

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 2024

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Summary of Pharmac decisions

EFFECTIVE 1 MAY 2024

New listings (pages 21-22)

- Trientine (Trientine Waymade) cap 250 mg – Special Authority – Retail pharmacy
- Levothyroxine (Eltroxin) tab 50 mcg and 100 mcg
- Dolutegravir with Lamivudine (Dovato) tab 50 mg with lamivudine 300 mg – Special Authority – Retail pharmacy
- Mirtazapine (Noumed) tab 30 mg and 45 mg, 30 tab pack
- Hyoscine hydrobromide (Scopolamine – Mylan) patch 1 mg per 72 hours – Special Authority – Retail pharmacy, new Pharmacode listing
- Niraparib (Zejula) cap 100 mg, 56 and 84 cap pack – Special Authority – Retail pharmacy, wastage claimable
- Fluticasone furoate with umeclidinium and vilanterol (Trelegy Ellipta) powder for inhalation fluticasone furoate 100 mcg with umeclidinium 62.5 mcg and vilanterol 25 mcg, 30 dose OP – Special Authority – Retail pharmacy
- Pharmacy services (BSF Max Health) brand switch fee – May only be claimed once per person

Changes to restrictions (pages 24-28)

- Dulaglutide (Trulicity) inj 1.5 mg per 0.5 ml prefilled pen – amended Special Authority criteria
- Liraglutide (Victoza) inj 6 mg per ml, 3 ml prefilled pen – amended Special Authority criteria
- Nicorandil (Max Health) tab 10 mg and 20 mg – addition of brand switch fee
- Ambrisentan (Ambrisentan Viatris) tab 5 mg and 10 mg – amended Special Authority criteria
- Morphine sulphate (Oramorph) oral liq 2 mg per ml – removal of s29 and wastage claimable
- Hyoscine hydrobromide (Scopolamine – Mylan S29) patch 1 mg per 72 hours – amended brand name
- Nicotine (Habitrol) gum 2 mg (Fruit and Mint) and gum 4 mg (Fruit and Mint) – amended PSO quantity
- Mepolizumab (Nucala) inj 100 mg prefilled pen and inj 100 mg vial – amended Special Authority criteria
- Tocilizumab inj 20 mg per ml, 4 ml vial, 10 ml vial, 20 ml vial (Actemra) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Latanoprost with timolol (Arrow – Lattim) eye drops 0.005% with timolol 0.5% – addition of stat dispensing
- Enteral feed 1kcal/ml (Nutrison RTH) liquid – amended brand name
- Food thickener (Aptamil Feed Thickener) powder, 380 g OP – amended brand name

Summary of Pharmac decisions – effective 1 May 2024 (continued)

Increased subsidy (pages 29-32)

- Multivitamins (Paediatric Seravit) powder
 - Flecainide acetate (Tambocor) inj 10 mg per ml, 15 ml ampoule
 - Povidone iodine (Riodine) antiseptic soln 10%
 - Testosterone undecanoate (Steril-Gene) cap 40 mg
 - Theophylline (Neulin-SR) tab long-acting 250 mg
 - Theophylline (Nuelin) oral liq 80 mg per 15 ml
 - Carbohydrate supplement (Polycal) powder
 - Carbohydrate and fat supplement (Duocal Super Soluble Powder) powder (neutral)
 - Fat supplement (Calogen) emulsion (neutral), 200 ml OP and 500 ml OP
 - Fat supplement (Calogen) emulsion (strawberry), 200 ml OP
 - Fat supplement (MCT oil (Nutricia)) oil, 500 ml OP
 - Fat supplement (Liquigen) MCT Emulsion, 250 ml, 4 OP
 - Protein supplement (Protifar) powder, 225 g OP
 - Fat modified feed (Monogen) powder, 400 g OP
 - Enteral/oral feed 1kcal/ml (Heparon Junior) powder (unflavoured), 400 g OP
 - Enteral/oral feed 1kcal/ml (Kindergen) powder, 400 g OP
 - Paediatric enteral feed 1kcal/ml (Nutrini RTH) liquid, 500 ml OP
 - Paediatric enteral feed with fibre 1.5kcal/ml (Nutrini Energy Multi Fibre) liquid, 500 ml OP
 - Paediatric oral feed 1.5kcal/ml (Fortini) liquid (strawberry and vanilla), 200 ml OP
 - Paediatric oral feed with fibre 1.5kcal/ml (Fortini Multi Fibre) liquid (unflavoured, chocolate, strawberry and vanilla), 200 ml OP
 - Renal oral feed 2kcal/ml (Renilon 7.5) liquid (apricot and caramel) 125 ml, 4 OP
 - Oral elemental feed 0.8kcal/ml (Elemental 028 Extra) liquid (grapefruit, pineapple & orange and summer fruits), 250 ml carton, 18 OP
 - Paediatric enteral feed with feed 1.5kcal/ml (Nutrini Energy RTH) liquid, 500 ml OP
 - Semi-elemental enteral feed 1kcal/ml (Nutrison Advanced Peptisorb) liquid, 500 ml OP
 - Paediatric enteral feed with fibre 0.76 kcal/ml (Nutrini Low Energy Multi Fibre) liquid, 500 ml OP
 - Enteral feed 1.5kcal/ml (Nutrison Energy) liquid, 1,000 ml OP
 - Enteral feed 1kcal/ml (Nutrison RTH) liquid, 1,000 ml OP
 - Enteral feed with fibre 0.83 kcal/ml (Nutrison 800 Complete Multi Fibre) liquid, 1,000 ml OP
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Summary of Pharmac decisions – effective 1 May 2024 (continued)

- Enteral feed with fibre 1 kcal/ml (Nutrison Multi Fibre) liquid, 1,000 ml OP
- Enteral feed with fibre 1.5kcal/ml (Nutrison Energy Multi Fibre) liquid, 1,000 ml OP
- Enteral feed 2kcal/ml (Nutrison Concentrated) liquid, 500 ml OP
- Food thickener powder, 300 g OP (Nutilis) and 380 g OP (Aptamil Feed Thickener)
- Low protein baking mix (Loprofin Mix) powder, 500 g OP
- Low protein pasta (Loprofin) animal shapes, lasagne, low protein rice pasta, macaroni, penne, spaghetti and spirals
- Low calcium infant formula (Locasol) powder, 400 g OP
- Amino acid formula (Neocate Gold, Neocate Junior Unflavoured and Neocate SYNEO) powder (unflavoured), 400 g OP
- Amino acid formula (Neocate Junior Vanilla) powder (vanilla), 400 g OP
- Enteral liquid peptide formula liquid 1kcal/ml (Nutrini Peptisorb) and liquid 1.5kcal/ml (Nutrini Peptisorb Energy)
- Extensively hydrolysed formula powder, 450 g OP (Pepti-Junior) and 900 g OP (Allerpro Syneo 1 and Allerpro Syneo 2)
- Paediatric oral/enteral feed 1kcal/ml (Infatrini) liquid, 125 ml OP
- High fat low carbohydrate formula powder (unflavoured) (KetoCal 4:1 and KetoCal 3:1) and powder (vanilla) (KetoCal 4:1), 300 g OP

Decreased subsidy (page 29)

- Erlotinib (Alchemy) tab 100 mg and 150 mg

Increased price (page 29)

- Benzylamine hydrochloride (Difflam) soln 0.15%
- Econazole nitrate (Pevaryl) crm 1%
- Econazole nitrate (Pevaryl) foam soln 1%, 10 ml sachets

Changes to General Rules

Effective 1 May 2024

Editorial amendments

We have changed all Te Whatu Ora references to Health NZ. There are corresponding amendments to the General Rules of the Pharmaceutical Schedule.

Tender News

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

– effective 1 June 2024

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Allopurinol	Tab 100 mg; 1000 tabs Tab 300 mg; 500 tabs	PSS	Ipca-Allopurinol (Miro)
Aspirin	Tab 100 mg; 990 tabs	PSS	Ethics Aspirin EC (Multichem)
Atazanavir sulphate	Cap 200 mg; 60 caps	PSS	Atazanavir Viatris (Viatris)
Colecalciferol	Cap 1.25 mg (50,000 iu); 12 caps	PSS	Vit.D3 (Multichem)
Dexamfetamine sulfate	Tab 5 mg; 100 tabs	PSS	Noumed Dexamfetamine (Noumed)
Donepezil hydrochloride	Tab 5 mg and 10 mg; 84 tabs	PSS	Ipca-Donepezil (Miro)
Febuxostat	Tab 80 mg and 120 mg; 28 tabs	PSS	Febuxostat (Teva) (Teva)
Hydrocortisone and paraffin liquid and lanolin	Lotn 1% with paraffin liquid 15.9% and lanolin 0.6%; 250 ml	PSS	DP Lotn (HC) (Douglas)
Magnesium sulphate	Inj 2 mmol per ml, 5ml ampoule; 10 inj	PSS	Martindale (Max Health)
Paraffin	White soft; 450 g White soft; 2,500 g	PSS	EVARA White Soft Paraffin (Evara)
Simvastatin	Tab 40 mg and 80 mg; 90 tabs	PSS	Simvastatin Viatris (Viatris)
Teriparatide	Inj 250 mcg per ml, 2.4 ml; 1 inj	PSS	Teriparatide – Teva (Teva)
Trastuzumab (Herzuma)	Inj 150 mg vial and 440 mg vial; 1 vial	PSS	Herzuma (Celltrion)

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 2024

- Pharmacy services (BSF Teriparatide – Teva) brand switch fee, 1 fee – new listing
- Pharmacy services (BSF Ipca-Donepezil) brand switch fee, 1 fee – new listing

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

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	2024
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	Martindale Pharma	2024
Aciclovir	Tab dispersible 400 mg & 800 mg	Lovir	2025
	Tab dispersible 200 mg Eye oint 3%, 4.5 g OP	ViruPOS	2024
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	Epipen Jr Epipen	2025
	Inj 0.3 mg per 0.3 ml auto- injector, 1 OP		
Ambrisentan	Tab 5 mg & 10 mg	Ambrisentan Viatris	2026
Amiodarone hydrochloride	Inj 50 mg per ml, 3 ml ampoule	Max Health Aratac	2025
	Tab 100 mg & 200 mg		
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	Alphamox 125 Alphamox 250	2026
	Grans for oral liq 250 mg per 5 ml		
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 Tripack	2024
Aqueous cream	Crn, 500 g	GEM Aqueous Cream	2024
Ascorbic acid	Tab 100 mg	CVite	2025
Aspirin	Tab dispersible 300 mg	Ethics Aspirin	2026
Atazanavir sulphate	Cap 150 mg & 200 mg	Atazanavir Mylan	2025
	Cap 200 mg		31/05/2024
Atenolol	Tab 50 mg	Viatris Mylan Atenolol	2024
	Tab 100 mg		
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2024
Atropine sulphate	Eye drops 1%, 15 ml OP	Atropt Martindale	2026
	Inj 600 mcg per ml, 1 ml ampoule		2024
Azathioprine	Tab 25 mg	Azamun	2025
	Tab 50 mg		
Azithromycin	Tab 500 mg	Zithromax	2024
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine	2024

*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 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Baclofen	Inj 2 mg per ml, 5 ml ampoule	Medsurge	2024
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 with calcipotriol	Oint 500 mcg with calcipotriol 50 mcg per g, 30 g OP Gel 500 mcg with calcipotriol 50 mcg per g, 60 g OP	Daivobet	2024
Betamethasone valerate	Lotn 0.1%, 50 ml OP Oint 0.1%, 50 g OP Crm 0.1%, 50 g OP Scalp app 0.1%, 100 ml OP	Betnovate Beta Ointment Beta Cream Beta Scalp	2024
Bicalutamide	Tab 50 mg	Binarex	2026
Bimatoprost	Eye drops 0.03%, 3 ml OP	Bimatoprost Multichem	2024
Bisacodyl	Tab 5 mg Suppos 10 mg	Bisacodyl Viatris Pharmacy Health Lax-suppositories	2025 2024
Bosentan	Tab 62.5 mg & 125 mg	Bosentan Dr Reddy's	2024
Brimonidine tartrate	Eye drops 0.2%, 5 ml OP	Arrow-Brimonidine	2024
Brinzolamide	Eye drops 1%, 5 ml OP	Azopt	2024
Bezafibrate	Tab 200 mg Tab long-acting 400 mg	Bezalip Bezalip Retard	2024
Bisoprolol fumarate	Tab 2.5 mg, 5 mg and 10 mg	Ipca-Bisoprolol (Ipca)	2026
Budesonide	Cap modified-release 3 mg	Budesonide Te Arai (Te Arai)	2025
Buprenorphine with naloxone	Tab sublingual 2 mg with naloxone 0.5 mg & 8 mg with naloxone 2 mg	Buprenorphine Naloxone BNM	2025
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2024
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 & 32 mg	Candestar	2024
Capecitabine	Tab 150 mg Tab 500 mg	Capecitabine Viatris	2025
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Carbimazole	Tab 5 mg	Neo-Mercazole	2025
Cefaclor monohydrate	Cap 250 mg Grans for oral liq 125 mg per 5 ml	Ranbaxy Cefaclor	2025

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Cefalexin	Cap 250 mg & 500 mg Grans for oral liq 25 mg per ml & 50 mg per ml	Cephalexin ABM Flynn	2025 2024
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 Oral liq 1 mg per ml, 200 ml	Zista Hisatclear	2026 2024
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2024
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	2024
Ciprofloxacin	Eye drops 0.3%, 5 ml OP	Ciprofloxacin Teva	2024
Citalopram hydrobromide	Tab 20 mg	Celapram PSM Citalopram	2025 2024
Clarithromycin	Tab 250 mg & 500 mg	Kiacid	2027
Clindamycin	Inj 150 mg per ml	Hameln	2025
Clobetasol propionate	Crn & oint 0.05%, 30 g OP Scalp app 0.05%, 30 ml OP	Dermol	2025
Clomipramine hydrochloride	Tab 10 mg & 25 mg	Clomipramine Teva	2024
Clonidine	Patch 2.5 mg, 100 mcg per day Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
Clonidine hydrochloride	Tab 25 mcg Inj 150 mcg per ml, 1 ml ampoule Tab 150 mcg	Clonidine Teva Medsurge Catapres	2025 2024
Clopidogrel	Tab 75 mg	Arrow – Clopid	2025
Clotrimazole	Vaginal crn 1% with applicators, 35 g OP Vaginal crn 2% with applicators, 20 g OP Crn 1%, 20 g OP	Clomazol	2025
Codeine phosphate	Tab 15 mg Tab 30 mg & 60 mg	Noumed	2025
Colchicine	Tab 500 mcg	Colgout	2025
Compound electrolytes	Powder for oral soln	Electral	2025
Compound electrolytes with glucose [dextrose]	Soln with electrolytes, 1,000 ml OP	Hydralyte – Lemonade	2025
Crotamiton	Crn 10%, 20 g OP	Itch-soothe	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2024
Cyclizine lactate	Inj 50 mg per ml, 1 ml ampoule	Hameln	2025
Cyclophosphamide	Tab 50 mg	Cylconex	2024
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	2024
Cyproterone acetate with ethinyloestradiol	Tab 2 mg with ethinyloestradiol 35 mcg and 7 inert tablets	Ginet	2026
Darunavir	Tab 400 mg and 600 mg	Darunavir Viatris	2026
Desmopressin acetate	Nasal spray 10 mcg per dose, 6 ml OP	Desmopressin-PH&T	2026
Dexamethasone	Tab 0.5 mg & 4 mg	Dexmethsone	2024
Dexamethasone phosphate	Inj 4 mg per ml, 1 ml & 2 ml ampoule	Hameln	2025
Diazepam	Tab 2 mg and 5 mg Rectal tubes 5 mg	Arrow-Diazepam Stesolid	2026 2025
Diclofenac	Eye drops 0.1%, 5 ml OP	Voltaren Ophtha	2024
Diclofenac sodium	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	2024
Digoxin	Tab 62.5 mcg Tab 250 mcg	Lanoxin PG Lanoxin	2025
Dihydrocodeine tartrate	Tab long-acting 60 mg	DHC Continus	2025
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg Cap long-acting 120 mg	Cardizem CD Diltiazem CD Clinect	2027 2025
Dimethicone	Crn 5% pump bottle, 500 ml OP Lotn 4%, 200 ml OP	healthE Dimethicone 5% healthE Dimethicone 4%	2025
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml syringe	Boostrix	2024
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	2024
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin, 80 D-AgU polio virus, 10 mcg hepatitis B surface antigen in 0.5ml syringe	Infanrix-hexa	2024
Disulfiram	Tab 200 mg	Antabuse	2024
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
Dorzolamide with timolol	Eye drops 2% with timolol 0.5%, 5 ml OP	Dortimopt	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
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
Entacapone	Tab 200 mg	Comtan	2024
Entecavir	Tab 0.5 mg	Entecavir	2026
Eplerenone	Tab 25 mg & 50 mg	Inspra	2024
Erythromycin (as lactobionate)	Inj 1 g	Erythromycin IV	2025
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca) Escitalopram (Ethics)	2026 2024
Etanercept	Inj 25 mg Inj 50 mg autoinjector Inj 50 mg prefilled syringe	Enbrel	2024
Ethinylloestradiol with levonorgestrel	Tab 20 mcg with levonorgestrel 100 mcg and 7 inert tablets Tab 30 mcg with levonorgestrel 150 mcg and 7 inert tablets	Lo-Oralcon 20 ED Oralcon 30 ED	2025
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
Ezetimibe	Tab 10 mg	Ezetimibe Sandoz	2026
Felodipine	Tab long-acting 5 mg Tab long-acting 10 mg	Felo 5 ER Felo 10 ER	2024
Fentanyl	Inj 50 mcg per ml, 2ml ampoule Inj 50 mcg per ml, 10 ml ampoule Patch 12.5 mcg per hour Patch 25 mcg per hour Patch 50 mcg per hour Patch 75 mcg per hour Patch 100 mcg per hour	Boucher and Muir Fentanyl Sandoz	2024
Ferrous fumarate	Tab 200 mg (65 mg elemental)	Ferro-tab	2024
Ferrous fumarate with folic acid	Tab 310 mg (100 mg elemental) with folic acid 350 mcg	Ferro-F-Tabs	2024
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 per 0.5 ml & 480 mcg per 0.5 ml	Nivestim	2024
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Flucloxacillin	Inj 1 g vial	Flucil	2026
	Cap 250 mg & 500 mg	Flucloxacillin-AFT	2024
	Grans for oral liq 25 mg per ml	AFT	
	Grans for oral liq 50 mg per ml		
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fludrocortisone acetate	Tab 100 mcg	Florinef	2025
Fluorouracil sodium	Crn 5%, 20 g OP	Efudix	2024
Fluoxetine hydrochloride	Cap 20 mg	Arrow–Fluoxetine	2025
	Tab dispersible 20 mg, scored	Fluox	
Fluticasone propionate	Metered aqueous nasal spray, 50 mcg per dose, 120 dose OP	Flixonase Hayfever & Allergy	2024
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Furosemide [Frusemide]	Inj 10 mg per ml, 2 ml ampoule	Furosemide-Baxter	2025
	Tab 40 mg	IPCA-Frusemide	2024
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Glatiramer acetate	Inj 40 mg prefilled syringe	Copaxone	2025
Glibenclamide	Tab 5 mg	Daonil	2024
Gliclazide	Tab 80 mg	Glizide	2026
Glipizide	Tab 5 mg	Minidiab	2024
Glucose [Dextrose]	Inj 50%, 10 ml ampoule	Biomed	2026
	Inj 50%, 90 ml bottle		
Glycerol	Suppos 4 g	Lax suppositories Glycerol	2025
Glyceryl trinitrate	Oint 0.2%, 30 g OP	Rectogesic	2024
Glycopyrronium bromide	Inj 200 mcg per ml, 1 ml ampoule	Robinul	2025
Goserelin	Implant 3.6 mg, syringe and 10.8 mg, syringe	Zoladex (AstraZeneca)	2026
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	Havrix	2024
	Inj 720 ELISA units in 0.5 ml syringe	Havrix Junior	
Hepatitis B recombinant vaccine	Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2024
Human papillomavirus (6, 11, 16, 18, 31, 33, 45, 52 and 58) vaccine [HPV]	Inj 270 mg in 0.5 ml syringe	Gardasil 9	2024
Hydrocortisone	Crn 1%, 500 g	Noumed	2025
	Crn 1%; 30 g OP	Ethics	2024
	Inj 100 mg vial	Solu-Cortef	
Hydrocortisone butyrate	Oint 0.1%, 100 g OP	Locoid	2024
	Scalp lotn 0.1%, 100 ml OP		
	Milky emuls 0.1%, 100 ml OP	Locoid Crelo	

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Hydrocortisone with miconazole	Crn 1% with miconazole 2%, 15 g OP	Micreme H	2024
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2024
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2026
Hyoscine Butylbromide	Inj 20 mg, 1 ml	Spazmol	2026
Ibuprofen	Tab 200 mg Oral liq 20 mg per ml, 200 ml Tab long-acting 800 mg	Relieve Ethics Brufen SR	2026 2024
Iloprost	Nebuliser soln 10 mcg per ml, 2 ml	Vebulis	2025
Imatinib Mesilate	Cap 100 mg & 400 mg	Imatinib-Rex	2026
Indapamide	Tab 2.5 mg	Dapa-Tabs	2026
Intra-uterine device	IUD 29.1 mm length x 23.2 mm width IUD 33.6 mm length x 29.9 mm width IUD 35.5 mm length x 19.6 mm width	Choice TT380 Short Choice TT380 Standard Choice Load 375	2025
Isoniazid	Tab 100 mg	PSM	2024
Isoniazid with rifampicin	Tab 100 mg with rifampicin 150 mg Tab 150 mg with rifampicin 300 mg	Rifinah	2024
Isosorbide mononitrate	Tab 20 mg Tab long-acting 40 mg Tab long-acting 60 mg	Ismo 20 Ismo 40 Retard Duride	2026
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2024
Ispaghula (psyllium) husk	Powder for oral soln, 500 g OP	Konsyl-D	2026
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Labetalol	Tab 100 mg & 200 mg	Trandate	2024
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	2024
Latanoprost	Eye drop 0.005%, 2.5 ml OP	Teva	2024
Latanoprost with timolol	Eye drops 0.005% with timolol 0.5%, 2.5 ml OP	Arrow - Lattim	2026
Leflunomide	Tab 10 mg & 20 mg	Arava	2026
Letrozole	Tab 2.5 mg	Letrole	2024
Levomepromazine hydrochloride	Inj 25 mg per ml, 1 ml ampoule	Wockhardt	2025
Levonorgestrel	Subdermal implant (2 × 75 mg rods) Tab 1.5 mg Intra-uterine device 13.5 mg Intra-uterine device 52 mg	Jadelle Levonorgestrel BNM Jaydess Mirena	2026 2025 31/10/2024 31/10/2024

*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 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Lidocaine [Lignocaine]	Gel 2%, 11 ml urethral syringe	Instillagel lido	2025
Lisinopril	Tab 5 mg, 10 mg & 20 mg	Ethics Lisinopril	2025
Lithium carbonate	Tab long-acting 400 mg	Priadel	2024
Loperamide hydrochloride	Cap 2 mg	Diamide Relief	2025
Lopinavir with ritonavir	Tab 100 mg with ritonavir 25 mg Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2024
Loratadine	Tab 10 mg	Lorafix	2025
Lorazepam	Tab 1 mg & 2.5 mg	Ativan	2024
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
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID ₅₀ , mumps virus 5,012 CCID ₅₀ , Rubella virus 1,000 CCID ₅₀ ; prefilled syringe/ampoule of diluent 0.5 ml	Priorix	2024
Mebendazole	Tab 100 mg	Vermox	2024
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
Melatonin	Tab modified-release 2 mg	Vigisom	2024
Meningococcal (groups A, C, Y and W-135) conjugate vaccine	Inj 4 mcg of each meningococcal polysaccharide conjugated to a total of approximately 48 mcg of diphtheria toxoid carrier per 0.5 ml vial	Menactra	2024
Mercaptopurine	Tab 50 mg	Puri-nethol	2025
Metformin hydrochloride	Tab immediate-release 500 mg & 850 mg	Metformin Viatris	2027
Methadone	Oral liq 2 mg per ml Oral liq 5 mg per ml Oral liq 10 mg per ml	Biodone Biodone Forte Biodone Extra Forte	2024
Methadone hydrochloride	Tab 5 mg	Methadone BNM	2025
Methenamine (hexamine) hippurate	Tab 1 g	Hiprex	2025
Methotrexate	Tab 2.5 mg & 10 mg	Trexate	2024
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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Metoprolol succinate	Tab long-acting 23.75 mg, 47.5 mg, 95 mg and 190 mg	Myloc CR (Viatris)	2026
Metoprolol tartrate	Tab 50 mg & 100 mg	IPCA-Metoprolol	2027
Miconazole	Oral gel 20 mg per g, 40 g OP	Decozol	2024
Miconazole nitrate	Crn 2%, 15 g OP	Multichem	2026
Midodrine	Tab 2.5 mg & 5 mg	Midodrine Medsurge	2024
Mirtazapine	Tab 30 mg & 45 mg	Noumed	2024
Moclobemide	Tab 150 mg & 300 mg	Aurorix	2024
Modafinil	Tab 100 mg	Modavigil	2024
Mometasone furoate	Crn 0.1%, 15 g OP Crn 0.1%, 50 g OP Oint 0.1%, 15 g OP Oint 0.1%, 50 g OP Lotn 0.1%, 30 ml OP	Elocon Alcohol Free Elocon	2024
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
Multivitamins	Tab (BPC cap strength)	Mvite	2025
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2024
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	Hameln	2024
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Naproxen	Tab 250 mg Tab 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Noflam 250 Noflam 500 Naprosyn SR 750 Naprosyn SR 1000	2024
Neostigmine metilsulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2024
Nevirapine	Tab 200 mg	Nevirapine Alphapharm	2024
Nicorandil	Tab 10 mg and 20 mg	Max Health	2025
Nitrofurantoin	Cap modified-release 100 mg Tab 50 mg & 100 mg	Macrobid Nifuran	2026 2024
Norethisterone	Tab 350 mcg	Noriday 28	2024
Nortriptyline hydrochloride	Tab 10 mg & 25 mg	Norpress	2025
Nystatin	Vaginal crn 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	Inj 50 mcg per ml, 1 ml ampoule Inj 100 mcg per ml, 1 ml ampoule Inj 500 mcg per ml, 1 ml ampoule	Max Health	2024

**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 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Octreotide Depot Teva	2024
Oestril	Crn 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026
Oil in water emulsion	Crn, 500 g	Fatty Cream AFT	2024
Olanzapine	Tab orodispersible 5 mg and 10 mg	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	2024
Orphenadrine citrate	Tab 100 mg	Norflex	2024
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml and 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg Cap immediate-release 5 mg, 10 mg & 20 mg Oral liq 5 mg per 5 ml	Hameln Oxycodone Sandoz OxyNorm	2024
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
Pancreatic enzyme	Cap prancreatin 150 mg (amylase 8,000 Ph Eur U lipase 10,000 Ph Eur U, total protease 600 Ph Eur U) Cap prancreatin 300 mg (amylase 18,000 Ph Eur U lipase 25,000 Ph Eur U, total protease 1,000 Ph Eur U)	Creon 10000 Creon 25000	2024
Pantoprazole	Tab EC 20 mg & 40 mg	Panzop Relief Panzop Relief (Viatris)	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 Noumed Paracetamol Pacimol Paracetamol (Ethics) Pamol	2026 2025
Paracetamol with codeine	Tab paracetamol 500 mg with codeine phosphate 8 mg	Paracetamol + Codeine	2025
Paraffin	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

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Perindopril	Tab 2 mg & 4 mg	Coversyl	2024
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Pethidine hydrochloride	Tab 50 mg	Noumed Pethidine	2025
Phenobarbitone	Tab 30 mg	Noumed Phenobarbitone	2025
Phenoxyethylpenicillin (Penicillin V)	Grans for oral liq 125 mg per 5 ml & 250 mg per 5 ml	AFT	2025
	Cap 250 mg Cap 500 mg	Cilicaine VK	2024
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	2024
Pneumococcal (PCV10) conjugate vaccine	Inj 1 mcg of pneumococcal polysaccharide serotypes 1, 5, 6B, 7F, 9V, 14 and 23F; 3 mcg of pneumococcal polysaccharide serotypes 4, 18C and 19F in 0.5 ml prefilled syringe	Synflorix	2024
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2024
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2024
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
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
Povidone iodine	Antiseptic solution 10%, 100 ml	Riodone	2024
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	2024
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	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Quinapril with hydrochlorothiazide	Tab 10 mg with hydrochlorothiazide 12.5 mg Tab 20 mg with hydrochlorothiazide 12.5 mg	Accuretic 10 Accuretic 20	2024
Ramipril	Cap 1.25 mg, 2.5 mg, 5 mg & 10 mg	Tryzan	2024
Rifampicin	Cap 150 mg & 300 mg Oral liq 100 mg per 5 ml	Rifadin	2026
Riluzole	Tab 50 mg	Rilutek	2024
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	2024
Rizatriptan	Tab orodispersible 10 mg	Rizamelt	2026
Ropinirole hydrochloride	Tab 0.25 mg, 1 mg, 2 mg & 5 mg	Ropin	2025
Rosuvastatin	Tab 20 mg and 40 mg Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viatrix (Viatrix) Rosuvastatin Viatrix	2026
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2024
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Salbutamol	Oral liq 400 mcg per ml, 150 ml Nebuliser soln 1 mg per ml, 2.5 ml ampoule Nebuliser soln 2 mg per ml, 2.5 ml ampoule	Ventolin Asthalin	2024
Salbutamol with ipratropium bromide	Nebuliser soln, 2.5 mg with ipratropium bromide 0.5 mg per vial, 2.5 ml ampoule	Duolin	2024
Sertraline	Tab 50 mg & 100 mg	Setrona	2025
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2024
Simvastatin	Tab 10 mg, 40 mg and 80 mg Tab 40 mg and 80 mg Tab 20 mg	Simvastatin Mylan Simvastatin Viatrix	2026 31/05/2024
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%, 5 g OP Oint 2%, 5 g OP	Foban	2024
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2024
Solifenacin succinate	Tab 5 mg and 10 mg	Solifenacin Viatrix	2024

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Somatropin (Omnitrope)	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2024
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
Sunitinib	Cap 12.5 mg, 25 mg & 50 mg	Sunitinib Pfizer	2024
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 Viartis	2025
Tenoxicam	Tab 20 mg	Tilcotil	2025
Terbinafine	Tab 250 mg	Deolate	2026
Tetrabenazine	Tab 25 mg	Motetis	2025
Thiamine hydrochloride	Tab 50 mg	Thiamine multichem	2025
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2024
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Soln for inhalation 60 mg per ml, 5 ml Inj 40 mg per ml, 2 ml vial	Tobramycin BNM Tobramycin Viartis	2026 2024
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
Travoprost	Eye drops 0.004%, 2.5 ml OP	Travatan	2024
Tretinoin	Crn 0.5 mg per g, 50 g OP	ReTrieve	2024
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
Trimethoprim	Tab 300 mg	TMP	2024
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Trisul	2024
Tuberculin PPD [Mantoux] test	Inj 5 TU per 0.1 ml, 1 ml vial	Tubersol	2024
Ursodeoxycholic acid	Cap 250 mg	Ursosan	2026

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Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to May 2024

Generic Name	Presentation	Brand Name	Expiry Date*
Valaciclovir	Tab 500 mg & 1,000 mg	Valclovir	2024
Valganciclovir	Tab 450 mg	Valganciclovir Viatris	2024
Vancomycin	Inj 500 mg vial	Mylan	2026
Varenicline tartrate	Tab 0.5 mg x 11 and 1 mg x 42, 53 OP Tab 1 mg	Varenicline Pfizer	2024
Varicella vaccine [Chickenpox vaccine]	Inj 1350 PFU prefilled syringe	Varivax	2024
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 0.05 mg per ml, 100 ml bag Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris	2025 2024
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2024

May 2024 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 2024

31	TRIENTINE – Special Authority see SA2324 – Retail pharmacy Cap 250 mg	2,022.00	100	✓ Trientine Waymade
	► SA2324 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 confirmed Wilson disease; and 2 Treatment with D-penicillamine has been trialed and discontinued because the person has experienced intolerable side effects or has not received sufficient benefit; and 3 Treatment with zinc has been trialed and discontinued because the person has experienced intolerable side effects or has not received sufficient benefit, or zinc is considered clinically inappropriate as the person has symptomatic liver disease and requires copper chelation.			
91	LEVOTHYROXINE * Tab 50 mcg	12.86	200	✓ Eltroxin
	* Tab 100 mcg	13.36	200	✓ Eltroxin
116	DOLUTEGRAVIR WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy Tab 50 mg with lamivudine 300 mg	1,090.00	30	✓ Dovato
133	MIRTAZAPINE Tab 30 mg	2.60	30	✓ Noumed
	Tab 45 mg	3.45	30	✓ Noumed
138	HYOSCINE HYDROBROMIDE Patch 1 mg per 72 hours – Special Authority see SA1998 – Retail pharmacy	88.50	10	✓ Scopolamine – Mylan
	Note – new Pharmacode listing, 2666391			
165	NIRAPARIB – Special Authority see SA2325 – Retail pharmacy Wastage claimable Cap 100 mg	8,929.84 13,393.50	56 84	✓ Zejula ✓ Zejula
	► SA2325 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 advanced high-grade serous* epithelial ovarian, fallopian tube, or primary peritoneal cancer; and 2 Patient has received at least one line** of treatment with platinum-based chemotherapy; and 3 Patient has experienced a partial or complete response to the preceding treatment with platinum-based chemotherapy; and 4 Patient has not previously received funded treatment with a PARP inhibitor; and 5 Either: 5.1 Treatment will be commenced within 12 weeks of the patient's last dose of the preceding platinum-based regimen; or 5.2 Patient commenced treatment with niraparib prior to 1 May 2024; and 6 Treatment to be administered as maintenance treatment; and 7 Treatment not to be administered in combination with other chemotherapy. Renewal from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria: All of the following:			

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

New Listings – effective 1 May 2024 (continued)

continued...

- 1 No evidence of progressive disease; and
- 2 Treatment to be administered as maintenance treatment; and
- 3 Treatment not to be administered in combination with other chemotherapy; and
- 4 Either:
 - 4.1 Treatment with niraparib to cease after a total duration of 36 months from commencement; or
 - 4.2 Treatment with niraparib is being used in the second-line or later maintenance setting.

Notes:

* "high-grade serous" includes tumours with high-grade serous features or a high-grade serous component.

**A line of chemotherapy treatment is considered to comprise a known standard therapeutic chemotherapy regimen and supportive treatments.

- 255 Inhaled Corticosteroid with Long-Acting Muscarinic Antagonist and Beta Agonist
FLUTICASONE FUROATE WITH UMECLIDINIUM AND VILANTEROL – Special Authority see **SA2326** – Retail pharmacy
Powder for inhalation fluticasone furoate 100 mcg
with umeclidinium 62.5 mcg and vilanterol 25 mcg 104.24 30 dose OP ✓ **Trelegy Ellipta**

► **SA2326** Special Authority for Subsidy

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

Both:

- 1 Patient has a diagnosis of COPD confirmed by spirometry or spirometry has been attempted and technically acceptable results are not possible; and
- 2 Either:
 - 2.1 Both:
 - 2.1.1 Patient is currently receiving an inhaled corticosteroid with long acting beta-2 agonist (ICS/LABA) or a long acting muscarinic antagonist with long acting beta-2 agonist (LAMA/LABA); and
 - 2.1.2 Any of the following:
Clinical criteria:
 - 2.1.2.1 Patient has a COPD Assessment Test (CAT) score greater than 10; or
 - 2.1.2.2 Patient has had 2 or more exacerbations in the previous 12 months; or
 - 2.1.2.3 Patient has had one exacerbation requiring hospitalisation in the previous 12 months; or
 - 2.1.2.4 Patient has had an eosinophil count greater than or equal to 0.3×10^9 cells/L in the previous 12 months; or
 - 2.2 Patient is currently receiving multiple inhaler triple therapy (inhaled corticosteroid with long acting muscarinic antagonist and long acting beta-2 agonist – ICS/LAMA/LABA) and met at least one of the clinical criteria above prior to commencing multiple inhaler triple therapy.

- 265 PHARMACY SERVICES
* Brand switch fee 4.50 1 fee ✓ **BSF Max Health**
a) May only be claimed once per patient.
b) The Pharmacode for BSF Max Health is 2677903

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
✓ fully subsidised

New Listings – effective 22 March 2024

138	PROCHLORPERAZINE * Tab 3 mg buccal.....	5.97 50 (30.00)		Prochlorperazine Brown & Burk \$29
	Wastage claimable			
254	SALBUTAMOL Nebuliser soln, 1 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO.....	8.96	20	✓ PMS-Salbutamol \$29
	Wastage claimable			
	Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO.....	9.43	20	✓ PMS-Salbutamol \$29
	Wastage claimable			

Effective 11 April 2024

33	ALFACALCIDOL * Cap 0.25 mcg.....	26.32	100	✓ One-Alpha \$29 \$29
	Wastage claimable			

▲ 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 2024

- 12 DULAGLUTIDE – Special Authority see **SA2338 2284** – Retail pharmacy (amended Special Authority criteria)
Note: Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist.
Inj 1.5 mg per 0.5 ml prefilled pen..... 115.23 4 ✓Trulicity

► **SA2338 2284** Special Authority for Subsidy

Note – Subsidy for patients with existing approvals prior to 1 May 2024. Approvals valid without further renewal unless notified. No new patients will be granted from 1 May 2024

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

All of the following:

- 1 Patient has type 2 diabetes; and
- 2 Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of ALL of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin (see note a)*; and
- 3 Any of the following:
 - 3.1 Patient is Māori or any Pacific ethnicity*; or
 - 3.2 Patient has pre-existing cardiovascular disease or risk equivalent (see note b)*; or
 - 3.3 Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 - 3.4 Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
 - 3.5 Patient has diabetic kidney disease (see note c)*.

Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- a) Due to the ongoing supply issues with GLP-1 agonists, we strongly urge all prescribers to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.
- b) Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- c) Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause.

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions – effective 1 May 2024 (continued)

- 12 LIRAGLUTIDE – Special Authority see **SA2339 2285** on the next page – Retail pharmacy (amended Special Authority criteria)
- Maximum of 9 inj per prescription
 - Not to be given in combination with a funded SGLT-2 inhibitor or other GLP-1 agonist.
 - Maximum of 1 pack of 3 (6 mg per ml, 3 ml) prefilled pens will be funded per month.
- Inj 6 mg per ml, 3 ml prefilled pen 383.72 3 ✓ **Victoza**

► **SA2339 2285** Special Authority for Subsidy

Note – Subsidy for patients with existing approvals prior to 1 May 2024. Approvals valid without further renewal unless notified. No new patients will be granted from 1 May 2024

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

All of the following:

- Patient has type 2 diabetes; and
- Target HbA1c (of 53 mmol/mol or less) has not been achieved despite the regular use of ALL of the following funded blood glucose lowering agents for a period of least 6 months, where clinically appropriate: empagliflozin, metformin, and vildagliptin (see note a)*; and
- Any of the following:
 - Patient is Māori or any Pacific ethnicity*; or
 - Patient has pre-existing cardiovascular disease or risk equivalent (see note b)*; or
 - Patient has an absolute 5-year cardiovascular disease risk of 15% or greater according to a validated cardiovascular risk assessment calculator*; or
 - Patient has a high lifetime cardiovascular risk due to being diagnosed with type 2 diabetes during childhood or as a young adult*; or
 - Patient has diabetic kidney disease (see note c)*.

Notes: * Criteria intended to describe patients at high risk of cardiovascular or renal complications of diabetes.

- Due to the ongoing supply issues with GLP-1 agonists, we strongly urge you to consider initiating patients on other hypoglycaemic agents, provided they are not contraindicated. Please also consider discontinuing GLP-1 agonist treatment where the patient is not receiving clinically meaningful benefit.
- Pre-existing cardiovascular disease or risk equivalent defined as: prior cardiovascular disease event (i.e. angina, myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, transient ischaemic attack, ischaemic stroke, peripheral vascular disease), congestive heart failure or familial hypercholesterolaemia.
- Diabetic kidney disease defined as: persistent albuminuria (albumin:creatinine ratio greater than or equal to 3 mg/mmol, in at least two out of three samples over a 3-6 month period) and/or eGFR less than 60 mL/min/1.73m² in the presence of diabetes, without alternative cause.

- 59 NICORANDIL – **Brand switch fee payable (Pharmacode 2677903)** (addition of brand switch fee)
- | | | | |
|------------------|-------|----|---------------------|
| ▲ Tab 10 mg..... | 21.73 | 60 | ✓ Max Health |
| ▲ Tab 20 mg..... | 27.44 | 60 | ✓ Max Health |

▲ 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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Changes to Restrictions – effective 1 May 2024 (continued)

59	AMBRISENTAN – Special Authority see SA2330 2253 – Retail pharmacy (amended Special Authority criteria – amended criteria shown only)			
	Tab 5 mg.....	200.00	30	✓ Ambrisentan Viatris
	Tab 10 mg.....	200.00	30	✓ Ambrisentan Viatris

► **SA2330 2253** Special Authority for Subsidy

Initial application — (PAH dual therapy) only from a respiratory specialist, cardiologist, rheumatologist or any relevant practitioner on the recommendation of a respiratory specialist, cardiologist or rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:

All of the following:

- 1 Patient has pulmonary arterial hypertension (PAH); and
- 2 PAH is in Group 1, 4 or 5 of the WHO (Venice 2003) clinical classifications; and
- 3 PAH is in New York Heart Association/World Health Organization (NYHA/WHO) functional class II, III or IV; and
- 4 Any of the following:
 - 4.1 All of the following:
 - 4.1.1 PAH has been confirmed by right heart catheterisation; and
 - 4.1.2 A mean pulmonary artery pressure (PAPm) greater than 20 mmHg (unless peri Fontan repair); and
 - 4.1.3 A pulmonary capillary wedge pressure (PCWP) less than or equal to 15 mmHg; and
 - 4.1.4 Pulmonary vascular resistance greater than 2 Wood Units or greater than 160 International Units (dyn s cm⁻⁵); and
 - 4.1.5 Any of the following:
 - 4.1.5.1 PAH has been demonstrated to be non-responsive in vasoreactivity assessment using iloprost or nitric oxide, as defined in the 2022 ECS/ERS Guidelines for PAH 2022 (see note below for link to these guidelines) †; or
 - 4.1.5.2 Patient has not experienced an acceptable response to calcium antagonist treatment, according to a validated risk stratification tool**; or
 - 4.1.5.3 Patient has PAH other than idiopathic / heritable or drug-associated type; or
 - 4.2 Patient is a child with PAH secondary to congenital heart disease or PAH due to idiopathic, congenital or developmental lung disorders including chronic neonatal lung disease; or
 - 4.3 Patient has palliated single ventricle congenital heart disease and elevated pulmonary pressures or a major complication of the Fontan circulation requiring the minimising of pulmonary/venous filling pressures; and
- 5 All of the following:
 - 5.1 Ambrisentan is to be used as PAH dual therapy; and
 - 5.2 ~~Either:~~
 - 5.2.1 ~~Patient has tried a PAH monotherapy (sildenafil or bosentan) for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**; or~~
 - 5.2.2 ~~Patient has tried PAH dual therapy including bosentan and has experienced intolerable side effects on bosentan; and~~
 - 5.3 ~~Both:~~
 - 5.3.1 ~~Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would benefit from initial dual therapy; and~~
 - 5.3.2 ~~Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease).~~
 - 5.2 Any of the following:
 - 5.2.1 **Patient has tried bosentan (either as PAH monotherapy, or PAH dual therapy with sildenafil) for at least three months and has not experienced an acceptable response to treatment according to a validated risk stratification tool**; or**
 - 5.2.2 **Patient has experienced intolerable side effects on bosentan; or**
 - 5.2.3 **Patient has an absolute or relative contraindication to bosentan (e.g. due to current use of a combined oral contraceptive or liver disease); and**
 - 5.3 **Patient is presenting in NYHA/WHO functional class III or IV, and in the opinion of the treating clinician would benefit from initial dual therapy.**

Check your Schedule for full details
Schedule page ref

Subsidy
(Mnfr's price)
\$ Per

Brand or
Generic Mnfr
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Changes to Restrictions – effective 1 May 2024 (continued)

129	MORPHINE SULPHATE (removal of s29 and wastage claimable) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Oral liq 2 mg per ml – Brand switch fee payable (Pharmacode 2669986) 29.80 Wastage claimable	100 ml	✓ Oramorph S29
138	HYOSCINE HYDROBROMIDE (amended brand name) Patch 1 mg per 72 hours – Special Authority see SA1998 – Retail pharmacy 88.50	10	✓ Scopolamine – Mylan Scopolamine – Mylan S29 S29
Note – this amendment is for Pharmacode 2674181.			
154	NICOTINE (amended PSO quantity) a) Nicotine will not be funded in amounts less than 4 weeks of treatment. b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A. Gum 2 mg (Fruit) – Up to 384 204 piece available on a PSO 21.42 Gum 2 mg (Mint) – Up to 384 204 piece available on a PSO 21.42 Gum 4 mg (Fruit) – Up to 384 204 piece available on a PSO 24.17 Gum 4 mg (Mint) – Up to 384 204 piece available on a PSO 24.17	204	✓ Habitrol
213	MEPOLIZUMAB – Special Authority see SA2331 2+54 – Retail pharmacy (amended Special Authority criteria – new criteria shown only) Inj 100 mg prefilled pen 1,638.00 Inj 100 mg vial 1,638.00	1	✓ Nucala

► **SA2331** ~~2+54~~ Special Authority for Subsidy

Initial application – (eosinophilic granulomatosis with polyangiitis) from any relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 The patient has eosinophilic granulomatosis with polyangiitis; and
- 2 The patient has trialed and not received adequate benefit from at least one of the following for at least three months (unless contraindicated to all): azathioprine, cyclophosphamide, leflunomide, methotrexate, mycophenolate, or rituximab; and

3 Either:

- 3.1 The patient has trialed prednisone for a minimum of three months and is unable to maintain disease control at doses below 7.5 mg per day; or
- 3.2 Corticosteroids are contraindicated.

Renewal – (eosinophilic granulomatosis with polyangiitis) from any relevant specialist or any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 12 months where patient has no evidence of clinical disease progression.

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

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

Check your Schedule for full details
Schedule page ref

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Changes to Restrictions – effective 1 May 2024 (continued)

231	<p>TOCILIZUMAB – PCT only – Special Authority see SA2332 2159 (amended Special Authority criteria – amended criteria shown only)</p> <p>Inj 20 mg per ml, 4 ml vial 220.00 1 ✓ Actemra</p> <p>Inj 20 mg per ml, 10 ml vial 550.00 1 ✓ Actemra</p> <p>Inj 20 mg per ml, 20 ml vial 1,100.00 1 ✓ Actemra</p> <p>Inj 1 mg for ECP 2.85 1 mg ✓ Baxter</p>
	<p>► SA2332 2159 Special Authority for Subsidy</p> <p>Initial application — (cytokine release syndrome) from any relevant practitioner. Approvals valid without further renewal unless notified for applications meeting the following criteria:</p> <p>Either:</p> <p>1 All of the following:</p> <p>1.1 The patient is enrolled in the Children's Oncology Group AALL1731 trial; and</p> <p>1.2 The patient has developed grade 3 or 4 cytokine release syndrome associated with the administration of blinatumomab for the treatment of acute lymphoblastic leukaemia; and</p> <p>1.3 Tocilizumab is to be administered at doses no greater than 8 mg/kg IV for a maximum of 3 doses (if less than 30 kg, maximum of 12 mg/kg); or</p> <p>2 All of the following:</p> <p>2.1 The patient is enrolled in the Malaghan Institute of Medical Research Phase I ENABLE trial programme; and</p> <p>2.2 The patient has developed CRS or Immune Effector Cell-Associated Neurotoxicity Syndrome (ICANS) following CAR T-Cell Related Encephalopathy Syndrome (GRES) associated with the administration of CAR T-cell therapy for the treatment of relapsed or refractory B-cell non-Hodgkin lymphoma; and</p> <p>2.3 Tocilizumab is to be administered according to the consensus guidelines for CRS or ICANS and GRES for CAR T-cell therapy (Neelapu et al. Nat Rev Clin Oncol 2018;15:47–62) at doses no greater than 8 mg/kg IV for a maximum of 3 doses.</p>
263	<p>LATANOPROST WITH TIMOLOL (addition of stat dispensing)</p> <p>* Eye drops 0.005% with timolol 0.5% 4.95 2.5 ml OP ✓ Arrow - Lattim</p>
279	<p>ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] (amended brand name)</p> <p>Liquid 6.90 1,000 ml OP ✓ Nutrison Standard RTH</p>
284	<p>FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3] (amended brand name)</p> <p>Powder 24.00 380 g OP ✓ Aptamil Feed Thickener Karicare-Aptamil</p>

Check your Schedule for full details
Schedule page ref

Subsidy
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Brand or
Generic Mnfr
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Changes to Subsidy and Manufacturer's Price

Effective 1 May 2024

32	BENZDAMINE HYDROCHLORIDE (↑ price and alternative subsidy) Soln 0.15% – Higher subsidy of \$22.60 per 500 ml with Endorsement	9.00 (22.60)	500 ml	Difflam
34	MULTIVITAMINS – Special Authority see SA1036 – Retail pharmacy (↑ subsidy) * Powder.....	74.88	200 g OP	✓ Paediatric Seravit
50	FLECAINIDE ACETATE (↑ subsidy) Inj 10 mg per ml, 15 ml ampoule	108.16	5	✓ Tambocor
71	ECONAZOLE NITRATE (↑ price) Crm 1%	1.00 (8.09)	20 g OP	Pevaryl
	a) Only on a prescription b) Not in combination			
	Foaming soln 1%, 10 ml sachets	9.89 (18.64)	3	Pevaryl
	a) Only on a prescription b) Not in combination			
75	POVIDONE IODINE (↑ subsidy) Antiseptic soln 10%	6.99	500 ml	✓ Riodine
89	TESTOSTERONE UNDECANOATE (↑ subsidy) Cap 40 mg – Subsidy by endorsement.....	36.00	100	✓ Steril-Gene ^{\$29}
	Subsidy by endorsement – subsidised for patients who were taking testosterone undecanoate cap 40mg prior to 1 November 2021 and the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed where there exists a record of prior dispensing of testosterone undecanoate cap 40 mg in the preceding 12 months.			
171	ERLOTINIB – Retail pharmacy-Specialist – Special Authority (↓ subsidy) Tab 100 mg..... Tab 150 mg.....	280.84 484.24	30 30	✓ Alchemy ✓ Alchemy
257	THEOPHYLLINE (↑ subsidy) * Tab long-acting 250 mg..... * Oral liq 80 mg per 15 ml	24.90 17.95	100 500 ml	✓ Nuelin-SR ✓ Nuelin
269	CARBOHYDRATE SUPPLEMENT – Special Authority see SA1930 – Hospital pharmacy [HP3] (↑ subsidy) Powder.....	6.72	400 g OP	✓ Polycal
270	CARBOHYDRATE AND FAT SUPPLEMENT – Special Authority see SA1376 – Hospital pharmacy [HP3] (↑ subsidy) Powder (neutral)	71.77	400 g OP	✓ Duocal Super Soluble Powder

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

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

Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price – effective 1 May 2024 (continued)

271	FAT SUPPLEMENT – Special Authority see SA2204 – Hospital pharmacy [HP3] († subsidy)			
	Emulsion (neutral)	15.38	200 ml OP	✓ Calogen
		38.44	500 ml OP	✓ Calogen
	Emulsion (strawberry)	15.38	200 ml OP	✓ Calogen
	Oil	37.50	500 ml OP	✓ MCT oil (Nutricia)
	MCT Emulsion, 250 ml	143.65	4 OP	✓ Liquigen
271	PROTEIN SUPPLEMENT – Special Authority see SA1524 – Hospital pharmacy [HP3] († subsidy)			
	Powder.....	13.82	225 g OP	✓ Protifar
272	FAT MODIFIED FEED – Special Authority see SA2205 – Hospital pharmacy [HP3] († subsidy)			
	Powder.....	62.90	400 g OP	✓ Monogen
273	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1098 – Hospital pharmacy [HP3] († subsidy)			
	Powder (unflavoured)	93.97	400 g OP	✓ Heparon Junior
273	ENTERAL/ORAL FEED 1KCAL/ML – Special Authority see SA1099 – Hospital pharmacy [HP3] († subsidy)			
	Powder.....	64.26	400 g OP	✓ Kindergen
274	PAEDIATRIC ENTERAL FEED 1KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] († subsidy)			
	Liquid	4.69	500 ml OP	✓ Nutrini RTH
274	PAEDIATRIC ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] († subsidy)			
	Liquid	7.14	500 ml OP	✓ Nutrini Energy Multi Fibre
274	PAEDIATRIC ORAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] († subsidy)			
	Liquid (strawberry)	1.90	200 ml OP	✓ Fortini
	Liquid (vanilla)	1.90	200 ml OP	✓ Fortini
274	PAEDIATRIC ORAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] († subsidy)			
	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
275	RENAL ORAL FEED 2 KCAL/ML – Special Authority see SA1101– Hospital pharmacy [HP3] († subsidy)			
	Liquid (apricot) 125 ml	13.72	4 OP	✓ Renilon 7.5
	Liquid (caramel) 125 ml.....	13.72	4 OP	✓ Renilon 7.5
275	ORAL ELEMENTAL FEED 0.8KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] († subsidy)			
	Liquid (grapefruit), 250 ml carton.....	179.46	18 OP	✓ Elemental 028 Extra
	Liquid (pineapple & orange), 250 ml carton.....	179.46	18 OP	✓ Elemental 028 Extra
	Liquid (summer fruits), 250 ml carton	179.46	18 OP	✓ Elemental 028 Extra
276	PAEDIATRIC ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1379 – Hospital pharmacy [HP3] († subsidy)			
	Liquid	7.46	500 ml OP	✓ Nutrini Energy RTH

Check your Schedule for full details
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Changes to Subsidy and Manufacturer's Price – effective 1 May 2024 (continued)

276	SEMI-ELEMENTAL ENTERAL FEED 1KCAL/ML – Special Authority see SA1377 – Hospital pharmacy [HP3] († subsidy) Liquid.....	7.47	500 ml OP	✓ Nutrison Advanced Peptisorb
276	PAEDIATRIC ENTERAL FEED WITH FIBRE 0.76 KCAL/ML – Special Authority – Hospital pharmacy [HP3] († subsidy) Liquid.....	6.27	500 ml OP	✓ Nutrini Low Energy Multi Fibre
279	ENTERAL FEED 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] († subsidy) Liquid.....	9.00	1,000 ml OP	✓ Nutrison Energy
279	ENTERAL FEED 1KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] († subsidy) Liquid.....	6.90	1,000 ml OP	✓ Nutrison RTH
279	ENTERAL FEED WITH FIBRE 0.83 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] († subsidy) Liquid.....	9.05	1,000 ml OP	✓ Nutrison 800 Complete Multi Fibre
279	ENTERAL FEED WITH FIBRE 1 KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] († subsidy) Liquid.....	7.21	1,000 ml OP	✓ Nutrison Multi Fibre
279	ENTERAL FEED WITH FIBRE 1.5KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] († subsidy) Liquid.....	8.68	1,000 ml OP	✓ Nutrison Energy Multi Fibre
281	ENTERAL FEED 2 KCAL/ML – Special Authority see SA1195 – Hospital pharmacy [HP3] († subsidy) Liquid.....	6.82	500 ml OP	✓ Nutrison Concentrated
282	FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3] († subsidy) Powder.....	8.29 24.00	300 g OP 380 g OP	✓ Nutilis ✓ Aptamil Feed Thickener
285	LOW PROTEIN BAKING MIX – Special Authority see SA2300 – Hospital pharmacy [HP3] († subsidy) Powder.....	8.55	500 g OP	✓ Loprofin Mix
285	LOW PROTEIN PASTA – Special Authority see SA2300 – Hospital pharmacy [HP3] († subsidy) Animal shapes..... Lasagne..... Low protein rice pasta..... Macaroni..... Penne..... Spaghetti..... Spirals.....	12.39 6.19 12.39 6.19 12.39 12.39 12.39	500 g OP 250 g OP 500 g OP 250 g OP 500 g OP 500 g OP 500 g OP	✓ Loprofin ✓ Loprofin ✓ Loprofin ✓ Loprofin ✓ Loprofin ✓ Loprofin ✓ Loprofin
287	LOW CALCIUM INFANT FORMULA – Special Authority see SA1110 – Hospital pharmacy [HP3] († subsidy) Powder.....	46.18	400 g OP	✓ Lucasol
287	AMINO ACID FORMULA – Special Authority see SA2092 – Hospital pharmacy [HP3] († subsidy) Powder (unflavoured)..... Powder (vanilla).....	55.61 55.61	400 g OP 400 g OP	✓ Neocate Gold ✓ Neocate Junior Unflavoured ✓ Neocate SYNEO ✓ Neocate Junior Vanilla

▲ 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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Changes to Subsidy and Manufacturer's Price – effective 1 May 2024 (continued)

289	ENTERAL LIQUID PEPTIDE FORMULA – Special Authority see SA1953 – Hospital pharmacy [HP3] († subsidy)			
	Liquid 1 kcal/ml	12.44	500 ml OP	✓ Nutrini Peptisorb
	Liquid 1.5 kcal/ml	18.66	500 ml OP	✓ Nutrini Peptisorb Energy
290	EXTENSIVELY HYDROLYSED FORMULA – Special Authority see SA1557 – Hospital pharmacy [HP3] († subsidy)			
	Powder.....	18.10	450 g OP	✓ Pepti-Junior
		36.20	900 g OP	✓ Allerpro Syneo 1 ✓ Allerpro Syneo 2
291	PAEDIATRIC ORAL/ENTERAL FEED 1 KCAL/ML – Special Authority see SA1698 – Hospital pharmacy [HP3] († subsidy)			
	Liquid	2.80	125 ml OP	✓ Infatrini
291	HIGH FAT LOW CARBOHYDRATE FORMULA – Special Authority see SA1197 – Retail pharmacy († subsidy)			
	Powder (unflavoured)	36.92	300 g OP	✓ KetoCal 4:1 ✓ Ketocal 3:1
	Powder (vanilla).....	36.92	300 g OP	✓ KetoCal 4:1

Check your Schedule for full details
Schedule page ref

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Delisted Items

Effective 1 May 2024

45	COMPOUND ELECTROLYTES WITH GLUCOSE [DEXTROSE] Soln with electrolytes (2 × 500 ml)	8.55	1,000 ml OP	✓ Pedialyte - Bubblegum
56	PRAVASTATIN * Tab 20 mg.....	2.11	28	✓ Pravastatin Mylan ✓ Pravastatin Viatris
	* Tab 40 mg.....	3.61	28	✓ Pravastatin Mylan
59	NICORANDIL ▲ Tab 10 mg.....	25.57	60	✓ Ikorel
	▲ Tab 20 mg.....	32.28	60	✓ Ikorel
282	FOOD THICKENER – Special Authority see SA1106 – Hospital pharmacy [HP3] Powder.....	7.25	380 g OP	✓ Aptamil Feed Thickener
	Note – this delist applies to Pharmacode 2241889			
288	AMINOACID FORMULA WITHOUT LYSINE – Special Authority see SA2300 – Hospital pharmacy [HP3] Powder, 25 g sachets.....	1,048.95	30	✓ GA Express 15

▲ 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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Items to be Delisted

Effective 1 July 2024

269	METHADONE HYDROCHLORIDE			
	a) Only on a controlled drug form			
	b) No patient co-payment payable			
	c) Safety medicine; prescriber may determine dispensing frequency			
	d) Extemporaneously compounded methadone will only be reimbursed at the rate of the cheapest form available (methadone powder, not methadone tablets).			
	Powder.....	7.84	1 g	✓AFT

Effective 1 August 2024

26	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml	35.89	50	✓Micolette-S29 ^{S29}
50	ATENOLOL * Oral liq 25 mg per 5 ml	21.25	300 ml OP	✓Atenolol AFT S29 ^{S29}
53	BUMETANIDE * Tab 1 mg.....	4.91	30	✓Burinex S29 ^{S29}
55	ACIPIMOX * Cap 250 mg	21.56	30	✓Olbetam S29 ^{S29}
84	OXYTOCIN – Up to 5 inj available on a PSO Inj 10 iu per ml, 1 ml ampoule.....	5.98	5	✓Oxytocin GH ^{S29}
139	LEVOMEPRMAZINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency Inj 25 mg per ml, 1 ml ampoule	16.75	5	✓Neuraxpharm ^{S29} ✓Nozinan S29 ^{S29}
154	NICOTINE a) Nicotine will not be funded in amounts less than 4 weeks of treatment. b) Note: Direct Provision by a pharmacist permitted under the provisions in Part I of Section A. Patch 7 mg for direct distribution only – [Xpharm].....	4.13	7	✓Habitrol
265	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Max Health is 2677903	4.50	1 fee	✓BSF Max Health

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Generic Mnfr
✓ fully subsidised

Items to be Delisted – effective 1 December 2024

57	SIMVASTATIN * Tab 40 mg.....	4.11	90	✓ Simvastatin Mylan
83	ETHINYLOESTRADIOL WITH NORETHISTERONE * Tab 35 mcg with norethisterone 1 mg and 7 inert tab – Up to 84 tab available on a PSO.....	16.33	112	✓ Brevinor-1 28 Day ✓ Norimin-1 28 Day
	Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 84 tab available on a PSO.....	29.32	112	✓ Norimin
115	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy Cap 200 mg	110.00	60	✓ Atazanavir Mylan

▲ 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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