

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

April 2025

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Changes to pack size descriptions

Pharmac is currently working with Health New Zealand to support implementation of the new Health Sector Agreements and Payments (HSAAP) System, which will be taking on the role of processing community pharmacy claims later this year.

To ensure that pharmacy claims will be calculated and paid correctly under the new HSAAP system, Pharmac has amended Schedule listings for a number of products to align the Schedule pack size descriptions with that in the New Zealand Medicines Terminology (NZMT). For example, some injections have previously had a pack size measured in ml, whereas now it is in vials or bags. Similarly, some special foods have been measured in ml, but now have a pack size of 1 bottle.

For the affected products, the Schedule listing has been updated, and replacement Pharmacodes have been issued. These changes are effective from 1 April 2025.

Summary of Pharmac decisions

EFFECTIVE 1 APRIL 2025

New listings (pages 24-31)

- Insulin neutral (Actrapid and Humulin R) inj human 100 u per ml, 10 ml vial, 1 OP
- Insulin isophane (Humulin NPH and Protaphane) inj human 100 u per ml, 10 ml vial, 1 OP
- Insulin isophane with insulin neutral (Humulin 30/70 and Mixtard 30) inj human with neutral insulin 100 u per ml, 10 ml vial, 1 OP
- Insulin lispro (Humalog) inj 100 u per ml, 10 ml vial, 1 OP
- Insulin pump cartridge (Tandem Cartridge) cartridge 300 U, t:lock × 10, 10 OP – Special Authority – Retail pharmacy, maximum of 50 cartridges per prescription, only on a prescription and maximum of 190 cartridges will be funded per year
- Insulin pump reservoir 10 × 1.6 ml glass reservoir for YpsoPump, 10 OP (mylife YpsoPump Reservoir), 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps, 10 OP (ADR Cartridge 1.8) and cartridge for 7 series pump; 3.0 ml × 10, 10 OP (MiniMed 3.0 Reservoir MMT-332A) – Special Authority – Retail pharmacy, maximum of 90 cartridges per prescription, only on a prescription and maximum of 360 reservoir will be funded per year
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride (APO Health Macrogol) powder for oral soln 13.125 g with potassium chloride 46.6 mg, sodium bicarbonate 178.5 mg and sodium chloride 350.7 mg – S29 and wastage claimable
- Carmellose sodium with gelatin and pectin (Stomahesive) paste, 56.7 g OP
- Sodium chloride (Baxter) inj 0.9%, bag, 500 ml – up to 4 bags available on a PSO and inj 0.9%, bag, 1,000 ml bag – up to 2 bags available on a PSO
- Compound electrolytes with glucose [dextrose] (Hydralyte – Lemonade) soln with electrolytes, 1 OP
- Cetomacrogol with glycerol (Evara) crm 90% with glycerol 10%, 460 g OP and 920 g OP
- Dimethicone crm 5% pump bottle, 460 g OP (healthE Dimethicone 5%) and crm 10% pump bottle, 460 g OP (healthE Dimethicone 10%)
- Desogestrel (Cerazette) tab 75 mcg – Up to 84 tab available on a PSO
- Levonorgestrel (Jadelle) subdermal implant (2 × 75 mg rods), 2 OP – Up to 3 implants available on a PSO
- Testosterone (Testogel) gel (transdermal) 16.2 mg per g, 88 g, 60 OP
- Desmopressin acetate (Desmopressin-PH&T) nasal spray 10 mcg per dose, 6 ml, 60 OP
- Zoledronic acid (Zoledronic Acid Viartis) inj 0.05 mg per ml, 100 ml, bag
- Quetiapine (Quetiapine Viartis) tab 25 mg, 30 tab and 500 tab – safety medicine, section 29 and wastage claimable

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

- Varenicline tartrate (Champix) tab 0.5 mg × 11 and 1 mg × 42, 53 OP and tab 1 mg – Special Authority – Retail pharmacy, maximum of 12 weeks' varenicline subsidised on each Special Authority approval, will not be funded in amounts less than 4 weeks of treatment, and the 6-month time period in which a patient can receive a funded 12-week course of varenicline tartrate starts from the date the Special Authority is approved
- Axitinib (Intyla) tab 1 mg and 5 mg – Special Authority – Retail pharmacy and wastage claimable
- Crizotinib (Xalkori) cap 200 mg and 250 mg – Special Authority – Retail pharmacy
- Ribociclib (Kisqali) tab 200 mg, 21 tab, 42 tab and 63 tab – Special Authority – Retail pharmacy, wastage claimable – new Pharmacode listings
- Lanreotide (Mylolac) inj 90 mg per 0.5 ml, 0.5 ml syringe – Special Authority – Retail pharmacy
- Ipilimumab inj 5 mg per ml, 10 ml and 40 ml vial (Yervoy) and inj 1 mg for ECP (Baxter) – PCT only – Specialist – Special Authority
- Inotuzumab ozogamicin inj 1 mg vial (Besponsa) and inj 1 mg for ECP (Baxter) – PCT only – Specialist – Special Authority
- Acetazolamide (Medsurge) tab 250 mg
- Pharmacy services (BSF Teriflunomide Sandoz) brand switch fee – may only be claimed once per patient
- Acetylcysteine (Hikma Acetylcysteine) inj 200 mg per ml, 10 ml vial – section 29 and wastage claimable
- Diabetic enteral feed 1kcal/ml (Glucerna Select) liquid, 500 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Diabetic oral feed 1kcal/ml liquid (strawberry), 200 ml bottle, 1 OP (Diasip) and liquid (vanilla), 200 ml bottle, 1 OP (Nutren Diabetes and Diasip) – Special Authority – Hospital pharmacy [HP3]
- Paediatric enteral feed 1.5kcal/ml (Nutrini Energy RTH) liquid, 500 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Paediatric enteral feed 1kcal/ml (Pediasure RTH and Nutrini RTH) liquid, 500 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Paediatric enteral feed with fibre 1.5kcal/ml (Nutrini Energy Multi Fibre) liquid, 500 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Paediatric oral feed 1.5kcal/ml liquid (strawberry), 200 ml bottle, 1 OP (Fortini), liquid (vanilla), 200 ml bottle, 1 OP (Fortini) and liquid (vanilla), 500 ml bottle, 1 OP (Pediasure Plus) – Special Authority – Hospital pharmacy [HP3]

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

- Paediatric oral feed 1kcal/ml (Pediasure) liquid (chocolate, strawberry and vanilla), 200 ml bottle, 1 OP and liquid (vanilla), 250 ml can, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Paediatric oral feed with fibre 1.5kcal/ml (Fortini Multi Fibre) liquid (unflavoured, chocolate, strawberry and vanilla), 200 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Renal oral feed 1.8 kcal/ml (Nepro HP (strawberry and vanilla)) liquid, 220 ml carton, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Enteral/oral semi-elemental feed 1.5kcal/ml (Vital) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Oral elemental feed 1kcal/ml (Vivonex TEN) powder (unflavoured), 80 g sachet, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Semi-elemental enteral feed 1kcal/ml (Nutrison Advanced Peptisorb) liquid, 500 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Paediatric enteral feed with fibre 0.76 kcal/ml (Nutrini Low Energy Multi Fibre) liquid, 500 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Enteral feed 1.5kcal/ml liquid, 250 ml can, 1 OP (Ensure Plus HN) and liquid, 1,000 ml bottle, 1 OP (Ensure Plus HN RTH and Nutrison Energy) – Special Authority – Hospital pharmacy [HP3]
 - Enteral feed 1kcal/ml liquid, 250 ml bottle, 1 OP (Isosource Standard) and liquid, 1,000 ml bottle, 1 OP (Osmolite RTH and Nutrison RTH) – Special Authority – Hospital pharmacy [HP3]
 - Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Enteral feed with fibre 1 kcal/ml (Jevity RTH and Nutrison Multi Fibre) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Enteral feed with fibre 1.2kcal/ml (Jevity Plus RTH) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Enteral feed with fibre 1.5kcal/ml (Jevity HiCal RTH and Nutrison Energy Multi Fibre) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
 - Oral feed 1.5kcal/ml liquid (banana, chocolate, fruit of the forest and vanilla), 200 ml bottle, 1 OP (Ensure Plus), liquid (vanilla), 237 ml can, 1 OP (Ensure Plus) and liquid (banana, chocolate, strawberry and vanilla), 200 ml bottle, 1 OP (Fortisip) – Special Authority – Hospital pharmacy [HP3] and additional subsidy by endorsement
 - Oral feed with fibre 1.5 kcal/ml (Fortisip Multi Fibre) liquid (chocolate, strawberry and vanilla), 200 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3] and additional subsidy by endorsement
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Summary of Pharmac decisions – effective 1 April 2025 (continued)

- Enteral feed 2 kcal/ml liquid, 500 ml bottle, 1 OP (Nutrison Concentrated) and liquid, 1,000 ml bottle, 1 OP (Ensure Two Cal HN RTH) – Special Authority – Hospital pharmacy [HP3]
- Oral feed 2 kcal/ml (Two Cal HN) liquid (vanilla), 200 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3] and additional subsidy by endorsement
- Aminoacid formula without phenylalanine liquid (berry and orange), 125 ml bottle, 1 OP (PKU Anamix Junior LQ) and powder (neutral), 4 x 400 g can, 1,600 g OP (PKU Start) – Special Authority – Hospital pharmacy [HP3]
- Enteral liquid peptide formula liquid 1 kcal/ml, 500 ml bottle, 1 OP (Nutrini Peptisorb) and liquid 1.5 kcal/ml, 500 ml bottle, 1 OP (Nutrini Peptisorb Energy) – Special Authority – Hospital pharmacy [HP3]
- Paediatric oral/enteral feed 1 kcal/ml (Infatrini) liquid, 125 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Rotavirus oral vaccine (Rotarix) oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, squeezable tube (PVC free) – only on a prescription, no patient co-payment payable and access criteria apply

Changes to restrictions (pages 32-37)

- Insulin pump cartridge (Tandem Cartridge) cartridge 300 U, t:lock × 10, 10 OP – amended quantities on prescription
- Insulin pump reservoir 10 × 1.6 ml glass reservoir for YpsoPump, 10 OP (mylife YpsoPump Reservoir), 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps, 10 OP (ADR Cartridge 1.8) and cartridge for 7 series pump; 3.0 ml × 10, 10 OP (MiniMed 3.0 Reservoir MMT-332A) – amended quantities on prescription
- Ursodeoxycholic acid (Ursosan) cap 250 mg – amended Special Authority criteria
- Calcitriol (Calcitriol XL) cap 0.25 mcg and 0.5 mcg – amended brand name
- Dipyridamole (Pytazen SR) tab long-acting 150 mg – remove stat dispensing
- Atorvastatin tab 10 mg, 20 mg, 40 mg and 80 mg (Lorstat) and tab 20 mg (Lipitor) – re-instate stat dispensing
- Isotretinoin (Oratane) cap 5 mg, 10 mg and 20 mg – amended Special Authority criteria
- Teriflunomide (Teriflunomide Sandoz) tab 14 mg – addition of brand switch fee
- Methylphenidate hydrochloride extended-release tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Concerta) and cap modified-release 10 mg, 20 mg, 30 mg and 40 mg (Ritalin LA) – amended Special Authority criteria
- Modafinil (Modafinil Max Health and Modavigil) tab 100 mg – amended Special Authority criteria

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

- Sunitinib (Sunitinib Pfizer) cap 12.5 mg, 25 mg and 50 mg – amended Special Authority criteria
- Bevacizumab inj 25 mg per ml, 4 ml and 16 ml vial (Vegzelma) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Nivolumab inj 10 mg per ml, 4 ml and 10 ml vial (Opdivo) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Tacrolimus (Tacrolimus Sandoz) cap 0.5 mg, 0.75 mg, 1 mg and 5 mg – amended Special Authority criteria
- Elexacaftor with tezacaftor, ivacaftor and ivacaftor (Trikafta) tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28) and tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28), 84 OP – amended Special Authority criteria
- Pneumococcal (PPV23) polysaccharide vaccine (Pneumovax 23) inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype) – amended funding criteria

Increased subsidy (page 38)

- Calcium folinate inj 10 mg per ml, 5 ml, 10 ml and 100 ml vial (Eurofolic) and inj 1 mg for ECP (Baxter)

Decreased subsidy (page 38)

- Diclofenac sodium (Voltaren SR) tab long-acting 75 mg
- Bendamustine hydrochloride (Baxter) inj 1 mg for ECP
- Nivolumab (Baxter) inj 1 mg for ECP

Increased price but not subsidy (page 38)

- Sodium alginate (Gaviscon Extra Strength) tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg - peppermint flavour
- Senna (Senokot) tab, standardised

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml; 100 ml	PSS	Augmentin (GSK)
Betamethasone valerate	Lotn 0.1%; 50 ml OP	PSS	Betnovate (GSK)
Fentanyl	Inj 50 mcg per ml, 2 ml ampoule and 10 ml ampoule; 10 inj	PSS	Boucher and Muir (Boucher)
Hydroxychloroquine sulphate	Tab 200 mg; 100 tab	PSS	Ipca-Hydroxychloroquine (Miro Healthcare)
Isoniazid	Tab 100 mg; 100 tab	PSS	Noumed Isoniazid (Noumed)
Modafinil	Tab 100 mg; 30 tab	PSS	Modafinil Max Health (Max Health)
Pazopanib	Tab 200 mg and 400 mg; 30 tab	PSS	Pazopanib Teva (Teva)
Salbutamol	Oral liq 400 mcg per ml; 150 ml	PSS	Ventolin (GSK)

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 May 2025

- Pharmacy services (BSF Ipca-Hydroxychloroquine, BSF Modafinil Max Health and BSF Pazopanib Teva) brand switch fee – new listing

Possible decisions for future implementation 1 May 2025

- Adalimumab inj 20 mg per 0.2 ml prefilled syringe and inj 40 mg per 0.4 ml prefilled syringe (Humira) and inj 40 mg per 0.4 ml prefilled pen (HumiraPen) – price and subsidy decrease
- Azacitidine inj 100 mg vial (Azacitidine Dr Reddy's) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Ibrutinib (Imbruvica) tab 140 mg and 420 mg – amended Special Authority criteria
- Insulin degludec with insulin aspart (Ryzodeg Penfill) inj degludec 70% with insulin aspart 30%, 100 u per ml, 3 ml – new listing
- Upadacitinib (Rinvoq) tab modified-release 30 mg and 45 mg – new listing
- Upadacitinib (Rinvoq) tab modified-release 15 mg, 30 mg and 45 mg – amended Special Authority criteria
- Venetoclax (Venclexta) tab 14 x 10 mg, 7 x 50 mg, 21 x 100 mg, tab 10 mg, 50 mg and 100 mg – amended Special Authority criteria

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to April 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
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2027
Aciclovir	Eye oint 3%, 4.5 g OP Tab dispersible 400 mg & 800 mg Tab dispersible 200 mg	ViruPOS 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	Evara	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

**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 April 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	AP0-Atomoxetine	2026
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 Viatris	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous	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 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 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 Ipca-Ciprofloxacin	2027 2026
Citalopram hydrobromide	Tab 20 mg	Celapram	2025
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Cap 150 mg Inj 150 mg per ml	Dalacin C Hameln	2026 2025
Clobetasol propionate	Crn & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Clonidine hydrochloride	Tab 150 mcg	Catapres	2027
	Inj 150 mcg per ml, 1 ml ampoule Tab 25 mcg	Clonidine Teva	2025
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crm 1% with applicators, 35 g OP	Clomazol	2025
	Vaginal crm 2% with applicators, 20 g OP Crm 1%, 20 g OP		
Codeine phosphate	Tab 15 mg	Noumed	2025
	Tab 30 mg & 60 mg		
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 Viatrix	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	Arrow-Diazepam	2026
	Rectal tubes 5 mg	Stesolid	2025
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2027
Digoxin	Tab 62.5 mcg	Lanoxin PG	2025
	Tab 250 mcg	Lanoxin	
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg	Cardizem CD	2027
	Cap long-acting 120 mg	Diltiazem CD Clinect	2025
Dimethicone	Crm 5% pump bottle, 500 ml OP	healthE Dimethicone 5%	2025
	Lotn 4%, 200 ml OP	healthE Dimethicone 4%	

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

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe	Boostrix	2027
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
Docusate sodium with sennosides	Tab 50 mg with sennosides 8 mg	Laxsol	2025
Domperidone	Tab 10 mg	Domperidone Viatris	2025
Donepezil hydrochloride	Tab 5 mg and 10 mg	Ipca-Donepezil	2026
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Febuxostat	Tab 80 mg and 120 mg	Febuxostat (Teva)	2026
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 Viatrix	2027
Fosfomycin	Powder for oral solution, 3 g sachet	UroFos	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Goserelin	Implant 3.6 mg, syringe and 10.8 mg, syringe	Zoladex (AstraZeneca)	2026
Haemophilus influenzae type B vaccine	Inj 10 mcg vial with diluent syringe	Act-HIB	2027
Heparin sodium	Inj 5,000 iu per ml, 5 ml vial	Heparin Sodium Panpharma	2025
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe Inj 720 ELISA units in 0.5 ml syringe	Havrix 1440	2027
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml prefilled syringe Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2027
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	Tab 10 mg	Hyoscine Butylbromide (Adiramedita)	2027
	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Oral liq 20 mg per ml	Ethics Ibuprofen SR BNM	2027
	Tab long-acting 800 mg 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	Choice 380 7med Nsha Silver/copper Short	2025
	IUD 33.6 mm length x 29.9 mm width	TCu 380 Plus Normal	
	IUD 35.5 mm length x 19.6 mm width	Cu 375 Standard	
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg	Rifinah	2027
	Tab 150 mg with rifampicin 300 mg		
Isosorbide mononitrate	Tab 20 mg	Ismo 20 Ismo 40 Retard Duride	2026
	Tab long-acting 40 mg		
	Tab long-acting 60 mg		
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatrix	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
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 Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2027
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Subdermal implant (2 × 75 mg rods) Tab 1.5 mg	Jadelle Levonorgestrel BNM	2026 2025
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel lido	2025
Linezolid	Tab 600 mg	Zyvox	2027
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Melatonin	Tab modified-release 2 mg	Vigisom	2027
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial	MenQuadfi	2027
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin Viatris	2027
Methadone hydrochloride	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 2027
Methylprednisolone aceponate	Crn 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2026
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg	Myloc CR (Viatris)	2026
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
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 2027
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatris	2025
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025 2025
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 Viatris	2027
Nicorandil	Tab 10 mg and 20 mg	Max Health	2025
Nitrofurantoin	Tab 50 mg Cap modified-release 100 mg	Nifuran Macrobid	2027 2026
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2026
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Sandostatin LAR	2027
Oestradiol	Gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP	Estrogel	31/10/2027
Oestriol	Crn 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026
Oil in Water Emulsion	Crn	Fatty Emulsion Cream (Evara)	2027
Olanzapine	Tab 2.5 mg, 5 mg and 10 mg Tab orodispersible 5 mg and 10 mg	Zypine Zypine ODT	2026
Olopatadine	Eye drops 0.1%, 5 ml OP	Olopatadine Teva	2025
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg Inj 40 mg ampoule with diluent	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40 Dr Reddy's Omeprazole	2026 2025
Ondansetron	Tab disp 4 mg and 8 mg Tab 4 mg & 8 mg	Periset ODT Periset	2026 2025
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 Inj 50 mg per ml, 1 ml ampoule	Hameln	2027
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2027
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 Tab 500 mg-blisters pack Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Noumed Paracetamol Pacimol Paracetamol (Ethics) Pamol	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 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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) Risiperon	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 Viatrix	2026
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2027
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2027
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viatrix Simvastatin Mylan	2026
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Sotalol	Tab 80 mg & 160 mg	Mylan	2025
Spirolactone	Tab 25 mg & 100 mg	Spiractin	2025
Sumatriptan	Inj 12 mg per ml, 0.5 ml pre-filled 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
Teriflunomide	Tab 14 mg	Teriflunomide Sandoz	2027
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Triamcinolone acetonide	Paste 0.1%, 5 g OP	Kenalog in Orabase	2026
	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	Aristocort Kenacort-A 10 Kenacort-A 40	
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
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 Viatrix	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	Multichem	2025
	Inj 20 ml ampoule	Fresenius Kabi	
Zinc and castor oil	Oint; 500 g	Evara	2025
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatrix	2027
	Inj 0.05 mg per ml, 100 ml bag		2025
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

April 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 April 2025

10	INSULIN NEUTRAL ▲ Inj human 100 u per ml, 10 ml vial.....	25.26	1 OP	✓ Actrapid ✓ Humulin R
11	INSULIN ISOPHANE ▲ Inj human 100 u per ml, 10 ml vial.....	17.68	1 OP	✓ Humulin NPH ✓ Protaphane
11	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml, 10 ml vial.....	25.26	1 OP	✓ Humulin 30/70 ✓ Mixtard 30
11	INSULIN LISPRO ▲ Inj 100 u per ml, 10 ml vial	34.92	1 OP	✓ Humalog
17	INSULIN PUMP CARTRIDGE – Special Authority see SA2380 – Retail pharmacy a) Maximum of 50 cart per prescription b) Only on a prescription c) Maximum of 190 cartridges will be funded per year. * Cartridge 300 U, t:lock × 10.....	86.00	10 OP	✓ Tandem Cartridge
21	INSULIN PUMP RESERVOIR – Special Authority see SA2380 – Retail pharmacy a) Maximum of 90 cart per prescription b) Only on a prescription c) Maximum of 360 cartridges will be funded per year. * 10 × 1.6 ml glass reservoir for YpsoPump	50.00	10 OP	✓ mylife YpsoPump Reservoir
	* 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps.....	50.00	10 OP	✓ ADR Cartridge 1.8
	* Cartridge for 7 series pump; 3.0 ml × 10.....	50.00	10 OP	✓ MiniMed 3.0 Reservoir MMT-332A
24	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.....	8.50	30	✓ APO Health Macrogol ^{S29}
	Wastage claimable			
30	CARMELLOSE SODIUM WITH GELATIN AND PECTIN Paste.....	17.20	56.7 g OP	✓ Stomahesive
43	SODIUM CHLORIDE Not funded for use as a nasal drop. Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, bag, 500 ml bag – Up to 4 bags available on a PSO	1.53	1	✓ Baxter
	Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)			
	Inj 0.9%, bag, 1,000 ml bag – Up to 2 bags available on a PSO	1.58	1	✓ Baxter
	Only if prescribed on a prescription for renal dialysis, maternity or post-natal care in the home of the patient, or on a PSO for emergency use. (500 ml and 1,000 ml packs)			

^{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
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Subsidy
(Mnfr's price)
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New Listings – effective 1 April 2025 (continued)

43	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTRROSE] Soln with electrolytes.....	6.53	1 OP	✓ Hydralyte - Lemonade
69	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%.....	2.13 3.50	460 g OP 920 g OP	✓ Evara ✓ Evara
70	DIMETHICONE * Crm 5% pump bottle..... * Crm 10% pump bottle.....	4.30 4.52	460 g OP 460 g OP	✓ healthE Dimethicone 5% ✓ healthE Dimethicone 10%
78	DESOGESTREL * Tab 75 mcg – Up to 84 tab available on a PSO.....	24.50	84	✓ Cerazette
78	LEVONORGESTREL * Subdermal implant (2 × 75 mg rods) – Up to 3 impl available on a PSO.....	106.92	2 OP	✓ Jadelle
84	TESTOSTERONE Gel (transdermal) 16.2 mg per g, 88 g.....	52.00	60 OP	✓ Testogel
91	DESMOPRESSIN ACETATE ▲ Nasal spray 10 mcg per dose, 6 ml.....	34.95	60 OP	✓ Desmopressin-PH&T
118	ZOLEDRONIC ACID Inj 0.05 mg per ml, 100 ml, bag.....	22.53	1	✓ Zoledronic Acid Viatrix
135	QUETIAPINE – Safety medicine; prescriber may determine dispensing frequency Tab 25 mg..... Wastage claimable	0.79 13.11	30 500	✓ Quetiapine Viatrix \$29 ✓ Quetiapine Viatrix \$29
149	VARENICLINE TARTRATE – Special Authority see SA1845 – Retail pharmacy a) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack b) Varenicline will not be funded in amounts less than 4 weeks of treatment. c) The 6-month time period in which a patient can receive a funded 12-week course of varenicline tartrate starts from the date the Special Authority is approved. Tab 0.5 mg × 11 and 1 mg × 42..... Tab 1 mg.....	16.67 17.62	53 OP 56	✓ Champix ✓ Champix

▲ 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

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New Listings – effective 1 April 2025 (continued)

164 AXITINIB – Special Authority see SA2458 – Retail Pharmacy

Wastage claimable

Tab 1 mg.....	536.40	28	✓ Intyla
Tab 5 mg.....	2,682.00	28	✓ Intyla

► SA2458 Special Authority for Subsidy

Initial application – from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1. The patient has metastatic renal cell carcinoma; and
2. The disease is of predominant clear cell histology; and
3. The patient has documented disease progression following one previous line of treatment; and
4. The patient has ECOG performance status of 0-2.

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

164 CRIZOTINIB – Special Authority see SA2459 – Retail Pharmacy

Cap 200 mg	7,250.00	60	✓ Xalkori
Cap 250 mg	7,250.00	60	✓ Xalkori

► SA2459 Special Authority for Subsidy

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

All of the following:

1. Patient has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer; and
2. There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test; and
3. Patient has ECOG performance score of 0-3; and
4. Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

Both:

1. Response to treatment has been determined by comparable radiological assessment following the most recent treatment period; and
2. No evidence of disease progression.

170 RIBOCICLIB – Special Authority see SA2343 – Retail pharmacy

Wastage claimable

Tab 200 mg.....	1,883.00	21	✓ Kisqali
	3,767.00	42	✓ Kisqali
	5,650.00	63	✓ Kisqali

Note – new listings for Kisqali tab 200 mg, 21 pack Pharmacode 2701340, 42 pack Pharmacode 2701359 and 63 pack Pharmacode 2701367.

180 LANREOTIDE – Special Authority see SA2445 – Retail pharmacy

Inj 90 mg per 0.5 ml, 0.5 ml syringe	562.92	1	✓ Mytolac
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New Listings – effective 1 April 2025 (continued)

210	<p>IPILIMUMAB – PCT only – Specialist – Special Authority see SA2461</p> <p>Inj 5 mg per ml, 10 ml vial 5,000.00 1 ✓Yervoy</p> <p>Inj 5 mg per ml, 40 ml vial 20,000.00 1 ✓Yervoy</p> <p>Inj 1 mg for ECP 106.00 1 mg ✓Baxter</p>
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➤ SA2461 Special Authority for Subsidy

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

Either:

1. The patient is currently on treatment with ipilimumab and met all remaining criteria prior to commencing treatment; or
2. All of the following:
 - 2.1. The patient has metastatic renal cell carcinoma; and
 - 2.2. The patient is treatment naïve; and
 - 2.3. The patient has ECOG performance status 0-2; and
 - 2.4. The disease is predominant clear cell histology; and
 - 2.5. Any of the following:
 - 2.5.1. The patient has sarcomatoid histology; or
 - 2.5.2. Haemoglobin levels less than the lower limit of normal; or
 - 2.5.3. Corrected serum calcium level greater than 10 mg/dL (2.5 mmol/L); or
 - 2.5.4. Neutrophils greater than the upper limit of normal; or
 - 2.5.5. Platelets greater than the upper limit of normal; or
 - 2.5.6. Interval of less than 1 year from original diagnosis to the start of systemic therapy; or
 - 2.5.7. Karnofsky performance score of less than or equal to 70; and
 - 2.6. Ipilimumab is to be used at a maximum dose of 1 mg/kg for up to four cycles in combination with nivolumab.

210	<p>INOTUZUMAB OZOGAMICIN – PCT only – Specialist – Special Authority see SA2460</p> <p>Inj 1 mg vial 14,457.00 1 ✓Bespensa</p> <p>Inj 1 mg for ECP 14,457.00 1 mg ✓Baxter</p>
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➤ SA2460 Special Authority for Subsidy

Initial application – only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for patients meeting the following criteria:

All of the following:

1. Patient has relapsed or refractory CD22-positive B-cell acute lymphoblastic leukaemia/lymphoma, including minimal residual disease; and
2. Patient has ECOG performance status of 0-2; and
3. Either:
 - 3.1. Both:
 - 3.1.1. Patient has Philadelphia chromosome positive B-Cell ALL; and
 - 3.1.2. Patient has previously received a tyrosine kinase inhibitor; or
 - 3.2. Patient has received one prior line of treatment involving intensive chemotherapy; and
4. Treatment is to be administered for a maximum of 3 cycles.

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

Approvals valid for 4 months for patients meeting the following criteria:

All of the following:

1. Patient is not proceeding to a stem cell transplant; and
2. Either:
 - 2.1 Patient has experienced complete disease response; or
 - 2.2 Patient has experienced complete remission with incomplete haematological recovery; and
3. Treatment with inotuzumab ozogamicin is to cease after a total duration of 6 cycles.

▲ 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
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\$ Per

Brand or
Generic Mnfr
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New Listings – effective 1 April 2025 (continued)

268	ACETAZOLAMIDE * Tab 250 mg.....	13.96	100	✓ Medsurge
270	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Teriflunomide Sandoz is 2701847.	4.50	1 fee	✓ BSF Teriflunomide Sandoz
271	ACETYLCYSTEINE Inj 200 mg per ml, 10 ml vial Wastage claimable	42.99	10	✓ Hikma Acetylcysteine S29
278	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid, 500 ml bottle.....	4.65	1 OP	✓ Glucerna Select
278	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (strawberry), 200 ml bottle Liquid (vanilla), 200 ml bottle.....	2.25 2.10	1 OP 1 OP	✓ Diasip ✓ Nutren Diabetes ✓ Diasip
280	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid, 500 ml bottle.....	7.46	1 OP	✓ Nutrini Energy RTH
280	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid, 500 ml bottle.....	3.32 4.69	1 OP	✓ Pediasure RTH ✓ Nutrini RTH
280	PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid, 500 ml bottle.....	7.14	1 OP	✓ Nutrini Energy Multi Fibre
280	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (strawberry), 200 ml bottle Liquid (vanilla), 200 ml bottle..... Liquid (vanilla), 500 ml bottle.....	1.90 1.90 8.67	1 OP 1 OP 1 OP	✓ Fortini ✓ Fortini ✓ Pediasure Plus
280	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (chocolate), 200 ml bottle..... Liquid (strawberry), 200 ml bottle Liquid (vanilla), 200 ml bottle..... Liquid (vanilla), 250 ml can.....	1.33 1.33 1.33 1.66	1 OP 1 OP 1 OP 1 OP	✓ Pediasure ✓ Pediasure ✓ Pediasure ✓ Pediasure
280	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid (unflavoured), 200 ml bottle..... Liquid (chocolate), 200 ml bottle..... Liquid (strawberry), 200 ml bottle Liquid (vanilla), 200 ml bottle.....	1.90 1.90 1.90 1.90	1 OP 1 OP 1 OP 1 OP	✓ Fortini Multi Fibre ✓ Fortini Multi Fibre ✓ Fortini Multi Fibre ✓ Fortini Multi Fibre
280	RENAL ORAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3] Liquid, 220 ml carton.....	3.31	1 OP	✓ Nepro HP (strawberry) ✓ Nepro HP (vanilla)

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New Listings – effective 1 April 2025 (continued)

281	ENTERAL/ORAL SEMI-ELEMENTAL FEED 1.5KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	22.39	1 OP	✓ Vital
281	ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Powder (unflavoured), 80 g sachet	4.50	1 OP	✓ Vivonex TEN
281	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] Liquid, 500 ml bottle.....	7.47	1 OP	✓ Nutrison Advanced Peptisorb
282	PAEDIATRIC ENTERAL FEED WITH FIBRE 0.76 KCAL/ML – Special Authority see SA1196 – Hospital pharmacy [HP3] Liquid, 500 ml bottle.....	6.27	1 OP	✓ Nutrini Low Energy Multi Fibre
284	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 250 ml can..... Liquid, 1,000 ml bottle.....	2.17 8.68	1 OP 1 OP	✓ Ensure Plus HN ✓ Ensure Plus HN RTH ✓ Nutrison Energy
285	ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 250 ml bottle..... Liquid, 1,000 ml bottle.....	1.24 6.56	1 OP 1 OP	✓ Isosource Standard ✓ Osmolite RTH ✓ Nutrison RTH
285	ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	9.05	1 OP	✓ Nutrison 800 Complete Multi Fibre
285	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	6.56 7.21	1 OP	✓ Jevity RTH ✓ Nutrison Multi Fibre
285	ENTERAL FEED WITH FIBRE 1.2KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	7.87	1 OP	✓ Jevity Plus RTH
285	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	8.68	1 OP	✓ Jevity HiCal RTH ✓ Nutrison Energy Multi Fibre

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

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

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New Listings – effective 1 April 2025 (continued)

285	ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly. Liquid (fruit of the forest), 200 ml bottle – Higher subsidy of \$1.56 per 1 btl with Endorsement.....0.72 1 OP (1.56) Ensure Plus Liquid (vanilla), 237 ml can – Higher subsidy of up to \$1.65 per 1 can with Endorsement.....0.85 1 OP (1.65) Ensure Plus Liquid (banana), 200 ml bottle – Higher subsidy of up to \$1.76 per 1 btl with Endorsement.....0.72 1 OP (1.56) Ensure Plus (1.76) Fortisip Liquid (chocolate), 200 ml bottle – Higher subsidy of up to \$1.76 per 1 btl with Endorsement.....0.72 1 OP (1.56) Ensure Plus (1.76) Fortisip Liquid (strawberry), 200 ml bottle – Higher subsidy of \$1.76 per 1 btl with Endorsement.....0.72 1 OP (1.76) Fortisip Liquid (vanilla), 200 ml bottle – Higher subsidy of up to \$1.76 per 1 btl with Endorsement.....0.72 1 OP (1.56) Ensure Plus (1.76) Fortisip
286	ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly. Liquid (chocolate), 200 ml bottle – Higher subsidy of \$1.76 per 1 btl with Endorsement.....0.72 1 OP (1.76) Fortisip Multi Fibre Liquid (strawberry), 200 ml bottle – Higher subsidy of \$1.76 per 1 btl with Endorsement.....0.72 1 OP (1.76) Fortisip Multi Fibre Liquid (vanilla), 200 ml bottle – Higher subsidy of \$1.76 per 1 btl with Endorsement.....0.72 1 OP (1.76) Fortisip Multi Fibre
287	ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Liquid, 500 ml bottle.....6.82 1 OP ✓Nutrison Concentrated Liquid, 1,000 ml bottle.....13.64 1 OP ✓Ensure Two Cal HN RTH
287	ORAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly. Liquid (vanilla), 200 ml bottle – Higher subsidy of \$2.34 per 1 btl with Endorsement.....0.96 1 OP (2.34) Two Cal HN

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New Listings – effective 1 April 2025 (continued)

290	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3]			
	Liquid (berry), 125 ml bottle.....	13.10	1 OP	✓PKU Anamix Junior LQ
	Liquid (orange), 125 ml bottle.....	13.10	1 OP	✓PKU Anamix Junior LQ
	Powder (neutral), 4 x 400 g can.....	715.16	1,600 g OP	✓PKU Start
296	ENTERAL LIQUID PEPTIDE FORMULA – Special Authority see SA1953 – Hospital pharmacy [HP3]			
	Liquid 1 kcal/ml, 500 ml bottle.....	12.44	1 OP	✓Nutrini Peptisorb
	Liquid 1.5 kcal/ml, 500 ml bottle.....	18.66	1 OP	✓Nutrini Peptisorb Energy
297	PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Special Authority see SA1698 – Hospital pharmacy [HP3]			
	Liquid, 125 ml bottle.....	2.80	1 OP	✓Infatrini
312	ROTAVIRUS ORAL VACCINE			
	a) Only on a prescription			
	b) No patient co-payment payable			
	c)			
	A) Maximum of two doses for people meeting the following:			
	1) first dose to be administered in infants aged under 14 weeks of age; and			
	2) no vaccination being administered to children aged 24 weeks or over.			
	B) Contractors will be entitled to claim payment from the Funder for the supply of Rotavirus oral vaccine to people eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the Rotavirus oral vaccine listed in the Pharmaceutical Schedule.			
	C) Contractors may only claim for populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraph A above.			
	Oral susp live attenuated human rotavirus			
	1,000,000 CCID50 per dose, squeezable tube (PVC free).....	0.00	10	✓Rotarix

▲ 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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Schedule page ref

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Generic Mnfr
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Changes to Restrictions, Chemical Names and Presentations

Effective 1 April 2025

17	INSULIN PUMP CARTRIDGE – Special Authority see SA2380 – Retail pharmacy (amended quantities on prescription) a) Maximum of 5 sets 50 cart per prescription b) Only on a prescription c) Maximum of 19 packs of cartridges sets 190 cartridges will be funded per year. * Cartridge 300 U, t:lock × 10..... 86.00 10 OP ✓ Tandem Cartridge
21	INSULIN PUMP RESERVOIR – Special Authority see SA2380 – Retail pharmacy (amended quantities on prescription) a) Maximum of 9 sets 90 cart per prescription b) Only on a prescription c) Maximum of 36 packs of reservoir sets 360 reservoir will be funded per year. * 10 × 1.6 ml glass reservoir for YpsoPump 50.00 10 OP ✓ mylife YpsoPump Reservoir * 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps 50.00 10 OP ✓ ADR Cartridge 1.8 * Cartridge for 7 series pump; 3.0 ml × 10..... 50.00 10 OP ✓ MiniMed 3.0 Reservoir MMT-332A
22	URSODEOXYCHOLIC ACID – Special Authority see SA2448 4739 – Retail pharmacy (amended Special Authority criteria – new criteria shown only) Cap 250 mg 33.95 100 ✓ Ursosan ▶ SA2448 4739 Special Authority for Subsidy Initial application – (prevention of sinusoidal obstruction syndrome) from any relevant practitioner. Approvals valid without renewal unless notified where the individual has leukaemia/lymphoma and requires prophylaxis for medications/therapies with a high risk of sinusoidal obstruction syndrome.
32	CALCITRIOL (amended brand name) * Cap 0.25 mcg..... 7.89 100 ✓ Calcitriol XL S29 AFT-S29 * Cap 0.5 mcg..... 13.68 100 ✓ Calcitriol XL S29 AFT-S29
39	DIPYRIDAMOLE (remove stat dispensing) * Tab long-acting 150 mg..... 13.93 60 ✓ Pytazen SR
52	ATORVASTATIN (re-instate stat dispensing) * Tab 10 mg..... 0.31 30 ✓ Lorstat 5.16 500 ✓ Lorstat * Tab 20 mg..... 0.45 28 ✓ Lipitor 8.12 500 ✓ Lorstat * Tab 40 mg..... 13.79 500 ✓ Lorstat * Tab 80 mg..... 1.52 30 ✓ Lorstat 25.39 500 ✓ Lorstat

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Changes to Restrictions – effective 1 April 2025 (continued)

65	ISOTRETINOIN – Special Authority see SA2449 2023 – Retail pharmacy (amended Special Authority criteria)			
	Cap 5 mg	11.26	60	✓ Oratane
	Cap 10 mg	18.75	120	✓ Oratane
	Cap 20 mg	26.73	120	✓ Oratane

► **SA2449 2023** Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

All of the following:

- 1 Applicant is a vocationally registered dermatologist, **paediatrician**, vocationally registered general practitioner, or nurse practitioner working in a relevant scope of practice; and
- 2 Applicant has an up to date knowledge of the safety issues around isotretinoin and is competent to prescribe isotretinoin; and
- 3 **Either Any of the following:**
 - 3.1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or
 - 3.2 Patient is not of child bearing potential; or
 - 3.3 **Patient is a child and it is considered not appropriate to exclude pregnancy or undertake pregnancy-related isotretinoin counselling.**

Renewal from any relevant practitioner. Approvals valid for 1 year for applications meeting the following criteria:

Either Any of the following:

- 1 Patient is of child bearing potential and the possibility of pregnancy has been excluded prior to commencement of treatment and patient has been counselled and understands the risk of teratogenicity if isotretinoin is used during pregnancy and that they must not become pregnant during treatment and for a period of one month after the completion of treatment; or
- 2 Patient is not of child bearing potential; or
- 3 **Patient is a child and it is considered not appropriate to exclude pregnancy or undertake pregnancy-related isotretinoin counselling**

140	TERIFLUNOMIDE – Special Authority see SA2274 – Retail pharmacy (addition of brand switch fee)			
	a) Wastage claimable			
	b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.			
	c) Brand switch fee payable (Pharmacode 2701847)			
	Tab 14 mg	263.96	28	✓ Teriflunomide Sandoz

146	METHYLPHENIDATE HYDROCHLORIDE EXTENDED-RELEASE – Special Authority see SA2450 2446 – Retail pharmacy (amended Special Authority – new criteria shown only)			
	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

► **SA2450 2446** Special Authority for Subsidy

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

Note: *narcolepsy is not a registered indication for Concerta or Ritalin LA.

▲ 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 April 2025 (continued)

146	MODAFINIL – Special Authority see SA2451 2413 – Retail pharmacy (amended Special Authority criteria)			
	Tab 100 mg.....	14.27	30	✓ Modafinil Max Health
		29.13	60	✓ Modavigil

► **SA2451 2413** Special Authority for Subsidy

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

Either:

1 All of the following:

1.1 The patient has a diagnosis of narcolepsy and has excessive daytime sleepiness associated with narcolepsy occurring almost daily for three months or more; and

1.2 Either:

1.2.1 The patient has a multiple sleep latency test with a mean sleep latency of less than or equal to 10 minutes and 2 or more sleep onset rapid eye movement periods; or

1.2.2 The patient has at least one of: cataplexy, sleep paralysis or hypnagogic hallucinations; and

1.3 Either:

1.3.1 An effective dose of a subsidised formulation of methylphenidate or dexamfetamine has been trialled and discontinued because of intolerable side effects; or

1.3.2 Methylphenidate and dexamfetamine are contraindicated; or

2 **Both:**

2.1 **Patient meets the Special Authority criteria for methylphenidate hydrochloride or methylphenidate hydrochloride extended-release for narcolepsy; and**

2.2 **Patient is unable to access methylphenidate hydrochloride presentations due to an out of stock (see note).**

Note – Criterion 2 is to permit short-term funding to cover an out-of-stock of methylphenidate hydrochloride or methylphenidate hydrochloride extended release.

171 SUNITINIB – Special Authority see **SA2452 2430**– 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

► **SA2452 2430** Special Authority for Subsidy

Initial application — (RCC) ~~only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for ~~3~~ **4** months for applications meeting the following criteria:

All of the following: **Both:**

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

2 **The patient has not previously received funded sunitinib.**

2 Any of the following:

2.1 The patient is treatment naive; 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 which 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 an ECOG performance score of 0-2; and

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

Renewal — (RCC) ~~only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for ~~3~~ **4** months where there is no evidence of disease progression.

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Schedule page ref

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Changes to Restrictions – effective 1 April 2025 (continued)

200 BEVACIZUMAB – PCT only – Special Authority see **SA2453 2444** (amended Special Authority criteria – affected criteria shown only)

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

➔ **SA2453 2444** Special Authority for Subsidy

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 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 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 **15** mg/kg every three weeks; and

3 18 months concurrent treatment with chemotherapy is planned.

244 NIVOLUMAB – PCT only – Specialist – Special Authority see **SA2454 2405** (amended Special Authority criteria – affected criteria shown only)

Inj 10 mg per ml, 4 ml vial	1,051.98	1	✓Opdivo
Inj 10 mg per ml, 10 ml vial	2,629.96	1	✓Opdivo
Inj 1 mg for ECP	27.22	1 mg	✓Baxter

➔ **SA2454 2405** Special Authority for Subsidy

Initial application – (Renal cell carcinoma, **second line**) ~~only from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 4 months for applications meeting the following criteria.

Either:

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

2. All of the following:

1. 2-1 Patient has metastatic renal-cell carcinoma; and

2. 2-2 The disease is of predominant clear-cell histology; and

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

4. 2-4 Patient has documented disease progression following one or two previous regimens of antiangiogenic therapy; and

5. Patient has not previously received a funded immune checkpoint inhibitor; and

6. 2-5 Nivolumab is to be used as monotherapy at a maximum dose of 240 mg every 2 weeks (or equivalent) and discontinued at disease progression.

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

Either:

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

2. All of the following:

2.1. The patient has metastatic renal cell carcinoma; and

2.2. The patient is treatment naïve; and

2.3. The patient has ECOG performance status 0-2; and

2.4. The disease is predominantly of clear cell histology; and

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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Changes to Restrictions – effective 1 April 2025 (continued)

continued...

2.5. Any of the following:

- 2.5.1. The patient has sarcomatoid histology; or
- 2.5.2. Haemoglobin levels less than the lower limit of normal; or
- 2.5.3. Corrected serum calcium level greater than 10 mg/dL (2.5 mmol/L); or
- 2.5.4. Neutrophils greater than the upper limit of normal; or
- 2.5.5. Platelets greater than the upper limit of normal; or
- 2.5.6. Interval of less than 1 year from original diagnosis to the start of systemic therapy; or
- 2.5.7. Karnofsky performance score of less than or equal to 70; and

2.6. Nivolumab is to be used in combination with ipilimumab for the first four treatment cycles at a maximum dose of 3 mg/kg; and

2.7. Nivolumab is to be used as monotherapy at a maximum maintenance dose of 240 mg every 2 weeks (or equivalent).

Renewal – (Renal cell carcinoma) from a relevant specialist or any relevant practitioner on the recommendation of a relevant specialist from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1. Any of the following:

- 1.1. Patient's disease has had a complete response to treatment; or
- 1.2. Patient's disease has had a partial response to treatment; or
- 1.3. Patient has stable disease; and

2. No evidence of disease progression; and

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

254 TACROLIMUS – Special Authority see SA2455 2274 – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Cap 0.5 mg	49.60	100	✓ Tacrolimus Sandoz
Cap 0.75 mg	99.30	100	✓ Tacrolimus Sandoz
Cap 1 mg	84.30	100	✓ Tacrolimus Sandoz
Cap 5 mg	248.20	50	✓ Tacrolimus Sandoz

➤ SA2455 2274 Special Authority for Subsidy

Initial application — (organ transplant) only from a relevant specialist. Approvals valid without further renewal unless notified for applications meeting the following criteria:

Either:

- 1 The patient The individual is an organ transplant recipient; or
- 2 The individual is receiving induction therapy for an organ transplant.

Note: Subsidy applies for either primary or rescue therapy.

263 ELEXACAFTOR WITH TEZACAFTOR, IVACAFTOR AND IVACAFTOR – PCT only – Special Authority see SA2456 2196 (amended Special Authority criteria)

Tab elexacaftor 50 mg with tezacaftor 25 mg, ivacaftor 37.5 mg (56) and ivacaftor 75 mg (28)	27,647.39	84 OP	✓ Trikafta
Tab elexacaftor 100 mg with tezacaftor 50 mg, ivacaftor 75 mg (56) and ivacaftor 150 mg (28)	27,647.39	84 OP	✓ Trikafta

➤ SA2456 2196 Special Authority for Subsidy

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 been diagnosed with cystic fibrosis; and
- 2 Patient is 6 years of age or older; and

continued...

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Changes to Restrictions – effective 1 April 2025 (continued)

continued...

3 Either:

- 3.1 Patient has two cystic fibrosis-causing mutations in the cystic fibrosis transmembrane regulator (CFTR) gene (one from each parental allele); or
- 3.2 Patient has a sweat chloride value of at least 60 mmol/L by quantitative pilocarpine iontophoresis or by Macroduct sweat collection system; and

4 Either:

- 4.1 Patient has a heterozygous or homozygous F508del mutation; or
- 4.2 Patient has a G551D mutation or other mutation responsive in vitro to elexacaftor/tezacaftor/ivacaftor (see note a); and

5 The treatment must be the sole funded CFTR modulator therapy for this condition; and

6 Treatment with elexacaftor/tezacaftor/ivacaftor must be given concomitantly with standard therapy for this condition.

Notes:

- a) Eligible mutations are listed in the Food and Drug Administration (FDA) Trikafta prescribing information
<https://nctr-crs.fda.gov/fdalabel/services/spl/set-ids/f354423a-85c2-41c3-a9db-0f3aee135d8d/spl-doc>
https://www.accessdata.fda.gov/drugsatfda_docs/label/2021/2112273s0041b1.pdf

311 PNEUMOCOCCAL (PPV23) POLYSACCHARIDE VACCINE – [Xpharm] (amended funding criteria)

Either Any of the following:

- 1) Up to three doses (as appropriate) for patients with HIV, for patients post haematopoietic stem cell transplant, or chemotherapy; pre- or post-splenectomy or with functional asplenia, pre- or post-solid organ transplant, renal dialysis, complement deficiency (acquired or inherited), cochlear implants, or primary immunodeficiency; or
- 2) All of the following:
 - a) Patient is a child under 18 years for (re-)immunisation; and
 - b) Treatment is for a maximum of two doses; and
 - c) Any of the following:
 - i) on immunosuppressive therapy or radiation therapy, vaccinate when there is expected to be a sufficient immune response; or
 - ii) with primary immune deficiencies; or
 - iii) with HIV infection; or
 - iv) with renal failure, or nephrotic syndrome; or
 - v) who are immune-suppressed following organ transplantation (including haematopoietic stem cell transplant); or
 - vi) with cochlear implants or intracranial shunts; or
 - vii) with cerebrospinal fluid leaks; or
 - viii) receiving corticosteroid therapy for more than two weeks, and who are on an equivalent daily dosage of prednisone of 2 mg/kg per day or greater, or children who weigh more than 10 kg on a total daily dosage of 20 mg or greater; or
 - ix) with chronic pulmonary disease (including asthma treated with high-dose corticosteroid therapy); or
 - x) pre term infants, born before 28 weeks gestation; or
 - xi) with cardiac disease, with cyanosis or failure; or
 - xii) with diabetes; or
 - xiii) with Down syndrome; or
 - xiv) who are pre-or post-splenectomy, or with functional asplenia; or

3) For use in testing for primary immunodeficiency diseases, on the recommendation of an internal medicine physician or paediatrician

Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each

23 pneumococcal serotype) 0.00 1 ✓ **Pneumovax 23**

▲ 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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Changes to Subsidy and Manufacturer's Price

Effective 1 April 2025

6	SODIUM ALGINATE (↑ price but not subsidy) * Tab 500 mg with sodium bicarbonate 267 mg and calcium carbonate 160 mg - peppermint flavour	1.80 (17.99)	60		Gaviscon Extra Strength
24	SENNA – Only on a prescription (↑ price but not subsidy) * Tab, standardised	2.17 (9.38)	100		Senokot
115	DICLOFENAC SODIUM (↓ subsidy) * Tab long-acting 75 mg.....	10.00	100	✓	Voltaren SR
151	BENDAMUSTINE HYDROCHLORIDE – PCT only – Specialist – Special Authority see SA2398 (↓ subsidy) Inj 1 mg for ECP	2.11	1 mg	✓	Baxter
154	CALCIUM FOLINATE (↑ subsidy) Inj 10 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist	112.20	5	✓	Eurofolic S29
	Inj 10 mg per ml, 10 ml vial – PCT only – Specialist	163.35	5	✓	Eurofolic S29
	Inj 10 mg per ml, 100 ml vial – PCT only – Specialist	139.48	1	✓	Eurofolic S29
	Inj 1 mg for ECP – PCT only – Specialist.....	0.14	1 mg	✓	Baxter
244	NIVOLUMAB – PCT only – Specialist – Special Authority see SA2454 (↓ subsidy) Inj 1 mg for ECP	27.22	1 mg	✓	Baxter

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Schedule page ref

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Delisted Items

Effective 1 April 2025

8	HYOSCINE BUTYLBROMIDE * Tab 10 mg.....	6.35	100	✓Buscopan
10	INSULIN NEUTRAL ▲ Inj human 100 u per ml.....	25.26	10 ml OP	✓Actrapid ✓Humulin R
11	INSULIN ISOPHANE ▲ Inj human 100 u per ml.....	17.68	10 ml OP	✓Humulin NPH ✓Protaphane
11	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml	25.26	10 ml OP	✓Humulin 30/70 ✓Mixtard 30
Note – Mixtard 30 inj human with neutral insulin 100 u per ml, 10 ml OP delist applies to Pharmacode 797189				
11	INSULIN LISPRO ▲ Inj 100 u per ml, 10 ml	34.92	10 ml OP	✓Humalog
17	INSULIN PUMP CARTRIDGE – Special Authority see SA2380 – Retail pharmacy a) Maximum of 5 sets per prescription b) Only on a prescription c) Maximum of 19 packs of cartridge sets will be funded per year. * Cartridge 300 U, t:lock × 10.....	86.00	1 OP	✓Tandem Cartridge
21	INSULIN PUMP RESERVOIR – Special Authority see SA2380 – Retail pharmacy a) Maximum of 9 sets per prescription b) Only on a prescription c) Maximum of 36 packs of resevoir sets will be funded per year. * 10 × 1.6 ml glass reservoir for YpsoPump	50.00	1 OP	✓mylife YpsoPump Reservoir
	* 10 × luer lock conversion cartridges 1.8 ml for Paradigm pumps.....	50.00	1 OP	✓ADR Cartridge 1.8
	* Cartridge for 7 series pump; 3.0 ml × 10.....	50.00	1 OP	✓MiniMed 3.0 Reservoir MMT-332A
30	CARMELLOSE SODIUM WITH GELATIN AND PECTIN Paste.....	17.20	56 g OP	✓Stomahesive
41	HEPARIN SODIUM Inj 25,000 iu per ml, 0.2 ml.....	42.40	5	✓Heparin DBL S29
Note – the delist for Heparin DB: inj 25,000 per ml, 0.2 ml applies to Pharmacode 2594781.				
43	SODIUM CHLORIDE Not funded for use as a nasal drop. Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, bag – Up to 2000 ml available on a PSO	1.53	500 ml	✓Baxter
		1.58	1,000 ml	✓Baxter
43	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTRROSE] Soln with electrolytes.....	6.53	1,000 ml OP	✓Hydralyte - Lemonade

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

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Delisted Items – effective 1 April 2025 (continued)

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
46	DIGOXIN * Oral liq 50 mcg per ml	16.60	60 ml	✓Lanoxin
	Note – the delist for Lanoxin oral liq 50 mcg per ml applies to Pharmacode 2611562.			
50	FUROSEMIDE [FRUSEMIDE] * Oral liq 10 mg per ml	11.20	30 ml OP	✓Lasix
	Note – the delist for Lasix oral liq 10 mg per ml, 30 ml OP applies to Pharmacode 209945.			
69	CETOMACROGOL WITH GLYCEROL Crm 90% with glycerol 10%	2.13	500 ml OP	✓Evara
		3.50	1000 ml OP	✓Evara
70	DIMETHICONE * Crm 5% pump bottle	4.30	500 ml OP	✓healthE Dimethicone 5%
	* Crm 10% pump bottle.....	4.52	500 ml OP	✓healthE Dimethicone 10%
70	OIL IN WATER EMULSION * Crm.....	2.04	500 g	✓Fatty Cream AFT
84	TESTOSTERONE Gel (transdermal) 16.2 mg per g	52.00	88 g OP	✓Testogel
78	LEVONORGESTREL * Subdermal implant (2 × 75 mg rods) – Up to 3 pack available on a PSO	106.92	1	✓Jadelle
91	DESMOPRESSIN ACETATE ▲ Nasal spray 10 mcg per dose	34.95	6 ml OP	✓Desmopressin-PH&T
101	ITRACONAZOLE Oral liq 10 mg per ml – Special Authority see SA1322 – Retail pharmacy	141.80	150 ml OP	✓Sporanox
115	IBUPROFEN * Tab long-acting 800 mg.....	3.05	30	✓Brufen SR
118	ZOLEDRONIC ACID Inj 0.05 mg per ml, 100 ml, bag.....	22.53	100 ml OP	✓Zoledronic Acid Viatrix
120	DANTROLENE Cap 25 mg	112.13	100	✓Dantrium
		145.77		✓Dantrium S29 S29
	Note – the delist for Dantrium S29 cap 25 mg applies to Pharmacode 2512580.			

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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Delisted Items – effective 1 April 2025 (continued)

140	TERIFLUNOMIDE – Special Authority see SA2274 – Retail pharmacy a) Wastage claimable b) Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted. Tab 14 mg.....	659.90	28	✓Aubagio
149	VARENICLINE TARTRATE – Special Authority see SA1845 – Retail pharmacy a) A maximum of 12 weeks' varenicline will be subsidised on each Special Authority approval, including the starter pack b) Varenicline will not be funded in amounts less than 4 weeks of treatment. c) The 6-month time period in which a patient can receive a funded 12-week course of varenicline tartrate starts from the date the Special Authority is approved. Tab 0.5 mg × 11 and 1 mg × 42..... Tab 1 mg.....	16.67 17.62	53 OP 56	✓Varenicline Pfizer ✓Varenicline Pfizer
153	THIOTEPA – PCT only – Specialist Inj 15 mg vial..... Note – the delist for Tepadina inj 15 mg vial applies to Pharmacode 2445700.	398.00	1	✓Tepadina \$29
156	AMSACRINE – PCT only – Specialist Inj 50 mg per ml, 1.5 ml ampoule Inj 75 mg..... Note – the delist for Amsidine inj 50 mg per ml, 1.5 ml ampoule applies to Pharmacode 2318725 and AmsaLyO inj 75 mg applies to Pharmacode 2473542.	4,736.00 6,218.00	6 5	✓Amsidine \$29 ✓AmsaLyO \$29
259	SALBUTAMOL WITH IPRATROPIUM BROMIDE Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule – Up to 20 neb available on a PSO.....	11.04	20	✓Duolin Cipla \$29
271	NALOXONE HYDROCHLORIDE a) Up to 10 inj available on a PSO b) Only on a PSO * Inj 400 mcg per ml, 1 ml ampoule.....	35.26	10	✓Hameln
278	DIABETIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid.....	4.65	500 ml OP	✓Glucerna Select
278	DIABETIC ORAL FEED 1KCAL/ML – Special Authority see SA1095 – Hospital pharmacy [HP3] Liquid (strawberry) Liquid (vanilla)..... 2.25	2.25 2.10	200 ml OP 200 ml OP	✓Diasip ✓Nutren Diabetes ✓Diasip
280	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid.....	7.46	500 ml OP	✓Nutrini Energy RTH
280	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid..... 4.69	3.32	500 ml OP	✓PediaSure RTH ✓Nutrini RTH
280	PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] Liquid.....	7.14	500 ml OP	✓Nutrini Energy Multi Fibre

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Delisted Items – effective 1 April 2025 (continued)

280	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]			
	Liquid (strawberry)	1.90	200 ml OP	✓Fortini
	Liquid (vanilla)	1.90	200 ml OP	✓Fortini
		8.67	500 ml OP	✓Pediasure Plus
280	PAEDIATRIC ORAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]			
	Liquid (chocolate).....	1.33	200 ml OP	✓Pediasure
	Liquid (strawberry)	1.33	200 ml OP	✓Pediasure
	Liquid (vanilla).....	1.33	200 ml OP	✓Pediasure
		1.66	250 ml OP	✓Pediasure
280	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3]			
	Liquid (unflavoured).....	1.90	200 ml OP	✓Fortini Multi Fibre
	Liquid (chocolate).....	1.90	200 ml OP	✓Fortini Multi Fibre
	Liquid (strawberry)	1.90	200 ml OP	✓Fortini Multi Fibre
	Liquid (vanilla).....	1.90	200 ml OP	✓Fortini Multi Fibre
280	RENAL ORAL FEED 1.8 KCAL/ML – Special Authority see SA1101 – Hospital pharmacy [HP3]			
	Liquid	3.31	220 ml OP	✓Nepro HP (strawberry) ✓Nepro HP (vanilla)
281	ENTERAL/ORAL SEMI-ELEMENTAL FEED 1.5KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]			
	Liquid	22.39	1,000 ml OP	✓Vital
281	ORAL ELEMENTAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]			
	Powder (unflavoured)	4.50	80 g OP	✓Vivonex TEN
281	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3]			
	Liquid	7.47	500 ml OP	✓Nutrison Advanced Peptisorb
282	PAEDIATRIC ENTERAL FEED WITH FIBRE 0.76 KCAL/ML – Special Authority see SA1196 – Hospital pharmacy [HP3]			
	Liquid	6.27	500 ml OP	✓Nutrini Low Energy Multi Fibre
284	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]			
	Liquid	2.17	250 ml OP	✓Ensure Plus HN
		8.68	1,000 ml OP	✓Ensure Plus HN RTH
		9.00		✓Nutrison Energy
285	ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]			
	Liquid	1.24	250 ml OP	✓Isosource Standard
		6.56	1,000 ml OP	✓Osmolite RTH
		6.90		✓Nutrison RTH
285	ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]			
	Liquid	9.05	1,000 ml OP	✓Nutrison 800 Complete Multi Fibre
285	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3]			
	Liquid	6.56	1,000 ml OP	✓Jevity RTH
		7.21		✓Nutrison Multi Fibre

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Delisted Items – effective 1 April 2025 (continued)

285	ENTERAL FEED WITH FIBRE 1.2KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid.....	7.87	1,000 ml OP	✓ Jevity Plus RTH
285	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid.....	8.68	1,000 ml OP	✓ Jevity HiCal RTH ✓ Nutrison Energy Multi Fibre
285	ORAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, who have severe epidermolysis bullosa, or as exclusive enteral nutrition in children under the age of 18 years for the treatment of Crohn's disease, or for patients with COPD and hypercapnia, defined as CO2 value exceeding 55mmHg. The prescription must be endorsed accordingly.			
	Liquid (banana) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement.....	0.72 (1.56) (1.76)	200 ml OP	Ensure Plus Fortisip
	Liquid (chocolate) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement.....	0.72 (1.56) (1.76)	200 ml OP	Ensure Plus Fortisip
	Liquid (fruit of the forest) – Higher subsidy of \$1.56 per 200 ml with Endorsement.....	0.72 (1.56)	200 ml OP	Ensure Plus
	Liquid (strawberry) – Higher subsidy of \$1.76 per 200 ml with Endorsement.....	0.72 (1.76)	200 ml OP	Fortisip
	Liquid (vanilla) – Higher subsidy of up to \$1.76 per 200 ml with Endorsement.....	0.85 (1.65) 0.72 (1.76)	237 ml OP 200 ml OP	Ensure Plus Ensure Plus Fortisip
286	ORAL FEED WITH FIBRE 1.5 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly.			
	Liquid (chocolate) – Higher subsidy of \$1.76 per 200 ml with Endorsement.....	0.72 (1.76)	200 ml OP	Fortisip Multi Fibre
	Liquid (strawberry) – Higher subsidy of \$1.76 per 200 ml with Endorsement.....	0.72 (1.76)	200 ml OP	Fortisip Multi Fibre
	Liquid (vanilla) – Higher subsidy of \$1.76 per 200 ml with Endorsement.....	0.72 (1.76)	200 ml OP	Fortisip Multi Fibre
287	ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Liquid.....	6.82 13.64	500 ml OP 1,000 ml OP	✓ Nutrison Concentrated ✓ Ensure Two Cal HN RTH

▲ 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 April 2025 (continued)

287	ORAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] Additional subsidy by endorsement is available for patients being bolus fed through a feeding tube, or who have severe epidermolysis bullosa. The prescription must be endorsed accordingly. Liquid (vanilla) – Higher subsidy of \$2.34 per 200 ml with Endorsement.....	0.96 (2.34)	200 ml OP		Two Cal HN
290	AMINOACID FORMULA WITHOUT PHENYLALANINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Liquid (berry)..... Liquid (orange)..... Powder (neutral), 400 g can	13.10 13.10 715.16	125 ml OP 125 ml OP 4 OP	✓ ✓ ✓	PKU Anamix Junior LQ PKU Anamix Junior LQ PKU Start
294	AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3] Powder (unflavoured)	55.61	400 g OP	✓	Neocate SYNEO
Note – this delist applies to Pharmacodes 2555271 and 2587955.					
296	ENTERAL LIQUID PEPTIDE FORMULA – Special Authority see SA1953 – Hospital pharmacy [HP3] Liquid 1 kcal/ml..... Liquid 1.5 kcal/ml.....	12.44 18.66	500 ml OP 500 ml OP	✓ ✓	Nutrini Peptisorb Nutrini Peptisorb Energy
297	PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Special Authority see SA1698 – Hospital pharmacy [HP3] Liquid.....	2.80	125 ml OP	✓	Infatrini

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 June 2025

11	INSULIN ISOPHANE WITH INSULIN NEUTRAL ▲ Inj human with neutral insulin 100 u per ml, 10 ml vial.....	25.26	1 OP	✓ Miltard 30
	Note – this delist applies to Pharmacode 2702967.			
98	COLISTIN SULPHOMETHATE – Retail pharmacy-Specialist – Subsidy by endorsement Only if prescribed for dialysis or cystic fibrosis patient and the prescription is endorsed accordingly. Inj 150 mg.....	65.00	1	✓ Colistin-Link

Effective 1 July 2025

270	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Teriflunomide Sandoz
	a) May only be claimed once per patient. b) The Pharmacode for BSF Teriflunomide Sandoz is 2701847.			

Effective 1 September 2025

268	ACETAZOLAMIDE * Tab 250 mg.....	17.03	100	✓ Diamox
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Effective 1 November 2025

38	TRANEXAMIC ACID Tab 500 mg.....	45.68	100	✓ Cyklokapron
46	DISOPYRAMIDE PHOSPHATE ▲ Cap 100 mg	23.87	100	✓ Rythmodan
154	CALCIUM FOLINATE Inj 10 mg per ml, 5 ml vial – PCT – Retail pharmacy-Specialist..	7.28	1	✓ Calcium Folate Sandoz ✓ Calcium Folate Sandoz S29 \$29
	Inj 10 mg per ml, 10 ml vial – PCT only – Specialist.....	9.49	1	✓ Calcium Folate Sandoz
	Inj 100 mg – PCT only – Specialist	7.33	1	✓ Calcium Folate Ebewe
	Inj 300 mg – PCT only – Specialist	22.51	1	✓ Calcium Folate Ebewe
	Inj 10 mg per ml, 35 ml vial – PCT only – Specialist.....	25.14	1	✓ Calcium Folate Sandoz ✓ Calcium Folate Sandoz S29 \$29
	Inj 1 g – PCT only – Specialist	67.51	1	✓ Calcium Folate Ebewe
	Inj 10 mg per ml, 100 ml vial – PCT only – Specialist.....	72.00	1	✓ Calcium Folate Sandoz
266	DEXAMETHASONE WITH FRAMYCETIN AND GRAMICIDIN Ear/Eye drops 500 mcg with framycetin sulphate 5 mg and gramicidin 50 mcg per ml	4.50 (9.27)	8 ml OP	Otodex \$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 December 2025

170	RIBOCICLIB – Special Authority see SA2343 – Retail pharmacy Wastage claimable			
	Tab 200 mg.....	1,883.00	21	✓ Kisqali
		3,767.00	42	✓ Kisqali
		5,650.00	63	✓ Kisqali

Note – this delist applies Pharmacodes 2678772, 2678780 and 2678799 respectively only.

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