metastatic ovarian cancer) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following

1 Either:

- 1.1 The patient has FIGO Stage IV epithelial ovarian, fallopian tube, or primary peritoneal cancer; or
- 1.2 Both:
 - 1.2.1 The patient has previously untreated advanced (FIGO Stage IIIB or IIIC) epithelial ovarian, fallopian tube, or primary peritoneal cancer; and
 - 1.2.2 Either:
 - 1.2.2.1 Debulking surgery is inappropriate; or
 - 1.2.2.2 The cancer is sub-optimally debulked (maximum diameter of any gross residual disease greater than 1cm); and
- 2 Bevacizumab to be administered at a maximum dose of 7.5 mg/kg every three weeks; and
- 3 18 weeks concurrent treatment with chemotherapy is planned.

Renewal – (advanced or metastatic ovarian cancer) from any relevant practitioner. Approvals valid for 4 months where there is no evidence of disease progression.

Initial application – (Recurrent Respiratory Papillomatosis) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Maximum of 6 doses; and
- 2 The patient has recurrent respiratory papillomatosis; and
- 3 The treatment is for intra-lesional administration.

Renewal – (Recurrent Respiratory Papillomatosis) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Maximum of 6 doses; and
- 2 The treatment is for intra-lesional administration; and

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 March 2025 (continued)

continued...

3 There has been a reduction in surgical treatments or disease regrowth as a result of treatment.

Initial application – (Ocular Conditions) from any relevant practitioner. Approvals valid without further renewal for applications meeting the following criteria:

Either:

- 1 Ocular neovascularisation; or
- 2 Exudative ocular angiopathy.

270	PHARMACY SERVICES			
	* Brand switch fee.....	4.50	1 fee	✓BSF Dasatinib-Teva
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Dasatinib-Teva is 2700441.			
308	INFLUENZA VACCINE			
	Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine).....	120.00	10	✓Influvac Tetra (2025 formulation)
	a) Maximum of 1 inj per prescription			
	b) Only on a prescription			
	c) No patient co-payment payable			
	d) Access criteria applies			

▲ 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, Chemical Names and Presentations Effective 1 March 2025

12	DULAGLUTIDE – Special Authority see SA2338 – Retail pharmacy (amended note) Note: Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist. Inj 1.5mg per 0.5 ml prefilled pen..... 115.23 4 ✓ Trulicity
12	LIRAGLUTIDE – Special Authority see SA2440 2339 – Retail pharmacy (amended Special Authority criteria and note) a) Maximum of 9 inj per prescription b) a) Note: Not to be given in combination with another funded GLP-1 agonist or empagliflozin / empagliflozin with metformin hydrochloride unless receiving empagliflozin / empagliflozin with metformin hydrochloride for the treatment of heart failure Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist. b) Maximum of 1 pack of 3 (6 mg per ml, 3 ml) prefilled pens will be funded per month. Inj 6 mg per ml, 3 ml prefilled pen..... 383.72 3 ✓ Victoza
	➔ SA2440 2339 Special Authority for Subsidy Note: Subsidy for patients with existing approvals prior to 1 May 2024. Approvals valid without further renewal unless notified. No new patients will be granted from 1 May 2024 until further notice. Initial application from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria: All of the following: 1 Patient has type 2 diabetes; and 2 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of all of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin; and 3 Any of the following: 3.1 Patient is Māori or any Pacific ethnicity*; or 3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note a)*; or 3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or 3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or 3.5 Patient has diabetic kidney disease (see note b)*. Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes. a) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia. b) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/ mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m ² in the presence of diabetes, without alternative cause identified. c) Funded GLP-1a treatment is not to be given in combination with (empagliflozin / empagliflozin with metformin hydrochloride) unless receiving (empagliflozin or empagliflozin in combination with metformin hydrochloride) for the treatment of heart failure.
49	DILTIAZEM HYDROCHLORIDE (reinstate stat dispensing) * Cap long-acting 120 mg 65.35 500 ✓ Diltiazem CD Clinect
70	AQUEOUS CREAM (reinstate stat dispensing) * Crm 1.65 500 g ✓ Evara

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 March 2025 (continued)

79	LEVONORGESTREL (amended PSO quantity) * Tab 30 mcg – Up to 84 112 tab available on a PSO.....	16.50 22.00	84 112	✓ Microlut ✓ Microlut
86	OESTRADIOL (addition of stat dispensing) * Gel (transdermal) 0.06% (750 mcg/actuation.....	14.25	80 g OP	✓ Estrogel
118	DENOSUMAB – Special Authority see SA2441 2427 – Retail pharmacy (amended Special Authority criteria and presentation description) 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 Inj 60 mg per 1 ml prefilled syringe..... Inj 120 mg per 1.7 ml vial.....	250.00 500.00	1 1	✓ Prolia ✓ Xgeva

► **SA2441 2427** 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
2.3 Any of the following:
2.1 History of one significant osteoporotic fracture, demonstrated radiologically, with a 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), that incorporates BMD measured using dual-energy x-ray absorptiometry (DEXA) (see Note); or
2.2 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
2.3 History of two significant osteoporotic fractures demonstrated radiologically; or
2.4 Documented T-Score less than or equal to -3.0 (see Note); or
2.5 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 that incorporates BMD measurements measured using DEXA (see Note); or
2.6 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
3 Any of the following:
3.1 4-Zoledronic acid is Bisphosphonates are contraindicated because the patient's creatinine clearance or eGFR is less than 35 mL/min; and or
3.2 5-The patient has experienced at least one two symptomatic new fractures or a BMD loss greater than 2% per year, after at least 12 months' continuous therapy with a funded antiresorptive agent at adequate doses (see Notes); and; or
3.3 Bisphosphonates result in intolerable side effects; or
3.4 Intravenous bisphosphonates cannot be administered due to logistical or technical reasons.
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.

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

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 March 2025 (continued)

continued...

Note:

- 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
- 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.

122	ENTACAPONE (amended brand name)			
	▲ Tab 200 mg.....	13.73	100	✓ Entapone Entacapone Viatrix
147	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA2446 2442 – Retail pharmacy (amended restriction criteria)			
	a) Only on a controlled drug form			
	b) Safety medicine; prescriber may determine dispensing frequency			
	Tab extended-release 18 mg.....	58.96	30	✓ Concerta
	Tab extended-release 27 mg.....	65.44	30	✓ Concerta
	Tab extended-release 36 mg.....	71.93	30	✓ Concerta
	Tab extended-release 54 mg.....	86.24	30	✓ Concerta
	Cap modified-release 10 mg.....	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

► SA2446 2442 Special Authority for Subsidy

Initial application — (ADHD) only from a paediatrician, psychiatrist, medical practitioner on the recommendation of a paediatrician or psychiatrist (in writing) or nurse practitioner on the recommendation of a paediatrician or psychiatrist (in writing).

Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

1 All of the following:

- 1.1 ADHD (Attention Deficit and Hyperactivity Disorder); and
- 1.2 Diagnosed according to DSM-IV or ICD 10 criteria; and
- 1.3 Either:
 - 1.3.1 Applicant is a paediatrician or psychiatrist; or
 - 1.3.2 Applicant is a medical practitioner or nurse practitioner and confirms that a paediatrician or psychiatrist has been consulted within the last 2 years and has recommended treatment for the patient in writing; and
- 1.4 Either:
 - 1.4.1 Patient is taking a currently subsidised formulation of methylphenidate hydrochloride (immediate-release

continued...

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 March 2025 (continued)

continued...

or sustained-release) which has not been effective due to significant administration and/or difficulties with adherence; or

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

2 Both:

2.1 Patient meets the Special Authority criteria for SA2411 methylphenidate hydrochloride; and

2.2 Patient is unable to access other methylphenidate hydrochloride presentations under Special Authority criteria SA2411 due to an out of stock (see note).

Note – Criterion 2 is to permit short-term funding to cover an out-of-stock on tab extended-release Methylphenidate ER – Teva and tab sustained-release 20 mg Rubifen SR subsidised under SA2411
(<https://schedule.pharmac.govt.nz/2025/02/01/SA2411.pdf>)

166 DASATINIB – Special Authority see SA2385 – Retail pharmacy (addition of brand switch fee)

a) Wastage claimable

b) Brand switch fee payable (Pharmacode 2700441)

Tab 20 mg.....	132.88	60	✓ Dasatinib-Teva
Tab 50 mg.....	304.13	60	✓ Dasatinib-Teva
Tab 70 mg.....	415.75	60	✓ Dasatinib-Teva

167 LENVATINIB – Special Authority see SA2442 2407 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Wastage claimable

Cap 4 mg	3,407.40	30	✓ Lenvima
Cap 10 mg	3,407.40	30	✓ Lenvima

▶ SA2442 2407 Special Authority for Subsidy

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

All of the following:

- 1 Patient has unresectable hepatocellular carcinoma; and
- 2 Patient has preserved liver function (Childs-Pugh A); and
- 3 Transarterial chemoembolisation (TACE) is unsuitable; and
- 4 Patient has an ECOG performance status of 0-2; and

5 Either:

5.1 Patient has not received prior systemic therapy for their disease in the palliative setting; or

5.2 Both:

5.2.1 Patient has experienced treatment-limiting toxicity from treatment with atezolizumab with bevacizumab; and

5.2.2 No disease progression since initiation of atezolizumab with bevacizumab.

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

176 Long-acting Somatostatin Analogues (new therapeutic subgroup with Special Authority criteria)

▶ SA2445 Special Authority for Subsidy

Initial application – (malignant bowel obstruction) from any relevant practitioner. Approvals valid for 2 months for applications meeting the following criteria:

All of the following:

- 1 The patient has nausea* and vomiting* due to malignant bowel obstruction*; and
- 2 Treatment with antiemetics, rehydration, antimuscarinic agents, corticosteroids and analgesics for at least 48 hours has not been successful; and
- 3 Treatment to be given for up to 4 weeks

continued...

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

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

Changes to Restrictions – effective 1 March 2025 (continued)

continued...

Note: Indications marked with * are unapproved indications

Renewal – (malignant bowel obstruction) from any relevant practitioner. Approvals valid for 3 months where the treatment remains appropriate and the patient is benefitting from treatment.

Initial application – (acromegaly) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

- 1 The patient has acromegaly; and
- 2 Either:
 - 2.1 Treatment with surgery and radiotherapy is not suitable or was unsuccessful; or
 - 2.2 Treatment is for an interim period while awaiting the beneficial effects of radiotherapy; and
- 3 Treatment with a dopamine agonist has been unsuccessful.

Renewal – (acromegaly) from any relevant practitioner. Approvals valid for 2 years where IGF1 levels have decreased since starting treatment.

Note: In patients with acromegaly, treatment should be discontinued if IGF1 levels have not decreased 3 months after treatment. In patients treated with radiotherapy treatment should be withdrawn every 2 years, for 1 month, for assessment of remission. Treatment should be stopped where there is biochemical evidence of remission (normal IGF1 levels) following treatment withdrawal for at least 4 weeks.

Initial application – (pre-operative acromegaly) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has acromegaly; and
- 2 Patient has a large pituitary tumour, greater than 10 mm at its widest; and
- 3 Patient is scheduled to undergo pituitary surgery in the next six months.

Initial application – (Other indications) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

- 1 VIPomas and glucagonomas – for patients who are seriously ill in order to improve their clinical state prior to definitive surgery; or
- 2 Both:
 - 2.1 Gastrinoma; and
 - 2.2 Either:
 - 2.2.1 Surgery has been unsuccessful; or
 - 2.2.2 Patient has metastatic disease after treatment with H2 antagonist or proton pump inhibitors has been unsuccessful; or
- 3 Both:
 - 3.1 Insulinomas; and
 - 3.2 Surgery is contraindicated or has not been successful; or
- 4 For pre-operative control of hypoglycaemia and for maintenance therapy; or
- 5 Both
 - 5.1 Carcinoid syndrome (diagnosed by tissue pathology and/or urinary 5HIAA analysis); and
 - 5.2 Disabling symptoms not controlled by maximal medical therapy.

Note: The use of a long-acting somatostatin analogue in patients with fistulae, oesophageal varices, miscellaneous diarrhoea and hypotension will not be funded under Special Authority.

Renewal – (Other indications) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from treatment.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 March 2025 (continued)

176	OCTREOTIDE LONG-ACTING – Special Authority see SA2445 2119 – Retail pharmacy (moved to new therapeutic group)			
	Inj depot 10 mg prefilled syringe	438.40	1	✓ Sandostatin LAR
	Inj depot 20 mg prefilled syringe	583.70	1	✓ Sandostatin LAR
	Inj depot 30 mg prefilled syringe	670.80	1	✓ Sandostatin LAR

► **SA2445 2119** Special Authority for Subsidy
Special Authority moved to a new therapeutic group

242	ATEZOLIZUMAB – PCT only – Specialist – Special Authority see SA2443 2264 (amended Special Authority – new criteria shown only)			
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	Inj 60 mg per ml, 20 ml vial	9,503.00	1	✓ Tecentriq
	Inj 1 mg for ECP	8.08	1 mg	✓ Baxter

► **SA2443 2264** Special Authority for Subsidy

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

Either:

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

2 All of the following:

2.1 Patient has locally advanced or metastatic, unresectable hepatocellular carcinoma; and

2.2 Patient has preserved liver function (Child-Pugh A); and

2.3 Transarterial chemoembolisation (TACE) is unsuitable; and

2.4 Any of the following:

2.4.1 Patient has not received prior systemic therapy for the treatment of hepatocellular carcinoma; or

2.4.2 Patient received funded lenvatinib before 1 March 2025; or

2.4.3 Both:

2.4.3.1 Patient has experienced treatment-limiting toxicity from treatment with lenvatinib; and

2.4.3.2 No disease progression since initiation of lenvatinib; and

2.5 Patient has an ECOG performance status of 0-2; and

2.6 To be given in combination with bevacizumab.

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

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 March 2025

7	SULFASALAZINE († subsidy) * Tab 500 mg..... 19.49 * Tab EC 500 mg 20.54	100	100	✓ Salazopyrin ✓ Salazopyrin EN
42	HEPARIN SODIUM († subsidy) Inj 25,000 iu per ml, 0.2 ml..... 25.78	5	5	✓ Hospira
80	MEDROXYPROGESTERONE ACETATE († subsidy) Inj 150 mg per ml, 1 ml syringe – Up to 5 inj available on a PSO..... 10.56	1	1	✓ Depo-Provera
85	METHYLPREDNISOLONE (AS SODIUM SUCCINATE) († subsidy) Inj 500 mg vial..... 43.01 Inj 1 g vial..... 52.54	1	1	✓ Solu-Medrol-Act-0-Vial ✓ Solu-Medrol
98	BENZATHINE BENZYL PENICILLIN († subsidy) Inj 900 mg (1.2 million units) in 2.3 ml syringe – Up to 5 inj on a PSO..... 432.37	10	10	✓ Bicillin LA
101	TRIMETHOPRIM WITH SULPHAMETHOXAZOLE [CO-TRIMOXAZOLE] (↓ subsidy) * Oral liq 8 mg sulphamethoxazole 40 mg per ml – Up to 200 ml available on a PSO 4.95	100 ml	100 ml	✓ Deprim
103	VORICONAZOLE – Special Authority see SA2384 – Retail pharmacy (↓ subsidy) Tab 50 mg..... 71.00 Tab 200 mg..... 263.00	56	56	✓ Vttack ✓ Vttack
117	DENOSUMAB – Special Authority see SAQQQ – Retail pharmacy (↓ subsidy) 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. Inj 60 mg per 1 ml pre-filled syringe 250.00	1	1	✓ Prolia
122	DANTROLENE († subsidy) Cap 25 mg 145.77	100	100	✓ Dantrium S29 ^{S29}
124	LIDOCAINE [LIGNOCAINE] HYDROCHLORIDE († subsidy) Inj 1%, 20 ml vial – Up to 5 inj available on a PSO 19.50 Inj 2%, 20 ml vial – Up to 5 inj available on a PSO 14.00	5	5	✓ Lidocaine-Baxter ✓ Lidocaine-Baxter
135	CLOZAPINE – Hospital pharmacy [HP4] († subsidy) Safety medicine; prescriber may determine dispensing frequency Suspension 50 mg per ml..... 147.30	100 ml	100 ml	✓ Versacloz
158	METHOTREXATE († subsidy) * Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist..... 95.29	5	5	✓ Methotrexate DBL
186	ANTITHYMOCYTE GLOBULIN (EQUINE) – PCT only – Specialist († subsidy) Inj 50 mg per ml, 5 ml 4,439.17	5	5	✓ ATGAM

^{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

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

261	THEOPHYLLINE († subsidy)				
	* Tab long-acting 250 mg.....	25.65	100	✓ Nuelin-SR	
	* Oral liq 80 mg per 15 ml.....	18.49	500 ml	✓ Nuelin	
273	DEFERRIOXAMINE MESILATE († subsidy)				
	* Inj 500 mg vial.....	332.88	10	✓ DBL Desferrioxamine Mesylate for Inj BP	

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Delisted Items

Effective 1 March 2025

71	AQUEOUS CREAM Crm.....	1.30	100 g	✓healthE Aqueous Cream SLS Free
		1.73	500 g	✓GEM Aqueous Cream
82	PREGNANCY TESTS - HCG URINE a) Up to 200 test available on a PSO b) Only on a PSO Cassette	12.00	40 test OP	✓Smith BioMed Rapid Pregnancy Test
105	METRONIDAZOLE Tab 200 mg – Up to 30 tab available on a PSO..... Tab 400 mg – Up to 15 tab available on a PSO.....	33.15 5.23	250 21	✓Metrogyl ✓Metrogyl
110	MOLNUIRAVIR – [Xpharm] – Subsidy by endorsement a) No patient co-payment payable b) Treatment is funded only if patient meets access criteria for oral antiviral COVID-19 treatments (as on Pharmac's website) and has been endorsed accordingly by the prescriber. The supply of treatment is via Pharmac's approved distribution process. Refer to the Pharmac website for more information about this and stock availability. Cap 200 mg	0.00	40	✓Lagevrio
121	BACLOFEN Inj 2 mg per ml, 5 ml ampoule – Subsidy by endorsement..... Subsidised only for use in a programmable pump in patients where oral antispastic agents have been ineffective or have caused intolerable side effects and the prescription is endorsed accordingly.	306.82	5	✓Medsurge
126	CODEINE PHOSPHATE – Safety medicine; prescriber may determine dispensing frequency Tab 30 mg.....	6.98	100	✓Aspen
126	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Cap immediate-release 20 mg.....	5.23	20	✓OxyNorm
129	MIRTAZAPINE Tab 30 mg..... Tab 45 mg..... Note – this delist applies to the 28 tab packs only.	2.60 3.45	28 28	✓Noumed ✓Noumed
148	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy Patch 4.6 mg per 24 hour..... Patch 9.5 mg per 24 hour.....	90.00 90.00	30 30	✓Exclon Patch 5 ✓Exclon Patch 10
	Note – delisting delayed until 1 June 2025.			
157	METHOTREXATE * Inj 2.5 mg per ml, 2 ml – PCT – Retail pharmacy-Specialist.....	56.05	5	✓Methotrexate DBL S29 S29

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 March 2025 (continued)

167	DASATINIB – Special Authority see SA2385 – Retail pharmacy Wastage claimable			
	Tab 20 mg.....	3,774.06	60	✓Sprycel
	Tab 50 mg.....	6,214.20	60	✓Sprycel
	Tab 70 mg.....	7,692.58	60	✓Sprycel
232	TIXAGEVIMAB WITH CILGAVIMAB – [Xpharm] – Subsidy by endorsement			
	a) No patient co-payment payable			
	b) Treatment is funded only if patient meets access criteria for tixagevimab with cilgavimab (as per https://pharmac.govt.nz/Evusheld) and has been endorsed accordingly by the prescriber. The supply of treatment is via Pharmac's approved distribution process. Refer to the Pharmac website for more information about this and stock availability.			
	Inj 100 mg per ml, 1.5 ml vial with cilgavimab 100 mg per ml, 1.5 ml vial	0.00	1	✓Evusheld
285	LOW CALCIUM INFANT FORMULA – Special Authority see SA1110 – Hospital pharmacy [HP3]			
	Powder.....	46.18	400 g OP	✓Locasol
	Note – this delist applies to Pharmacode 2601451.			
308	INFLUENZA VACCINE			
	Inj 60 mcg in 0.5 ml syringe (quadrivalent vaccine)	120.00	10	✓Influvac Tetra (2024 formulation)
	a) Maximum of 1 inj per prescription			
	b) Only on a prescription			
	c) No patient co-payment payable			
	d) Access criteria applies			

▲ 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 April 2025

44	CILAZAPRIL – Subsidy by endorsement Subsidy by endorsement – Subsidised for patients who were taking cilazapril prior to 1 May 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of cilazapril.			
	* Tab 0.5 mg.....	2.69	90	✓ Zapril
	* Tab 2.5 mg.....	5.79	90	✓ Zapril
	Tab 5 mg.....	10.05	90	✓ Zapril
102	ITRACONAZOLE Oral liq 10 mg per ml – Special Authority see SA1322 – Retail pharmacy	141.80	150 ml OP	✓ Sporanox
270	ACETYL CYSTEINE Inj 200 mg per ml, 10 ml ampoule	42.99	10	✓ Martindale Pharma

Note – delisting delayed until 1 November 2025.

Effective 1 June 2025

148	RIVASTIGMINE – Special Authority see SA1488 – Retail pharmacy Patch 4.6 mg per 24 hour	90.00	30	✓ Exelon Patch 5
	Patch 9.5 mg per 24 hour	90.00	30	✓ Exelon Patch 10
270	PHARMACY SERVICES * Brand switch fee	4.50	1 fee	✓ BSF Dasatinib-Teva
	a) May only be claimed once per patient. b) The Pharmacode for BSF Dasatinib-Teva is 2700441.			

Effective 1 July 2025

7	MESALAZINE Tab 800 mg.....	85.50	90	✓ Asacol S29 S29
31	ALFACALCIDOL * Cap 0.25 mcg.....	26.32	100	✓ One-Alpha S29 S29
44	PHENOXYBENZAMINE HYDROCHLORIDE * Cap 10 mg	216.67	100	✓ Dibenzylime S29
51	METOLAZONE Tab 5 mg.....	CBS	1	✓ Metolazone S29
67	SULFADIAZINE SILVER Crm 1%	15.44	50 g OP	✓ Ascend S29
	a) Up to 250 g available on a PSO b) Not in combination			

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 (continued)

117	CAPSAICIN Crm 0.025% – Special Authority see SA1289 – Retail pharmacy	13.00	60 g OP	✓ Rugby Capsaicin Topical Cream \$29
124	CAPSAICIN – Subsidy by endorsement Subsidised only if prescribed for post-herpetic neuralgia or diabetic peripheral neuropathy and the prescription is endorsed accordingly. Crm 0.075%	15.14	57 g OP	✓ Rugby Capsaicin Topical Cream \$29
127	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab controlled-release 5 mg.....	3.77	28	✓ Oxycodone Sandoz \$29 \$29
		4.04	30	✓ OxyContin \$29
	Tab controlled-release 10 mg.....	3.77	28	✓ Oxycodone Sandoz \$29 \$29
134	PROCHLORPERAZINE * Tab 3 mg buccal.....	5.97 (30.00) (30.00) (30.00)	50	Buccastem Max Health Prochlorperazine Brown & Burk
135	ARIPIPRAZOLE – Safety medicine; prescriber may determine dispensing frequency Tab 5 mg.....	10.50	30	✓ Ascend Aripiprazole \$29
135	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule	24.48	10	✓ Nozinan \$29 \$29
149	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 – Retail pharmacy Tab 50 mg.....	138.88	50	✓ Revia \$29
153	CARMUSTINE – PCT only – Specialist Inj 100 mg vial.....	710.00	1	✓ BiCNU \$29 \$29 ✓ Novadoz \$29
154	MELPHALAN Inj 50 mg – PCT only – Specialist	48.25	1	✓ Megval \$29

▲ 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 August 2025

97	FLUCLOXACILLIN Cap 250 mg – Up to 30 cap available on a PSO 15.79 Cap 500 mg – Up to 30 cap available on a PSO 52.99	250 500	✓ Flucloxacillin-AFT ✓ Flucloxacillin-AFT
109	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2138 a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP, should be applied using Special Authority SA2138. b) Endorsement for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure): Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA2139 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement, for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure), is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA2139. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the Pharmac website. * Tab 200 mg with tenofovir disoproxil 245 mg (300.6 mg as a succinate)	15.45 30	✓ Teva

Effective 1 September 2025

140	INTERFERON BETA-1-ALPHA – Special Authority see SA2274 – Retail pharmacy Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted. Injection 6 million iu per 0.5 ml pen injector	1,170.00 4	✓ Avonex Pen
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Effective 1 November 2025

270	ACETYLCYSTEINE Inj 200 mg per ml, 10 ml ampoule	42.99 10	✓ Martindale Pharma
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Effective 1 December 2025

79	LEVONORGESTREL * Tab 30 mcg – Up to 112 tab available on a PSO..... 16.50 Note – this delist applies to the 84 tab pack only.	84	✓ Microlut
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