

HUMAN PAPILLOMAVIRUS (HPV) VACCINE FORMULARY

Effective 1 January 2025

PLEASE NOTE!

- This formulary represents Human Papillomavirus (HPV) Vaccines covered by the Fund and which are subject to applicable benefits and limits as specified by the Fund for your plan.
- 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.

NAPPI CODE	NAPPI DESCRIPTION	GENERIC NAME
710020001	CERVARIX PRE-FILLED SYRINGE	HUMAN PAPILLOMAVIRUS (HPV) BIVAL (TYPE 16,18) REC VACCINE INJECTION
710249001	GARDASIL PRE-FILLED SYRINGE 0.5ML	HUMAN PAPILLOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT VACCINE INJECTION
710249002	GARDASIL PRE-FILLED SYRINGE 0.5ML	HUMAN PAPILLOMAVIRUS (HPV) QUADRIVALENT RECOMBINANT VACCINE INJECTION
3006049001	GARDASIL 9 PRE-FILLED SYRINGE 0	HUMAN PAPILLOMAVIRUS (HPV) 9-VALENT RECOMB VAC IM