PHARMAC
TE PĀTAKA WHAIORANGA

Pharmaceutical Management Agency
New Zealand
Pharmaceutical Schedule

Update

December 2025

Contents

Summary of Pharmac decisions
EFFECTIVE 1 DECEMBER 2025

New listings (pages 19-23)

- Insulin pump with algorithm (Tandem t:slim X2 with Control-IQ+) min basal rate 0.1 U/h – Special Authority – Retail pharmacy, maximum of 1 dev per prescription, only on a prescription and maximum of 1 insulin pump per patient each four year period
- Docusate sodium with sennosides (Solax) tab 50 mg with sennosides 8 mg
- Heparin sodium (Wockhardt) inj 10 iu per ml, 5 ml ampoule (flushing solution) – s29 and wastage claimable
- Potassium chloride (Span-K) tab long-acting 600 mg (8 mmol)
- Ethinyloestradiol with norethisterone (Norimin) tab 35 mcg with norethisterone 500 mcg and 7 inert tab, 112 tab pack – Up to 112 tab available on a PSO
- Somatropin (Omnitrope) (Omnitrope AU) inj 5 mg cartridge – Special Authority – Retail pharmacy and s29
- Cefalexin cap 250 mg (Cefalexin Lupin) and cap 500 mg (Cefalexin Sandoz)
- Vancomycin (Vancomycin Viatris) inj 500 mg vial – Subsidy by endorsement
- Isoniazid with rifampicin (Rifamazid) tab 100 mg with rifampicin 150 mg – Retail pharmacy-Specialist, no patient co-payment payable, s29 and wastage claimable
- Oxycodone hydrochloride (Rosemont) oral liq 1 mg per ml, 250 ml – only on a controlled drug form, no patient co-payment payable, safety medicine; prescriber may determine dispensing frequency and wastage claimable
- Ocrelizumab (Ocrevus SC) inj 40 mg per ml, 23 ml vial – Special Authority – Retail pharmacy
- Methylphenidate hydrochloride (Methylphenidate Sandoz XR) tab modified-release 18 mg, 27 mg, 36 mg and 54 mg – Special Authority – Retail pharmacy, only on a controlled drug form and safety medicine; prescriber may determine dispensing frequency
- Entrectinib (Rozlytrek) cap 200 mg – Special Authority – Retail pharmacy
- Sunitinib (Sunitinib Rex) cap 50 mg – Special Authority – Retail pharmacy
- Fulvestrant (Fulvestrant EVER Pharma) inj 50 mg per ml, 5 ml prefilled syringe – Retail pharmacy-Specialist – Special Authority
- Faricimab (Vabysmo) inj 120 mg per ml, 0.24 ml vial – Special Authority – Retail pharmacy
- Pertuzumab with trastuzumab (Phesgo) inj 600 mg with trastuzumab 600 mg, 10 ml vial and inj 1200 mg with trastuzumab 600 mg, 15 ml vial – PCT only – Special Authority
- Pharmacy services (BSF Estradiol TDP Mylan) brand switch fee – may only be claimed once per patient

- Covid-19 vaccine (Comirnaty (LP.8.1)) inj 3 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml multi-dose vial; infant vaccine, yellow cap, inj 10 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, 0.48 ml single-dose vial; paediatric vaccine, light blue cap and inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml, pre-filled syringe; adult vaccine – Xpharm and access criteria apply

Changes to restrictions (pages 24-37)

- Budesonide (Budesonide Te Arai) cap modified-release 3 mg – amended Special Authority criteria
- Insulin Pump Consumables – amended Special Authority criteria
- Continuous glucose monitor (interoperable) sensor (9) and transmitter (Dexcom G6), sensor (Dexcom G7) and sensor (Freestyle Libre 3 Plus) – amended Special Authority criteria
- Continuous glucose monitor (standalone) sensor (Dexcom ONE+), sensor (Freestyle Libre 2 Plus) and sensor (Freestyle Libre 2) – amended Special Authority criteria
- Ferrous fumarate (Ferro-tab) tab 200 mg (65.7 mg elemental) – amended presentation description
- Hypoplastic and Haemolytic – amended Special Authority criteria
- Combined Oral Contraceptives – removal of Special Authority criteria
- Progestogen-only Contraceptives – removal of Special Authority criteria
- Ethinyloestradiol with norethisterone (Norimin) tab 35 mcg with norethisterone 500 mcg and 7 inert tab – amended PSO quantity
- Oestradiol (Estradiol TDP Mylan and Estradot) patch 25 mcg, 50 mcg, 75 mcg and 100 mcg per day – addition of brand switch fee
- Febuxostat (Febuxostat (Teva)) tab 80 mg and 120 mg – amended Special Authority criteria
- Methylphenidate hydrochloride tab immediate-release 5 mg, 10 mg and 20 mg (Rubifen), tab immediate-release 10 mg (Ritalin), tab sustained-release 20 mg (Rubifen SR), tab extended-release 18 mg, 27 mg, 36 mg and 54 mg (Methylphenidate ER – Teva) and tab modified-release 18 mg, 27 mg, 36 mg and 54 mg (Methylphenidate Sandoz XR) – amended Special Authority criteria
- Crizotinib (Xalkori) cap 200 mg and 250 mg – amended Special Authority criteria
- Dabrafenib (Tafinlar) cap 50 mg and 75 mg – amended Special Authority criteria
- Trametinib (Mekinist) tab 0.5 mg and 2 mg – amended Special Authority criteria
- Aflibercept (Eylea) inj 40 mg per ml, 0.1 ml vial – amended Special Authority criteria
- Obinutuzumab inj 25 mg per ml, 40 ml vial (Gazyva) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria

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

- Rituximab (mabthera) inj 100 mg per 10 ml vial and inj 500 mg per 50 ml vial (Mabthera) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Pembrolizumab inj 25 mg per ml, 4 ml vial (Keytruda) and inj 1 mg for ECP (Baxter) – amended Special Authority criteria
- Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists – amended Special Authority criteria

Increased subsidy (page 38)

- Citalopram hydrobromide (Celapram) tab 20 mg
- Methylphenidate hydrochloride (Methylphenidate ER – Teva) tab extended-release 18 mg, 27 mg, 36 mg and 54 mg

Decreased subsidy (page 38)

- Pantoprazole (Panzop Relief) tab EC 20 mg and 40 mg
- Tranexamic acid (Mercury Pharma) tab 500 mg
- Denosumab inj 120 mg per 1.7 ml vial (Xgeva) and inj 60 mg per 1 ml prefilled syringe (Prolia)
- Ocrelizumab (Ocrevus) inj 30 mg per ml, 10 ml vial
- Buprenorphine with naloxone (Buprenorphine Naloxone BNM) tab sublingual 8 mg with naloxone 2 mg
- Mitomycin C inj 20 mg vial (Teva) and inj 1 mg for ECP (Baxter)
- Vinorelbine (Vinorelbine Ebewe) inj 10 mg per ml, 5 ml vial

Increased price but not subsidy (page 38)

- Clotrimazole (Canesten) soln 1%, 20 ml OP
- Salbutamol (Ventolin) aerosol inhaler, 100 mcg per dose CFC free, 200 dose OP

Tender News

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) changes – effective 1 January 2026

Chemical Name	Presentation; Pack size	PSS/SSS	PSS/SSS brand (and supplier)
Azithromycin	Tab 500 mg; 2 tab	PSS	Zithromax (Pfizer)
Hydrogen peroxide	Crm 1%; 15 g OP	PSS	Crystaderm (AFT)
Mirtazapine	Tab 30 mg; 30 tab	PSS	Noumed (Noumed)
Mirtazapine	Tab 45 mg; 30 tab	PSS	Noumed (Noumed)

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 January 2026

- Dimethicone (HydraLock) crm 5% pump bottle, 460 g OP – new listing
- Levonorgestrel (Levonorgestrel-1 GH) tab 1.5 mg – new listing
- Varenicline tartrate (Pharmacor Varenicline) tab 0.5 mg x 11 and 1 mg x 42, 53 OP and tab 1 mg – new listing

Sole Subsidised Supply (SSS) or Principal Supply Status (PSS) Products – Cumulative to December 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
Adrenaline	**Inj 0.15 mg per 0.3 ml autoinjector, 1 OP** **Inj 0.3 mg per 0.3 ml autoinjector, 1 OP**	**EpiPen Jr** **EpiPen**	**2028**
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 Augmentin Curam Duo 500/125	2027 2026
Anastrazole	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 Tab dispersible 300 mg	Ethics Aspirin EC Ethics Aspirin	2026
Atenolol	Tab 50 mg Tab 100 mg	Viatris Atenolol Viatris	2027
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 Eye drops 1%, 15 ml OP	Martindale Atropt	2027 2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Bacillus calmette-guerin vaccine	Inj Mycobacterium bovis BCG (Bacillus Calmette-Guerin), Danish strain 1331, live attenuated, vial with diluent	BCG Vaccine AJV	2027
Baclofen	Inj 2 mg per ml, 5 ml ampoule Tab 10 mg	Baclofen Sintetica Pacifen	2027
Bendroflumethiazide [Bendrofluazide]	Tab 2.5 mg and 5 mg	Arrow-Bendrofluazide	2026
Benzylpenicillin sodium [Penicillin G]	Inj 600 mg (1 million units) vial	Sandoz	2026
Betahistine dihydrochloride	Tab 16 mg	Serc	2026
Betamethasone dipropionate	Crm 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% Crm 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	**Cap modified-release 3 mg** Metered aqueous nasal spray, 50 mcg & 100 mcg per dose, 200 dose OP	**Budesonide Te Arai** SteroClear	**2028** 2027
Bupropion hydrochloride	Tab modified-release 150 mg	Zyban	2026
Buspirone hydrochloride	Tab 5 mg & 10 mg	Buspirone Viatris	2027
Calamine	Crm, 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
Carbimazole	**Tab 5 mg**	**Neo-Mercazole**	**2028**

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

Generic Name	Presentation	Brand Name	Expiry Date*
Cefazolin	Inj 500 mg, 1 g and 2 g vial	Cefazolin-AFT	2026
Cetirizine hydrochloride	Tab 10mg	Zista	2026
Cetomacrogol	Crm BP, 500 g	Cetomacrogol-AFT	2027
Cetomacrogol with glycerol	**Crm 90% with glycerol 10%, 460 g OP & 920 g OP**	**Evara**	**2028**
Cinacalcet	Tab 30 mg & 60 mg	Cinacalcet Devatis	2027
Ciprofloxacin	Eye drops 0.3%, 5 ml OP Tab 750 mg Tab 250 mg & 500 mg	Ciprofloxacin Teva Ipca-Ciprofloxacin	2027 2026
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 Patch 5 mg, 200 mcg per day Patch 7.5 mg, 300 mcg per day	Mylan	2026
Clonidine hydrochloride	Tab 150 mcg Inj 150 mcg per ml, 1 ml ampoule	Catapres	2027
Clopidogrel	**Tab 75 mg**	**Arrow-Clopid**	**2028**
Codeine phosphate	**Tab 15 mg, 30 mg & 60 mg**	**Noumed**	**2028**
Colecalciferol	Cap 1.25 mg (50,000 iu)	Vit.D3	2026
Compound electrolytes	**Powder for oral soln**	**Electral**	**2028**
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 Eye drops 0.1%, single dose; 10 dose OP & 30 dose OP Tab EC 25 mg & 50 mg	Voltaren SR Diclofenac Devatis Diclofenac Sandoz	2028 2027
Diltiazem hydrochloride	**Cap long-acting 120 mg** Cap long-acting 180 mg & 240 mg	**Diltazem CD Clinect** Cardizem CD	**2028** 2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Diphtheria, tetanus and pertussis vaccine	Inj 2 IU diphtheria toxoid with 20 IU tetanus toxoid, 8 mcg pertussis toxoid, 8 mcg pertussis filamentous haemagglutinin and 2.5 mcg pertactin in 0.5 ml prefilled syringe	Boostrix	2027
Diphtheria, tetanus, pertussis and polio vaccine	Inj 30 IU diphtheria toxoid with 40 IU tetanus toxoid, 25 mcg pertussis toxoid, 25 mcg pertussis filamentous haemagglutinin, 8 mcg pertactin and 80 D-antigen units poliomyelitis virus in 0.5ml syringe;	Infanrix IPV	2027
Diphtheria, tetanus, pertussis, polio, hepatitis B and haemophilus influenzae type B vaccine	Inj 30IU diphtheria with 40IU tetanus and 25mcg pertussis toxoids, 25mcg pertussis filamentous haemagglutinin, 8mcg pertactin, 80D-AgU polio virus, 10mcg hepatitis B antigen, 10mcg H. influenzae type b with tetanus toxoid 20-40mcg in 0.5ml syringe	Infanrix-hexa	2027
Docusate sodium	Tab 50 mg and 120 mg	Coloxyl	2026
Domperidone	**Tab 10 mg**	**Domperidone Viatris**	**2028**
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
Emtricitabine with tenofovir disoproxil	**Tab 200 mg with tenofovir disoproxil 245 mg (300 mg as a maleate)**	**Tenofovir Disproxil Emitractabine Viatris**	**2028**
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
Erythromycin (as lactobionate)	**Inj 1 g**	**Erythrocin IV**	**2028**
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
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 Grans for oral liq 25 mg & 50 mg per ml, 100 ml Inj 250 mg vial and 500 mg vial Inj 1 g vial	Staphlex AFT Flucloxin Flucil	2027 2026
Fluconazole	Cap 50 mg, 150 mg & 200 mg	Mylan	2026
Fludrocortisone acetate	**Tab 100 mcg**	**Florinef**	**2028**
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 Inj 50%, 90 ml bottle	Biomed	2026
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 Inj 720 ELISA units in 0.5 ml syringe	Havrix 1440	2027
Hepatitis B recombinant vaccine	Inj 10 mcg per 0.5 ml prefilled syringe Inj 20 mcg per 1 ml prefilled syringe	Engerix-B	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
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
Hyoscine Butylbromide	Tab 10 mg Inj 20 mg, 1 ml	Hyoscine Butylbromide (Adiramedica) Spazmol	2027 2026
Ibuprofen	Oral liq 20 mg per ml Tab long-acting 800 mg Tab 200 mg	Ethics Ibuprofen SR BNM Relieve	2027 2026
Iloprost	**Nebuliser soln 10 mcg per ml, 2 ml**	**Vebulis**	**2028**
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 Tab 150 mg with rifampicin 300 mg	Rifinah	2027
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	2027
Ketoconazole	Shampoo 2%, 100 ml OP	Sebizole	2026
Lamivudine	Tab 100 mg Tab 150 mg	Zetlam Lamivudine Viatris	2026
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

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

Generic Name	Presentation	Brand Name	Expiry Date*
Lenalidomide	Cap 5 mg, 10 mg, 15 mg & 25 mg	Lenalidomide Viatris	31/01/2028
Letrozole	Tab 2.5 mg	Letrole	2027
Levodopa with carbidopa	Tab 100 mg with carbidopa 25 mg Tab 250 mg with carbidopa 25 mg Tab long-acting 200 mg with carbidopa 50 mg	Sinemet Sinemet CR	2027
Levodopa with carbidopa and entacapone	Tab 50 mg with carbidopa 12.5 mg and entacapone 200 mg 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	Stalevo	2027
Levomepromazine hydrochloride	**Inj 25 mg per ml, 1 ml ampoule**	**Wockhardt**	**2028**
Levonorgestrel	Subdermal implant (2 × 75 mg rods)	Jadelle	2026
Linezolid	Tab 600 mg	Zyvox	2027
Lithium carbonate	Tab long-acting 400 mg	Priadel	2027
Lopinavir with ritonavir	Tab 200 mg with ritonavir 50 mg	Lopinavir/Rotinavir 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
Mercaptopurine	**Tab 50 mg**	**Puri-nethol**	**2028**
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

**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 December 2025

Generic Name	Presentation	Brand Name	Expiry Date*
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
Montelukast	**Tab 4 mg, 5 mg & 10 mg**	**Montelukast Viatris**	**2028**
Nadolol	Tab 40 mg & 80 mg	Nadolol BNM	2027
Naloxone hydrochloride	Inj 400 mcg per ml, 1 ml ampoule	DBL Naloxone Hydrochloride	2027
Naltrexone hydrochloride	Tab 50 mg	Naltraccord	2026
Naphazoline hydrochloride	Eye drops 0.1%, 15 ml OP	Albalon	2027
Naproxen	Tab 250 mg & 500 mg Tab long-acting 750 mg Tab long-acting 1 g	Norflam Naprosyn SR 750 Naprosyn SR 1000	2027
Neostigmine metisulfate	Inj 2.5 mg per ml, 1 ml ampoule	Max Health	2027
Nevirapine	Tab 200 mg	Nevirapine Viatris	2027
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	**Patch 25 mcg, 50 mcg, 75 mcg & 100 mcg per day** Gel (transdermal) 0.06% (750 mcg/actuation), 80 g OP	**Estradiol TDP Mylan** Estrogel	**2027** 31/10/2027
Oestradiol valerate	**Tab 1 mg & 2 mg**	**Progynova**	**2028**
Oestriol	Crm 1 mg per g with applicator, 15 g OP Tab 2 mg Pessaries 500 mcg	Ovestin	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
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 4 mg & 8 mg** Tab disp 4 mg and 8 mg	**Periset** Periset ODT	**2028** 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
Pimecrolimus	Crm 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
Posaconazole	**Oral liq 40 mg per ml, 105ml OP** **Tab modified-release 100 mg**	**Devatis** **Posaconazole Juno**	**2028**
Potassium iodate	Tab 253 mg (150 mcg elemental iodine)	NeuroTabs	2026

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

Generic Name	Presentation	Brand Name	Expiry Date*
Pramipexole hydrochloride	**Tab 0.25 mg & 1 mg**	**Ramipex**	**2028**
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
Promethazine hydrochloride	**Tab 10 mg & 25 mg**	**Allersoothe**	**2028**
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 Viatris	2026
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]	Crm 2% & oint 2%, 5 g OP	Foban	2027
Sodium hyaluronate [hyaluronic acid]	Eye drops 1 mg per ml, 10 ml OP	Hylo-Fresh	2027

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

Generic Name	Presentation	Brand Name	Expiry Date*
Solifenacin succinate	Tab 5 mg & 10 mg	Solifenacin succinate Max Health	2027
Somatropin	Inj 5 mg, 10 mg & 15 mg cartridge	Omnitrope	2027
Sumatriptan	**Inj 12 mg per ml, 0.5 ml prefilled pen** Tab 50 mg & 100 mg	**Clustran** Sumagran	**2028** 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
Tenofovir disoproxil	**Tab 245 mg (300 mg as a maleate)**	**Tenofovir Disoproxil Viatris**	**2028**
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	Crm 0.5 mg per g, 50 g OP	ReTrieve	2027
Triamcinolone acetonide	Paste 0.1%, 5 g OP Crm 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
Trimethoprim with sulphamethoxazole [co-trimoxazole]	Oral liq 8 mg sulphamethoxazole 40 mg per ml Tab trimethoprim 80 mg and sulphamethoxazole 400 mg	Deprim Trisul	2028 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

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

Generic Name	Presentation	Brand Name	Expiry Date*
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

December 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 December 2025

17 INSULIN PUMP WITH ALGORITHM – Special Authority see SA2367 – Retail pharmacy
a) Maximum of 1 dev per prescription
b) Only on a prescription
c) Maximum of 1 insulin pump per patient each four year period.

Min basal rate 0.1 U/h	7,653.00	1	✔**Tandem t:slim X2 with Control-IQ+**

24 DOCUSATE SODIUM WITH SENNOSIDES

Tab 50 mg with sennosides 8 mg	1.50	100	✔**Solax**

42 HEPARIN SODIUM

Inj 10 iu per ml, 5 ml ampoule (flushing solution) Wastage claimable	19.38	10	✔**Wockhardt** S29

45 POTASSIUM CHLORIDE

✻ Tab long-acting 600 mg (8 mmol)	16.15	200	✔**Span-K**

Note – this is a new Pharmacode listing, 2717700.

80 ETHINYLOESTRADIOL WITH NORETHISTERONE

Tab 35 mcg with norethisterone 500 mcg and 7 inert tab – Up to 112 tab available on a PSO	29.32	112	✔**Norimin**

90 SOMATROPIN (OMNITROPE) – Special Authority see SA2032 – Retail pharmacy

✻ Inj 5 mg cartridge	80.21	1	✔**Omnitrope AU** S29

96 CEFALEXIN

Cap 250 mg	3.90	20	✔**Cefalexin Lupin**
Cap 500 mg	3.33	20	✔**Cefalexin Sandoz**

103 VANCOMYCIN – Subsidy by endorsement
Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly.

Inj 500 mg vial	3.38	1	✔**Vancomycin Viatris**

108 ISONIAZID WITH RIFAMPICIN – Retail pharmacy-Specialist
a) No patient co-payment payable
b) Prescriptions must be written by, or on the recommendation of, an internal medicine physician, paediatrician, clinical microbiologist, dermatologist or public health physician

✻ Tab 100 mg with rifampicin 150 mg Wastage claimable	199.00	100	✔**Rifamazid** S29

131 OXYCODONE HYDROCHLORIDE
a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Oral liq 1 mg per ml Wastage claimable	37.08	250 ml	✔**Rosemont**

▲ 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 December 2025 (continued)

144 OCRELIZUMAB – Special Authority see SA2273 – Retail pharmacy
Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Inj 40 mg per ml, 23 ml vial	16,900.00	1	✔ **Ocrevus SC**

150 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SA2546 – Retail pharmacy
a) Only on a controlled drug form
b) Safety medicine; prescriber may determine dispensing frequency

Tab modified-release 18 mg	15.25	30	✔ **Methylphenidate Sandoz XR**
Tab modified-release 27 mg	16.25	30	✔ **Methylphenidate Sandoz XR**
Tab modified-release 36 mg	21.25	30	✔ **Methylphenidate Sandoz XR**
Tab modified-release 54 mg	24.25	30	✔ **Methylphenidate Sandoz XR**

170 ENTRECTINIB – Special Authority see SA2532 – Retail pharmacy

Cap 200 mg	9,610.00	90	✔ **Rozlytrek**

➽ SA2532 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 Individual has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer; and
2 Either:
  2.1 The individual has not received crizotinib; or
  2.2 Both:
    2.2.1 The individual has received an initial Special Authority approval for crizotinib and has discontinued crizotinib due to intolerance; and
    2.2.2 The cancer did not progress while the individual was on crizotinib; and
3 There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test; and
4 Individual has ECOG performance score of 0-3; and
5 Baseline measurement of overall tumour burden is documented clinically and radiologically.

Renewal from any relevant practitioner. Approvals valid for 6 months for applications meeting the following criteria:
Both:
1 Response to treatment has been determined by comparable radiological assessment following the most recent treatment period; and
2 No evidence of disease progression.

178 SUNITINIB – Special Authority see SA2452 – Retail pharmacy

Cap 50 mg	343.19	28	✔ **Sunitinib Rex**

181 FULVESTRANT – Retail pharmacy-Specialist – Special Authority see SA1895

Inj 50 mg per ml, 5 ml prefilled syringe	181.00	2	✔ **Fulvestrant EVER Pharma**

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

New Listings – effective 1 December 2025 (continued)

211 FARICIMAB – Special Authority see SA2533 – Retail pharmacy

Inj 120 mg per ml, 0.24 ml vial	1,565.00	1	✔**Vabysmo**

SA2533 Special Authority for Subsidy

Initial application – (diabetic macular oedema) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Patient has centre involving diabetic macular oedema (DMO); and
2 Patient's disease is nonresponsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometres; and
5 There is no centre-involving sub-retinal fibrosis or foveal atrophy; and
6 Patient has not previously been treated with aflibercept for longer than 3 months

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

All of the following:

1 There is stability or two lines of Snellen visual acuity gain; and
2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
4 There is no centre-involving sub-retinal fibrosis or foveal atrophy.

Initial application – (wet age related macular degeneration) from any relevant practitioner. Approvals valid for 3 months for applications meeting the following criteria:

All of the following:

1 Any of the following:
  1.1 Wet age-related macular degeneration (wet AMD); or
  1.2 Polypoidal choroidal vasculopathy; or
  1.3 Choroidal neovascular membrane from causes other than wet AMD; and
2 Either:
  2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
  2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
3 There is no structural damage to the central fovea of the treated eye; and
4 Patient has not previously been treated with ranibizumab or aflibercept for longer than 3 months.

Renewal criteria – (wet age related macular degeneration) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Both:

1 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
2 There is no structural damage to the central fovea of the treated eye.

New Listings – effective 1 December 2025 (continued)

225 PERTUZUMAB WITH TRASTUZUMAB – PCT only – Special Authority see SA2534

Inj 600 mg with trastuzumab 600 mg, 10 ml vial ..... 7,707.00 1 ✔**Phesgo**

Inj 1200 mg with trastuzumab 600 mg, 15 ml vial ..... 12,894.00 1 ✔**Phesgo**

SA2534 Special Authority for Subsidy

Initial application – (metastatic breast cancer) from any relevant practitioner. Approvals valid for 12 months for applications meeting the following criteria:

Either:

1 Both:
- 1.1 The individual has received an initial Special Authority approval for intravenous pertuzumab and trastuzumab for metastatic breast cancer; and
- 1.2 Pertuzumab with trastuzumab to be administered subcutaneously at a maximum dose of 600 mg pertuzumab with 600 mg trastuzumab every three weeks (or equivalent); or

2 All of the following:
- 2.1 The patient has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 2.2 Either:
  - 2.2.1 Patient is chemotherapy treatment naïve; or
  - 2.2.2 Patient has not received prior treatment for their metastatic disease and has had a treatment free interval of at least 12 months between prior (neo) adjuvant chemotherapy treatment and diagnosis of metastatic breast cancer; and
- 2.3 The patient has good performance status (ECOG grade 0-1); and
- 2.4 Loading dose of pertuzumab with trastuzumab to be administered subcutaneously at a maximum dose of 1200 mg pertuzumab and 600 mg trastuzumab, respectively; and
- 2.5 Maintenance doses of pertuzumab with trastuzumab to be administered subcutaneously at a maximum dose of 600 mg pertuzumab with 600 mg trastuzumab every three weeks (or equivalent); and
- 2.6 Pertuzumab with trastuzumab to be discontinued at disease progression.

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

Either:

1 Both:
- 1.1 The individual has metastatic breast cancer expressing HER-2 IHC 3+ or ISH+ (including FISH or other current technology); and
- 1.2 The cancer has not progressed at any time point during the previous 12 months whilst on pertuzumab and trastuzumab; or

2 All of the following:
- 2.1 Individual has previously discontinued treatment with pertuzumab with trastuzumab for reasons other than severe toxicity or disease progression; and
- 2.2 Individual has signs of disease progression; and
- 2.3 Disease has not progressed during previous treatment with pertuzumab with trastuzumab.

282 PHARMACY SERVICES

✻ Brand switch fee ..... 4.50 1 fee ✔**BSF Estradiol TDP Mylan**

a) May only be claimed once per patient.

b) The Pharmacode for BSF Estradiol TDP Mylan is 2717573.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

New Listings – effective 1 December 2025 (continued)

311 COVID-19 VACCINE – [Xpharm]

Inj 3 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml,
0.48 ml multi-dose vial; infant vaccine, yellow cap..... 0.00 10 ✔**Comirnaty (LP.8.1)**
Up to three doses for previously unvaccinated children aged 6 months - 4 years at high risk of severe illness.

Inj 10 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1 per 0.3 ml,
0.48 ml single-dose vial; paediatric vaccine, light blue cap.... 0.00 10 ✔**Comirnaty (LP.8.1)**
Either:
1) One dose for previously unvaccinated children aged 5–11 years old; or
2) Up to three doses for immunocompromised children aged 5-11 years old.

Inj 30 mcg SARS-CoV-2 spike protein (mRNA) LP.8.1
per 0.3 ml, pre-filled syringe; adult dose..... 0.00 10 ✔**Comirnaty (LP.8.1)**
Any of the following:
1) One dose for previously unvaccinated people aged 12-15 years old; or
2) Up to three doses for immunocompromised people aged 12-15 years old; or
3) Up to two doses for previously unvaccinated people 16-29 years old; or
4) Up to four doses for people aged 16-29 at high risk of severe illness; or
5) One dose for previously unvaccinated people aged 30 and older; or
6) One additional dose every 6 months for previously vaccinated people aged 30 years and over – additional dose is given at least 6 months after last dose.

Effective 11 November 2025

54 ROSUVASTATIN – Special Authority see SA2093 – Retail pharmacy
✻ Tab 20 mg..... 4.21 30 ✔**Rosuvastatin-Sandoz**

Changes to Restrictions, Chemical Names and Presentations

Effective 1 December 2025

6 BUDESONIDE (amended Special Authority – affected criteria shown only)
Cap modified-release 3 mg – Special Authority see **SA2535** ~~1886~~
– Retail pharmacy ..... 33.38 90 ✔**Budesonide Te Arai**

➽ **SA2535** ~~1886~~ Special Authority for Subsidy
Initial application – (Crohn's disease) from any relevant practitioner. Approvals valid ~~for 6 months~~ **without further renewal unless notified** for applications meeting the following criteria:
Both:
1 Mild to moderate ileal, ileocaecal or proximal Crohn's disease; and
2 Any of the following:
2.1 Diabetes; or
2.2 Cushingoid habitus; or
2.3 Osteoporosis where there is significant risk of fracture; or
2.4 Severe acne following treatment with conventional corticosteroid therapy; or
2.5 History of severe psychiatric problems associated with corticosteroid treatment; or
2.6 History of major mental illness (such as bipolar affective disorder) where the risk of conventional corticosteroid treatment causing relapse is considered to be high; or
2.7 Relapse during pregnancy (where conventional corticosteroids are considered to be contraindicated).

Initial application – (collagenous and lymphocytic colitis (microscopic colitis)) from any relevant practitioner. Approvals valid ~~for 6 months~~ **without further renewal unless notified** where patient has a diagnosis of microscopic colitis (collagenous or lymphocytic colitis) by colonoscopy with biopsies.

Renewal – **(gut Graft versus Host disease)** from any relevant practitioner. Approvals valid for 6 months where the treatment remains appropriate and the patient is benefiting from treatment.

18 Insulin Pump Consumables (amended Special Authority criteria)

➽ **SA2536** ~~2380~~ Special Authority for Subsidy
Initial application – (type 1 diabetes) from any relevant practitioner. Approvals valid ~~for 2 years~~ **without further renewal unless notified** for applications meeting the following criteria:
All of the following:
1 Any of the following:
1.1 The patient has type 1 diabetes; or
1.2 The patient has permanent neonatal diabetes or specific monogenic diabetes subtypes with insulin deficiency, considered by the treating endocrinologist as likely to benefit; or
1.3 The patient has Type 3c diabetes considered by the treating endocrinologist as likely to benefit (Type 3c diabetes includes insulin deficiency due to pancreatectomy, insulin deficiency secondary to cystic fibrosis or pancreatitis); or
1.4 The patient has atypical inherited forms of diabetes; and
2 Patient has been evaluated by a diabetes multidisciplinary team for their suitability for insulin pump therapy; and
3 In the opinion of the treating relevant practitioner the patient would benefit from an Automated Insulin Delivery (AID) system.

~~Renewal – (type 1 diabetes) from any relevant practitioner. Approvals valid for 2 years where the patient is continuing to derive benefit according to the treatment plan agreed at induction.~~

Changes to Restrictions – effective 1 December 2025 (continued)

22 CONTINUOUS GLUCOSE MONITOR (INTEROPERABLE) – Special Authority see **SA2537** ~~2371~~ – Retail pharmacy (amended Special Authority criteria)

Only on a prescription

✳ Sensor (9) and transmitter (Dexcom G6)
– Maximum of 1 dev per prescription..... 990.00 1 OP ✔**Dexcom G6**
Maximum of 5 dev will be funded per year.

✳ Sensor (Dexcom G7)
– Maximum of 9 dev per prescription..... 110.00 1 ✔**Dexcom G7**
Maximum of 40 dev will be funded per year.

✳ Sensor (Freestyle Libre 3 Plus)
– Maximum of 6 dev per Prescription ..... 99.46 1 ✔**Freestyle Libre 3 Plus**
Maximum of 28 dev will be funded per year.

➽ **SA2537** ~~2371~~ Special Authority for Subsidy
Initial application – (type 1 diabetes) from any relevant practitioner. Approvals valid ~~for 1 year~~ **without further renewal unless notified** for applications meeting the following criteria:
Both:
1 Any of the following:
1.1 The patient has type 1 diabetes; or
1.2 The patient has permanent neonatal diabetes or specific monogenic diabetes subtypes with insulin deficiency, considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit; or
1.3 The patient has Type 3c diabetes considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit (Type 3c diabetes includes insulin deficiency due to pancreatectomy, insulin deficiency secondary to cystic fibrosis or pancreatitis); or
1.4 The patient has atypical inherited forms of diabetes; and
2 In the opinion of the treating relevant practitioner the patient would benefit from an Automated Insulin Delivery (AID) system.

~~Renewal – (type 1 diabetes) from any relevant practitioner. Approvals valid for 2 years where the patient is continuing to derive benefit according to the treatment plan agreed at induction.~~

23 CONTINUOUS GLUCOSE MONITOR (STANDALONE) – Special Authority see **SA2538** ~~2370~~ – Retail pharmacy (amended Special Authority criteria)

Only on a prescription

✳ Sensor (Dexcom ONE+)
– Maximum of 9 dev per prescription..... 81.00 1 ✔**Dexcom ONE+**
Maximum of 40 dev will be funded per year.

✳ Sensor (Freestyle Libre 2 Plus)
– Maximum of 6 dev per Prescription ..... 99.46 1 ✔**Freestyle Libre 2 Plus**
Maximum of 28 dev will be funded per year.

✳ Sensor (Freestyle Libre 2)
– Maximum of 7 dev per prescription..... 92.83 1 ✔**Freestyle Libre 2**
Maximum of 29 dev will be funded per year.

➽ **SA2538** ~~2370~~ Special Authority for Subsidy
Initial application – (type 1 diabetes) from any relevant practitioner. Approvals valid ~~for 1 year~~ **without further renewal unless notified** for applications meeting the following criteria:
Any of the following:
1 The patient has type 1 diabetes; or
2 The patient has permanent neonatal diabetes or specific monogenic diabetes subtypes with insulin deficiency, considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit; or

continued...

Changes to Restrictions – effective 1 December 2025 (continued)

continued...

3 The patient has Type 3c diabetes considered by the treating endocrinologist or relevant secondary health care professional as practicable, as likely to benefit (Type 3c diabetes includes insulin deficiency due to pancreatectomy, insulin deficiency secondary to cystic fibrosis or pancreatitis); or
4 The patient has atypical inherited forms of diabetes.

~~Renewal – (type 1 diabetes) from any relevant practitioner. Approvals valid for 2 years where the patient is continuing to derive benefit according to the treatment plan agreed at induction.~~

34 FERROUS FUMARATE (amended presentation description)
✻ Tab 200 mg (65**.7** mg elemental) ..... 3.49 100 ✔**Ferro-tab**

36 Hypoplastic and Haemolytic (amended Special Authority – affected criteria shown only)

➽ **SA2539** ~~2266~~ Special Authority for Subsidy
Initial application – (chronic renal failure) from any relevant practitioner. Approvals valid ~~for 2 years~~ **without further renewal unless notified** for applications meeting the following criteria:
All of the following:
1 Patient in chronic renal failure; and
2 Haemoglobin is less than or equal to 100g/L; and
3 Any of the following:
3.1 Both:
3.1.1 Patient does not have diabetes mellitus; and
3.1.2 Glomerular filtration rate is less than or equal to 30ml/min; or
3.2 Both:
3.2.1 Patient has diabetes mellitus; and
3.2.2 Glomerular filtration rate is less than or equal to 45ml/min; or
3.3 Patient is on haemodialysis or peritoneal dialysis.

~~Renewal – (chronic renal failure) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefiting from treatment.~~

79 Combined Oral Contraceptives (removal of Special Authority criteria)

~~➽ SA0500 Special Authority for Alternate Subsidy~~
~~Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Both:~~
~~1 Either:~~
~~1.1 Patient is on a Social Welfare benefit; or~~
~~1.2 Patient has an income no greater than the benefit; and~~
~~2 Has tried at least one of the fully funded options and has been unable to tolerate it.~~

~~Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Either:~~
~~1 Patient is on a Social Welfare benefit; or~~
~~2 Patient has an income no greater than the benefit.~~
~~Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon and Marvelon.~~
~~The additional subsidy will fund Mercilon and Marvelon up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.~~
~~Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:~~
~~• on a Social Welfare benefit; or~~
~~• have an income no greater than the benefit.~~
~~The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED~~

Changes to Restrictions – effective 1 December 2025 (continued)

80 Progestogen-only Contraceptives (removal of Special Authority criteria)

~~SA0500 Special Authority for Alternate Subsidy~~

~~Initial application from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Both:~~
~~1 Either:~~
~~1.1 Patient is on a Social Welfare benefit; or~~
~~1.2 Patient has an income no greater than the benefit; and~~
~~2 Has tried at least one of the fully funded options and has been unable to tolerate it.~~

~~Renewal from any medical practitioner. Approvals valid for 2 years for applications meeting the following criteria:~~
~~Either:~~
~~1 Patient is on a Social Welfare benefit; or~~
~~2 Patient has an income no greater than the benefit.~~
~~Notes: The approval numbers of Special Authorities approved after 1 November 1999 are interchangeable between Mercilon and Marvelon.~~
~~The additional subsidy will fund Mercilon and Marvelon up to the manufacturer's price for each of these products as identified on the Schedule at 1 November 1999.~~
~~Special Authorities approved before 1 November 1999 remain valid until the expiry date and can be renewed providing that women are still either:~~
~~• on a Social Welfare benefit; or~~
~~• have an income no greater than the benefit.~~
~~The approval numbers of Special Authorities approved before 1 November 1999 are interchangeable for products within the combined oral contraceptives and progestogen-only contraceptives groups, except Loette and Microgynon 20 ED~~

80 ETHINYLOESTRADIOL WITH NORETHISTERONE (amended PSO quantity)

Tab 35 mcg with norethisterone 500 mcg and 7 inert tab

– Up to **112** ~~84~~ tab available on a PSO	21.99	84	✔**Norimin**
	29.32	112	✔**Norimin**

88 OESTRADIOL (addition of brand switch fee)

Patch 25 mcg per day	8.89	8	✔**Estradiol TDP Mylan**
	16.23		✔**Estradot**

a) No more than 2 patch per week
b) Only on a prescription
c) **Brand switch fee payable (Pharmacode 2717573)**

Patch 50 mcg per day	9.26	8	✔**Estradiol TDP Mylan**
	15.79		✔**Estradot**

a) No more than 2 patch per week
b) Only on a prescription
c) **Brand switch fee payable (Pharmacode 2717573)**

Patch 75 mcg per day	10.33	8	✔**Estradiol TDP Mylan**
	16.53		✔**Estradot**

a) No more than 2 patch per week
b) Only on a prescription
c) **Brand switch fee payable (Pharmacode 2717573)**

Patch 100 mcg per day	10.59	8	✔**Estradiol TDP Mylan**
	16.18		✔**Estradot**

a) No more than 2 patch per week
b) Only on a prescription
c) **Brand switch fee payable (Pharmacode 2717573)**

Changes to Restrictions – effective 1 December 2025 (continued)

124 FEBUXOSTAT – Special Authority see **SA2555** ~~2054~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

Tab 80 mg	4.73	28	✔ **Febuxostat (Teva)**
Tab 120 mg	11.78	28	✔ **Febuxostat (Teva)**

➽ **SA2555** ~~2054~~ Special Authority for Subsidy

Initial application – (Gout) from any relevant practitioner. Approvals valid ~~for 6 months~~ **without further renewal unless notified** for applications meeting the following criteria:

Both:

1 Patient has been diagnosed with gout; and

2 Any of the following:

2.1 The patient has a serum urate level greater than 0.36 mmol/l despite treatment with allopurinol at doses of at least 600 mg/day and addition of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.2 The patient has experienced intolerable side effects from allopurinol such that treatment discontinuation is required and serum urate remains greater than 0.36 mmol/l despite use of probenecid at doses of up to 2 g per day or maximum tolerated dose; or

2.3 The patient has renal impairment such that probenecid is contraindicated or likely to be ineffective and serum urate remains greater than 0.36 mmol/l despite optimal treatment with allopurinol ; or

2.4 The patient has previously had an initial Special Authority approval for benzbromarone for treatment of gout.

~~Renewal – (Gout) from any relevant practitioner. Approvals valid for 2 years where the treatment remains appropriate and the patient is benefitting from treatment.~~

150 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see **SA2546** ~~2411~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

a) Only on a controlled drug form

b) Safety medicine; prescriber may determine dispensing frequency

Tab immediate-release 5 mg	3.20	30	✔ **Rubifen**
Tab immediate-release 10 mg	3.00	30	✔ **Rubifen**
	4.00		✔ **Ritalin**
Tab extended-release 18 mg	15.25	30	✔ **Methylphenidate ER - Teva**
Tab immediate-release 20 mg	7.85	30	✔ **Rubifen**
Tab sustained-release 20 mg	10.95	30	✔ **Rubifen SR**
Tab extended-release 27 mg	16.25	30	✔ **Methylphenidate ER - Teva**
Tab extended-release 36 mg	21.25	30	✔ **Methylphenidate ER - Teva**
Tab extended-release 54 mg	24.25	30	✔ **Methylphenidate ER - Teva**
Tab modified-release 18 mg	15.25	30	✔ **Methylphenidate Sandoz XR**
Tab modified-release 27 mg	16.25	30	✔ **Methylphenidate Sandoz XR**
Tab modified-release 36 mg	21.25	30	✔ **Methylphenidate Sandoz XR**
Tab modified-release 54 mg	24.25	30	✔ **Methylphenidate Sandoz XR**

➽ **SA2546** ~~2411~~ Special Authority for Subsidy

Initial application – (Narcolepsy*) only from a neurologist or respiratory specialist. Approvals valid without further renewal unless notified where the patient suffers from narcolepsy.

Note: *narcolepsy is not a registered indication for Methylphenidate ER – Teva **or Methylphenidate Sandoz XR**

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 December 2025 (continued)

169 CRIZOTINIB – Special Authority see **SA2547** ~~2459~~ – Retail pharmacy (amended Special Authority criteria)

Cap 200 mg	7,250.00	60	✔**Xalkori**
Cap 250 mg	7,250.00	60	✔**Xalkori**

➽ **SA2547** ~~2459~~ 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~~ **Individual** has locally advanced or metastatic, unresectable, non-squamous non-small cell lung cancer; and

2 Either:

2.1 The individual has not received entrectinib; or

2.2 Both:

2.2.1 The individual has received an initial Special Authority approval for entrectinib and has discontinued entrectinib due to intolerance; and

2.2.2 The cancer did not progress while the individual was on entrectinib; and

3 There is documentation confirming that the patient has a ROS1 rearrangement using an appropriate ROS1 test; and

4 ~~Patient~~ **Individual** has ECOG performance score of 0-3; and

5 Baseline measurement of overall tumour burden is documented clinically and radiologically.

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

1 Response to treatment has been determined by comparable radiological assessment following the most recent treatment period; and

2 No evidence of disease progression.

Changes to Restrictions – effective 1 December 2025 (continued)

169 DABRAFENIB – Special Authority see **SA2548** ~~2494~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

Cap 50 mg	6,320.86	120	✔**Tafinlar**
Cap 75 mg	9,481.29	120	✔**Tafinlar**

➽ **SA2548** ~~2494~~ Special Authority for Subsidy

Initial application – (stage III or IV resected melanoma - adjuvant) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

~~2.~~1 Either:

~~2.~~1.1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); or

~~2.~~1.2 Both:

~~2.~~1.2.1 The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor; and

~~2.~~1.2.2 Adjuvant treatment with dabrafenib is required; and

~~2.~~2 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and

~~2.~~3 Treatment must be adjuvant to complete surgical resection; and

~~2.~~4 Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and

~~2.~~5 The individual has a confirmed BRAF mutation; and

~~2.~~6 Dabrafenib must be administered in combination with trametinib; and

~~2.~~7 The individual has ECOG performance score 0-2.

Notes:

a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition

b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

Initial application – (unresectable or metastatic melanoma) from any relevant practitioner. Approvals valid for 4 months from applications meeting the following criteria:

~~Either:~~

~~1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

~~2.~~1 The individual has metastatic or unresectable melanoma (excluding uveal) stage III or IV; and

~~2.~~2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and

~~2.~~3 The individual has ECOG performance score 0-2; and

~~2.~~4 The individual has confirmed BRAF mutation; and

~~2.~~5 Dabrafenib must be administered in combination with trametinib; and

~~2.~~6 Any of the following:

~~2.~~6.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or

~~2.~~6.2 The individual did not receive treatment in the adjuvant setting with a BRAF/MEK inhibitor; or

~~2.~~6.3 All of the following:

~~2.~~6.3.1 The individual received treatment in the adjuvant setting with a BRAF/MEK inhibitor; and

~~2.~~6.3.2 The individual did not experience disease recurrence while on treatment with that BRAF/MEK inhibitor; and

~~2.~~6.3.3 The individual did not experience disease recurrence within six months of completing adjuvant treatment with a BRAF/MEK inhibitor.

Changes to Restrictions – effective 1 December 2025 (continued)

179 TRAMETINIB – Special Authority see **SA2549** ~~2496~~ – Retail pharmacy (amended Special Authority – affected criteria shown only)

Tab 0.5 mg	2,370.32	30	✔**Mekinist**
Tab 2 mg	9,481.29	30	✔**Mekinist**

➽ **SA2549** ~~2496~~ Special Authority for Subsidy

Initial application – (stage III or IV resected melanoma - adjuvant) from any relevant practitioner. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

- ~~2.~~1 Either:
  - ~~2.~~1.1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); or
  - ~~2.~~1.2 Both:
    - ~~2.~~1.2.1 The individual has received neoadjuvant treatment with a PD-1/PD-L1 inhibitor; and
    - ~~2.~~1.2.2 Adjuvant treatment with trametinib is required; and
- ~~2.~~2 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
- ~~2.~~3 Treatment must be adjuvant to complete surgical resection; and
- ~~2.~~4 Treatment must be initiated within 13 weeks of surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
- ~~2.~~5 The individual has a confirmed BRAF mutation; and
- ~~2.~~6 Trametinib must be administered in combination with dabrafenib; and
- ~~2.~~7 The individual has ECOG performance score 0-2.

Notes:

a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition

b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

Initial application – (unresectable or metastatic melanoma) from any relevant practitioner. Approvals valid for 4 months from applications meeting the following criteria:

~~Either:~~

~~1 The individual is currently on treatment with dabrafenib and trametinib and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

- ~~2.~~1 The individual has metastatic or unresectable melanoma (excluding uveal melanoma) stage III or IV; and
- ~~2.~~2 Baseline measurement of overall tumour burden is documented clinically and radiologically; and
- ~~2.~~3 The individual has ECOG performance score 0-2; and
- ~~2.~~4 The individual has confirmed BRAF mutation; and
- ~~2.~~5 Trametinib must be administered in combination with dabrafenib; and
- ~~2.~~6 Any of the following:
  - ~~2.~~6.1 The individual has been diagnosed in the metastatic or unresectable stage III or IV setting; or
  - ~~2.~~6.2 The individual did not receive treatment in the adjuvant setting with a BRAF/MEK inhibitor; or
  - ~~2.~~6.3 All of the following:
    - ~~2.~~6.3.1 The individual received treatment in the adjuvant setting with a BRAF/MEK inhibitor; and
    - ~~2.~~6.3.2 The individual did not experience disease recurrence while on treatment with that BRAF/MEK inhibitor; and
    - ~~2.~~6.3.3 The individual did not experience disease recurrence within six months of completing adjuvant treatment with a BRAF/MEK inhibitor.

Changes to Restrictions – effective 1 December 2025 (continued)

206 AFLIBERCEPT – Special Authority see **SA2550** ~~1772~~ – Retail pharmacy (amended Special Authority criteria)
Inj 40 mg per ml, 0.1 ml vial ..... 1,250.00 1 ✔**Eylea**

➽ **SA2550** ~~1772~~ Special Authority for Subsidy

Initial application – (diabetic macular oedema) ~~only from an ophthalmologist~~ **from any relevant practitioner**. Approvals valid for 4 months for applications meeting the following criteria:
All of the following:
1 Patient has centre involving diabetic macular oedema (DMO); and
2 Patient's disease is non responsive to 4 doses of intravitreal bevacizumab when administered 4-6 weekly; and
3 Patient has reduced visual acuity between 6/9 – 6/36 with functional awareness of reduction in vision; and
4 Patient has DMO within central OCT (ocular coherence tomography) subfield > 350 micrometers; and
5 There is no centre-involving sub-retinal fibrosis or foveal atrophy~~.~~**; and**
6 Patient has not previously been treated with faricimab for longer than 3 months.

Renewal – (diabetic macular oedema) ~~only from an ophthalmologist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 There is stability or two lines of Snellen visual acuity gain; and
2 There is structural improvement on OCT scan (with reduction in intra-retinal cysts, central retinal thickness, and sub-retinal fluid); and
3 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
4 There is no centre-involving sub-retinal fibrosis or foveal atrophy~~.; and~~
~~5 After each consecutive 12 months treatment with (2nd line anti-VEGF agent), patient has retrialled with at least one injection of bevacizumab and had no response.~~

Initial application – (wet age-related macular degeneration**)** ~~only from an ophthalmologist~~ **from any relevant practitioner**. Approvals valid for 3 months for applications meeting the following criteria:
Either:
1 All of the following:
1.1 Any of the following:
1.1.1 Wet age-related macular degeneration (wet AMD); or
1.1.2 Polypoidal choroidal vasculopathy; or
1.1.3 Choroidal neovascular membrane from causes other than wet AMD; and
1.2 Either:
1.2.1 The patient has developed severe endophthalmitis or severe posterior uveitis following treatment with bevacizumab; or
1.2.2 There is worsening of vision or failure of retina to dry despite three intraocular injections of bevacizumab four weeks apart; and
1.3 There is no structural damage to the central fovea of the treated eye; and
1.4 Patient has not previously been treated with ranibizumab **or faricimab** for longer than 3 months; or
2 Either:
2.1 Patient has current approval to use ranibizumab **or faricimab** for treatment of wAMD and was found to be intolerant ~~to ranibizumab~~ within 3 months; or
2.2 Patient has previously* (*before June 2018) received treatment with ranibizumab for wAMD and disease was stable while on treatment.

Renewal – (wet age-related macular degeneration) ~~only from an ophthalmologist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:
All of the following:
1 Documented benefit must be demonstrated to continue; and
2 Patient's vision is 6/36 or better on the Snellen visual acuity score; and
3 There is no structural damage to the central fovea of the treated eye.

Changes to Restrictions – effective 1 December 2025 (continued)

221 OBINUTUZUMAB – PCT only – Specialist – Special Authority see **SA2551** ~~2155~~ (amended Special Authority criteria)

Inj 25 mg per ml, 40 ml vial	5,910.00	1	✔**Gazyva**
Inj 1 mg for ECP	6.21	1 mg	✔**Baxter**

➽ **SA2551** ~~2155~~ Special Authority for Subsidy

Initial application — (chronic lymphocytic leukaemia) ~~only from a haematologist~~ **from any relevant practitioner**. Approvals valid for 12 months for applications meeting the following criteria:

All of the following:

1 The patient has progressive Binet stage A, B or C CD20+ chronic lymphocytic leukaemia requiring treatment; and
2 The patient is obinutuzumab treatment naive; and
3 The patient is not eligible for full dose FCR due to comorbidities with a score > 6 on the Cumulative Illness Rating Scale (CIRS) or reduced renal function (creatinine clearance < 70mL/min); and
4 Patient has adequate neutrophil and platelet counts* unless the cytopenias are a consequence of marrow infiltration by CLL; and
5 Patient has good performance status; and
6 Obinutuzumab to be administered at a maximum cumulative dose of 8,000 mg and in combination with chlorambucil for a maximum of 6 cycles.

Notes: Chronic lymphocytic leukaemia includes small lymphocytic lymphoma. Comorbidity refers only to illness/impairment other than CLL induced illness/impairment in the patient. 'Good performance status' means ECOG score of 0-1, however, in patients temporarily debilitated by their CLL disease symptoms a higher ECOG (2 or 3) is acceptable where treatment with obinutuzumab is expected to improve symptoms and improve ECOG score to < 2.

* Neutrophil greater than or equal to 1.5×10^9/L and platelets greater than or equal to 75×10^9/L.

Initial application — (follicular / marginal zone lymphoma) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner**. Approvals valid for 9 months for applications meeting the following criteria:

All of the following:

1 Either:
  1.1 Patient has follicular lymphoma; or
  1.2 Patient has marginal zone lymphoma; and
2 Patient is refractory to or has relapsed within 12 months of a rituximab containing combined chemo-immunotherapy regimen*; and
3 Patient has an ECOG performance status of 0-2; and
4 Patient has been previously treated with no more than four chemotherapy regimens; and
5 Obinutuzumab to be administered at a maximum dose of 1000 mg for a maximum of 6 cycles in combination with chemotherapy*.

Note: * includes unapproved indications

Renewal — (follicular / marginal zone lymphoma) ~~only from a relevant specialist or medical practitioner on the recommendation of a relevant specialist~~ **from any relevant practitioner.** Approvals valid for 24 months for applications meeting the following criteria:

All of the following:

1 Patient has no evidence of disease progression following obinutuzumab induction therapy; and
2 Obinutuzumab to be administered at a maximum of 1000 mg every 2 months for a maximum of 2 years; and
3 Obinutuzumab to be discontinued at disease progression.

Changes to Restrictions – effective 1 December 2025 (continued)

225 RITUXIMAB (MABTHERA) – PCT only – Specialist – Special Authority see **SA2552** ~~1976~~ (amended Special Authority criteria)

Inj 100 mg per 10 ml vial	1,075.50	2	✔**Mabthera**
Inj 500 mg per 50 ml vial	2,688.30	1	✔**Mabthera**
Inj 1 mg for ECP	5.64	1 mg	✔**Baxter (Mabthera)**

➽ **SA2552** ~~1976~~ Special Authority for Subsidy

Initial application — (rheumatoid arthritis - TNF inhibitors contraindicated) ~~only from a rheumatologist or Practitioner on the recommendation of a rheumatologist~~ **from any relevant practitioner**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Treatment with a Tumour Necrosis Factor alpha inhibitor is contraindicated; and
2 Patient has had severe and active erosive rheumatoid arthritis (either confirmed by radiology imaging, or the patient is cyclic citrullinated peptide (CCP) antibody positive) for six months duration or longer; and
3 Patient has tried and not responded to at least three months of oral or parenteral methotrexate at a dose of at least 20 mg weekly or a maximum tolerated dose; and
4 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with sulfasalazine and hydroxychloroquine sulphate (at maximum tolerated doses); and
5 Any of the following:
  5.1 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with the maximum tolerated dose of ciclosporin; or
  5.2 Patient has tried and not responded to at least three months of oral or parenteral methotrexate in combination with intramuscular gold; or
  5.3 Patient has tried and not responded to at least three months of therapy at the maximum tolerated dose of leflunomide alone or in combination with oral or parenteral methotrexate; and
6 Either:
  6.1 Patient has persistent symptoms of poorly controlled and active disease in at least 20 swollen, tender joints; or
  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; and
7 Either:
  7.1 Patient has a C-reactive protein level greater than 15 mg/L measured no more than one month prior to the date of this application; or
  7.2 C-reactive protein levels not measured as patient is currently receiving prednisone therapy at a dose of greater than 5 mg per day and has done so for more than three months; and
8 Either:
  8.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  8.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
9 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Initial application — (rheumatoid arthritis - prior TNF inhibitor use**)** ~~only from a rheumatologist or Practitioner on the recommendation of a rheumatologist~~ **from any relevant practitioner**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Both:
  1.1 The patient has had an initial community Special Authority approval for at least one of etanercept and/or adalimumab for rheumatoid arthritis; and
  1.2 Either:
    1.2.1 The patient has experienced intolerable side effects from a reasonable trial of adalimumab and/or etanercept; or
    1.2.2 Following at least a four month trial of adalimumab and/or etanercept, the patient did not meet the renewal criteria for adalimumab and/or etanercept for rheumatoid arthritis; and

continued...

Changes to Restrictions – effective 1 December 2025 (continued)

continued...

2 Either:
  2.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  2.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
3 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Renewal — (rheumatoid arthritis - re-treatment in 'partial responders' to rituximab**)** ~~only from a rheumatologist or Practitioner on the recommendation of a rheumatologist~~ **from any relevant practitioner**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Any of the following:
  1.1 At 4 months following the initial course of rituximab infusions the patient had between a 30% and 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.2 At 4 months following the second course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.3 At 4 months following the third and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
3 Either:
  3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Renewal — (rheumatoid arthritis - re-treatment in 'responders' to rituximab) ~~only from a rheumatologist or Practitioner on the recommendation of a rheumatologist~~ **from any relevant practitioner**. Approvals valid for 4 months for applications meeting the following criteria:

All of the following:

1 Either:
  1.1 At 4 months following the initial course of rituximab infusions the patient had at least a 50% decrease in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; or
  1.2 At 4 months following the second and subsequent courses of rituximab infusions, the patient demonstrates at least a continuing 30% improvement in active joint count from baseline and a clinically significant response to treatment in the opinion of the physician; and
2 Rituximab re-treatment not to be given within 6 months of the previous course of treatment; and
3 Either:
  3.1 Rituximab to be used as an adjunct to methotrexate or leflunomide therapy; or
  3.2 Patient is contraindicated to both methotrexate and leflunomide, requiring rituximab monotherapy to be used; and
4 Maximum of two 1,000 mg infusions of rituximab given two weeks apart.

Changes to Restrictions – effective 1 December 2025 (continued)

255 PEMBROLIZUMAB – PCT only – Specialist – Special Authority see **SA2553** ~~2498~~ (amended Special Authority – affected criteria shown only)

Inj 25 mg per ml, 4 ml vial	4,680.00	1	✔**Keytruda**
Inj 1 mg for ECP	47.74	1 mg	✔**Baxter**

➽ **SA2553** ~~2498~~ Special Authority for Subsidy

Initial application – (stage III or IV resectable melanoma - neoadjuvant) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

- ~~2.~~1 The individual has resectable stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note); and
- ~~2.~~2 The individual has not received prior funded systemic treatment in the perioperative setting for their stage IIIB, IIIC, IIID or IV melanoma; and
- ~~2.~~3 Treatment must be prior to complete surgical resection; and
- ~~2.~~4 Pembrolizumab must be administered as monotherapy; and
- ~~2.~~5 The individual has ECOG performance 0-2; and
- ~~2.~~6 Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent).

Initial application – (stage III or IV resected melanoma - adjuvant) only from a relevant specialist or from any relevant practitioner on the recommendation of a relevant specialist. Approvals valid for 4 months for applications meeting the following criteria:

~~Either:~~

~~1 The individual is currently on treatment with pembrolizumab and met all remaining criteria prior to commencing treatment; or~~

~~2~~ All of the following:

- ~~2.~~1 The individual has resected stage IIIB, IIIC, IIID or IV melanoma (excluding uveal) (see note a); and
- ~~2.~~2 Adjuvant treatment with pembrolizumab is required; and
- ~~2.~~3 The individual has not received prior funded systemic treatment in the adjuvant setting for stage IIIB, IIIC, IIID or IV melanoma; and
- ~~2.~~4 Treatment must be in addition to complete surgical resection; and
- ~~2.~~5 Treatment must be initiated within 13 weeks of complete surgical resection, unless delay is necessary due to post-surgery recovery (see note b); and
- ~~2.~~6 Pembrolizumab must be administered as monotherapy; and
- ~~2.~~7 The individual has ECOG performance 0-2; and
- ~~2.~~8 Pembrolizumab to be administered at a fixed dose of 200 mg every 3 weeks (or equivalent).

Notes:

a) Stage IIIB, IIIC, IIID or IV melanoma defined as per American Joint Committee on Cancer (AJCC) 8th Edition

b) Initiating treatment within 13 weeks of complete surgical resection means 13 weeks after resection (primary or lymphadenectomy)

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 December 2025 (continued)

273 Long-Acting Muscarinic Antagonists with Long-Acting Beta-Adrenoceptor Agonists (amended Special Authority criteria)

SA2554 ~~1584~~ Special Authority for Subsidy

Initial application from any relevant practitioner. Approvals valid ~~for 2 years~~ **without further renewal unless notified** for applications meeting the following criteria:

Both:

1 Patient has been stabilised on a long acting muscarinic antagonist; and

2 The prescriber considers that the patient would receive additional benefit from switching to a combination product.

~~Renewal from any relevant practitioner. Approvals valid for 2 years for applications meeting the following criteria:~~

~~Both:~~

~~1 Patient is compliant with the medication; and~~

~~2 Patient has experienced improved COPD symptom control (prescriber determined).~~

▲ 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 Subsidy and Manufacturer's Price

Effective 1 December 2025

10 PANTOPRAZOLE (↓ subsidy)

✻ Tab EC 20 mg	1.81	90	✔**Panzop Relief**
✻ Tab EC 40 mg	2.70	90	✔**Panzop Relief**

39 TRANEXAMIC ACID (↓ subsidy)

Tab 500 mg	9.93	60	✔**Mercury Pharma**

67 CLOTRIMAZOLE (↑ price but not subsidy)

✻ Soln 1%	4.36 (11.58)	20 ml OP	Canesten

a) Only on a prescription
b) Not in combination

121 DENOSUMAB – Special Authority see SA2441 – Retail pharmacy (↓ subsidy)

Note: Denosumab inj 60 mg per 1 ml pre-filled syringe is Medsafe approved for use in osteoporosis. Denosumab inj 120 mg per 1.7 ml vial is Medsafe approved for use in hypercalcaemia of malignancy.

Inj 120 mg per 1.7 ml vial	375.00	1	✔**Xgeva**
Inj 60 mg per 1 ml prefilled syringe	187.50	1	✔**Prolia**

133 CITALOPRAM HYDROBROMIDE (↑ subsidy)

✻ Tab 20 mg	3.55	84	✔**Celapram**

145 OCRELIZUMAB – Special Authority see SA2273 – Retail pharmacy (↓ subsidy)

Note: Treatment on two or more funded multiple sclerosis treatments simultaneously is not permitted.

Inj 30 mg per ml, 10 ml vial	8,450.00	1	✔**Ocrevus**

150 METHYLPHENIDATE HYDROCHLORIDE – Special Authority see SAQQQ – Retail pharmacy (↑ subsidy)

a) Only on a controlled drug form
b) Safety medicine; prescriber may determine dispensing frequency

Tab extended-release 18 mg	15.25	30	✔**Methylphenidate ER - Teva**
Tab extended-release 27 mg	16.25	30	✔**Methylphenidate ER - Teva**
Tab extended-release 36 mg	21.25	30	✔**Methylphenidate ER - Teva**
Tab extended-release 54 mg	24.25	30	✔**Methylphenidate ER - Teva**

152 BUPRENORPHINE WITH NALOXONE – Special Authority see SA1203 – Retail pharmacy (↓ subsidy)

a) No patient co-payment payable
b) Safety medicine; prescriber may determine dispensing frequency

Tab sublingual 8 mg with naloxone 2 mg	26.86	28	✔**Buprenorphine Naloxone BNM**

163 MITOMYCIN C – PCT only – Specialist (↓ subsidy)

Inj 20 mg vial	1,129.94	1	✔**Teva**
Inj 1 mg for ECP	119.67	1 mg	✔**Baxter**

168 VINORELBINE (↓ subsidy)

Inj 10 mg per ml, 5 ml vial – PCT only – Specialist	155.00	1	✔**Vinorelbine Ebewe**

272 SALBUTAMOL (↑ price but not subsidy)

Aerosol inhaler, 100 mcg per dose CFC free

– Up to 1000 dose available on a PSO	4.18 (7.45)	200 dose OP	Ventolin

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Delisted Items

Effective 1 December 2025

17 INSULIN PUMP WITH ALGORITHM – Special Authority see SA2367 – Retail pharmacy
a) Maximum of 1 dev per prescription
b) Only on a prescription
c) Maximum of 1 insulin pump per patient each four year period.

Min basal rate 0.1 U/h	7,653.00	1	✔Tandem t:slim X2 with Control-IQ

76 KETOCONAZOLE

Shampoo 2%	3.23	100 ml OP	✔Sebizole

a) Maximum of 100 ml per prescription
b) Only on a prescription

Note – this delist applies to Pharmacode 361410.

80 ETHINYLOESTRADIOL WITH LEVONORGESTREL

⁕ Tab 30 mcg with levonorgestrel 150 mcg	6.62	63	
	(16.50)		Microgynon 30

a) Up to 63 tab available on a PSO

80 LEVONORGESTREL

⁕ Tab 30 mcg – Up to 112 tab available on a PSO	16.50	84	✔Microlut

Note – this delist applies to the 84 tab pack only.

88 OESTRADIOL

Patch 25 mcg per day	13.50	8	✔Estraderm MX S29
	21.35		✔Lyllana

a) No more than 2 patch per week
b) Only on a prescription

Patch 50 mcg per day	10.75	8	✔Estradiol Viatris
	14.50		✔Estraderm MX S29
			✔Estradiol Sandoz
	21.55		✔Lyllana

a) No more than 2 patch per week
b) Only on a prescription

Patch 75 mcg per day	11.88	8	✔Estradiol Viatris
	14.50		✔Estradiol Sandoz
	22.37		✔Lyllana

a) No more than 2 patch per week
b) Only on a prescription

Patch 100 mcg per day	12.95	8	✔Estradiol Viatris
	14.50		✔Estradiol Sandoz
	15.50		✔Estraderm MX S29
	22.77		✔Lyllana

a) No more than 2 patch per week
b) Only on a prescription

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ **fully subsidised**

Delisted Items – effective 1 December 2025 (continued)

101 GENTAMICIN SULPHATE

Inj 40 mg per ml, 2 ml ampoule – Subsidy by endorsement	18.38	10	✔Gentamicin Amdipharm S29
	91.90	50	✔Gentamicin Noridem S29

Only if prescribed for a dialysis or cystic fibrosis patient or complicated urinary tract infection and the prescription is endorsed accordingly.

104 ITRACONAZOLE

Cap 100 mg	27.32	60	✔Itracap S29

113 NIRMATRELVIR WITH RITONAVIR – PCT – Subsidy by endorsement

Subsidised for patients meeting access criteria for oral COVID-19 antiviral treatments (as on Pharmac's website) and where the prescription is endorsed accordingly. Pharmacists may annotate the prescription as endorsed when supplying by Direct Provision under the provisions in Part I of Section A of the Pharmaceutical Schedule.

Tab 150 mg with ritonavir 100 mg – [Xpharm]	0.00	30	✔Paxlovid (Pharmac)

Note – this delist applies to Pharmacode 2635143.

116 LOPINAVIR WITH RITONAVIR – Special Authority see SA2139 – Retail pharmacy

Tab 100 mg with ritonavir 25 mg	150.00	60	✔Lopinavir/Ritonavir Mylan

134 ETHOSUXIMIDE

Cap 250 mg	78.89	56	✔Essential Ethosuximide S29

175 PALBOCICLIB – Special Authority see SA2345 – Retail pharmacy

Wastage claimable

Tab 75 mg	4,000.00	21	✔Ibrance
Tab 100 mg	4,000.00	21	✔Ibrance
Tab 125 mg	4,000.00	21	✔Ibrance

176 RIBOCICLIB – Special Authority see SA2495 – Retail pharmacy

Wastage claimable

Tab 200 mg	1,883.00	21	✔Kisqali
	3,767.00	42	✔Kisqali
	5,650.00	63	✔Kisqali

Note – this delist applies Pharmacodes 2678772, 2678780 and 2678799 respectively only.

269 PROMETHAZINE HYDROCHLORIDE

✳ Tab 10 mg	1.39	50	✔Allersoothe
✳ Tab 25 mg	1.58	50	✔Allersoothe

281 BETAXOLOL

✳ Eye drops 0.25%	11.80	5 ml OP	✔Betoptic S
✳ Eye drops 0.5%	7.50	5 ml OP	✔Betoptic

302 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 delisting is for Pharmacode 2610906.

Check your Schedule for full details Schedule page ref	Subsidy (Mnfr's price) $	Per	Brand or Generic Mnfr ✔ fully subsidised

Items to be Delisted

Effective 1 January 2026

157 CARBOPLATIN – PCT only – Specialist

Inj 10 mg per ml, 45 ml vial	25.73	1	✔**DBL Carboplatin S29** S29

Effective 1 February 2026

40 PHYTOMENADIONE

Inj 2 mg per 0.2 ml – Up to 5 inj available on a PSO	8.00	5	✔**Konakion MM Paediatric**

Note – this delist applies to Pharmacode 2703572.

Effective 1 March 2026

50 SOTALOL

✳ Tab 80 mg	22.50	300	✔**Sotalol Viatris** S29

103 VANCOMYCIN – Subsidy by endorsement

Only if prescribed for a dialysis or cystic fibrosis patient or for prophylaxis of endocarditis or for treatment of Clostridium difficile following metronidazole failure and the prescription is endorsed accordingly.

Inj 500 mg vial	3.38	1	✔**Mylan**

282 PHARMACY SERVICES

✳ Brand switch fee	4.50	1 fee	✔**BSF Estradiol TDP Mylan**

a) May only be claimed once per patient.
b) The Pharmacode for BSF Estradiol TDP Mylan is 2717573.

Effective 1 May 2026

11 INSULIN ISOPHANE WITH INSULIN NEUTRAL

▲ Inj human with neutral insulin 100 u per ml, 3 ml	42.66	5	✔**PenMix 30**

24 DOCUSATE SODIUM WITH SENNOSIDES

Tab 50 mg with sennosides 8 mg	3.50	200	✔**Laxsol**

178 SUNITINIB – Special Authority see SA2452 – Retail pharmacy

Cap 50 mg	694.62	28	✔**Sunitinib Pfizer**

181 FULVESTRANT – Retail pharmacy-Specialist – Special Authority see SA1895

Inj 50 mg per ml, 5 ml prefilled syringe	1,068.00	2	✔**Faslodex**

Effective 1 June 2026

131 OXYCODONE HYDROCHLORIDE

a) Only on a controlled drug form
b) No patient co-payment payable
c) Safety medicine; prescriber may determine dispensing frequency

Oral liq 1 mg per ml	37.08	250 ml	✔**Oxycodone Lucis**

▲ 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**

Items to be Delisted – effective 1 June 2026 (continued)

311 COVID-19 VACCINE – [Xpharm]

Inj 3 mcg bretovameran per 0.3 ml, 0.48 ml vial; infant vaccine, yellow cap Access criteria apply	0.00	10	✔**Comirnaty Omicron (JN.1)**
Inj 10 mcg bretovameran per 0.3 ml, 0.48 ml vial; paediatric vaccine, light blue cap Access criteria apply	0.00	10	✔**Comirnaty Omicron (JN.1)**
Inj 30 mcg bretovameran per 0.3 ml, 0.48 ml vial; adult vaccine, light grey cap Access criteria apply	0.00	10	✔**Comirnaty Omicron (JN.1)**

Effective 1 July 2026

96 CEFALEXIN

Cap 250 mg	3.85	20	✔**Cephalexin ABM**
Cap 500 mg	5.85	20	✔**Cephalexin ABM**

Effective 1 October 2028

75 SULPHUR

Precipitated – Only in combination 1) Only in combination with a dermatological base or proprietary Topical Corticosteroid – Plain 2) With or without other dermatological galenicals.	6.35	100 g	✔**Midwest**

Index
Pharmaceuticals and brands

Pharmaceutical Management Agency
Level 9, 40 Mercer Street, PO Box 10254, Wellington 6143, New Zealand
Phone: 64 4 460 4990 - www.pharmac.govt.nz
Email: enquiry@pharmac.govt.nz

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