



PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

September 2025

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Summary of Pharmac decisions

EFFECTIVE 1 SEPTEMBER 2025

New listings (page 18)

- Insulin pump cartridge (Tandem Cartridge) cartridge 300 u, t:lock × 10, 10 OP – Special Authority-Retail Pharmacy, maximum of 50 cart per prescription, only on a prescription, maximum of 190 cartridges will be funded per year
- Levocarnitine (Lacuna) oral liq 1 g per 10 ml, 118 ml – Special Authority-Retail Pharmacy, section 29 and CBS
- Dipyridamole (Dipyridamole - Strides) cap modified-release 200 mg – section 29 and wastage claimable and no new patients to be initiated on dipyridamole
- Labetalol (Presolol) tab 200 mg – section 29 and wastage claimable
- Remdesivir (Veklury) inj 100 mg vial – PCT only
- Paroxetine (Paxtine) tab 20 mg
- Lenalidomide (Viatrix) (Lenalidomide Viatrix) cap 5 mg – Special Authority-Retail Pharmacy
- Fexofenadine hydrochloride (Fexaclear) tab 120 mg
- Salbutamol (UK Cipla) nebuliser soln, 2 mg per ml, 2.5 ml ampoule – up to 30 neb available on a PSO, section 29 and wastage claimable
- Aminocaid formula without phenylalanine and tyrosine (TYR Lophlex LQ 20) liquid (juicy berries) 125 ml pouches – Special Authority-Hospital pharmacy [HP3]

Changes to restrictions (pages 20-24)

- Ferrous sulfate (Ferrograd) tab long-acting 325 mg (105 mg elemental) – addition of note and removal of stat dispensing
- Dipyridamole tab long-acting 150 mg (Pytazen SR) and cap modified-release 200 mg (Dipyridamole – Strides) – addition of note
- Emulsifying ointment (Evara Emulsifying Ointment) oint BP, 500 g – amended brand name
- Emtricitabine with tenofovir disoproxil (Tenofovir Disoproxil Emtricitabine Viatrix) tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) – amended Special authority criteria and subsidy by endorsement
- Melatonin (Vigisom) tab modified-release 2 mg – amended Special Authority criteria
- Modafinil (Modafinil Max Health) tab 100 mg – removal of brand switch fee payable
- Rivastigmine patch 4.6 mg per 24 hour (Rivastigmine Patch BNM 5) and patch 9.5 mg per 24 hour (Rivastigmine Patch BNM 10) – amended Special Authority criteria
- Adalimumab (Amgevita) inj 20 mg per 0.4 ml prefilled syringe, inj 40 mg per 0.8 ml prefilled pen and inj 40 mg per 0.8 ml prefilled syringe – amended Special Authority criteria

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

- Sodium fusidate [fusidic acid] (Fucithalmic Canada (ON) and Fucithalmic Spain) eye drops 1%, 5 g OP – amended brand names
- Oral feed (powder) (Sustagen Hospital Formula) powder (vanilla), 840 g OP – amended brand name
- Meningococcal B multicomponent vaccine (Bexsero) inj 175 mcg per 0.5 ml prefilled syringe – amended funding criteria

Increased subsidy (pages 25-28)

- Loperamide hydrochloride (Diamide Relief) cap 2 mg
- Glycerol (Lax-suppositories Glycerol) suppos 2.8/4.0g
- Lactulose (Laevolac) oral liq 10 g per 15 ml, 500 ml
- Sodium citrate with sodium lauryl sulphoacetate (Micolette) enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml
- Ferrous sulfate (Ferro-Liquid) oral liq 30 mg (6 mg elemental) per 1 ml, 250 ml
- Pegfilgrastim (Ziextenzo) inj 6 mg per 0.6 ml syringe
- Potassium chloride (Span-K) tab long-acting 600 mg (8 mmol)
- Sodium chloride (Fresenius Kabi) inj 0.9%, 5 ml ampoule, 10 ml ampoule and 20 ml ampoule
- Amiodarone hydrochloride tab 100 mg and 200 mg (Aratac) and inj 50 mg per ml, 3 ml ampoule (Max Health)
- Digoxin tab 62.5 mcg (Lanoxin PG) and tab 250 mcg (Lanoxin)
- Sotalol (Mylan) tab 80 mg and 160 mg
- Clonidine hydrochloride (Clonidine Teva) tab 25 mcg
- Nicorandil (Max Health) tab 10 mg and 20 mg
- Clobetasol propionate (Dermol) crm 0.05% and oint 0.05%, 30 g OP
- Clobetasol propionate (Dermol) scalp app 0.05%, 30 ml OP
- Oxytocin with ergometrine maleate (Syntometrine) inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule
- Tamsulosin hydrochloride (Tamsulosin-Rex) cap 400 mcg
- Cefaclor monohydrate (Ranbaxy-Cefaclor) cap 250 mg and grans for oral liq 125 mg per 5 ml, 100 ml
- Ceftriaxone (Ceftriaxone-AFT) inj 500 mg vial
- Amoxicillin (Miro-Amoxicillin) cap 250 mg
- Phenoxymethylpenicillin (Penicillin V) (AFT) grans for oral liq 125 mg per 5 ml and grans for oral liq 250 mg per 5 ml, 100 ml
- Aciclovir (Lovir) tab dispersible 200 mg, 400 mg and 800 mg

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

- Abacavir sulphate with lamivudine (Abacavir/Lamivudine Viatris) tab 600 mg with lamivudine 300 mg
- Atazanavir sulphate (Atazanavir Viatris) cap 150 mg and 200 mg
- Celecoxib (Celebrex) cap 100 mg
- Tenoxicam (Tilcotil) tab 20 mg
- Risedronate sodium (Risedronate Sandoz) tab 35 mg
- Benztropine mesylate (Benztrop) tab 2 mg
- Tetrabenazine (Motetis) tab 25 mg
- Lidocaine [Lignocaine] (Instillagel Lido) gel 2%, 11 ml urethral syringe
- Dihydrocodeine tartrate (DHC Continus) tab long-acting 60 mg
- Methadone hydrochloride (AFT) inj 10 mg per ml, 1 ml
- Morphine sulphate (Medsurge) inj 5 mg, 10 mg, 15 mg and 30 mg per ml, 1 ml ampoule
- Paracetamol with codeine (Paracetamol + Codeine (Relieve)) tab paracetamol 500 mg with codeine phosphate 8 mg
- Paroxetine (Loxamine) tab 20 mg
- Capecitabine (Capecitabine Viatris) tab 150 mg and 500 mg
- Methotrexate (Baxter) inj 5 mg intrathecal syringe for ECP, 5 mg OP
- Vinorelbine (Vinorelbine Te Arai) cap 20 mg, 30 mg and 80 mg
- Azathioprine (Azamun) tab 25 mg and 50 mg
- Chloramphenicol (Devatis) eye oint 1%, 5 g OP
- Charcoal (Carbosorb-X) oral liq 50 g per 250 ml, 250 ml OP
- Oral feed (powder) (Sustagen Hospital Formula) powder (chocolate) and powder (vanilla), 840 g OP

Decreased subsidy (pages 25-27)

- Famotidine (Famotidine Hovid) tab 20 mg
- Ceftriaxone (Ceftriaxone-AFT) inj 1 g vial
- Zoledronic acid (Zoledronic Acid Viatris) inj 0.05 mg per ml, 100 ml, bag

Tender News

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

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
None for this month			

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 October 2025

- Chloramphenicol (Chlorafast) eye drops 0.5%, 10 ml OP – new listing
- Clindamycin (Dalacin C) inj 150 mg per ml, 4 ml ampoule – new listing
- Nirmatrelvir with ritonavir (Paxlovid) tab 150 mg with ritonavir 100 mg
– amendment endorsement criteria, removal of Xpharm rule and addition of PCT rule

Possible decisions for future implementation 1 October 2025

- Silver diamine fluoride (Topamine) 5 ml bottle – new listing (Section H only)
- Sunitinib (Sunitinib Rex) cap 12.5 mg, 25 mg and 50 mg – new listing

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

Generic Name	Presentation	Brand Name	Expiry Date*
Acarbose	Tab 50 mg & 100 mg	Accarb	2027
Acetazolamide	Tab 250 mg	Medsurge	2027
Acetylcysteine	Inj 200 mg per ml, 10 ml ampoule	DBL Acetylcysteine	2027
Aciclovir	Eye oint 3%, 4.5 g OP	ViruPOS	2027
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
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
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	Alphamox 125 Alphamox 250	2026
Amoxicillin with clavulanic acid	Grans for oral liq amoxicillin 50 mg with clavulanic acid 12.5 mg per ml Grans for oral liq amoxicillin 25 mg with clavulanic acid 6.25 mg per ml Tab 500 mg with clavulanic acid 125 mg	Amoxiclav Devatis Forte	2027
		Augmentin	
		Curam Duo 500/125	2026
Anastrozole	Tab 1 mg	Anatrole	2026
Aprepitant	Cap 2 x 80 mg and 1 x 125 mg	Emend	2027
Aqueous cream	Crm, 500 g	Evara	2027
Aspirin	Tab 100 mg	Ethics Aspirin EC Ethics Aspirin	2026
	Tab dispersible 300 mg		
Atenolol	Tab 50 mg	Viatris Atenolol Viatris	2027
	Tab 100 mg		
Atomoxetine	Cap 10 mg, 18 mg, 25 mg, 40 mg, 60 mg, 80 mg and 100 mg	APO-Atomoxetine	2026
Atorvastatin	Tab 10 mg, 20 mg, 40 mg & 80 mg	Lorstat	2027
Atropine sulphate	Inj 600 mcg per ml, 1 ml ampoule	Martindale	2027
	Eye drops 1%, 15 ml OP	Atropt	2026
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine AJV	2027

**Expiry date of the SSS/PSS period is 30 June of the year indicated unless otherwise stated. Please note that SSS/PSS may have been awarded for a wider scope than just those presentation(s) listed in the above table.*

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

Generic Name	Presentation	Brand Name	Expiry Date*
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	Lotn 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	Lax-Suppositories	2027
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	SteroClear	2027
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2027
Calamine	Crn, aqueous, BP	healthE Calamine Aqueous	2027
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
Captopril	Oral liq 5 mg per ml, 100 ml OP	DP-Captopril (Douglas)	2026
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol	Crn BP, 500 g	Cetomacrogol-AFT	2027
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Ciprofloxacin	Eye drops 0.3%, 5 ml OP	Ciprofloxacin Teva	2027
	Tab 750 mg Tab 250 mg & 500 mg	Ipca-Ciprofloxacin	2026
Clarithromycin	Tab 250 mg & 500 mg	Klacid	2027
Clindamycin	Cap 150 mg	Dalacin C	2026
Clomipramine hydrochloride	Tab 25 mg	APO Clomipramine	2027
Clonidine	Patch 2.5 mg, 100 mcg per day	Mylan	2026
	Patch 5 mg, 200 mcg per day		
	Patch 7.5 mg, 300 mcg per day		
Clonidine hydrochloride	Tab 150 mcg	Catapres	2027
	Inj 150 mcg per ml, 1 ml ampoule		
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Crotamiton	Crm 10%, 20 g OP	Itch-Soothe	2027
Cyclizine hydrochloride	Tab 50 mg	Nausicalm	2027
Cyclophosphamide	Tab 50 mg	Cyclonex	2027
Cyproterone acetate	Tab 50 mg & 100 mg	Siterone	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 Viatris	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
Diazepam	Tab 2 mg and 5 mg	Arrow-Diazepam	2026
Diclofenac sodium	Tab long-acting 75 mg	Voltaren SR	2028
	Eye drops 0.1%, single dose; 10 dose OP & 30 dose OP	Diclofenac Devatis	2027
	Tab EC 25 mg & 50 mg	Diclofenac Sandoz	
Diltiazem hydrochloride	Cap long-acting 180 mg & 240 mg	Cardizem CD	2027
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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
Econazole nitrate	Crm 1%	Pevaryl	2027
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
Entacapone	Tab 200 mg	Entacapone Viatris	2027
Entecavir	Tab 0.5 mg	Entecavir	2026
Eplerenone	Tab 25 mg & 50 mg	Inspra	2027
Erlotinib	Tab 100 mg & 150 mg	Alchemy	2027
Escitalopram	Tab 10 mg & 20 mg	Ipca-Escitalopram (Ipca)	2026
Exemestane	Tab 25 mg	Pfizer Exemestane	2026
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
Fexofenadine hydrochloride	Tab 120 mg & 180 mg	Fexaclear	2027
Filgrastim	Inj 300 mcg & 480 mcg per 0.5 ml prefilled syringe	Nivestim	2027
Finasteride	Tab 5 mg	Ricit	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Flecainide acetate	Tab 50 mg Cap long-acting 100 mg & 200 mg	Flecainide BNM Flecainide Controlled Release Teva	2026
Flucloxacillin	Cap 250 mg & 500 mg	Staphlex AFT	2027
	Grans for oral liq 25 mg & 50 mg per ml, 100 ml		
	Inj 250 mg vial and 500 mg vial Inj 1 g vial	Flucloxin Flucil	2026
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fluorouracil	Crm 5%, 20 g OP	Efudix	2027
Folic acid	Tab 5 mg	Folic Acid Viatris	2027
Fosfomycin	Powder for oral solution, 3 g sachet	UroFos	2027
Furosemide [Frusemide]	Tab 40 mg	IPCA-Frusemide	2027
Gabapentin	Cap 100 mg, 300 mg & 400 mg	Nupentin	2027
Gliclazide	Tab 80 mg	Glizide	2026
Glipizide	Tab 5 mg	Minidiab	2027
Glucose [Dextrose]	Inj 50%, 10 ml ampoule	Biomed	2026
	Inj 50%, 90 ml bottle		
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
Hepatitis A vaccine	Inj 1440 ELISA units in 1 ml syringe	Havrix 1440	2027
	Inj 720 ELISA units in 0.5 ml syringe		
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml prefilled syringe	Engerix-B	2027
	Inj 20 mcg per 1 ml prefilled syringe		
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	Solu-Cortef	2027
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	Crm 1% with miconazole nitrate 2%, 15 g OP	Micreme H	2027
Hydroxocobalamin	Inj 1 mg per ml, 1 ml ampoule	Hydroxocobalamin Panpharma	2027
Hydroxychloroquine sulphate	Tab 200 mg	Ipca-Hydroxychloroquine	2027
Hydroxyurea [hydroxycarbamide]	Cap 500 mg	Devatis	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Hyoscine Butylbromide	Tab 10 mg	Hyoscine Butylbromide (Adiramedica)	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
Imatinib Mesilate	Cap 100 mg & 400 mg	Imatinib-Rex	2026
Indapamide	Tab 2.5 mg	Dapa-Tabs	2026
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 Ismo 40 Retard Duride	2026
	Tab long-acting 40 mg		
	Tab long-acting 60 mg		
Isotretinoin	Cap 5 mg, 10 mg & 20 mg	Oratane	2027
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lamivudine	Tab 100 mg	Zetlam Lamivudine Viatris	2026
	Tab 150 mg		
Lanreotide	Inj 90 mg per 0.5 ml, 0.5 ml syringe Inj 60 mg per 0.5 ml, 0.5 ml syringe Inj 120 mg per 0.5 ml, 0.5 ml syringe	Mytolac	2027
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	Sinemet	2027
	Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet CR	
Levodopa with carbidopa and entacapone	Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg	Stalevo	2027
	Tab 100 mg with carbidopa 25 mg and entacapone 200 mg		
	Tab 150 mg with carbidopa 37.5 mg and entacapone 200 mg		
	Tab 200 mg with carbidopa 50 mg and entacapone 200 mg		
Levonorgestrel	Subdermal implant (2 × 75 mg rods)	Jadelle	2026
Linezolid	Tab 600 mg	Zyvox	2027
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Ritonavir Mylan	2027
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
Magnesium sulphate	Inj 2 mmol per ml, 5ml ampoule; 10 inj	Martindale	2026
Measles, mumps and rubella vaccine	Inj, measles virus 1,000 CCID50, mumps virus 5,012 CCID50, Rubella virus 1,000 CCID50; prefilled syringe/ ampoule of diluent 0.5 ml	Priorix	2027
Mebendazole	Tab 100 mg	Vermox	2027
Mebeverine hydrochloride	Tab 135 mg	Colofac	2026
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
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	Biodone Biodone Forte Biodone Extra Forte	2027
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	Crm 0.1%, 15 g OP Oint 0.1%, 15 g OP	Advantan	2026
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	Crm 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 Crm 0.1%, 15 g & 50 g OP	Elocon Elocon Alcohol Free	2027
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2027

**Expiry date of the SSS/PSS period is 30 June of the year indicated unless otherwise stated. Please note that SSS/PSS may have been awarded for a wider scope than just those presentation(s) listed in the above table.*

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

Generic Name	Presentation	Brand Name	Expiry Date*
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Albalon	2027
Naproxen	Tab 250 mg & 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Norflam Naprosyn SR 750 Naprosyn SR 1000	2027
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2027
Nevirapine	Tab 200 mg	Nevirapine Viatris	2027
Nitrofurantoin	Tab 50 mg Cap modified-release 100 mg	Nifuran Macrobid	2027 2026
Nystatin	Vaginal crm 100,000 u per 5 g with applicator(s), 75 g OP Oral liq 100,000 u per ml, 24 ml OP	Nilstat	2026
Octreotide long-acting	Inj depot 10 mg, 20 mg & 30 mg prefilled syringe	Sandostatin LAR	2027
Oestradiol	Gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP	Estrogel	31/10/2027
Oestriol	Crm 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026
Oil in Water Emulsion	Crm	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
Omeprazole	Cap 10 mg Cap 20 mg Cap 40 mg	Omeprazole actavis 10 Omeprazole actavis 20 Omeprazole actavis 40	2026
Ondansetron	Tab disp 4 mg and 8 mg	Periset ODT	2026
Ornidazole	Tab 500 mg	Arrow-Ornidazole	2027
Orphenadrine citrate	Tab 100 mg	Norflex	2027
Oxycodone hydrochloride	Inj 10 mg per ml, 1 ml & 2 ml ampoule Inj 50 mg per ml, 1 ml ampoule	Hameln	2027
Oxycodone hydrochloride	Tab controlled-release 5 mg, 10 mg, 20 mg, 40 mg & 80 mg	Oxycodone Sandoz	2027
Paracetamol	Suppos 125 mg, 250 mg and 500 mg Tab 500 mg-bottle pack Tab 500 mg-blister pack	Gacet Noumed Paracetamol Pacimol	2026
Paraffin	White soft, 450 g White soft, 2,500 g	EVARA White Soft Paraffin	2026
Pazopanib	Tab 200 mg & 400 mg	Pazopanib Teva	2027
Perindopril	Tab 2 mg, 4 mg & 8 mg	Coversyl	2027
Permethrin	Lotn 5%, 30 ml OP	A-Scabies	2026
Phenoxymethylpenicillin (Penicillin V)	Cap 250 mg & 500 mg	Cilicaine VK	2027

**Expiry date of the SSS/PSS period is 30 June of the year indicated unless otherwise stated. Please note that SSS/PSS may have been awarded for a wider scope than just those presentation(s) listed in the above table.*

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

Generic Name	Presentation	Brand Name	Expiry Date*
Pimecrolimus	Crn 1%, 15 g OP	Elidel	2026
Pine tar with trolamine laurilsulfate and fluorescein	Soln 2.3% with trolamine laurilsulfate and fluorescein sodium	Pinetarsol	2026
Pioglitazone	Tab 15 mg, 30 mg & 45 mg	Vexazone	2027
Pneumococcal (PCV13) conjugate vaccine	Inj 30.8 mcg of pneumococcal polysaccharide serotypes 1, 3, 4, 5, 6A, 6B, 7F, 9V, 14, 18C, 19A, 19F and 23F in 0.5ml syringe	Prevenar 13	2027
Pneumococcal (PPV23) polysaccharide vaccine	Inj 575 mcg in 0.5 ml prefilled syringe (25 mcg of each 23 pneumococcal serotype)	Pneumovax 23	2027
Poliomyelitis vaccine	Inj 80D antigen units in 0.5 ml syringe	IPOL	2027
Poloxamer	Oral drops 10%, 30 ml OP	Coloxyl	2026
Pomalidomide	Cap 1 mg, 2 mg, 3 mg and 4 mg	Pomolide	31/07/2027
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026
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
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
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
Rosuvastatin	Tab 5 mg, 10 mg, 20 mg & 40 mg	Rosuvastatin Viartis	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 September 2025

Generic Name	Presentation	Brand Name	Expiry Date*
Rotavirus oral vaccine	Oral susp live attenuated human rotavirus 1,000,000 CCID50 per dose, prefilled oral applicator	Rotarix	2027
Roxithromycin	Tab 150 mg & 300 mg	Arrow-Roxithromycin	2026
Salbutamol	Oral liq 400 mcg per ml	Ventolin	2027
Sildenafil	Tab 25 mg, 50 mg & 100 mg	Vedafil	2027
Simvastatin	Tab 20 mg, 40 mg and 80 mg Tab 10 mg	Simvastatin Viatris Simvastatin Mylan	2026
Sodium citro-tartrate	Grans eff 4 g sachets	Ural	2026
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
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin succinate Max Health	2027
Somatropin	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2027
Sumatriptan	Tab 50 mg & 100 mg	Sumagran	2027
Tacrolimus	Oint 1 %; 30 g OP	Zematop	2026
Tamoxifen citrate	Tab 10 mg & 20 mg	Tamoxifen Sandoz	2026
Temazepam	Tab 10 mg	Normison	2026
Terbinafine	Tab 250 mg	Deolate	2026
Teriflunomide	Tab 14 mg	Teriflunomide Sandoz	2027
Testosterone	Gel (transdermal) 16.2 mg per g, 88 g OP	Testogel	2027
Ticagrelor	Tab 90 mg	Ticagrelor Sandoz	2027
Timolol	Eye drops 0.25% and 0.5%, 5 ml OP	Arrow-Timolol	2026
Tobramycin	Inj 40 mg per ml, 2 ml vial Soln for inhalation 60 mg per ml, 5 ml	Viatris Tobramycin BNM	2027 2026
Tramadol hydrochloride	Tab sustained-release 100 mg Tab sustained-release 150 mg Tab sustained-release 200 mg Cap 50 mg	Tramal SR 100 Tramal SR 150 Tramal SR 200 Arrow-Tramadol	2026
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 acetoneide	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	2027

**Expiry date of the SSS/PSS period is 30 June of the year indicated unless otherwise stated. Please note that SSS/PSS may have been awarded for a wider scope than just those presentation(s) listed in the above table.*

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

Generic Name	Presentation	Brand Name	Expiry Date*
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Oral liq 8 mg sulphamethoxazole 40 mg per ml	Deprim	2028
	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 Viatris	2027
Vancomycin	Inj 500 mg vial	Mylan	2026
Varicella vaccine [chickenpox vaccine]	Inj 2000 PFU prefilled syringe plus vial	Varilrix	2027
Voriconazole	Tab 50 mg & 200 mg	Vttack	2028
Zoledronic acid	Inj 4 mg per 5 ml, vial	Zoledronic Acid Viatris	2027
Zopiclone	Tab 7.5 mg	Zopiclone Actavis	2027

September 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 September 2025

17	INSULIN PUMP CARTRIDGE – Special Authority see SA2380 – Retail pharmacy a) Maximum of 50 cart per prescription b) Only on a prescription c) Maximum of 190 cartridges will be funded per year. * Cartridge 300 u, t:lock × 10 86.00 10 OP ✓ Tandem Cartridge Note – this listing is for Pharmacode 2704188.
28	LEVOCARNITINE – Special Authority see SA2040 – Retail pharmacy Oral liq 1 g per 10 ml CBS 118 ml ✓ Lacuna ^{\$29}
41	DIPYRIDAMOLE Note: No new patients to be initiated on dipyridamole. Cap modified-release 200 mg 55.13 60 ✓ Dipyridamole – Strides ^{\$29} Wastage claimable
49	LABETALOL * Tab 200 mg 42.07 100 ✓ Presolol ^{\$29} Wastage claimable
111	REMDESIVIR – PCT only Note: Subsidised for patients meeting access criteria for oral antiviral treatments (as on Pharmac's website). Inj 100 mg vial 615.23 1 ✓ Veklury
130	PAROXETINE * Tab 20 mg 1.66 30 ✓ Paxtine
160	LENALIDOMIDE (VIATRIS) – Special Authority see SA2353 – Retail pharmacy Cap 5 mg 76.92 21 ✓ Lenalidomide Viatris Note – this listing is for Pharmacode 2707527.
267	FEXOFENADINE HYDROCHLORIDE * Tab 120 mg 3.49 30 ✓ Fexaclear Note – this listing is for Pharmacode 2711222.
269	SALBUTAMOL Nebuliser soln, 2 mg per ml, 2.5 ml ampoule – Up to 30 neb available on a PSO 9.43 20 ✓ UK Cipla ^{\$29} Wastage claimable
301	AMINOACID FORMULA WITHOUT PHENYLALANINE AND TYROSINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Liquid (juicy berries) 125 ml pouches 1,684.80 30 ✓ TYR Lophlex LQ 20 Note – this listing is for Pharmacode 2711443.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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New Listings – effective 1 August 2025

98	BENZATHINE BENZYLPENICILLIN Inj 900 mg (1.2 million units) vial.....	43.24	1	✓ Benzetacil S29
129	NORTRIPTYLINE HYDROCHLORIDE – Safety medicine; prescriber may determine dispensing frequency			
	Tab 10 mg.....	2.24	50	✓ Allegron
	Tab 25 mg.....	2.95	50	✓ Allegron

▲ 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 September 2025

34	FERROUS SULFATE (addition of note and removal of stat dispensing) * Tab long-acting 325 mg (105 mg elemental) 2.55 Note: No new patients to be initiated on ferrous sulfate.	30	✓ Ferrograd
41	DIPYRIDAMOLE (addition of note) Note: No new patients to be initiated on dipyridamole. Tab long-acting 150 mg 13.93 Cap modified-release 200 mg 55.13	60 60	✓ Pytazen SR ✓ Dipyridamole – Strides S29
71	EMULSIFYING OINTMENT (amended brand name) * Oint BP 3.13	500 g	✓ Evvara Emulsifying Ointment ADE
111	EMTRICITABINE WITH TENOFOVIR DISOPROXIL – Subsidy by endorsement; can be waived by Special Authority see SA2520 2+38 (amended Special Authority criteria) a) Funding for emtricitabine with tenofovir disoproxil for use as PrEP or PEP, should be applied using Special Authority SA2520 2+38 . b) Endorsement for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV (when co-prescribed with other antiretrovirals) and percutaneous exposure): Prescription is deemed to be endorsed if emtricitabine with tenofovir disoproxil is co-prescribed with another antiretroviral subsidised under Special Authority SA2139 and the prescription is annotated accordingly by the Pharmacist or endorsed by the prescriber. Note: Emtricitabine with tenofovir disoproxil prescribed under endorsement, for treatment of conditions approved via Special Authority SA2139 (antiretrovirals for confirmed HIV, prevention of maternal transmission, post-exposure prophylaxis following exposure to HIV and percutaneous exposure), is included in the count of up to 4 subsidised antiretrovirals, and counts as two antiretroviral medications, for the purposes of Special Authority SA2139. There is an approval process to become a named specialist to prescribe antiretroviral therapy in New Zealand. Further information is available on the Pharmac website. * Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate) 13.45	30	✓ Tenofovir Disoproxil Emtricitabine Viatrix

► **SA2520 2+38** Special Authority for Subsidy

Initial application – (**Pre-exposure prophylaxis**) from any relevant practitioner. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion; and
- 2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.

Notes: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines:

<https://ashm.org.au/HIV/PrEP/>

Renewal – (**Pre-exposure prophylaxis**) from any relevant practitioner. Approvals valid for 24 months for applications meeting the following criteria:

Both:

- 1 Patient has tested HIV negative, does not have signs or symptoms of acute HIV infection and has been assessed for HIV seroconversion; and
- 2 The Practitioner considers the patient is at elevated risk of HIV exposure and use of PrEP is clinically appropriate.

Notes: Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines:

<https://ashm.org.au/HIV/PrEP/>

continued...

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Restrictions – effective 1 September 2025 (continued)

continued...

Initial application — (post-exposure prophylaxis following exposure to HIV) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

1 Treatment course to be initiated within 72 hours post exposure; and

2 Any of the following:

- 2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or**
- 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or**
- 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is appropriate; or**
- 2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.**

Notes: Tenofovir disoproxil prescribed under endorsement for HIV is included in the count of up to 4 subsidised antiretrovirals. Subsidies apply for a combination of up to four antiretroviral medications. The combination of a protease inhibitor and low-dose ritonavir given as a booster (either as part of a combination product or separately) will be counted as one protease inhibitor for the purpose of accessing funding to antiretrovirals.

Refer to local health pathways or the Australasian Society for HIV, Viral Hepatitis and Sexual Health Medicine clinical guidelines for PEP (<https://www.ashm.org.au/hiv/hiv-management/pep/>).

Renewal — (second or subsequent post-exposure prophylaxis) from any relevant practitioner. Approvals valid for 4 weeks for applications meeting the following criteria:

Both:

1 Treatment course to be initiated within 72 hours post exposure; and

2 Any of the following:

- 2.1 Patient has had condomless anal intercourse or receptive vaginal intercourse with a known HIV positive person with an unknown or detectable viral load greater than 200 copies per ml; or**
- 2.2 Patient has shared intravenous injecting equipment with a known HIV positive person; or**
- 2.3 Patient has had non-consensual intercourse and the clinician considers that the risk assessment indicates prophylaxis is appropriate; or**
- 2.4 Patient has had condomless anal intercourse with a person from a high HIV prevalence country or risk group whose HIV status is unknown.**

▲ 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 September 2025 (continued)

143 MELATONIN – Special Authority see **SA2523 +666** – Retail pharmacy (amended Special Authority criteria)

Tab modified-release 2 mg – No more than 5 tab per day 5.80 30 ✓ **Vigisom**

Restricted to patients aged 18 years or under.

➤ **SA2523 +666** Special Authority for Subsidy

Initial application only from a psychiatrist, paediatrician, neurologist, respiratory specialist **or any relevant practitioner medical-practitioner** on the recommendation of a psychiatrist, paediatrician, neurologist or respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient has been diagnosed with persistent and distressing insomnia secondary to a neurodevelopmental disorder (including, but not limited to, autism spectrum disorder or attention deficit hyperactivity disorder)*; and
- 2 Behavioural and environmental approaches have been tried and were unsuccessful, or are inappropriate; and
- 3 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day; and
- 4 Patient is aged 18 years or under*.

Renewal only from a psychiatrist, paediatrician, neurologist, respiratory specialist **or any relevant practitioner medical-practitioner** on the recommendation of a psychiatrist, paediatrician, neurologist or respiratory specialist. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

- 1 Patient is aged 18 years or under*; and
- 2 Patient has demonstrated clinically meaningful benefit from funded modified-release melatonin (clinician determined); and
- 3 Patient has had a trial of funded modified-release melatonin discontinuation within the past 12 months and has had a recurrence of persistent and distressing insomnia; and
- 4 Funded modified-release melatonin is to be given at doses no greater than 10 mg per day.

Note: Indications marked with * are unapproved indications.

148 MODAFINIL – Special Authority see SA2451 – Retail pharmacy (removal of brand switch fee payable)

Brand switch fee payable (Pharmacode 2704684)

Tab 100 mg 14.27 30 ✓ **Modafinil Max Health**

149 RIVASTIGMINE – Special Authority see **SA2524 +488** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)

Patch 4.6 mg per 24 hour 49.40 30 ✓ **Rivastigmine Patch BNM 5**

Patch 9.5 mg per 24 hour 49.40 30 ✓ **Rivastigmine Patch BNM 10**

➤ **SA2524 +488** Special Authority for Subsidy

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

- 1 The patient has been diagnosed with dementia; and
- 2 The patient **is contraindicated to or** has experienced intolerable nausea and/or vomiting **side effects** from donepezil tablets.

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 September 2025 (continued)

- 189 ADALIMUMAB (AMGEVITA) – Special Authority see **SA2525 2400** – Retail pharmacy (amended Special Authority criteria – affected criteria shown only)
- | | | | |
|--|--------|---|-------------------|
| Inj 20 mg per 0.4 ml prefilled syringe | 190.00 | 1 | ✓ Amgevita |
| Inj 40 mg per 0.8 ml prefilled pen..... | 375.00 | 2 | ✓ Amgevita |
| Inj 40 mg per 0.8 ml prefilled syringe | 375.00 | 2 | ✓ Amgevita |
- ➔ **SA2525 2400** Special Authority for Subsidy
- Initial application — (Arthritis - rheumatoid) only from a rheumatologist. Approvals valid for 6 months for applications meeting the following criteria:
- Either:
- 1 Both:
 - 1.1 The patient has had an initial Special Authority approval for etanercept for rheumatoid arthritis; and
 - 1.2 Either:
 - 1.2.1 The patient has experienced intolerable side effects; or
 - 1.2.2 The patient has received insufficient benefit from etanercept to meet the renewal criteria for rheumatoid arthritis; or
 - 2 All of the following:
 - 2.1 Patient has had rheumatoid arthritis (either confirmed by radiology imaging, or the patient is CCP antibody positive) for six months duration or longer; and
 - 2.2 Treatment is to be used as an adjunct to methotrexate therapy or monotherapy where use of methotrexate is limited by toxicity or intolerance; and
 - 2.3 Patient has tried and not responded to at least three months of methotrexate at a maximum tolerated dose (unless contraindicated); and
 - 2.4 Patient has tried and not responded to at least three months of methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate at maximum tolerated doses (unless contraindicated); and
 - 2.5 Either:
 - 2.5.1 Patient has tried and not responded to at least three months of methotrexate in combination with the maximum tolerated dose of ciclosporin (**unless contraindicated**); or
 - 2.5.2 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide (**unless contraindicated**) alone or in combination with methotrexate; and
 - 2.6 Either:
 - 2.6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 15 swollen joints; or
 - 2.6.2 Patient has persistent symptoms of poorly controlled and active disease in at least four joints from the following: wrist, elbow, knee, ankle, and either shoulder or hip.
- 276 SODIUM FUSIDATE [FUSIDIC ACID] (amended brand name)
- | | | | |
|--------------------|------|--------|---|
| Eye drops 1% | 5.29 | 5 g OP | ✓ Fucithalmic Canada (ON) S29
✓ Fucithalmic Spain S29 S29 |
|--------------------|------|--------|---|
- 295 ORAL FEED (POWDER) – Special Authority see SA1859 – Hospital pharmacy [HP3] (amended brand name)
- | | | | |
|-----------------------|-------|----------|--|
| Powder (vanilla)..... | 15.90 | 840 g OP | ✓ Sustagen Hospital Formula
Active |
|-----------------------|-------|----------|--|

▲ 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 September 2025 (continued)

312 MENINGOCOCCAL B MULTICOMPONENT VACCINE (amended funding criteria)

- a) Only on a prescription
- b) No patient co-payment payable
- c) Any of the following:
 - A) **A primary course of up to three doses for children up to the age of 59 months inclusive; Three doses for children up to 12 months of age (inclusive) for primary immunisation; or**
 - B) **Up to three doses (dependent on age at first dose) for a catch-up programme for children from 13 months to 59 months of age (inclusive) for primary immunisation, from 1 March 2023 to 31 August 2025; or**
 - C) **Both:**
 - 1) Person is **5 years one year** of age or over; and
 - 2) Any of the following:
 - i) **up to two doses and a booster every five years for patients pre- and post-splenectomy; and for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited), or pre- or post-solid organ transplant; or**
 - ii) **up to two doses for close contacts of meningococcal cases of any group; or and a booster every five years for patients with functional or anatomic asplenia, HIV, complement deficiency (acquired or inherited); or**
 - iii) **up to two doses for person who has previously had meningococcal disease of any group; or up to two doses and a booster every five years pre- or post-solid organ transplant; or**
 - iv) **up to two doses for bone marrow transplant patients; or up to two doses for close contacts of meningococcal cases of any group; or**
 - v) **up to two doses for person who has previously had meningococcal disease of any group; or**
 - vi) **up to two doses for bone marrow transplant patients; or**
 - vii) **up to two doses for person pre- and post-immunosuppression*; or**
 - D) **Both:**
 - 1) Person is aged between 13 and 25 years (inclusive); and
 - 2) Either:
 - i) Two doses for individuals who are entering within the next three months, or in their first year of living in boarding school hostels, tertiary education halls of residence, military barracks, Youth Justice residences, or prisons; or
 - ii) Two doses for individuals who turn 13 years of age while living in boarding school hostels.
 - E) **D) Contractors will be entitled to claim payment from the Funder for the supply of Meningococcal B multicomponent vaccine to patients eligible under the above criteria pursuant to their contract with Health New Zealand (Health NZ) for subsidised immunisation, and they may only do so in respect of the Meningococcal B multicomponent vaccine listed in the Pharmaceutical Schedule.**
 - F) **E) Contractors may only claim for patient populations within the criteria that are covered by their contract, which may be a sub-set of the population described in paragraphs A-D above.**

*Immunosuppression due to corticosteroid or other immunosuppressive therapy must be for a period of greater than 28 days.

Inj 175 mcg per 0.5 ml prefilled syringe 0.00 1 ✓ **Bexsero**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price

Effective 1 September 2025

6	LOPERAMIDE HYDROCHLORIDE – Up to 30 cap available on a PSO († subsidy) * Cap 2 mg	12.00	400	✓ Diamide Relief
9	FAMOTIDINE – Only on a prescription (↓ subsidy) * Tab 20 mg.....	4.86	100	✓ Famotidine Hovid (S29)
25	GLYCEROL († subsidy) * Suppos 2.8/4.0 g – Only on a prescription	12.39	20	✓ Lax-suppositories Glycerol
25	LACTULOSE – Only on a prescription († subsidy) * Oral liq 10 g per 15 ml	6.16	500 ml	✓ Laevolac
25	SODIUM CITRATE WITH SODIUM LAURYL SULPHOACETATE – Only on a prescription († subsidy) Enema 90 mg with sodium lauryl sulphoacetate 9 mg per ml, 5 ml.....	36.89	50	✓ Micolette
34	FERROUS SULFATE († subsidy) * Oral liq 30 mg (6 mg elemental) per 1 ml	10.25	250 ml	✓ Ferro-Liquid
44	PEGFILGRASTIM – Special Authority see SA1912 – Retail pharmacy († subsidy) Inj 6 mg per 0.6 ml syringe	69.50	1	✓ Ziextenzo
44	POTASSIUM CHLORIDE († subsidy) * Tab long-acting 600 mg (8 mmol)	16.15	200	✓ Span-K
45	SODIUM CHLORIDE († subsidy) Not funded for use as a nasal drop. Not funded for nebuliser use except when used in conjunction with an antibiotic intended for nebuliser use. Inj 0.9%, 5 ml ampoule – Up to 5 inj available on a PSO	4.12	20	✓ Fresenius Kabi
	Inj 0.9%, 10 ml ampoule – Up to 5 inj available on a PSO	7.50	50	✓ Fresenius Kabi
	Inj 0.9%, 20 ml ampoule	5.20	20	✓ Fresenius Kabi
48	AMIODARONE HYDROCHLORIDE († subsidy) ▲ Tab 100 mg.....	4.95	30	✓ Aratac
	▲ Tab 200 mg.....	5.86	30	✓ Aratac
	Inj 50 mg per ml, 3 ml ampoule – Up to 10 inj available on a PSO	17.96	10	✓ Max Health
48	DIGOXIN († subsidy) * Tab 62.5 mcg – Up to 30 tab available on a PSO	8.58	240	✓ Lanoxin PG
	* Tab 250 mcg – Up to 30 tab available on a PSO	18.75	240	✓ Lanoxin
50	SOTALOL († subsidy) * Tab 80 mg.....	40.00	500	✓ Mylan
	* Tab 160 mg.....	20.00	100	✓ Mylan
51	CLONIDINE HYDROCHLORIDE († subsidy) * Tab 25 mcg.....	29.74	112	✓ Clonidine Teva

▲ 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
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Changes to Subsidy and Manufacturer's Price – effective 1 September 2025 (continued)

56	NICORANDIL († subsidy)			
	▲ Tab 10 mg.....	27.81	60	✓ Max Health
	▲ Tab 20 mg.....	35.12	60	✓ Max Health
69	CLOBETASOL PROPIONATE († subsidy)			
	* Crm 0.05%.....	3.75	30 g OP	✓ Dermol
	* Oint 0.05%.....	3.68	30 g OP	✓ Dermol
74	CLOBETASOL PROPIONATE († subsidy)			
	* Scalp app 0.05%.....	6.90	30 ml OP	✓ Dermol
81	OXYTOCIN WITH ERGOMETRINE MALEATE – Up to 5 inj available on a PSO († subsidy)			
	Inj 5 iu with ergometrine maleate 500 mcg per ml, 1 ml ampoule.....	41.47	5	✓ Syntometrine
81	TAMSULOSIN HYDROCHLORIDE – Special Authority see SA1032 – Retail pharmacy († subsidy)			
	* Cap 400 mcg.....	28.56	100	✓ Tamsulosin-Rex
95	CEFACLOR MONOHYDRATE († subsidy)			
	Cap 250 mg.....	29.73	100	✓ Ranbaxy-Cefaclor
	Grans for oral liq 125 mg per 5 ml – Wastage claimable.....	5.83	100 ml	✓ Ranbaxy-Cefaclor
95	CEFTRIAXONE – Subsidy by endorsement			
	a) Up to 10 inj available on a PSO			
	b) Subsidised only if prescribed for a dialysis or cystic fibrosis patient, or the treatment of gonorrhoea, or the treatment of pelvic inflammatory disease, or the treatment of suspected meningococcal disease, and the prescription or PSO is endorsed accordingly.			
	Inj 500 mg vial († subsidy).....	0.94	1	✓ Ceftriaxone-AFT
	Inj 1 g vial († subsidy).....	3.49	5	✓ Ceftriaxone-AFT
98	AMOXICILLIN († subsidy)			
	Cap 250 mg.....	54.00	500	✓ Miro-Amoxicillin
	a) Up to 30 cap available on a PSO			
	b) Up to 10 x the maximum PSO quantity for RFPF			
99	PHENOXYMETHYLPENICILLIN (PENICILLIN V) († subsidy)			
	Grans for oral liq 125 mg per 5 ml.....	5.75	100 ml	✓ AFT
	a) Up to 200 ml available on a PSO			
	b) Wastage claimable			
	Grans for oral liq 250 mg per 5 ml.....	5.89	100 ml	✓ AFT
	a) Up to 300 ml available on a PSO			
	b) Up to 2 x the maximum PSO quantity for RFPF			
	c) Wastage claimable			
109	ACICLOVIR († subsidy)			
	* Tab dispersible 200 mg.....	2.05	25	✓ Lovir
	* Tab dispersible 400 mg.....	7.55	56	✓ Lovir
	* Tab dispersible 800 mg.....	7.43	35	✓ Lovir

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 September 2025 (continued)

113	ABACAVIR SULPHATE WITH LAMIVUDINE – Special Authority see SA2139 – Retail pharmacy († subsidy) Note: abacavir with lamivudine (combination tablets) counts as two anti-retroviral medications for the purposes of anti-retroviral Special Authority. Tab 600 mg with lamivudine 300 mg	35.00	30	✓ Abacavir/Lamivudine Viatris
114	ATAZANAVIR SULPHATE – Special Authority see SA2139 – Retail pharmacy († subsidy) Cap 150 mg	102.50	60	✓ Atazanavir Viatris
	Cap 200 mg	152.30	60	✓ Atazanavir Viatris
118	CELECOXIB († subsidy) Cap 100 mg	3.60	60	✓ Celebrex
118	TENOXCAM († subsidy) * Tab 20 mg.....	23.50	100	✓ Tilcotil
121	RISEDRONATE SODIUM († subsidy) Tab 35 mg.....	3.00	4	✓ Risedronate Sandoz
121	ZOLEDRONIC ACID († subsidy) Inj 0.05 mg per ml, 100 ml, bag.....	19.45	1	✓ Zoledronic Acid Viatris
123	BENZATROPINE MESYLATE († subsidy) Tab 2 mg.....	10.99	60	✓ Bentrop
124	TETRABENAZINE († subsidy) Tab 25 mg.....	126.02	112	✓ Motetis
124	LIDOCAINE [LIGNOCAINE] († subsidy) Gel 2%, 11 ml urethral syringe – Subsidy by endorsement..... a) Up to 5 each available on a PSO b) Subsidised only if prescribed for urethral, cervical or rectal administration and the prescription is endorsed accordingly.	65.45	10	✓ Instillagel Lido
127	DIHYDROCODEINE TARTRATE († subsidy) Tab long-acting 60 mg.....	9.20	60	✓ DHC Continus
127	METHADONE HYDROCHLORIDE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 10 mg per ml, 1 ml	72.99	10	✓ AFT

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Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Changes to Subsidy and Manufacturer's Price – effective 1 September 2025 (continued)

128	MORPHINE SULPHATE († subsidy) a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Inj 5 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	5.96	5	✓Medsurge
	Inj 10 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	4.99	5	✓Medsurge
	Inj 15 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	6.93	5	✓Medsurge
	Inj 30 mg per ml, 1 ml ampoule – Up to 5 inj available on a PSO.....	7.28	5	✓Medsurge
128	PARACETAMOL WITH CODEINE – Safety medicine; prescriber may determine dispensing frequency († subsidy) * Tab paracetamol 500 mg with codeine phosphate 8 mg.....	31.95	1,000	✓Paracetamol + Codeine (Relieve)
130	PAROXETINE († subsidy) * Tab 20 mg.....	4.98	90	✓Loxamine
156	CAPECITABINE – Retail pharmacy-Specialist († subsidy) Tab 150 mg..... Tab 500 mg.....	10.92 50.96	60 120	✓Capecitabine Viatris ✓Capecitabine Viatris
158	METHOTREXATE († subsidy) * Inj 5 mg intrathecal syringe for ECP – PCT only – Specialist	19.06	5 mg OP	✓Baxter
166	VINORELBINE († subsidy) Cap 20 mg Cap 30 mg Cap 80 mg	32.10 42.80 80.00	1 1 1	✓Vinorelbine Te Arai ✓Vinorelbine Te Arai ✓Vinorelbine Te Arai
181	AZATHIOPRINE († subsidy) * Tab 25 mg..... * Tab 50 mg.....	10.15 10.34	60 100	✓Azamun ✓Azamun
276	CHLORAMPHENICOL († subsidy) Eye oint 1%	1.55	5 g OP	✓Devatis
281	CHARCOAL († subsidy) * Oral liq 50 g per 250 ml a) Up to 250 ml available on a PSO b) Only on a PSO	59.85	250 ml OP	✓Carbosorb-X
295	ORAL FEED (POWDER) – Special Authority see SA1859 – Hospital pharmacy [HP3] († subsidy) Powder (chocolate) Powder (vanilla).....	15.90 15.90	840 g OP 840 g OP	✓Sustagen Hospital Formula ✓Sustagen Hospital Formula

Delisted Items					
Effective 1 September 2025					
9	FAMOTIDINE – Only on a prescription * Tab 40 mg.....	10.32	100	✓ Famotidine Hovid	\$29
130	VENLAFAXINE * Cap 75 mg * Cap 150 mg	3.44 4.65	28 28	✓ Enlafax XR ✓ Enlafax XR	
Note – this delist applies to the 28 tab pack only.					
137	RISPERIDONE – Safety medicine; prescriber may determine dispensing frequency Tab 0.5 mg..... Tab 1 mg..... Tab 2 mg..... Tab 3 mg.....	0.72 4.01 2.44 3.68 2.72 5.38 4.50 8.57	20 60 60 60 60 60 60	✓ Risperdal ✓ Risperidone Sandoz ✓ Risperdal ✓ Risperidone Sandoz ✓ Risperdal ✓ Risperidone Sandoz ✓ Risperdal ✓ Risperidone Sandoz	\$29 \$29 \$29 \$29 \$29 \$29
128	OXYCODONE HYDROCHLORIDE a) Only on a controlled drug form b) No patient co-payment payable c) Safety medicine; prescriber may determine dispensing frequency Tab immediate-release 5 mg..... Tab immediate-release 10 mg..... Tab immediate-release 20 mg.....	13.77 18.77 26.77	100 100 100	✓ Oxycodone Amneal ✓ Oxycodone Amneal ✓ Oxycodone Amneal	
Note – these delistings are for Pharmacodes 2681919, 2681927 and 2681935 respectively.					
130	CARBAMAZEPINE * Tab 200 mg.....	14.53	100	✓ Tegretol AU	
141	INTERFERON BETA-1-ALPHA – Special Authority see SA2274 – Retail pharmacy Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted. Injection 6 million iu per 0.5 ml pen injector	1,170.00	4	✓ Avonex Pen	
150	NALTREXONE HYDROCHLORIDE – Special Authority see SA1408 below – Retail pharmacy Tab 50 mg..... 	77.77 102.60	28 30	✓ Naltrexone AOP ✓ Naltrexone Max Health	\$29 \$29
278	ACETAZOLAMIDE * Tab 250 mg.....	17.03	100	✓ Diamox	
281	PHARMACY SERVICES * Brand switch fee..... a) May only be claimed once per patient. b) The Pharmacode for BSF Modafinil Max Health is 2704684	4.50	1 fee	✓ BSF Modafinil Max Health	
295	ENTERAL FEED WITH FIBRE 1.2KCAL/ML – Special Authority see SA1859 – Hospital pharmacy [HP3] Liquid, 1,000 ml bottle.....	7.87	1 OP	✓ Jevity Plus RTH	

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Delisted Items – effective 1 September 2025 (continued)

267	FEXOFENADINE HYDROCHLORIDE			
	* Tab 120 mg.....	3.49	30	✓ Fexaclear
	Note – this delisting is for Pharmacode 2698781.			

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) \$	Per	Brand or Generic Mnfr ✓ fully subsidised
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Items to be Delisted

Effective 1 December 2025

100	GENTAMICIN SULPHATE Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement.....	18.38 91.90	10 50	✓Gentamicin Amdipharm \$29 ✓Gentamicin Noridem \$29
Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.				
301	AMINOACID FORMULA WITHOUT PHENYLALANINE AND TYROSINE – Special Authority see SA2357 – Hospital pharmacy [HP3] Liquid (juicy berries) 125 ml pouches..... Note – this delisting is for Pharmacode 2610906.	1,684.80	30	✓TYR Lophlex LQ 20

Effective 1 January 2026

43	HEPARIN SODIUM Inj 1,000 iu per ml, 10 ml vial..... Inj 1,000 iu per ml, 5 ml ampoule.....	127.44 25.49 103.70	25 10	✓Pfizer \$29 ✓Wockhardt \$29 ✓Wockhardt PSF \$29
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Effective 1 February 2026

28	LEVOCARNITINE – Special Authority see SA2040 – Retail pharmacy Oral liq 1 g per 10 ml	CBS	118 ml	✓Novitium Sugar Free \$29
34	FERROUS SULFATE * Oral liq 30 mg (6 mg elemental) per 1 ml	13.10	500 ml	✓Ferodan
118	CELECOXIB Cap 100 mg	3.45	60	✓Celecoxib Pfizer

Effective 1 March 2026

34	FERROUS SULFATE Tab long-acting 325 mg (105 mg elemental)..... Note: No new patients to be initiated on ferrous sulfate	2.55	30	✓Ferrograd
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Effective 1 May 2026

17	INSULIN PUMP CARTRIDGE – Special Authority see SA2380 – Retail pharmacy a) Maximum of 50 cart per prescription b) Only on a prescription c) Maximum of 190 cartridges will be funded per year. * Cartridge 300 u, t:lock × 10..... Note – this delisting is for Pharmacode 2703017.	86.00	10 OP	✓Tandem Cartridge
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