

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 complex, abstract pattern of white and grey lines that form a series of overlapping, concentric, and spiraling shapes, resembling a stylized 'P' or a series of interlocking loops.

PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

May 2025

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Summary of Pharmac decisions

EFFECTIVE 1 MAY 2025

New listings (pages 20-21)

- Insulin degludec with insulin aspart (Ryzodeg 70/30 Penfill) inj degludec 70 u with insulin aspart 30 u, 100 u per ml, 3 ml
- Continuous glucose monitor (standalone) (Freestyle Libre 2 Plus) sensor (Freestyle Libre 2 Plus) – Special Authority – Retail Pharmacy, only on a prescription, maximum of 6 dev per prescription, maximum of 28 dev will be funded per year
- Phytomenadione (Konakion MM) inj 2 mg per 0.2 ml – up to 5 inj available on a PSO
- Gentamicin sulphate (Gentamicin Hikma) inj 10 mg per ml, 2 ml ampoule – subsidy by endorsement, section 29 and wastage claimable
- Itraconazole (Itraconazole Crescent) cap 100 mg – section 29 and wastage claimable
- Fentanyl (Fentanyl Sandoz) patch 12 mcg per hour – only on a controlled drug form, no patient co-payment payable, safety medicine; prescriber may determine dispensing frequency
- Upadacitinib (Rinvoq) tab modified-release 30 mg and 45 mg – Special Authority – Retail pharmacy
- Pharmacy service (BSF Ipca-Hydroxychloroquine, BSF Modafinil Max Health and BSF Pazopanib Teva) brand switch fee – may only be claimable once per patient
- Enteral feed 1.5kcal/ml (Nutrison Energy) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed 1kcal/ml (Nutrison RTH) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed with fibre 1kcal/ml (Nutrison Multi Fibre) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]
- Enteral feed with fibre 1.5kcal/ml (Nutrison Energy Multi Fibre) liquid, 1,000 ml bottle, 1 OP – Special Authority – Hospital pharmacy [HP3]

Changes to restrictions (pages 22-27)

- Levonorgestrel (Jadelle) subdermal implant (2 x 75 mg) – amended PSO quantity
- Hydroxychloroquine sulphate (Ipca-Hydroxychloroquine) tab 200 mg – addition of brand switch fee
- Oxycodone hydrochloride (Oxycodone Lucis) oral liq 1 mg per ml – addition of wastage claimable
- Venlafaxine (Enlifax XR) cap 37.5 mg, 75 mg and 150 mg – re-instate stat dispensing
- Hyoscine hydrobromide (Scopolamine Transdermal System Viatris) patch 1 mg per 72 hours – amended brand name
- Modafinil (Modafinil Max Health) tab 100 mg – addition of brand switch fee

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

- 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
- Venetoclax (Venclexta) tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg, 10 mg, 50 mg and 100 mg – amended Special Authority criteria
- Pazopanib (Pazopanib Teva) tab 200 mg and 400 mg – addition of brand switch fee
- Secukinumab (Cosentyx) inj 150 mg per ml, 1 ml prefilled syringe – amended Special Authority criteria
- Upadacitinib (Rinvoq) tab modified-release 15 mg – amended presentation description
- Upadacitinib (Rinvoq) tab modified-release 15mg, 30 mg and 45 mg – amended Special Authority criteria

Increased subsidy (page 28)

- Alginic acid (Gaviscon Infant) sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet
- Solifenacin succinate (Solifenacin Viatris) tab 5 mg
- Bacillus Calmette-Guerin (BCG) vaccine (SII-Onco-BCG) inj 40 mg per ml, vial
- Fluticasone propionate (Flixonase Hayfever & Allergy) metered aqueous nasal spray, 50 mcg per dose

Decreased subsidy (page 28)

- Adalimumab (Humira – alternative brand) inj 20 mg per 0.2 ml prefilled syringe (Humira), inj 40 mg per 0.4 ml prefilled pen (HumiraPen) and inj 40 mg per 0.4 ml prefilled syringe (Humira)
- Mitomycin C (Accord) inj 5 mg vial

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml; 100 ml	PSS	Amoxiclav Devatis Forte (Devatis)
Econazole nitrate	Crn 1%; 20 g OP	PSS	Pevaryl (Inova)
Solifenacin succinate	Tab 5 mg; 30 tab	PSS	Solifenacin succinate Max Health (Max Health)
Solifenacin succinate	Tab 10 mg; 30 tab	PSS	Solifenacin succinate Max Health (Max Health)

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 June 2025

- Atovaquone with proguanil hydrochloride (Malarone Junior) tab 62.5 mg with proguanil hydrochloride 25 mg – price increase
- Atovaquone with proguanil hydrochloride (Malarone) tab 250 mg with proguanil hydrochloride 100 mg – price increase
- Dasatinib (Dasatinib-Teva) tab 20 mg, 50 mg and 70 mg – removal of BSF
- Lithium carbonate (Douglas) cap 250 mg – price increase

Possible decisions for future implementation 1 June 2025

- Dabrafenib (Tafinlar) cap 50 mg and 75 mg – new listing
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Trametinib (Mekinist) tab 0.5 mg and 2 mg – new listing

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 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	VirusPOS Lovir	2027 2025
Acitretin	Cap 10 mg and 25 mg	Novatretin	2026
Adalimumab (Amgevita)	Inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled syringe & inj 40 mg per 0.8 ml prefilled pen	Amgevita	31/07/2026
Adrenaline	Inj 0.15 mg per 0.3 ml auto-injector, 1 OP Inj 0.3 mg per 0.3 ml auto- injector, 1 OP	Epipen Jr Epipen	2025
Alendronate sodium	Tab 70 mg	Fosamax	2026
Alendronate sodium with colecalciferol	Tab 70 mg with colecalciferol 5,600 iu	Fosamax Plus	2026
Allopurinol	Tab 100 mg and 300 mg	Ipca-Allopurinol	2026
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatris	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule Tab 100 mg & 200 mg	Max Health Aratac	2025
Amisulpride	Tab 100 mg, 200 mg & 400 mg	Sulprix	2027
Amitriptyline	Tab 10 mg, 25 mg and 50 mg	Arrow-Amitriptyline	2026
Amlodipine	Tab 2.5 mg, 5 mg and 10 mg	Vasorex	2026
Amorolfine	Nail soln 5%, 5 ml OP	MycoNail	2026
Amoxicillin	Grans for oral liq 125 mg per 5 ml Grans for oral liq 250 mg per 5 ml Cap 250 mg Cap 500 mg	Alphamox 125 Alphamox 250 Miro-Amoxicillin	2026 2025
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml Tab 500 mg with clavulanic acid 125 mg	Augmentin Curam Duo 500/125	2027 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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 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	Loth 0.1% Crn 0.1%, 50 g OP Oint 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate 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 May 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 Viatriis	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 Viatriis	2025
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025
Cefalexin	Cap 250 mg & 500 mg	Cephalexin ABM	2025
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Ceftriaxone	Inj 500 mg & 1 g vial	Ceftriaxone-AFT	2025
Celecoxib	Cap 100 mg & 200 mg	Celecoxib Pfizer	2025
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2027
Cetomacrogol with glycerol	Crn 90% with glycerol 10%, 500 ml OP Crn 90% with glycerol 10%, 1,000 ml OP	Evara	2025
Chloramphenicol	Eye drops 0.5% Eye oint 1%, 5 g OP	Chlorsig Devatis	2025
Chlortalidone [Chlorthalidone]	Tab 25 mg	Hygroton	2025
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 750 mg Tab 250 mg & 500 mg	Ciprofloxacin Teva 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 May 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 May 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 May 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	Inj 50 mcg per ml, 2 ml ampoule and 10 ml ampoule Patches 12.5 mcg, 25 mcg, 50 mcg, 75 mcg & 100 mcg per hour	Boucher and Muir 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 May 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
Hydroxychloroquine sulphate	Tab 200 mg	Ipca-Hydroxychloroquine	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	2027
	Tab long-acting 800 mg Tab 200 mg	Ibuprofen SR BNM Relieve	2026
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Veblis	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	Tab 100 mg	Noumed Isoniazid	2027
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	2026
	Tab long-acting 40 mg	Ismo 40 Retard	
	Tab long-acting 60 mg	Duride	

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

Generic Name	Presentation	Brand Name	Expiry Date*
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2027
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2026
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lactulose	Oral liq 10 g per 15 ml, 500 ml	Laevolac	2025
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatris	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 Viatris	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

*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 May 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ ampoule of diluent 0.5 ml	Priorix	2027
Mebendazole	Tab 100 mg	Vermox	2027
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
Melatonin	Tab modified-release 2 mg	Vigisom	2027
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 10 mcg of each meningococcal polysaccharide conjugated to a total of approximately 55 mcg of tetanus toxoid carrier per 0.5 ml vial	MenQuadfi	2027
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin Viatris	2027
Methadone hydrochloride	Oral liq 2 mg per ml, 200 ml Oral liq 5 mg per ml, 200 ml Oral liq 10 mg per ml, 200 ml Tab 5 mg	Biodone Biodone Forte Biodone Extra Forte Methadone BNM	2027 2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Inj 7.5 mg, 10 mg, 15 mg, 20 mg, 25 mg & 30 mg prefilled syringe Tab 2.5 mg & 10 mg	Methotrexate Sandoz Trexate	2027
Methylprednisolone aceponate	Crn 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
Metoclopramide	Inj 5 mg per ml, 2 ml ampoule	Baxter	2025
Metoclopramide hydrochloride	Tab 10 mg	Metoclopramide Actavis 10	2026
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg	Myloc CR (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
Modafinil	Tab 100 mg	Modafinil Max Health	2027
Mometasone furoate	Lotn 0.1%, 30 ml OP Oint 0.1%; 15 g & 50 g OP Crn 0.1%, 15 g & 50 g OP	Elocon Elocon Alcohol Free	2027
Montelukast	Tab 4 mg, 5 mg & 10 mg	Montelukast Viatris	2025

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

Generic Name	Presentation	Brand Name	Expiry Date*
Morphine sulphate	Cap long-acting 10 mg, 30 mg, 60 mg & 100 mg Inj 5 mg per ml, 1 ml ampoule Inj 10 mg per ml, 1 ml ampoule Inj 15 mg per ml, 1 ml ampoule Inj 30 mg per ml, 1 ml ampoule	m-Eslon Medsurge	2025
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2027
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Albalon	2027
Naproxen	Tab 250 mg & 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Norflam Naprosyn SR 750 Naprosyn SR 1000	2027
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2027
Nevirapine	Tab 200 mg	Nevirapine 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	Niostat	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Hameln	2027
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2027
Oxytocin	Inj 5 iu per ml, 1 ml ampoule Inj 10 iu per ml, 1 ml ampoule	Oxytocin BNM	2025
Oxytocin with ergometrine maleate	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule	Syntometrine	2025
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief Panzop Relief (Viatrix)	2025
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blister pack Oral liq 120 mg per 5 ml Oral liq 250 mg per ml, 200 ml	Gacet	2026
		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 White soft, 2,500 g Oint liquid paraffin 50% with white soft paraffin 50%, 500 g OP	EVARA White Soft Paraffin	2026
		White Soft Liquid Paraffin AFT	2025
Paroxetine	Tab 20 mg	Loxamine	2025
Pazopanib	Tab 200 mg & 400 mg	Pazopanib Teva	2027
Pegfilgrastim	Inj 6 mg per 0.6 ml syringe	Ziextenzo	2025
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenobarbitone	Tab 15 mg Tab 30 mg	Noumed Phenobarbitone	2025
		Noumed Phenobarbitone	
Phenoxyethylpenicillin (Penicillin V)	Cap 250 mg & 500 mg Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	Cilicaine VK	2027
		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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2027
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
Pomalidomide	Cap 1 mg, 2 mg, 3 mg and 4 mg	Pomolide	31/07/2027
Posaconazole	Oral liq 40 mg per ml, 105 ml OP Tab modified-release 100 mg	Devatis Posaconazole Juno	2025
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
Pramipexole hydrochloride	Tab 0.25 mg & 1 mg	Ramiprex	2025
Pravastatin	Tab 20 mg and 40 mg	Clinect	2026
Prednisolone	Oral liq 5 mg per ml, 30 ml OP	Redipred	2027
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) Risperon	2026
Rivaroxaban	Tab 10 mg, 15 mg & 20 mg	Xarelto	2026
Rivastigmine	Patch 4.6 mg per 24 hour Patch 9.5 mg per 24 hour	Rivastigmine Patch BNM 5 Rivastigmine Patch BNM 10	2027
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2026
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatrix	2026
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Salbutamol	Oral liq 400 mcg per ml	Ventolin	2027
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2027
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viatrix Simvastatin Mylan	2026
Sodium chloride	Inj 0.9%, 5 ml, 10 ml & 20 ml ampoule	Fresenius Kabi	2025
Sodium citrate with sodium lauryl sulphoacetate	Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	Micolette	2025
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026
Sodium cromoglicate	Eye drops 2%, 10 ml OP	Allerfix	2025
Sodium 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 prefilled pen Tab 50 mg & 100 mg	Clustran (Douglas) Sumagran	2025 2027
Sunscreens, proprietary	Lotn, 200 g OP	Marine Blue Lotion SPF lotn 50+	2025
Tacrolimus	Oint 1 %; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Tamsulosin	Cap 400 mcg	Tamsulosin-Rex	2025
Temazepam	Tab 10 mg	Normison	2026
Tenofovir disoproxil	Tab 245 mg (300 mg as a maleate)	Tenofovir Disoproxil Viatrix	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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Tobramycin	Inj 40 mg per ml, 2 ml vial Soln for inhalation 60 mg per ml, 5 ml	Viatrix Tobramycin BNM	2027 2026
Tramadol hydrochloride	Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg Cap 50 mg	Tramal SR 100 Tramal SR 150 Tramal SR 200 Arrow-Tramadol	2026
Tranexamic acid	Tab 500 mg	Mercury Pharma	2025
Trastuzumab (Herzuma)	Inj 150 mg vial and 440 mg vial	Herzuma	31/05/2027
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2027
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2027
Triamcinolone acetonide	Paste 0.1%, 5 g OP Crn 0.02%, 100 g OP Oint 0.02%, 100 g OP Inj 10 mg per ml, 1 ml ampoule Inj 40 mg per ml, 1 ml ampoule	Kenalog in Orabase Aristocort Kenacort-A 10 Kenacort-A 40	2026
Trientine	Cap 250 mg; 100 cap	Trientine Waymade	2025
Trimethoprim	Tab 300 mg	TMP	2027
Trimethoprim with sulphamethoxazole [Co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2027
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 Inj 20 ml ampoule	Multichem Fresenius Kabi	2025
Zinc and castor oil	Oint; 500 g	Evara	2025
Zoledronic acid	Inj 4 mg per 5 ml, vial Inj 0.05 mg per ml, 100 ml bag	Zoledronic Acid Viatrix	2027 2025
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

May 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 May 2025

10	INSULIN DEGLUDEC WITH INSULIN ASPART ▲ Inj degludec 70 u with insulin aspart 30 u, 100 u per ml, 3ml	80.00	5	✓ Ryzodeg 70/30 Penfill
21	CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see SA2370 – Retail pharmacy Only on a prescription * Sensor (Freestyle Libre 2 Plus) – Maximum of 6 dev per prescription..... Maximum of 28 dev will be funded per year	99.46	1	✓ Freestyle Libre 2 Plus
39	PHYTOMENADIONE Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO	8.00	5	✓ Konakion MM
	Note – this listing is for Pharmacode 2703572.			
97	GENTAMICIN SULPHATE Inj 10 mg per ml, 2 ml ampoule – Subsidy by endorsement	190.00	10	✓ Gentamicin Hikma ^{S29}
	a) Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.			
	b) Wastage claimable			
100	ITRACONAZOLE Cap 100 mg	6.83	15	✓ Itraconazole Cresent ^{S29}
	Wastage claimable			
124	FENTANYL a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Patch 12 mcg per hour	6.02	5	✓ Fentanyl Sandoz
254	UPADACITINIB – Special Authority see SA2483 – Retail pharmacy Tab modified-release 30 mg	2,033.00	28	✓ Rinvoq
	Tab modified-release 45 mg	3,049.00	28	✓ Rinvoq
270	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Ipca- Hydroxychloroquine ✓ BSF Modafinil Max Health ✓ BSF Pazopanib Teva
	a) May only be claimed once per patient.			
	b) The Pharmacode for BSF Ipca-Hydroxychloroquine is 2704676.			
	c) The Pharmacode for BSF Modafinil Max Health is 2704684.			
	d) The Pharmacode for BSF Pazopanib Teva is 2704692.			
285	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	9.00	1 OP	✓ Nutrison Energy
	Note – this listing is for Pharmacode 2703289.			
286	ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	6.90	1 OP	✓ Nutrison RTH
	Note – this listing is for Pharmacode 2703262.			

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 1 May 2025 (continued)

286	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....7.21	1 OP	✓ Nutrison Multi Fibre
	Note – this listing is for Pharmacode 2703270.		
286	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....8.68	1 OP	✓ Nutrison Energy Multi Fibre
	Note – this listing is for Pharmacode 2703297.		

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions, Chemical Names and Presentations Effective 1 May 2025

77	LEVONORGESTREL (amended PSO quantity) * Subdermal implant (2 × 75 mg rods) – Up to 3 6 impl available on a PSO.....	106.92	2 OP	✓ Jadelle
116	HYDROXYCHLOROQUINE SULPHATE – Brand switch fee payable (Pharmacode 2704676) (addition of brand switch fee) * Tab 200 mg.....	7.80	100	✓ Ipca- Hydroxychloroquine
125	OXYCODONE HYDROCHLORIDE (addition of wastage claimable) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Oral liq 1 mg per ml.....	37.08	250 ml	✓ Oxycodone Lucis
	Wastage claimable			
127	VENLAFAXINE (re-instate stat dispensing) * Cap 37.5 mg * Cap 75 mg * Cap 150 mg	8.29 3.44 4.65	84 28 28	✓ Enlifax XR ✓ Enlifax XR ✓ Enlifax XR
		10.32 13.95	84 84	✓ Enlifax XR ✓ Enlifax XR
132	HYOSCINE HYDROBROMIDE (amended brand name) Patch 1 mg per 72 hours – Special Authority see SA1998 – Retail pharmacy	88.50	10	✓ Scopolamine –Mylan Transdermal System Viatrix
146	MODAFINIL – Special Authority see SA2413 – Retail pharmacy (addition of brand switch fee) a) Brand switch fee payable (Pharmacode 2704692) Tab 100 mg.....	14.27	30	✓ Modafinil Max Health
153	AZACITIDINE – PCT only – Specialist – Special Authority see SA2479 2144 (amended Special Authority criteria) Inj 100 mg vial..... Inj 1 mg for ECP	50.00 0.54	1 1 mg	✓ Azacitidine Dr Reddy's ✓ Baxter

➤ **SA2479 2144** Special Authority for Subsidy

Initial application only from a haematologist or medical practitioner on the recommendation of a haematologist **any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

All of the following **Both**:

1 Any of the following:

- 1.1 The patient **individual** has **intermediate or high risk MDS based on an internationally recognised scoring system** International Prognostic Scoring System (IPSS) intermediate-2 or high risk myelodysplastic syndrome; or
- 1.2 The patient **individual** has chronic myelomonocytic leukaemia (**based on an intermediate or high risk score from an internationally recognised scoring system or 10%-29% marrow blasts without myeloproliferative disorder**); or
- 1.3 The patient **individual** has acute myeloid leukaemia with 20-30% blasts and multi-lineage dysplasia; according to World Health Organization (WHO) Classification; and

2 The patient has performance status (WHO/ECOG) grade 0-2; and

3 The patient **individual** has an estimated life expectancy of at least 3 months.

Renewal only from a haematologist or medical practitioner on the recommendation of a haematologist **any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria: **where there is no evidence of disease progression**.

continued...

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 May 2025 (continued)

continued...

Both:

- 1—No evidence of disease progression; and
- 2—The treatment remains appropriate and patient is benefitting from treatment.

157	IBRUTINIB – Special Authority see SA2480 2168 – Retail pharmacy (amended Special Authority criteria)		
	Tab 140 mg.....	3,217.00	30 ✓ Imbruvica
	Tab 420 mg.....	9,652.00	30 ✓ Imbruvica

► **SA2480 2168** Special Authority for Subsidy

Initial application – (chronic lymphocytic leukaemia (CLL)) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 **Patient Individual** has chronic lymphocytic leukaemia (CLL) requiring therapy; and
- 2 **Patient Individual** has not previously received funded ibrutinib; and
- 3 Ibrutinib is to be used as monotherapy; and
- 4 Any of the following:
 - 4.1 Both:
 - 4.1.1 There is documentation confirming that **patient the individual** has 17p deletion or TP53 mutation; and
 - 4.1.2 **Patient Individual** has experienced intolerable side effects with venetoclax monotherapy; or
 - 4.2 All of the following:
 - 4.2.1 **Patient Individual** has received at least one prior immunochemotherapy for CLL; and
 - 4.2.2 **Patient Individual's** CLL has relapsed ~~within 36 months of previous treatment~~; and
 - 4.2.3 **Patient Individual** has experienced intolerable side effects with venetoclax in combination with rituximab regimen; or
 - 4.3 **Patient Individual's** CLL is refractory to or has relapsed ~~within 36 months of following~~ a venetoclax regimen.

Renewal – (chronic lymphocytic leukaemia (CLL)) from any relevant practitioner. Approvals valid for 12 months **where there is no evidence of disease progression**. ~~for applications meeting the following criteria:~~

Both:

- 1—No evidence of clinical disease progression; and
- 2—The treatment remains appropriate and the patient is benefitting from treatment

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)* and B-cell-prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

163	VENETOCLAX – Retail pharmacy-Specialist – Special Authority see SA2481 1868 (amended Special Authority criteria)		
	Tab 14 × 10 mg, 7 × 50 mg, 21 × 100 mg.....	1,771.86	42 OP ✓ Venclexta
	Tab 10 mg.....	13.68	2 OP ✓ Venclexta
	Tab 50 mg.....	239.44	7 OP ✓ Venclexta
	Tab 100 mg – Wastage claimable.....	8,209.41	120 ✓ Venclexta

► **SA2481 1868** Special Authority for Subsidy

Initial application – (relapsed/refractory chronic lymphocytic leukaemia) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 7 months for applications meeting the following criteria:

All of the following:

- 1 **Individual Patient** has chronic lymphocytic leukaemia requiring treatment; and
- 2 **Individual Patient** has received at least one prior therapy for chronic lymphocytic leukaemia; and
- 3 **Individual Patient** has not previously received funded venetoclax; and
- 4 **The individual's Patient's** disease has relapsed ~~within 36 months of previous treatment~~; and
- 5 Venetoclax to be used in combination six 28-day cycles of rituximab commencing after the 5-week dose titration schedule with venetoclax; and
- 6 **Individual Patient** has ECOG performance status 0-2.

continued...

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

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

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ **fully subsidised**

Changes to Restrictions – effective 1 May 2025 (continued)

continued...

Renewal – (relapsed/refractory chronic lymphocytic leukaemia) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

Both:

- 1 Treatment remains clinically appropriate and the **individual patient** is benefitting from and tolerating treatment; and
- 2 Venetoclax is to be discontinued after a maximum of 24 months of treatment following the titration schedule unless earlier discontinuation is required due to disease progression or unacceptable toxicity.

Initial application – (previously untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation*) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 **Individual Patient** has previously untreated chronic lymphocytic leukaemia; and
- 2 There is documentation that the **individual patient** has the 17p deletion by FISH testing or TP53 mutation sequencing; and
- 3 **Individual Patient** has ECOG performance status 0-2.

Renewal – (relapsed/refractory chronic lymphocytic leukaemia) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 6 months where the treatment remains clinically appropriate and the patient is benefitting from and tolerating treatment.

Note: 'Chronic lymphocytic leukaemia (CLL)' includes small lymphocytic lymphoma (SLL)* and B-cell prolymphocytic leukaemia (B-PLL)*. Indications marked with * are Unapproved indications.

Initial application – (previously untreated acute myeloid leukaemia) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 **The individual is currently on treatment with venetoclax and met all remaining special authority criteria prior to commencing treatment; or**
- 2 **All of the following:**
 - 2.1 **Individual has previously untreated acute myeloid leukaemia (see note a), according to World Health Organization (WHO) Classification; and**
 - 2.2 **Venetoclax not to be used in combination with standard intensive remission induction chemotherapy; and**
 - 2.3 **Venetoclax to be used in combination with azacitidine or low dose cytarabine.**

Renewal – (previously untreated acute myeloid leukaemia) from any relevant practitioner. Approvals valid for 6 months where there is no evidence of disease progression.

Notes:

- a) 'Acute myeloid leukaemia' includes myeloid sarcoma*.
- b) Indications marked with * are Unapproved indications.

169 PAZOPANIB – Special Authority see SA2429 – Retail pharmacy (addition of brand switch fee)

a) Brand switch fee payable (Pharmacode 2704692)

Tab 200 mg.....	172.88	30	✓ Pazopanib Teva
Tab 400 mg.....	464.00	30	✓ Pazopanib Teva

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Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Changes to Restrictions – effective 1 May 2025 (continued)

230 SECUKINUMAB – Special Authority see **SA2482 2403** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Inj 150 mg per ml, 1 ml prefilled syringe	799.50	1	✓ Cosentyx
	1,599.00	2	✓ Cosentyx

► **SA2482 2403** Special Authority for Subsidy

Renewal – (ankylosing spondylitis – second-line biologic) only from a rheumatologist or medical practitioner on the recommendation of a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Following 12 weeks initial treatment of secukinumab treatment, BASDAI has improved by 4 or more points from pre-secukinumab baseline on a 10 point scale, or by 50%, whichever is less; and
- 2 Physician considers that the patient has benefitted from treatment and that continued treatment is appropriate; and
- 3 Secukinumab to be administered at doses no greater than ~~150~~ **300** mg monthly.

254 UPADACITINIB – Special Authority see **SA2483 2079** – Retail pharmacy (amended Special Authority criteria and presentation description)

Tab modified-release 15 mg	1,271.00	28	✓ Rinvoq
Tab modified-release 30 mg	2,033.00	28	✓ Rinvoq
Tab modified-release 45 mg	3,049.00	28	✓ Rinvoq

► **SA2483 2079** Special Authority for Subsidy

Initial application – (rheumatoid arthritis (previously treated with adalimumab or etanercept)) ~~only from a rheumatologist or practitioner on the recommendation of a rheumatologist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 The ~~patient~~ **individual** has had an initial Special Authority approval for adalimumab and/or etanercept for rheumatoid arthritis; and
- 2 Either:
 - 2.1 The ~~patient~~ **individual** has experienced intolerable side effects ~~from~~ **with** adalimumab and/or etanercept; or
 - 2.2 The ~~patient~~ **individual** has received insufficient benefit from at least a three-month trial of adalimumab and/or etanercept such that they do not meet the renewal criteria for rheumatoid arthritis; and
- 3 ~~Either-~~ **Any of the following:**
 - 3.1 **Rituximab is not clinically appropriate; or**
 - 3.2 ~~3-1-~~ The ~~patient~~ **individual** is seronegative for both anti-cyclic citrullinated peptide (CCP) antibodies and rheumatoid factor; or
 - 3.3 ~~3-2-~~ Both:
 - 3.3.1 ~~3-2-1-~~ The ~~patient~~ **individual** has been started on rituximab for rheumatoid arthritis in a Health NZ hospital; and
 - 3.3.2 ~~3-2-2-~~ Either:
 - 3.3.2.1 ~~3-2-1-1-~~ The ~~patient~~ **individual** has experienced intolerable side effects ~~from~~ **with** rituximab; or
 - 3.3.2.2 ~~3-2-1-2-~~ At four months following the initial course of rituximab the ~~patient~~ **individual** has received insufficient benefit such that they do not meet the renewal criteria for rheumatoid arthritis.

Renewal – (Rheumatoid arthritis) ~~only from a rheumatologist or Practitioner on the recommendation of a rheumatologist~~ **from any relevant practitioner**. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Following 6 months' initial treatment, the ~~patient~~ **individual has experienced** at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
- 2 On subsequent reapplications, the ~~patient demonstrates~~ **individual has experienced** at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician.

continued...

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

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

Changes to Restrictions – effective 1 May 2025 (continued)

continued...

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

Either:

- 1 Individual is currently on treatment with upadacitinib for atopic dermatitis and met all remaining criteria prior to commencing treatment; or**
- 2 All of the following:**
 - 2.1 Individual has moderate to severe atopic dermatitis, severity as defined by an Eczema Area and Severity Index (EASI) score of greater than or equal to 16 or a Dermatology Life Quality Index (DLQI) score of greater than or equal to 10; and**
 - 2.2 Individual has received insufficient benefit from topical therapy (including topical corticosteroids or topical calcineurin inhibitors) for a 28-day trial within the last 6 months, unless contraindicated to all; and**
 - 2.3 Individual has trialled and received insufficient benefit from at least one systemic therapy for a minimum of three months (eg ciclosporin, azathioprine, methotrexate or mycophenolate mofetil), unless contraindicated to all; and**
 - 2.4 An EASI assessment or DLQI assessment has been completed for at least the most recent prior treatment course, preferably while still on treatment but no longer than 1 month following cessation of each prior treatment course; and**
 - 2.5 The most recent EASI or DLQI assessment is no more than 1 month old at the time of application.**

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

Either:

- 1 Individual has received a 75% or greater reduction in EASI score (EASI 75) as compared to baseline EASI prior to commencing upadacitinib; or**
- 2 Individual has received a DLQI improvement of 4 or more as compared to baseline DLQI prior to commencing upadacitinib.**

Initial application – (Crohn's disease – adult) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

Either:

- 1 Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment; or**
- 2 Both:**
 - 2.1 Individual has active Crohn's disease; and**
 - 2.2 Either:**
 - 2.2.1 Individual has had an initial approval for prior biologic therapy and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or**
 - 2.2.2 Both:**
 - 2.2.2.1 Individual meets the initiation criteria for prior biologic therapies for Crohn's disease; and**
 - 2.2.2.2 Other biologic therapies for Crohn's disease are contraindicated.**

Renewal – (Crohn's disease – adult) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

- 1 CDAI score has reduced by 100 points from the CDAI score when the individual was initiated on biologic therapy; or**
- 2 HBI score has reduced by 3 points from when individual was initiated on biologic therapy; or**
- 3 CDAI score is 150 or less; or**
- 4 HBI score is 4 or less; or**
- 5 The individual has experienced an adequate response to treatment, but CDAI score cannot be assessed.**

Initial application – (Crohn's disease – children*) from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:

continued...

Changes to Restrictions – effective 1 May 2025 (continued)

continued...

Either:

1 Individual is currently on treatment with upadacitinib for Crohn's disease and met all remaining criteria prior to commencing treatment; or

2 Both:

2.1 Child has active Crohn's disease; and

2.2 Either:

2.2.1 Child has had an initial approval for prior biologic therapy for Crohn's disease and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

2.2.2.1 Child meets the initiation criteria for prior biologic therapies for Crohn's disease; and

2.2.2.2 Other biologic therapies for Crohn's disease are contraindicated.

Renewal – (Crohn's disease – children*) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:

Any of the following:

1 PCDAI score has reduced by 10 points from when the child was initiated on treatment; or

2 PCDAI score is 15 or less; or

3 The child has experienced an adequate response to treatment, but PCDAI score cannot be assessed.

Note: Indications marked with * are unapproved indications.

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

Either:

1 Individual is currently on treatment with upadacitinib for ulcerative colitis and met all remaining criteria prior to commencing treatment; or

2 Both:

2.1 Individual has active ulcerative colitis; and

2.2 Either:

2.2.1 Individual has had an initial approval for prior biologic therapy for ulcerative colitis and has experienced intolerable side effects or insufficient benefit to meet renewal criteria; or

2.2.2 Both:

2.2.2.1 Individual meets the initiation criteria for prior biologic therapies for ulcerative colitis; and

2.2.2.2 Other biologic therapies for ulcerative colitis are contraindicated.

Renewal – (ulcerative colitis) from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria.

Either:

1 The SCCAI score has reduced by 2 points or more from the SCCAI score when the individual was initiated on treatment; or

2 PUCAI score has reduced by 10 points or more from the PUCAI score when the individual was initiated on treatment.

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

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

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Subsidy
(Mnfr's price)
\$ Per

Brand or
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✓ fully subsidised

Changes to Subsidy and Manufacturer's Price

Effective 1 May 2025

6	ALGINIC ACID (↑ subsidy) Sodium alginate 225 mg and magnesium alginate 87.5 mg per sachet.....	8.06	30	✓ Gaviscon Infant
80	SOLIFENACIN SUCCINATE (↑ subsidy) Tab 5 mg.....	3.15	30	✓ Solifenacin Viatris
192	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see SA2157 – Retail pharmacy (↓ subsidy) Inj 20 mg per 0.2 ml prefilled syringe	595.50	2	✓ Humira
	Inj 40 mg per 0.4 ml prefilled pen.....	595.50	2	✓ HumiraPen
	Inj 40 mg per 0.4 ml prefilled syringe	595.50	2	✓ Humira
159	MITOMYCIN C – PCT only – Specialist (↓ subsidy) Inj 5 mg vial.....	517.65	1	✓ Accord ^{S29}
183	BACILLUS CALMETTE-GUERIN (BCG) VACCINE – PCT only – Specialist (↑ subsidy) Subsidised only for bladder cancer. Inj 40 mg per ml, vial	182.45	3	✓ SII-Onco-BCG ^{S29}
265	FLUTICASONE PROPIONATE (↑ subsidy) Metered aqueous nasal spray, 50 mcg per dose.....	2.57	120 dose OP	✓ Flixonase Hayfever & Allergy

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Delisted Items

Effective 1 May 2025

52	ATORVASTATIN * Tab 20 mg.....	0.45	28	✓Lipitor
105	ISONIAZID – Retail pharmacy-Specialist a) No patient co-payment payable b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician * Tab 100 mg.....	23.00	100	✓PSM
116	HYDROXYCHLOROQUINE SULPHATE * Tab 200 mg.....	8.78	100	✓Plaquenil
141	MIDAZOLAM – Safety medicine; prescriber may determine dispensing frequency Inj 1 mg per ml, 5 ml ampoule Inj 5 mg per ml, 3 ml ampoule	16.75 5.50	10 5	✓Midazolam Viatris ✓Midazolam Viatris
146	MODAFINIL – Special Authority see SA2413 – Retail pharmacy Tab 100 mg.....	29.13	60	✓Modavigil
169	PAZOPANIB – Special Authority see SA2429 – Retail pharmacy Tab 200 mg..... Tab 400 mg.....	1,334.70 2,669.40	30 30	✓Votrient ✓Votrient
192	ADALIMUMAB (HUMIRA - ALTERNATIVE BRAND) – Special Authority see SA2157 – Retail pharmacy Inj 40 mg per 0.4 ml prefilled pen..... Note – this delist applies to Pharmacode 2635003	1,599.96	2	✓HumiraPen
202	CASIRIVIMAB AND IMDEVIMAB – [Xpharm] – Special Authority see SA2096 Inj 120 mg per ml casirivimab, 11.1 ml vial (1) and inj 120 mg per ml imdevimab, 11.1 ml vial (1)	0.00	1 OP	✓Ronapreve
256	BEE VENOM ALLERGY TREATMENT – Special Authority see SA1367 – Retail pharmacy Initiation kit – 5 vials freeze dried venom with diluent.....	305.00	1 OP	✓VENOX S29
259	IPRATROPIUM BROMIDE Nebuliser soln, 250 mcg per ml, 2 ml ampoule – Up to 40 neb available on a PSO.....	5.86	10	✓Pharmascience S29
285	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 250 ml bottle.....	1.24	1 OP	✓Isosource Standard

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

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

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Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted

Effective 1 June 2025

80	SOLIFENACIN SUCCINATE Tab 5 mg.....	3.15	30	✓ Solifenacin Viatris
	Note – delisting delayed until 1 November 2025.			

Effective 1 July 2025

79	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule.....	11.96	10	✓ Oxytocin Panpharma
159	NIRAPARIB – Special Authority see SA2325 – Retail pharmacy Wastage claimable Cap 100 mg	13,393.50	84	✓ Zejula
258	PROMETHAZINE HYDROCHLORIDE * Oral liq 1 mg per 1 ml	10.47	100 ml	✓ Phenergan Elixir

Effective 1 August 2025

270	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Ipca- Hydroxychloroquine ✓ BSF Pazopanib Teva
	a) May only be claimed once per patient. b) The Pharmacode for BSF Ipca-Hydroxychloroquine is 2704676. c) The Pharmacode for BSF Pazopanib Teva is 2704692.			

Effective 1 September 2025

270	PHARMACY SERVICES * Brand switch fee.....	4.50	1 fee	✓ BSF Modafinil Max Health
	a) May only be claimed once per patient. b) The Pharmacode for BSF Modafinil Max Health is 2704684.			

Effective 1 November 2025

52	ATORVASTATIN * Tab 80 mg.....	1.52	30	✓ Lorstat
	Note – this delist applies to the 30 tab pack size only.			
80	SOLIFENACIN SUCCINATE Tab 5 mg.....	3.15	30	✓ Solifenacin Viatris
110	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Cap 150 mg	85.00	60	✓ Atazanavir Mylan

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Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 November 2025 (continued)

125	FENTANYL				
	a) Only on a controlled drug form				
	b) No patient co-payment payable				
	c) Safety medicine; prescriber may determine dispensing frequency				
	Patch 12.5 mcg per hour	6.02	5		✓ Fentanyl Sandoz

Effective 1 January 2026

285	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle	9.00	1 OP		✓ Nutrison Energy
	Note – this delisting is for Pharmacode 2702355.				
286	ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle	6.90	1 OP		✓ Nutrison RTH
	Note – this delisting is for Pharmacode 2702118.				
286	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle	7.21	1 OP		✓ Nutrison Multi Fibre
	Note – this delisting is for Pharmacode 2702428.				
286	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle	8.68	1 OP		✓ Nutrison Energy Multi Fibre
	Note – this delisting is for Pharmacode 2702452.				

Effective 1 May 2026

21	CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see SA2370 – Retail pharmacy Only on a prescription * Sensor (Freestyle Libre 2) – Maximum of 6 dev per prescription	92.83	1		✓ Freestyle Libre 2
	Maximum of 28 dev will be funded per year				

Effective 1 October 2026

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 reservoirs will be funded per year. * 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

▲ 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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