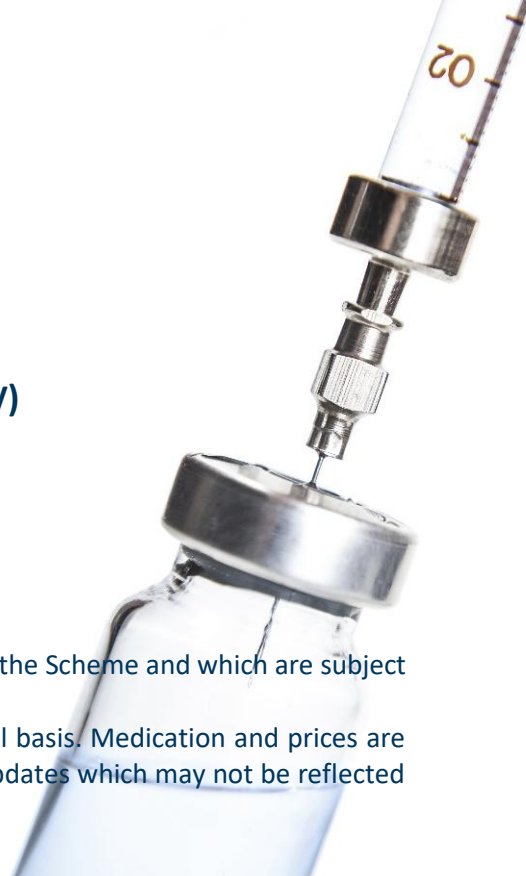


**HUMAN PAPILOMAVIRUS (HPV)
VACCINE FORMULARY**

Effective 1 January 2025

PLEASE NOTE!

- This formulary represents human papillomavirus vaccines covered by the Scheme and which are subject to applicable benefits and limits as specified by the Scheme.
- Please note that the medication on this list is published on an annual basis. Medication and prices are subject to change based on new clinical information and/or pricing updates which may not be reflected on the list below.

A close-up photograph of a glass vial with a metal cap and a syringe with a needle inserted into the cap. The syringe has a scale with the number "20" visible. The vial contains a clear liquid.

NAPPI CODE	PRODUCT NAME	GENERIC NAME
00710249001	GARDASIL PREFILLED SYRUP 0.5ML	HUMAN PAPILOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT
00710249002	GARDASIL PREFILLED SYRUP 0.5ML	HUMAN PAPILOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT
00710020001	CERVARIX PRE-FILLED SYRUP	HUMAN PAPILOMAVIRUS (HPV) BIVAL (TYPE 16, 18) REC